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National Roads: *News from a Recovering World*

Addiction Recovery:

Continuum of Care Effective.

The 2007 edition of *Addiction Recovery* from the Institute for Research, Education and Training in Addictions (IRETA), shows research results that confirm the thinking of many treatment professionals: addiction recovery is more successful if treated as a chronic illness that requires continuing care at different levels over a lifetime.

Likened to trying to cure cancer with a single dose of radiation our present system often overlooks the need for long-term plans of treatment for the disease. It has become apparent to researchers that with an evolving continuum of care, many of those suffering with addiction can and do stay in successful recovery. While most addiction treatment professionals have long encouraged this course of care, the funding sources at all levels have opted for the "quick fix." Continual relapse and loss of hope drive many addicts away from seeking the help that is needed.

The conclusion that addiction to alcohol and other drugs is a brain disease has long been accepted. The fallacy has been to treat the disease as an acute condition, rather than a chronic disease. Clients are told their problem is like diabetes or hypertension, but left to their own devices as to monitoring the disease. With most chronic diseases physicians encourage patients to receive regular "check-ups" and other monitoring tools to aggressively keep the disease in remission.

And in a remarkable parallel to addiction recovery, actively help clients find self-help groups to attend. This has been proven to be both an effective and lower cost practice, rather than dealing with clients as if they were in an acute care condition. Funders seem to find this as best practice in most disease models.

The question becomes urgent as we prepare for more generations of people in need of addiction treatment and recovery. Do we spend the dollars hoping that a 30 or 60 day treatment program is successful the first or second time for addicts, knowing that the research shows it will not be sufficient care for many? Or, do we educate funding agencies, our government officials and the public that a continuum of care, tailored to each client, is both more effective and in the end, has more cost benefits? We know that many will die or be imprisoned due to their alcohol and drug addiction. Can we afford to waste lives when we now know that for some, the money to provide for a true continuum of care will be the difference in making a lasting recovery? Over 600 published scientific articles have reached the conclusion that addiction treatment is effective (C. Marwick, 1998). Can we see the next logical conclusion: that treatment for a chronic disease can be varied in both length and intensity levels, depending on the client? Best practice models for other chronic medical problems use these methods, and for other behavioral health problems. Should we not argue for the same proven effective continuum of care for alcohol and drug addiction? It seems the time has come.

Philosophy

AA is a synthesis of all the philosophy I've ever read, all of the positive, good philosophy all of it based on love.

I have seen that there is only one law, the law of love, and there are only two sins;

The first is to interfere with the growth of another human being, and the second is to interfere with one's own growth.

I stood off and took a long look at life and the values I found in it.

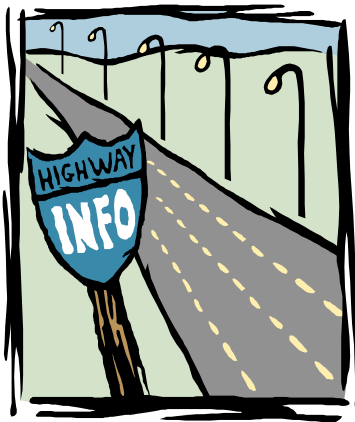
I saw a paradox, that he who loses his life does indeed find it.

The more you give, the more you get.

Bill Wilson

Advocate for Recovery!

State Roads:



2008 NRN Conference a “Basic” Success

On April 10th and 11th, the **Nebraska Recovery Network** presented its 2008 Conference and Workshop in Lincoln. Over 60 addiction treatment professionals and more than 30 recovering people attended the two

days of presentations and discussions at Havelock United Methodist Church.

The conference, titled: **Back to the Basics and Beyond, Chemical Dependence, Addiction Treatment and Recovery**, was offered with 15 hours of Continuing Education Units for LCADs and open to anyone wishing to learn more about addiction treatment and recovery.

