

Lifeline

News from the
Alcohol and Drug Abuse Council of Delaware County

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Annual Dinner Celebrates the 'Voices of Recovery'

The awarding of community service awards to three Delaware County residents was the highlight of the Council's annual dinner in September.

Executive director David Ramsey presented the award to Ashley Rosenthal, Brian Rosenthal, and David Hodges for "outstanding service to the Council." Ramsey praised Ashley, a student at Delaware Academy, for her help with office chores and pointed out that both men own pickup trucks, "which come in very handy from time to time."

The dinner was held this year at the Morris Complex at State University at Oneonta. It was jointly sponsored by the Council's counterpart in Otsego County, the LEAF Council on Alcoholism and Addictions, Inc. The event honored residents who are recovering from the disease of addiction to alcohol and other drugs.

The dinner also marked the 14th annual observance of National Alcohol and Drug Addiction Recovery Month, the theme of which was "Join the Voices for Recovery: Celebrating Health."

The first speaker was Fran Harding, the newly

appointed Associate Commissioner, Division of Prevention Services of the Office of Alcoholism and Substance Abuse Services (OASAS) in Albany.

Harding brought greetings from the recently appointed commissioner, William A. Gorman, Ph.D., who was unable to attend the dinner. In a message to the gathering, Gorman urged participation "by raising your voices to spread the strong message that treatment works and recovery is possible."

Harding also noted that she was the first associate commissioner at OASAS dealing exclusively with prevention services and explained that her recent appointment was evidence of the increased emphasis that OASAS was putting on prevention and prevention services

The evening's "recovery address" was delivered by Stacia A. Murphy, president of the National Council on Alcoholism and Drug Dependence (NCADD). She spoke briefly on the pertinent topic of "Stigma and Challenge of Recovery." ■



At annual dinner and awards ceremony, ADAC director Ramsey presents community service awards to volunteers Ashley Rosenthal top; David Hodges, bottom left, and Brian Rosenthal. Top right, Elaine and David Ramsey, seated, with Margaret and Matt Batson of New Direction. Far right, Delaware County Mental Health Director Patricia Thompson and County Judge Carl F. Becker.

Letter from the Director

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LIFELINE

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Mission Statement
The Alcohol and Drug Abuse Council of Delaware County (ADAC) is dedicated to the prevention of alcohol and substance abuse by providing education, information, and referral services.



With this issue, you will notice some new names - seven of them - among the Council's directors. The numbers of the previous board were reduced by the expiration of terms and a few resignations for personal reasons. While I will miss the old board's collective experience and familiarity with the Council's operation, the addition of accomplished and caring new members fills me with hope for the new year.

Let me briefly introduce them to you:

Connie Canfield of Treadwell is head program specialist at the Delaware County Department of Social Services, where she oversees the Medicaid, Food Stamp, and Temporary Assistance programs. Since 1993, **Michael Conroy**, has been assistant director of The New Direction, a private alcohol recovery center in Walton. Prior to that he was administrator of the Otsego County STOP-DWI Program. He lives in Unadilla.

Dr. Michael Freeman is a family physician practicing at Delaware Valley Hospital in Walton, where he has been the Medical Staff President for the past five years. He lists "the care of persons with addictions and other chronic diseases" among his professional interests. Dr. Freeman also holds two masters degrees - in public health and business administration.

Returning to the board after a three-year absence, **Scotty Gladstone** is Stream Program Coordinator with the Delaware County Soil and Water Conservation District. A lifelong resident of the area, he now lives in East Meredith. New board member **Jane Hamilton**, RN BSN, of Delhi is Bassett Healthcare's School-based Health Center Coordinator. She oversees two health centers in Delaware County schools (Delhi and South Kortright), three in Otsego County and one in Chenango County.

After spending 24 years in the retail banking industry, **James J. O'Donnell** is now Economic Development Specialist for the Delaware County Department of Economic Development. His current position involves the development and administration of a program to attract businesses and industries to the county and the expansion of existing businesses and industries. He lives in Roxbury.

Finally, **S. Steven Swingle** of Nineveh is the recently appointed Youth Pastor at the Circle Alliance Church in Sidney. After receiving his masters of arts degree at Southwestern Missouri State University in Springfield, Missouri, he taught history at the Liberty Central School District and Afton Central School.

While I am welcoming these new board members, I would also like to take the opportunity to say farewell to the departing directors and thank them for their years of unstinting service.

David Ramsey



During an ADAC-sponsored conference, "Helping Girls Thrive," presenter **Juanita Johnson**, standing, chats with attendees during a break. Right, conference organizer **Niki Dibble** opens the event.

Are Poor Outcomes Contributing to the Stigma of Addictions?

by Percy Menzies

addictive disorders are beset by two persistent issues: stigma and poor treatment outcomes. Could the two be related?

Stigma against addictive disorders has persisted for time immemorial. Descriptions of the disease, from "alcoholic" to "drug abusers," tell it all. Stigma is pervasive, affecting every segment of society. Stigma keeps patients from seeking treatment. On moral grounds, society shows no sympathy for the victims. Funding for treatment is chronically scarce.

