

**PREVENTION**  
Family Education Network/Promoting  
Healthy Families  
Healthy Relationships Initiative  
HIV/Hep C/Substance Abuse Prevention in  
Minority Communities  
Prescription Drug Abuse Prevention Program  
SBIRT Colorado  
Youth in Transition in the Workplace

**INTERVENTION**  
Dentist Peer Health Assistance Program  
Nursing Peer Health Assistance Program  
Paul D. Coverdell Drug-Free Workplace Program  
Pharmacist Peer Health Assistance Program  
Treatment Accountability for Safer Communities  
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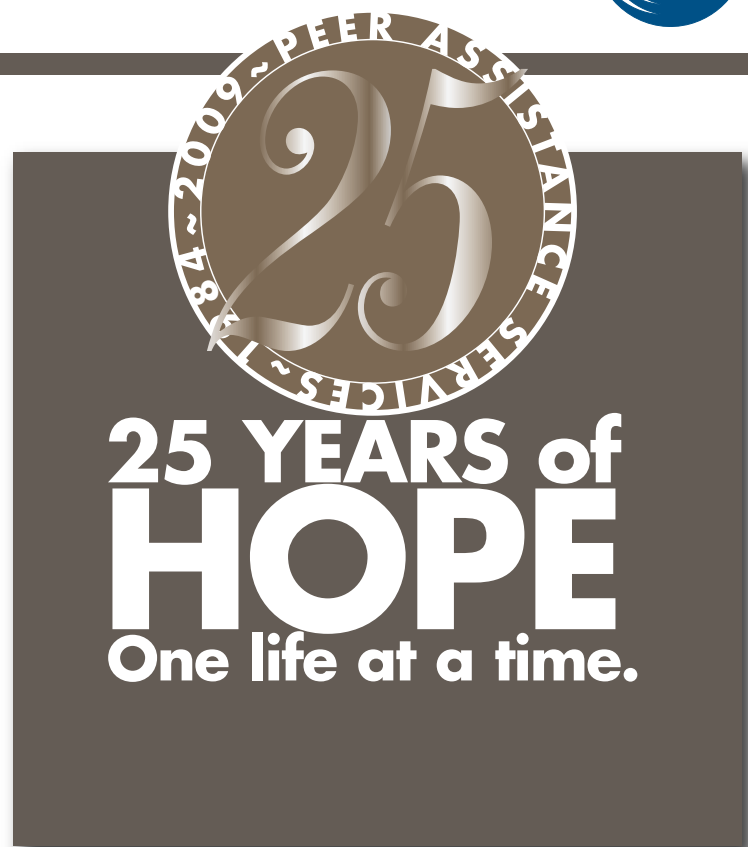
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### LEGENDARY FOLK SINGER, AUTHOR AND ARTIST, JUDY COLLINS

To celebrate the PAS 25th anniversary, our very special guest Judy Collins will share her struggle with depression, alcoholism, treatment and recovery through eloquent words and songs. She will also tell her powerful story about the tragic suicide of her only son, Clark Taylor, who took his life after years of destructive substance abuse.

THURSDAY, APRIL 9, 2009 • 6:30PM

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KEYNOTE PRESENTATION: JUDY COLLINS

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Just what is prescription drug abuse?

**INTERVENTION NEWS 4-5**

The Nursing Peer Health Assistance Program plus stories from the Pharmacist and Dentist participants.

**THE BUZZ 5/7**

Program updates, new employees, calendar of events and more news from PAS.

**EXCERPTED 6**

Dentistry: At risk for addiction from *Journal of the American College of Dentists*

**AWARENESS EVENT 8**

Details announced for the 2009 Annual Awareness Event.

# PEER REPORT

Start believing.

## SBIRT COLORADO

### Why I believe in SBIRT Colorado

—KERRY B. BRODERICK, MD, SBIRT Colorado Medical Consultant, Emergency Department Attending Physician, Denver Health Medical Center

I am a champion of the SBIRT practice and for SBIRT Colorado. My ardent belief in this practice comes from my day-to-day experiences as an attending physician at the Denver Health Medical Center Emergency Department and understanding how Screening, Brief Intervention and Referral to Treatment can transform healthcare, the healthcare system and the health of patients.

It is the usual busy Saturday night in the Emergency Department. By 3 a.m. it's apparent that about 75 percent of the trauma patients are here because of substance misuse, mostly alcohol. Patients who were assaulted or involved in an accident are there with traumatic brain injuries, lacerations or broken legs. I remind the students and residents, "This is someone's child or brother or wife—not just another drunk." So many broken dreams surround me, surround us; and the common denominator is alcohol or other drug use.

The unfortunate thing is that I could have written this in 1981 when I was an emergency department nurse at Northwestern Memorial Hospital. But I am writing it today as an emergency medicine attending physician and still witnessing the devastation due to substance misuse.

As a nurse I took an interest in how to change this. We were doing a wonderful job of talking to patients about laceration or cast care, but we ignored that they were impaired when the injury was sustained. We focused on their symptoms, not their disease.

In 1994, at the Boston City Hospital (now Boston University Medical Center) I worked as an emergency physician, while they were participating in a grant that funded health educators in screening, brief intervention and referral to treatment. Two of the faculty became my career mentors, Ed Bernstein, MD and Gail D'Onofrio MD. (Dr Bernstein is professor and vice chair for academic affairs in the department of emergency medicine at Boston University School of Medicine; and Dr. D'Onofrio is professor and chief of adult emergency service for the Yale-New Haven Hospital and chief of the section of emergency medicine at the Yale University School of Medicine. They both have advocated for SBIRT and pioneered advances in SBIRT.) Through that experience, I became energized about intervening in an effective way with patients, seeing practices we could implement that would impact a patient's use—improving a person's health and life.

The following year, as an emergency attending at the Erie County Medical Center in Buffalo, New York, I began efforts to institute changes in how we, as healthcare providers, speak with patients regarding substance use and how it affects their health and life. This

was the first step in my journey of advocating for this practice.

In 1997, I conducted a research study on emergency medicine physicians, to assess if a substance use discharge instruction sheet or information describing at-risk substance use was being utilized. With alcohol counselors who staffed the ED, I developed patient education discharge instructions for substance use, focusing on alcohol. It became my practice to talk with patients about health risks of their substance use; and to teach residents about the importance of this practice.