Bill Keck, MA, LCAD, LMHP, of Siena/Francis’s Miracles Treatment Center, directed the course. Workshop sessions were conducted by: Bill Keck, Frank Bailey, LADC, Chris Carlson, MA, LMHP, Jack Buehler, MA, LMHP, LADC, Ron Namuth, LADC, Chuck Cornwell, MA, LMHP, and Bryan Brown, PLADC. Session topics included: Cognitive Behavior, Co-Occurring Disorders, Anger

Coping Skills, Dialectical Behavior Therapy, Relapse Prevention Therapy and Meditation Therapy. Sessions were also devoted to the various types of 12-Step meetings, the therapeutic power of the “Big Book” of Alcoholics Anonymous, along with an in-depth study of the AA 12 Steps.

The final session was a discussion with a panel of recovering alcoholics and addicts, moderated by Ron Namuth.

Feedback from participants attending the conference was extremely favorable.

The 2008 Nebraska Recovery Network Awards were presented during the Friday Luncheon.

The **2008 Dwite Pederson Ambassador Award** was presented to **Kate Speck, Ph.D.**, for her lengthy and outstanding career in advocating for addiction treatment and recovery. Dr. Speck is presently associated with the University of Nebraska’s Public Policy Center. Rand Wiese, Event Specialist for the Nebraska Recovery Network, received the 2008 Helping Others Award.

**“MAKE HELPING OTHERS
A WAY OF LIFE.”**

The Nebraska Recovery Network was established to encourage grassroots advocacy for substance abuse and addiction recovery in Nebraska. Through funding assistance from the Nebraska HHS Office of Mental Health, Substance Abuse and Addiction Services, our primary aim is to connect people in recovery, their families and friends of the recovery community with individual and community advocacy opportunities.

Send More Information. I want to be on the mailing list. Mail to:

**Nebraska Recovery Network
2501 South St., Lincoln NE 68502**

Yes, I want to help people with addiction to alcohol and other drugs by advocating for recovery issues. I am willing to: (Check all that apply)

- Add my name to those supporting recovery in my area
- Receive e-mail alerts and information about recovery advocacy activities
- Write letters to, call, or visit my elected officials on recovery issues
- Attend local advocacy events
- I want to help with special projects at the local level, like working with others in local recovery programs.
- Please accept this tax deductible donation of \$ _____ to help.

JOIN TODAY!

Name		
Address		
City	State	Zip
Phone		
E-mail		

"There is one single obstacle that must be overcome, if veterans are to recover from drug and/or alcohol abuse: suicide! Veterans and active duty service members can not be helped if they are dead." – Fred Marks, Sgt. U.S. Army (Retired)

A Recovering Veteran Reports on the War at Home-

by Fred Marks

According to a lawsuit filed in July of 2007 by Veterans for Common Sense, An average of 18 military veterans kill themselves each day, and five of them are under VA care when they commit suicide. According to a December e-mail between top VA officials that was filed as part of the federal lawsuit in San Francisco, CA on Monday 21 April 2008. That is an average of 6570 per year in successful suicides among veterans. **"That failure to provide care is manifesting itself in an epidemic of suicides,"** said the Veterans for Common Sense. **"We find that the VA has simply not devoted enough resources,"** said Gordon Erspamer, the lawyer representing the veterans groups. **"They don't have enough psychiatrists."** The lawsuit also alleges that the VA takes too long to pay disability claims and that its internal appellate process unconstitutionally denies veterans their right to take their complaints to court. Many suicides occur while the veteran is awaiting treatment and VA benefits. Unable work to provide for their families due to the debilitating nature of the disorder, many veterans end up in homeless shelters, jail or simply drop out of society.

The following information is provided by the National Coalition for Homeless Veterans:

The U. S. Department of Veterans Affairs (VA) says the nation's homeless veterans are mostly males (4 % are females). The vast majority are single, most come from poor, disadvantaged communities, 45% suffer from mental illness, and half have substance abuse problems. America's homeless veterans have served in World War II, Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Operation Enduring Freedom (Afghanistan), Operation Iraqi Freedom, or the military's anti-drug cultivation efforts in South America. Forty-seven percent of homeless veterans served during the Vietnam Era. More than 67% served our country for at least three years and 33% were stationed in a war zone.