Punishment is the order of the day. Name changes from "alcoholics" and "addicts" to less loaded words like "alcohol use disorder" or "chemical dependency" have not helped. Sadly, the stigma appears to be unshakable and society is not ready to change.

The treatment community has operated on the slogan "treatment works," and statistics are cited about the return on investment dollars spent on treatment. Yet treatment outcomes have not changed significantly, nor have treatment approaches. The advances in the understanding of the neurobiology of addictions and the newer medications developed remain grossly underutilized.

The treatment community seems to operate on an internal belief that "real counselors do not use medications." This problem was articulated several years ago by Dr. Alan Leshner in the article "Addiction is a Brain Disease, and It Matters."

The rejection of medications for relapse prevention has left patients in a permanent cycle of detoxification and relapse: there is no controversy in using medications for detoxification, but when it comes to the critical phase of relapse

prevention, medications -- however safe and effective -- are rejected.

There is a chasm between the medical and treatment community, and the victims are the patients. There are just five drugs available for relapse prevention for alcohol and drug use disorders, and they are not used much. Few people can name all five (naltrexone, acamprosate, ondansetron, nalmefene and selegiline).

History has shown that the stigma for a disease can only be removed through prevention, treatment or control. Depression once carried quite a stigma. When Senator Tom Eagleton revealed that he was treated for depression, the furor forced him to quit as the vice-presidential candidate. When

"There are just five drugs available for relapse prevention...and they are not used much. Few people can name all five."

Governor Lawton Chiles of Florida revealed that he was taking medications for depression, the stigma was gone and it was a non-issue. Housewives to CEOs talk openly about their battle with depression with not a hint of stigma. We are nowhere close to that stage. Anonymous treatment for alcoholism is still the norm.

The future belongs to the newer medications that are radically different from the medications of the past. Medications like naltrexone, acamprosate, ondansetron, nalmefene and selegiline look promising in the treatment of a variety of addictive disorders. Some are already approved, and the others will follow in the next few years. These medications are going to require

competencies and skills that do not presently exist.

Integrating these medications with behavioral therapies will significantly improve treatment outcomes. The benefits of integrated therapy are many: medications maximize the effectiveness of counseling; patients and therapists see tangible improvements; more options mean more patients seeking treatments; improved outcomes mean more funds for treatment.

How do we begin? The first step will be for the treatment community to set aside the rejection of -- and at times, hostility toward -- medications that often stems from personal recovery and experience. Concerted efforts should be made to learn and use evidence-based maintenance medications. As an immediate result, the chasm with the medical community will be bridged.

The fear that medications will lead to loss of control is unfounded. Unlike depression, addictive disorders have a huge behavioral component that can only be addressed through cognitive therapy. Medications, especially non-psychoactive ones, make the role of the counselor even more critical throughout the treatment phase.

The battle against addictive disorders is not going to be won single-handedly. The concept of disease management makes it imperative to create virtual clinics and enroll the help of physicians, pharmacists, public health nurses with counselors in a leadership role. This is the future of the brain disease called Addiction. And it matters.

Percy Menzies, M. Pharm., is the president of Assisted Recovery Centers of America, a St. Louis treatment center for alcohol and drug use disorder.

The opinions in this commentary are the author's and do not necessarily reflect the views of ADAC.



At a Reality Check Graffiti Fest opposing the tobacco industry, youths lounge on inflatables while Tyler Riddell gets a temporary (he hopes) tattoo and Siena Brown spray paints an anti-tobacco poster. Far right, before a lecture at Walton High School, anti-tobacco activist Rick Stoddard poses with organizers Belinda Catuzza, left, Amy Morris and Chris Hodges.

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National View

Skewing History to Please Anheuser-Busch

WASHINGTON—The Smithsonian Institution's National Air and Space Museum should restore a historic plane to how it appeared when it won the aerobatic titles that earned it a place in the museum's collection, says the nonprofit Center for Science in the Public Interest (CSPI).

But Smithsonian officials claim that it should retain the controversial Bud Light advertisements it began sporting after the Loudenslager Stephens Akro Laser 200 ended competitive flying. CSPI says that the Smithsonian is sacrificing historical accuracy in order to please Bud Light's corporate parent Anheuser-Busch, which has donated at least \$1.5 million to the museum.

George A. Hacker, director of CSPI's alcohol policies project, argued: "Bud Light's presence in the Air and Space Museum sends the wrong message about beer to the millions of impressionable youths who visit the museum each year. Museums are no place for beer ads."

An e-mail from a Smithsonian official to key congressional staff people states: "The artifact in question is an aerobatic plane that became famous at air shows...and carried the Bud Light logo. In an earlier phase of its career, it also broke several records."

But according to CSPI, that official is deliberately inverting the historical significance of the plane's titles. When Smithsonian curators first made the case for adding the plane to the collection they only cited the plane's aerobatic titles and design as the reason for its inclusion. A memo to the museum's collection committee makes no mention of air shows, and even the plane's description on the NASM web site makes only passing reference to its air show career.

LifeLine

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