With our participation in the SBIRT Colorado project, I am now three grants into universal screening, brief intervention and referral to treatment and happy to say that healthcare providers are changing the way they think about substance use. Obstacles to acceptance of the practice were the thought that it was data collection only; and that a brief intervention would not really make a difference, much less screening alone. Multiple studies demonstrate that screening—on its

“So many broken dreams surround me, surround us; and the common denominator is alcohol or other drug use.”

own—decreases substance use by individuals. Clinicians see the impact they have on patients by simply asking about their use of alcohol and other drugs; especially when followed by a brief conversation about the health risks. That conversation can be 30 seconds to ten minutes depending on the department's pace and the patient's attitude.

Having health educators and other healthcare providers in various departments around our campus is evidence of a change in our approach to patients' substance use. SBIRT Colorado has expanded into the Women's Care Clinic. With our experience from the ED, we were able to effectively prepare staff for the practice. Working with

*continued on next page*

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Peer Assistance Services



**KERRY B. BRODERICK, MD**

*continued from page 1*

Mona Boda, MD, the Women’s Care Clinic champion and Nurse Manager Deb Gardner, and coordinating with the health partners, nurse practitioners and the social work team, we adapted the process so the entire staff is comfortable with implementation.

SBIRT Colorado was added to the STD clinic and the Adult Urgent Care Clinic. The clinics’ staff understand the benefits universal screenings provide to their patients and are motivated, thoughtful and eager to incorporate the practice. SBIRT training will also begin for physicians, nurses, nurse practitioners and health practitioners throughout Denver.

Some days I find myself explaining the importance and distinction between saying the patient is intoxicated rather than ‘drunk;’ talking about the enormous impact that we can have by treating substance use as a true healthcare issue rather than making a character judgment, and I wonder how we can possibly change the thinking and doing of an entire system. But I know that since my days as a nurse when I first witnessed the effect of substance use in the ER we have made huge strides in introducing this practice. I can see the next decade will bring more changes and feel blessed to be involved in such work.

## New clinical guideline

—BY BRIE REIMANN, Program Director, SBIRT Colorado

Most healthcare professionals agree that SBIRT—“Screening, Brief Intervention, Referral to Treatment”—is a worthwhile and proven prevention practice that can substantially reduce the number of people who move from substance use to substance abuse and even addiction. The potential financial and social benefits of the SBIRT practice are compelling. I look forward to the time when SBIRT is a standard practice as common as an annual blood pressure check. But first, we must equip all Colorado healthcare professionals with resources they can use to incorporate SBIRT into their own approach to care.

The SBIRT Colorado team took a unique and significant step toward establishing screening for use of alcohol and other drugs as a standard healthcare practice by partnering with the Colorado Clinical Guidelines Collaborative (CCGC) to create a new Guideline for Substance Use Screening, Brief Intervention, Referral to Treatment.

Nearly 30 percent of Americans, although not dependent on alcohol or other drugs, consume at a level that elevates their risk for causing physical, mental or social harm. According to statistics from the National Center on Addiction and Substance Abuse at Columbia University, the State of Colorado spends approximately \$202 million annually on healthcare costs due to problems related to substance abuse. Following are compelling statistics that drive the need for SBIRT in Colorado.

- A 2002 Harvard study concluded Colorado ranked second in severity nationwide on the overall Substance Abuse Problem Index, fifth on the Alcohol Problem Index, and 13th on the Drug Problem Index.
- The Drug Abuse Warning Network’s “DAWN Live!” study reports that Colorado ranks 19 percent higher than the national average and fifth in the nation in per capita consumption of alcohol.
- Alcohol, tobacco and other drugs contribute to more than 70 diseases.

The Guideline recognizes the critical role healthcare professionals can play in preventing injury, disease and more severe substance use disorders. Through a brief screening, a healthcare professional can identify people with risky use early enough to interrupt progression to more serious use. Additionally, the Guideline promotes an open discussion between a healthcare professional and a patient, empowering patients to take charge of their health, and offers direction on how to connect patients who have substance dependence to specialized treatment.

If you have not seen a copy of the new Guideline, I encourage you to view the online version at [www.coloradoguidelines.org](http://www.coloradoguidelines.org). Additionally, CCGC staff will host education seminars and in-office trainings across the state to raise provider awareness and encourage implementation among as many healthcare professionals as possible.

*Brie Riemann is program director of SBIRT Colorado. SBIRT (Screening, Brief Intervention and Referral to Treatment) is a comprehensive, integrated, public health approach to one of the most preventable health issues—alcohol and other drug use. SBIRT Colorado delivers universal screenings to patients at 19 healthcare sites in Colorado, and is administered by the Division of Behavioral Health. The project is managed by Peer Assistance Services, Inc. For more information and screening locations visit [www.improvinghealthcolorado.com](http://www.improvinghealthcolorado.com), or call 303.369.0039 x245.*

**FUNDING:** Substance Abuse and Mental Health Services Administration

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# Prescription drug abuse

Substance abuse is the number one preventable health problem in the United States. The four most commonly abused substances are tobacco, alcohol, marijuana and prescription drugs.<sup>1</sup> The National Center on Addiction and Substance Abuse at Columbia University's (CASA) cites prescription drugs as the fourth most abused substance in the United States. Joseph A. Califano, Jr., chairman and president of CASA stated, "While America has been congratulating itself in recent years on curbing increases in alcohol and illicit drug abuse, abuse and addiction of controlled prescription drugs—opioids, central nervous system depressants and stimulants—have been stealthily, but sharply, rising."<sup>2</sup>

## WHAT IS PRESCRIPTION DRUG ABUSE?

Prescription drug abuse is the nonmedical use of prescription medications without a prescription of the person's own or simply for the experience or feeling the drug causes. Many Americans benefit from the appropriate use of prescription pain relievers, but when abused, they can be as addictive and dangerous as illegal drugs.