Although accurate numbers are impossible to come by -- no one keeps national records on homeless veterans -- the VA estimates that nearly 200,000 veterans are homeless on any given night. And nearly 400,000 experience homelessness over the course of a year. Conservatively, one out of every three homeless men who is sleeping in a doorway, alley or box in our cities and rural communities has put on a uniform and served this country. According to the National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans account for 23% of all homeless people in America. In addition to the complex set of factors affecting all homelessness -- extreme shortage of affordable housing, livable income, and access to health care -- a large number of displaced and at-risk veterans live with lingering effects of Post Traumatic Stress Disorder and substance abuse, compounded by a lack of family and social support networks. A top priority is secure, safe, clean housing that offers a supportive environment which is free of drugs and alcohol.

While "most homeless people are single, unaffiliated men -- most housing money in existing federal homelessness programs, in contrast, is devoted to helping homeless families or homeless women with dependant children," according to *Understanding Homelessness: New Policy and Research Perspectives*, published by Fannie Mae Foundation in 1997.

Doesn't the Department of Veterans Affairs take care of homeless veterans? To a certain degree, yes, if the VA can find the veteran. According to the VA, in the years since it "began responding to the special needs of homeless veterans, its homeless treatment and assistance network has developed into the nation's largest provider of homeless services, serving more than 100,000 veterans annually." With an estimated 400,000 veterans homeless at some time during the year, the VA reaches 25% of those in need ... Leaving 300,000 veterans who must seek assistance from local government agencies and service organizations in their communities. Since 1987, VA's programs for homeless veterans have emphasized collaboration with community service providers to help expand services to more veterans in crisis. This partnership is credited with reducing the number of homeless veterans on any given day by nearly 25% over the last six years. **What services do veterans need?** Veterans need a coordinated effort that provides secure housing and nutritional meals; essential physical health care, substance abuse aftercare and mental health counseling; and personal development and empowerment. Veterans also need job assessment, training and placement assistance. **What seems to work best?** The most effective programs for homeless and at-risk veterans are community-based, nonprofit, "veterans helping veterans" groups. Programs that seem to work best feature transitional housing with the camaraderie of living in structured, substance-free environments with fellow veterans who are succeeding at bettering themselves. Because government money for homeless veterans is currently limited and serves only one in 10 of those in need, it is critical that community groups reach out to help provide the support, resources and opportunities most Americans take for granted: housing, employment and health care. The most effective programs for homeless and at-risk veterans are community-based, nonprofit, "veterans helping veterans" programs.

There are about 250 community-based veteran organizations across the country that have demonstrated impressive success reaching homeless veterans. These groups are most successful when they work in collaboration with federal, state and local government agencies, other homeless providers, and veteran service organizations. Veterans who participate in these programs have a higher chance of becoming tax-paying, productive citizens again.

What can you do? **Determine the need in your community.** Visit with homeless veteran providers. Contact your local mayor's office for a list of providers. **Involve others.** If you are not already part of an organization, pull together a few people who might be interested in attacking this issue. **Participate in local homeless coalitions.** Chances are there is one in your community. If not, this may be the time to start bringing people together around this critical need. **Send a financial donation** to your local homeless veteran provider. **Contact your elected officials**, and discuss what is being done in your community for homeless veterans. *Statistics and information gathered from:* VeteransforCommonSense.org, Department of Veteran Affairs and the National Coalition for Homeless Veterans.

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Ron Namuth, Outreach Specialist
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All Roads Lead to Recovery!

The Superhighway—Upcoming Events

Recovery Rendezvous '08

“A Celebration of the Arts in Recovery”

Are you a visual artist (painter, sculptor, quilter, photographer, potter)?
A musician, writer, dancer, poet or comic?

Come share your talents and
join us for a day of art and music!

Saturday June 7th, 2008

Havelock United Methodist Church

61st & Morrill, Lincoln NE

1 pm. until 5 pm.

To reserve display space or performance times:

Rand (402) 476-7029- email:randwiese@hotmail.com

Paige (402) 434-3965— “ antlerscenter@yahoo.com

CALL FOR ARTISTS!

CALL FOR ARTISTS!