According to the National Institute on Drug Abuse's research report "Prescription Drugs: Abuse and Addiction," the three classes of prescription drugs that are most commonly abused<sup>3</sup> are:

- Opioids, most often prescribed to treat pain—includes codeine, morphine and oxycodone (Oxycontin, Vicodin)
- Central nervous system depressants, prescribed to treat anxiety and sleep disorders—includes barbiturates (Mebaral and Nembutal) and benzodiazepines (Valium and Xanax)
- Stimulants, prescribed to treat the sleep disorder narcolepsy, attention-deficit hyperactivity disorder, and obesity—includes dextroamphetamine (Dexedrine and Adderall) and methylphenidate (Ritalin and Concerta)

## USE AND ABUSE CONTINUUM

Prescription drug use and abuse is best understood as a continuum. At one end is use when a drug has been prescribed and taken by the patient exactly as it was prescribed. Along the continuum some individuals will develop a tolerance to the drug. Physical dependence—sometimes unavoidable—occurs when an individual is exposed to a drug for long enough that the body adapts and develops a tolerance. This means higher doses are needed to achieve the drug's original effects. If the patient stops taking the drug, then withdrawal will occur. But the development of physical dependence doesn't necessarily lead to addiction in all cases. It means that the individual can not just stop taking the drug; the dose has to be tapered, to gradually decrease the drug amount over time to prevent withdrawal reactions.<sup>4</sup>

On the far end of the continuum is addiction, defined as having cognitive, behavioral and psychological symptoms indicating the individual continues substance use despite significant substance-related problems.<sup>5</sup>

## WOMEN AND PRESCRIPTION DRUG ABUSE<sup>6</sup>

A current analysis shows alarming trends. Females are at particular risk for prescription drug abuse, with higher rates of abuse among teen girls, more emergency room visits among young women and higher rates of treatment admissions for dependence on some prescription drugs.

This trend runs counter to traditional drug use patterns, where males exceed females. When it comes to street drugs, men's use significantly exceeds women's use. Past year use of marijuana for males 12 and older is 13.1 percent, versus 7.9 percent for females, while cocaine use among males is 3.0 percent, versus 1.6 percent for females. The traditional gender differences are reversed, however, when it comes to prescription drug abuse. Nearly one in ten teen girls report using a prescription drug to get high at least once in the past year, compared to one in 13 teen boys.

Further data shows prescription drug abuse is disproportionately creating health consequences for women in general. Females are involved in 55 percent of the emergency room visits involving prescription drug abuse. This compares to females being involved in 35 percent of emergency room visits when street drugs are involved. More women are being admitted to treatment for dependence on sedatives and tranquilizers: 56 percent of those being treated for dependence on sedatives (such as Remeron) and 53 percent of those being treated for dependence on tranquilizers (like Valium or Xanax) are women.

The apparent reversal in gender vulnerability for prescription drug abuse may be due to unique pressures faced by females.

The four most commonly abused substances are tobacco, alcohol, marijuana and prescription drugs

Whereas males typically tend to abuse substances for sensation seeking purposes, surveys indicate females abuse alcohol and other drugs to increase confidence, reduce tension, cope with problems, lose inhibitions or to lose weight. These factors, combined with easier access and less social stigma, make prescription drug abuse a unique threat for females of all ages.

John Walters, Director of National Drug Control Policy, said, "While destructive street drugs like meth and crack produce gruesome news images and headlines, prescription drug abuse has quietly become a major part of our nation's addiction problem. Too many Americans, and increasingly, too many young women, simply do not know the addictive potential of these medicines. This is the kind of public health problem where awareness can save lives—and ignorance can cost lives."<sup>6</sup>

In order to limit the relatively easy access to prescription drugs and to directly address some of the reasons why people, women in particular, abuse them, individuals are encouraged to:

- Address negative self esteem or body image issues
- Never share medications or use them outside of a physician's care and supervision
- Closely monitor and regulate the supply of prescription drugs in your home
- Properly dispose of any unneeded or expired prescription drugs

## YOUTH PRESCRIPTION DRUG ABUSE<sup>7</sup>

Cocaine and meth use among young adults has dropped significantly, while abuse of prescription drugs has risen, according to the nation's largest substance use assessment, the 2007 National Survey on Drug Use and Health (NSDUH).

Despite many positive trends, the most recent NSDUH also reveals some less encouraging data. Among young adults ages 18 to 25, the level of current nonmedical use of prescription pain relievers has risen 12 percent.

"Our efforts against meth, coke and other illegal drugs are working," said Walters. "The markets for these poisons are shrinking, and the deadly grip they hold on the lives of individuals, families, and communities is being countered. But when it comes to prescription drugs, we must act quickly to increase awareness of the dangers of prescription drug abuse, decrease the illegal diversion of these products, and shore up safer practices for their prescription and distribution."

## ABUSE IN THE OLDER ADULT POPULATION

The other group particularly susceptible to prescription drug abuse is the senior population. According to NIDA, up to 17 percent of adults aged 60 or older may be affected by prescription drug abuse. This occurs because

- Their use of prescription medications is approximately three times that of the general population
- They have the poorest rates of compliance with directions for taking medications
- Inappropriate diagnosis and inaccurate prescriptions and/or improper dosages of correct prescriptions<sup>8</sup>

## PREVENTION AND INTERVENTION

Prescription drug abuse poses a unique challenge because of the need to balance prevention, education and enforcement, with the need for legitimate access to controlled substance prescription drugs. The community must take full responsibility for detecting, interceding, and preventing prescription drug abuse. Community leaders, law enforcement officers, healthcare practitioners and community coalitions all play critical roles.

## SUMMARY

Approximately one in five Americans will develop problems with alcohol, drugs or both. Despite the fact that substance abuse and addiction is recognized as a disease and is treatable, it carries a stigma that can paralyze an individual and stop him or her from seeking treatment.

The most effective tool against prescription drug abuse and addiction is prevention. Educating professionals is essential. Also important is education within communities about the disease of addiction and prescription drug abuse.

For more information about the PAS Prescription Drug Abuse Prevention Program or how to schedule a presentation, contact Barbara Ezyk at 303.369.0039 x210.

1. Substance Abuse: The Nation's Number One Health Problem, Robert Wood Johnson Foundation (RWJF), 2001  
 2. Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S. CASA, July 2005  
 3, 4. Office of National Drug Control Policy, Synthetic Drug Control Strategy: A Focus on Methamphetamine and Prescription Drug Abuse, May 2006  
 5. DSM-IV, American Psychiatric Association, 2000  
 6. Office of National Drug Control Policy  
 7, 8. SAMHSA National Survey, Sept. 2008

FUNDING: Division of Behavioral Health

## Peer Assistance Services awarded new contract

—BY ELIZABETH PACE, CEO OF PEER ASSISTANCE SERVICES, INC.



### CHANGE IN LAW

The passage of HB 07-1102 resulted in a change in law allowing for a competitive bidding process for the Nursing Peer Health Assistance/Nurse Alternative to Discipline Program, amending the Nurse Practice Act. The law change also broadened the scope of services to be provided. Peer Assistance Services, Inc. participated in a bidding process and was awarded the contract from the Colorado State Board of Nursing (SBON) on June 1, 2008.

The Nursing Peer Health Assistance Program provides SBON Colorado's nurses with a colleague-to-colleague approach, a continuum of prevention and intervention services that can address personal problems that may affect practice. The alternative-to-discipline program provides for comprehensive assessment, treatment referral, and long-term rehabilitation contracts with rigorous monitoring. As of mid-September, more than 320 nurses have entered the program.

### N.U.R.S.E.S. OF COLORADO CORPORATION

Founded to serve RNs and LPNs with substance use disorders and related problems, PAS was incorporated as N.U.R.S.E.S.—Nurses United for Recovery, Support and Education Successfully—of Colorado Corporation in 1984. PAS has continued to dedicate itself to quality, accessible prevention and intervention services in the workplace and community, focusing on substance abuse and related issues. PAS' Board of Directors and staff are committed to the wellbeing of nurses and the nursing community.

Legislation enacted in Colorado during the late 1980s and in other states has permitted regulatory boards to use an alternative to the disciplinary process to rehabilitate licensed healthcare professionals while at the same time providing for rigorous monitoring to protect the public. In the late 1970s and early 1980s peer assistance programs were sponsored by state professional nurses associations as a mechanism to help to get colleagues into treatment.

### A CONTINUUM OF PREVENTION AND INTERVENTION

We are proud that one of two states to first employ the Employee Assistance Program model of service delivery was Colorado (Rhode Island was the second). This model provided for services along the continuum of prevention and intervention and referral to treatment, as well as addressing other problems that affect professional practice and put the public at risk. The workplace-focused strategy has also been successfully employed in Colorado with physicians, pharmacists and dentists.

The background of the nurse "alternative or diversion" programs and peer assistance programs reflects the policy or position of the National Council of State Boards of Nursing (NCSBON), the American Nurses Association, state nurses associations and other professional groups. Over the years terminology and scope of services has been debated. Historically, these programs were intended to address alcohol and other drug abuse or addiction.

The NCSBON recommendations, while focused on chemical dependency, include "promoting public health and

...to safeguard the public,  
rehabilitate healthcare professionals  
and avoid increasing  
the Division's disciplinary caseload.

—THE MISSION OF SBON AND DORA

safety by facilitating early intervention and entry into a non-punitive and non-public process for monitoring recovery, promoting early identification, decreasing the time between acknowledgement of a problem and entry into treatment, compliance, assuring public safety, and education to nurses, schools and employers."

Trends in regulation—specifically related to healthcare—include continuing efforts to assure that impaired practitioners get the help they need through peer assistance programs or, if they pose a danger to public safety, are taken out of practice.<sup>2</sup> In its Strategic Plan, the Department of Regulatory Agencies (DORA) sets forth as part of its enforcement duty that: "Peer Assistance Programs provide licensees an opportunity for rehabilitation with appropriate monitoring before irreparable harm is done and their impairment creates grounds for discipline...to continue to provide effective peer assistance programs in order to safeguard the public, rehabilitate healthcare professionals and avoid increasing the Division's disciplinary caseload."<sup>5</sup>

### THE AMERICAN NURSES ASSOCIATION (ANA)

As documented by the ANA, nurses who are challenged with substance abuse and psychiatric disorders not only pose a potential threat to those they care for; they have neglected, above all, to care for themselves. In 2002, the ANA House of Delegates adopted a resolution, "The Profession's Response to the Problems of Addictions and Psychiatric Disorders in Nursing" calling attention to the prevalence of impaired practice. The resolution seeks ways to assist those nurses with substance addictions or psychiatric disorders to pursue recovery and reclaim their careers. While focusing chiefly on substance abuse and addictions, the resolution recognized implicitly that psychiatric disorders often manifest in similar threats to the safety of a nurse's patients, colleagues and self. Nursing's ethical responsibility is the foundation for ANA's strong support for "alternative to discipline" or "peer assistance" programs offered by most—but not all—of the state boards of nursing. These programs offer comprehensive monitoring and support services to reasonably assure the safe rehabilitation and return of the nurse to her or his professional community.

### TODAY'S HEALTHCARE ENVIRONMENT

To be relevant, the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline Program must be delivered in the context of the current healthcare environment. Colorado is experiencing an increased demand for nursing services resulting in a nursing shortage. Compared to previous Colorado and national shortages, this shortage appears to be a new and different type, reflecting the need for experienced specialist nurses, particularly in the acute care setting. Hospitals are facing competition for qualified nurses from managed care, pharmaceutical and non-health-related companies. The shortage may impact staffing ratios and thus the quality and standard of nursing care provided.<sup>4</sup>

The Colorado Center for Nursing Excellence has documented information on the nurse shortage, the aging nurse workforce and aging faculty, diminished work environment resources, enhanced consumer activism and healthcare system challenges of competition, financing, complex delivery systems and disparities in rural healthcare settings. These factors are part of the context in which the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline Program are provided.

### PEER ASSISTANCE SERVICES

PAS is committed to the advancement of the utilization of the Nursing Peer Health Assistance Program/Nurse Alternative to Discipline through

- Support of the philosophy of DORA and SBON
- Delivery and advancement of state-of-the-art, evidence-based services
- Awareness of state-of-the-art programming and practice trends communicated to the SBON
- Fostering of new relationships with nursing organizations and employers to enhance program knowledge, enhance public protection and increase help-seeking behaviors
- Enhancement of interface and reporting to the professional nursing community
- Emphasis of reporting customers' satisfaction
- Authentic, thorough, independent program review to include all customers' satisfaction
- Employment of exemplary staff to deliver services focused on public safety and rehabilitation of the nurse
- Staff capacity to be fully responsive to SBON, its staff and to the nurse community

PAS brings wide and varied experience in alternative-to-discipline and peer assistance programming. Peer Assistance Services is committed to a meaningful partnership with the State Board of Nursing that enhances their mission and we look forward to serving the nursing community of Colorado.

*If you know an RN, LPN or student of nursing who is experiencing problems due to alcohol or drug abuse, emotional or psychological issues please contact us: 303.369.0039 • [www.peerassist.org/referral](http://www.peerassist.org/referral)*

1, [www.dora.state.co.us/registrations/about.htm#activities](http://www.dora.state.co.us/registrations/about.htm#activities)  
2, 3, 4, [www.dora.state.co.us/registrations/strategicPlan.pdf](http://www.dora.state.co.us/registrations/strategicPlan.pdf)

**FUNDING:** Colorado Department of Regulatory Agencies, State Board of Nursing

## From clients

### NOTE FROM A PHARMACIST...

**A** I am writing to inform you that I am coming to the end of my five-year contract. Over the last five years, I have worked diligently to create a foundation for living life and recovery. I spent over four years in therapy dealing with huge issues that have plagued me all my life. I was never willing to address these issues but now I have and my mental, emotional and spiritual wellbeing is very evident to me and those around me. I have a solid recovery program and now walk a spiritual path through which I sponsor other people in recovery.

I want to thank you, the Rehabilitation Evaluation Board, for without your dedication to helping people in need of healing, I would never have been able to retain my profession.

I would like to thank Peer Assistance for help in giving me a chance to once again become a productive member of society.

I would like to give a special thanks to Donna Lindsey who has helped me in so many ways over the years that I could never repay her. I can happily call her my friend and she will never be forgotten.

Thank you, thank you all for everything you have done to make this day possible.

### FROM DENTISTS

#### Q. What was the most positive aspect of your participation with Dentist Peer Health Assistance Program?

**A.** The initial response by PAS staff—nonjudgmental, listening, allowing me to talk about what was going on and then helping me plan how to deal with it—rather than the punitive response I expected.

**A.** Being allowed to practice again. I thought I would not be able to. Going back to work normalized my life, increased my self-confidence and self-worth and improved my relationship with my colleagues. Being able to share my story with dental and dental hygiene students.

**FUNDING:** State Board of Pharmacy and Colorado Board of Dental Examiners

## The need for TASC

**E**xcerpts from the “Fact Sheet” on recidivism produced by the Governor’s Office of State Planning and Budgeting show the need for TASC services.

- 78 percent of the prison population has a substance abuse problem. Less than 25 percent of people in prison receive substance abuse services while incarcerated.
- 32 percent of parolees have a drug offense as their most serious offense and the percentage is increasing.
- 18 percent of the prison population has mental illness and the DOC has experienced a 583 percent increase in the number of mentally ill prisoners over the 13 years.
- 22 percent of the prison population does not have a GED.
- 24.5 percent of parolees are homeless.

**TASC FUNDING:** Colorado Department of Corrections

## OZOPREVENTION

## Prescription Drug Abuse Prevention Forum

**T**he Division of Behavioral Health, formerly ADAD, co-hosted the Forum with the Peer Assistance Services Prescription Drug Abuse Prevention program and the Prescription Drug Abuse Task Force. The forum was designed to bring awareness of prescription drug abuse to the forefront.

By defining prescription drug abuse and describing its scope in our community, the Forum brought overall awareness of the problem to a larger audience. The Forum was devoted to the following points.

- Prescription drugs: good drugs and very effective when used appropriately
- Addiction is a disease and we need to treat the disease
- Availability of treatment providers: affordable treatment and do we have it?
- Broad range of treatment modalities: No one-size-fits-all; what works best?

The next step is educating our community on identifying and preventing prescription drug abuse. Issues and concerns that need to be addressed include

- Accessibility and availability of prescription drugs
- Chronic pain management
  - Appropriate treatment that does not lead to drug dependence or addiction
  - Appropriate treatment for patients with drug dependence or addiction
- Social acceptance of prescription drug use
  - What message are we sending our children?
- Prescriptions for young people
  - How do we control access?
  - Who is monitoring their use?

**FUNDING:** Division of Behavioral Health

The Annual Meeting of the **BOARD OF DIRECTORS** was held at the Daniels Fund on Thursday, September 25. Reports were made by Hull & Associates, auditor; LeRoy Payne, Wells Fargo Bank; and The Capitol Success Group, Nolbert Chavez; and the Board. Election to a second term included Board members **TONY MARQUEZ** and **LLOYD DAVIS**. Tony is the National Director of Business Development of Pacific Coast Recovery Center in Laguna Beach, CA. Lloyd is the EAP Director at St. Mary’s Hospital and Medical Center in Grand Junction.

**LLOYD DAVIS** was elected to a two-year term as President. He brings expertise working in behavioral healthcare, private practice and nonprofit board experience. **SARA JARRETT** was elected to the office of Secretary. She is professor and director of the department of Accelerated Nursing at Regis University.

**CONGRATULATIONS** Tony, Lloyd and Sara.

Outgoing President **COLLEEN CASPER** and Secretary **JEFF DOWNING** were acknowledged for all of their work on the Board with inscribed awards.

**THANK YOU, COLLEEN AND JEFF.**

**SBIRT COLORADO** is screening patients in ten organizations at 19 clinical sites with the CSAT dollars; SBIRT is being delivered in three clinics with Ryan White Part B Funds.

Locations in the following hospitals: Denver Health Medical Center, STD Clinic, Emergency Department and Adult Urgent Care Clinic; Vail Valley Medical Center, Emergency Department, Trauma Floors, ICU and PCU; St. Mary’s Hospital, Emergency Department and Trauma Surgery Floors; Littleton Adventist Hospital, Centura Health, Emergency Department and Trauma Surgery Floors; St. Anthony Central Hospital, Centura Health, Trauma Surgery Floor and Orthopedic Floor; Community Hospital, Emergency Department and Trauma Surgery Floors.

Locations within Community Health Centers: Eagle County Community Care Clinic; Summit County Care Clinic; Monfort Family Clinic; and High Plains Community Health Center.

Locations in the following HIV Clinics (funds from Ryan White Part B in partnership with the Colorado Department of Public Health and Environment): Northern Colorado AIDS Project; Beacon Center for Infectious Disease; and Western Colorado AIDS Project.

SBIRT Colorado named **BRENDA KANE** program coordinator.

### THE HIV/HEPATITIS C AND SUBSTANCE ABUSE PREVENTION PROGRAM

Holistic Health Recovery classes offered mornings only, have expanded to evenings after feedback from participants about their concerns that work could interfere with their class attendance. The evening option makes it possible for more parolees to attend and make up missed classes, as they often juggle busy schedules to ensure successful compliance with the parole requirements. The staff received a Clinical Laboratory Improvement Amendments waiver allowing the program to conduct Orasure HIV rapid tests on the premises. This complements the hepatitis C testing available.

The fourth annual Colorado **TASC** training was held spring 2008 in Denver. Day one of the two-day training focused on internal training, including a presentation about the NDRI study of the NE and SE TASC offices; OMNI Institute’s updates on Co-Occurring research and treatment; increased contact standards for all TASC clients; and the alignment of services provided at all TASC offices. The second day was devoted to the collaborative efforts between TASC and the Department of Corrections’ Re-entry staff. The program included a state overview presentation of Re-entry, region specific presentations, breakout sessions that centered around how to coordinate services between Re-entry and TASC staff. Participants left the training with a renewed sense of purpose and direction, as well as a plan that is now being put into practice on how TASC and Re-entry can work more closely together.

**LUXIE GANNON** was named Director of Western TASC. **JESSICA PERBECK** was named Director of Northeast TASC. **NEW TASC LOCATIONS:** Ft. Collins, Longmont and Durango.

**IN MEMORY** Our friend, colleague and N.U.R.S.E.S. of Colorado founder Belle Redus Burnsead, RN, CNS died on July 2, 2008 in Los Angeles. Her support of PAS was remarkable and she will be missed.—*from the staff and board of Peer Assistance Services.*

# Dentistry: risks for addictive disease

—BY JANE WALTER, LPC. Excerpted with permission from the *Journal of the American College of Dentists*, Volume 74, Number 4

Addiction is most widely accepted among researchers and treatment professionals as being defined as a primary, chronic disease with genetic, psychosocial and environmental factors that influence its development and manifestations. It is progressive, relapsing, and often fatal. Addiction is considered a brain disease due to the neurological changes that occur as a result of alcohol and other drug use and abuse.

Over the thirty years that I have worked in the field of chemical dependence, I have termed addiction a disease of feelings, as there-in lies the crux of substance use or abuse. We, as human beings (addicted or not), all drink alcohol or use other drugs for the same reason—to change the way we feel. If the chemical use did nothing to alter our mood, we would not repeat the first experience. The inability or discomfort of experiencing and resolving emotions without the use of a chemical—be it alcohol, marijuana, narcotics, cocaine or even nicotine and caffeine—is often at the root of chemical dependence.

The American Medical Association has long classified chemical dependence as a disease. However, in our society, it is still preferable by some to characterize it as a moral issue or one of weakness of will. The disease is certainly not a choice, but it often results from choices over which the individual has become powerless. In every case with which I am familiar, the person crosses the lines from use to abuse to dependency while losing the ability to identify the process that is occurring within himself or herself. The hallmark of addictive disease is denial. A predominant diagnostic symptom is the individual's continued chemical use despite serious, sometimes catastrophic consequences. The determining factors are not which drug is used, or when or why, or the quantity consumed; the determining factors are loss of control of the use and consequences in any of the following life areas: health, family, legal, social and professional.

Some sources cite the incidence of addictive disease in the United States as ten percent to 20 percent of the population. In reality, it is very difficult to arrive at an accurate number due to the denial inherent in the individuals, in the families or others in the affected person's life. Many addiction professionals working in treatment centers and monitoring programs believe the incidence rate in the healthcare professions is higher than in the general population.

## ARE DENTISTS AT HIGHER RISK?

Chemical dependence is an equal opportunity disease. Unfortunately members of some professions are afforded a bit more "opportunity" than others due to certain characteristics inherent in the profession. Dentists fit into this category because of several factors that place them at high risk for developing addictive disease.

Over the years it has been generally believed that dentists regularly "score" higher than other professions in the rates of alcoholism, drug addiction, divorce, depression and suicide. This may indicate a hidden incidence of chemical dependence, because depression, divorce and suicide are frequently residual to addictive disease.

## HELPING PROFESSIONS AS A RISK FACTOR

The first high risk factor for dentists is the career choice of a helping profession. Health professionals are trained to focus on the needs of others, which in turn results in decreased focus on their own needs. In dentistry, technical education and training take predominance. In many professions, the more technical the training, the less attention is given to identifying and addressing emotional needs. Jermore Gropper, DDS, MS, who is a leader in the field of dentistry, addiction and recovery, describes a dentist as a professional who needs the following qualities: the eye of a sculptor, hands of a surgeon, tact of a diplomat, insight of a therapist, knowledge of a scientist and financial acumen of a businessman. Dentistry is a profession that requires many talents and skills, often resulting in less consideration for the emotional and relational facets of life.

## PHYSICAL AND MENTAL STRESS RISK FACTOR

Another risk factor is that the practice of dentistry is physically demanding; many dentists identify physical pain as the precipitating event for their first abuse of drugs. Hand, arm, neck and shoulder pain can be easily, but not ethically, treated by the dentist self-prescribing medications. Many dentists whom I have treated identify the beginning of their disease as what initially seemed to be the fairly innocent use of a hydrocodone sample for a headache or a few breaths of nitrous oxide in order to relax prior to going home. Nitrous oxide is viewed by many as a relatively innocuous substance; in fact, it is highly addictive. Drugs of choice for addicted dentists tend to be alcohol, opiates (particularly hydrocodone and Demerol), cocaine and nitrous oxide.

Many recovering dentists report the experience of stress resulting from patients' demands and interactions. Often the fear of causing pain, psychologically absorbing the patient's anxiety, and dealing with patient complaints result in high stress levels for many dentists. Staff issues and relationships can be another source of stress. In many situations, the staff becomes a second or surrogate family for the dentist, resulting in blurred boundaries of roles and job descriptions. Discomfort and lack of confidence in addressing staff issues can lead to interpersonal conflicts, which further increases stress levels for everyone in the dental office. Many dentists report feeling responsible for the problems, yet feeling inadequate to resolve them.

## PERSONAL TRAITS RISK FACTOR

Another high risk factor is certain personality traits that appear to be prevalent in those who choose the profession. Most chemically dependent dentists with whom I have worked would score high on scales rating obsessive-compulsivity and perfectionism. Obsessive-compulsive traits and perfectionism are set-ups for low self-esteem, as well as a host of maladaptive and self-defeating behaviors. Individuals with these qualities often feel disappointed, discouraged and unsuccessful, as they can never meet their unrealistic standards. Perfectionism is, in many ways, a rejection of one's own humanity. Low self-esteem certainly does not cause addiction, but it can be a contributing influence when combined with other risk factors.

## ISOLATION RISK FACTOR

There is a final risk factor for those in the dental profession: isolation. Most dentists continue to maintain solo practices, which provide fertile ground for addictive disease to grow when "mixed" with the previously mentioned factors. As a dentist who is abusing chemicals begins to hide the behavior, he or she often utilizes the safe haven of the office as a private place to drink or use other drugs.

Dentistry places its practitioners at a high risk for chemical dependence due to these factors: the career choice of a healthcare profession, the stress of dentistry which presents in several forms, the availability of drugs, certain personality traits, and the isolated nature of the profession. Do these factors constitute a higher risk for dentists than for others? This is a question that will continue to be pondered.

## TREATMENT FOR ADDICTED DENTISTS

Treatment for dentists and other healthcare professionals is readily available and can be very successful. Addiction, although incurable, is a highly treatable disease. It is the only potentially fatal disease I know of where the affected person can determine their own outcome once they have been exposed to treatment. Effective treatment for chemically dependent health professionals has become more specialized as treatment professionals and others in the field have recognized the high risk for addiction and unique treatment needs. There are several factors necessary for effective treatment for these individuals.

It is crucial to have a treatment staff that is skilled in dealing with the healthcare professionals due to the difficulty that professionals initially have in becoming patients. These are people whose work lives are spent being the caregivers and the ones in control. Treatment requires that they become patients, allowing others to give care to them—that they relinquish control and learn to accept direction and help. These are all tremendous obstacles for the healthcare professional. Due to the enormous shame of admitting the problem and working through the inherent denial of addictive disease, these obstacles are great. These are people who tell themselves, "I should have known better—I'm a dentist" (or a physician, nurse, pharmacist, etc). These are people who pride themselves on being in control, solving problems expertly, and maintaining high levels of personal privacy. Helping them accept the disease precept of addiction is absolutely essential, because shame decreases as acceptance increases. It is also important that health professionals participate in treatment with peers in order to have effective interaction, both to support and confront an emerging new identity.

The most successful treatment programs combine use of the Twelve-Step principles of Alcoholics Anonymous and Narcotics Anonymous with addiction education, spiritual re-connection and a psychotherapeutic approach that addresses issues within the individual, the family and work. The approach to individual issues is aimed at helping the person address the personality characteristics that have been barriers to emotional and spiritual growth due not only to the use of the substances, but also other life experiences. Effective treatment engages the patient in a process where he or she learns to identify, experience, and resolve difficult and painful emotions without the use of mood-changing chemicals. Good treatment teaches the healthcare professional how better to identify stress in the work environment that often comes from areas not previously recognized. Along with identification and recognition, it is crucial to develop healthier coping skills to reduce stress in the workplace.

Effective treatment also addresses issues within interpersonal relationships, which are always damaged as a result of addiction. Involvement of the family in treatment is critical as addiction is truly a family disease, where everyone in the family is affected in some way. Much has been written about codependency and how family members become entwined in the addictive disease process. They need education and help in healing; learning how to care for themselves while the alcoholic is learning his or her own recovery process is essential. A treatment center that uses community living is most effective, as the "communities" of patients become surrogate families, providing laboratories in which new communication skills and healthier interpersonal relationship behaviors can be practiced.

Successful treatment not only addresses addictive disease in terms of the substance abuse, but also helps the person recognize and understand the pervasive nature of the disease. Chemical dependence is not only characterized by compulsive use of alcohol or other drugs; it co-exists with other compulsive, self-destructive behaviors. These are individualized to the person, but often include other excesses. Effective treatment addresses all areas of an individual's life and emphasizes balance in all things.

*Peer Assistance Services provides services to dentists and dental hygienists through the Dentist Peer Health Assistance Program. If you or someone you know could benefit from a referral to the program please contact us: 303.369.0039x207 • www.peerassist.org*

**FUNDING:** Colorado Board of Dental Examiners

## The Recovery Project

The television series “Intervention” profiles people whose dependence on drugs and alcohol has brought them to a point of personal crisis. Each episode ends with an intervention staged by the family and friends of the alcohol or drug addict, and conducted by one of three Intervention specialists.

In September, A&E Network announced the launch of The Recovery Project, a wide-ranging, multi-year initiative designed to help raise awareness that addiction is a treatable disease and that recovery is possible.

The Recovery Project—inspired by the response from viewers, individuals and families in recovery to the Emmy-nominated documentary series “Intervention”—strives to shed light on the scope of the addiction crisis and its impact on society.

The Recovery Project kicked off Saturday, September 27 with a public celebration organized in partnership with the National Council on Alcoholism and Drug Dependence, Inc. in New York City. Thousands of individuals and families in recovery, treatment partners and advocates from all fifty states and the District of Columbia, joined together to form a human chain—a living symbol of recovery—across the historic Brooklyn Bridge and proceeded to a rally at City Hall Park in Lower Manhattan.

A&E has partnered with several leading federal agencies and non-profit organizations to develop The Recovery Project, including the Substance Abuse and Mental Health Services Administration; the National Council on Alcoholism and Drug Dependence, Inc.; and the Partnership for a Drug-Free America.

For more information, visit [www.therecoveryproject.com](http://www.therecoveryproject.com).

## Poll reveals public attitudes on substance abuse treatment and recovery

—FROM THE SAMHSA PRESS

Nearly half of American adults report knowing someone in recovery from the use or abuse of alcohol or drugs, according to survey results announced today by the Substance Abuse and Mental Health Services Administration (SAMHSA). A large majority of Americans believe that people in recovery from substance addictions can live productive lives and contribute to their community, the report also said.

SAMHSA sponsored the nationwide survey to gain insight into public attitudes toward substance abuse, and the effectiveness of prevention, treatment and recovery programs. The survey showed that most Americans are supportive of people in recovery, and that the public overwhelmingly believes that prevention and treatment efforts can work.

“These results are encouraging and offer hope to everyone affected by substance abuse problems,” said SAMHSA Acting Administrator Eric Broderick. “The survey shows that the American people believe that prevention and treatment efforts make a real difference in addressing this public health challenge and improving lives.”

Although the report found widespread agreement on many issues, it also found some significant differences in how various segments of the public view certain substance abuse-related issues. For example, younger Americans aged 25 to 34 are more likely than those aged 65 and older to believe that people in recovery from illicit drugs can go on to live productive lives.

Differences were also found between the sexes on some issues. Females were more likely than males to believe that people with illicit drug addictions posed a danger to society. Women were also more inclined than men to believe that people in recovery from illicit drug addictions can live productive lives. In addition, the survey revealed differences in the way the general public views various types of substance use and abuse.

The complete survey findings are available on the SAMHSA website at [www.samhsa.gov/attitudes](http://www.samhsa.gov/attitudes).

## Book note: *Beautiful Boy*

—Excerpted from the book's cover description BY DAVID SHEEF

David SHEEF writes, “When Nic was growing up, I thought I would be content with whatever choices he made in his life...Now I live with the knowledge that, never mind the most modest definition of a normal or healthy life, my son may not make it to twenty-one.”

What had happened to my beautiful boy? To our family? What did I do wrong? Those are the wrenching questions that haunted every moment of author David Sheff’s harrowing journey through his son Nic’s addiction to drugs and tentative steps toward recovery. *Beautiful Boy* is a fiercely candid memoir that brings immediacy to the emotional rollercoaster of loving a child who seems beyond help.

Before Nic Sheff became addicted to crystal meth, he was charming, joyous and funny, a varsity athlete and honor student adored by his two younger siblings. After meth, he was a trembling wraith who lied repeatedly, stole money from his eight-year-old brother, and lived on the streets. David Sheff traces the first subtle warning signs: the denial, the three a.m. phone calls (is it Nic? the police? the hospital?). His preoccupation with Nic became an addiction in itself, and the obsessive worry and stress took a tremendous toll. But as a journalist, Sheff instinctively researched every avenue of treatment that might save his son and refused to give up on Nic.

*Beautiful Boy* grew out of an article in the *New York Times Magazine* that drew an overwhelming response from readers grateful that Sheff had finally given voice to the devastating experience they shared. As the psychologist Mary Pipher, author of *Reviving Ophelia*, said in praise of the book, “When one of us tells the truth, he makes it easier for all of us to open our hearts to our pain and that of others.”

In July 2008, the Division of Behavior Health, formerly ADAD, held its semiannual research forum, “Prescription for Health, Not Abuse: Examining Prescription Drug Abuse.” The forum was co-hosted by the Colorado Prescription Drug Abuse Task Force and the **PAS PRESCRIPTION DRUG ABUSE PREVENTION PROGRAM**. The three presentations were “Examining Prescription Drug Abuse,” the Prescription Drug Monitoring Program and a panel discussion about real world experiences with prescription drug use and abuse from four different perspectives.

**WELCOME NEW PAS STAFF** Bryn Brocklesby, Susan Burgdoff, Maureen Carney, David Cline, Shayna Cram, Jennifer Deno, Chad Ducklow, Dianna Gilmore, Dan Gormley, Nelle Henry, Rebecca Heck, Rebecca Kagan, David Lackie, Gretchen McArthur, Clinton McRay, Gretchen Pettus, Luann Pierce, Matthew Plumb, Patricia Stawser, Dan Sturtz, Ina Tso, Mary Jane Valdez, Michael Wilkins

### MARK YOUR 2009 CALENDAR

**JANUARY 18-21 • 2009 COLORADO PHARMACISTS SOCIETY ANNUAL WINTER MEETING** • [www.copharm.org](http://www.copharm.org)

**THURSDAY, APRIL 9 • 6:30 pm • 25th ANNIVERSARY CELEBRATION AND PAS ANNUAL AWARENESS EVENT** at the Donald R. Seawell Ballroom, DCPA • Judy Collins presenting • [www.peerassist.org](http://www.peerassist.org)

**JUNE 21-26 • UNIVERSITY OF UTAH SCHOOL ON ALCOHOLISM AND OTHER DRUG DEPENDENCIES** • [www.uuhsc.utah.edu/uas](http://www.uuhsc.utah.edu/uas)

**SEPTEMBER • RECOVERY MONTH**  
• [www.recoverymonth.gov](http://www.recoverymonth.gov)

**SEPTEMBER • RALLY FOR RECOVERY**  
• [www.advocatesforrecovery.org](http://www.advocatesforrecovery.org)

**NOVEMBER • COLORADO NURSES ASSOCIATION CONVENTION** • [www.nurses-co.org](http://www.nurses-co.org)

**SEPTEMBER 30-OCTOBER 3 • INTERNATIONAL NURSES SOCIETY ON ADDICTIONS CONFERENCE**  
• [www.intnsa.org/events](http://www.intnsa.org/events)

**OCTOBER • SOUTHWEST PHARMACIST RECOVERY NETWORK MEETING** • [www.swprn.org](http://www.swprn.org)

**OCTOBER • AMERICAN DENTAL ASSOCIATION CONFERENCE** • [www.ada.org](http://www.ada.org)

**OCTOBER • ANNUAL EAPA WORLD CONFERENCE** • [www.eapasn.org](http://www.eapasn.org)

**OCTOBER • AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING** • [www.apha.org](http://www.apha.org)

We **CELEBRATE** our staff for years of dedicated service!

**24 YEARS • ELIZABETH PACE**

**16 YEARS • JACKIE WESTHOVEN**

**15 YEARS • DONNA LINDSEY**

**11 YEARS • JONI ZEPP**

**9 YEARS • MELISSA IPPOLITO**

**8 YEARS • MARY CORCORAN • ANN MUNIZ**

**• JANICE SCHULTZ • KAREN WAGNER**

**7 YEARS • DAVID ROBINSON**

**5 YEARS • DALE BROTSKI • MICHAEL BOTELLO**

**• LEE ANN ADEN • CHAD EDSON**

**• DONNA STOREY**

**4 YEARS • DON HOLLESEN • CYNTHIA KOENCK**

**• BRIE REIMANN • BONNIE SAENZ**

**3 YEARS • TRACI HUEY • DAVID JOSLYN**

**• ESTHER KAISER • ANDREA SCHMIDT**

**• SEAN STEVENS • ANTHONY WASH**

**2 YEARS • JENNIFER DUVALL • LUXIE GANNON**

**• KATHERINE GARCIA • ANDRES GUERRERO**

**• JODY JENKINS • CAITLIN KOZICKI**

**• JONATHAN TEISHER**

**1 YEAR • MEKKA BANKS • CONNIE BESSER**

**• EMILIE BUSCAJ • TIFFANY ESQUIBEL**

**• JAMIE FICKLIN • DEBORAH HUTSON**

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