

**Open Invitation
to Join WCADIO
Your Support Is Needed
Your Voice Will Be Heard!**

— See last page for membership application —

WCADIO's Mission

To increase public awareness of women's alcohol and drug abuse issues and to promote services related to women throughout the state of Oregon. This means ALL women who are affected by their own alcohol or drug use or that of their family or friends.

Visit us at www.wcadio.org

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Shining a Light on Women with Substance Use and Eating Disorders

Eating disorders frequently co-occur with substance use disorders in women and when they co-occur, the consequences, assessment, treatment, and recovery are more complicated for both disorders than for either disorder alone. Women with either a substance abuse disorder or an eating disorder were more than four times as likely to develop the other disorder compared to women who had neither disorder (Gadalla and Piran, 2007). In another study, 28% of women with a substance abuse disorder had an eating disorder (Gilchrist et al, 2007). Yet, there are still very few programs that provide such treatment and there is no research on the best ways to provide treatment for both.

An analysis of National Treatment Center Study data found that, of 351 addictions treatment programs,

- Only 16% offered treatment for co-occurring eating disorders
- Only half the programs screened for eating disorders
- Only 3% had formal referral arrangements with eating disorder treatment providers

Nevertheless, counselors in addictions treatment programs are in a good position to help clients with undiagnosed eating disorders by being aware of the disorders, screening clients, and/or supporting recovery from substance use disorders and eating disorders. Counselors in addictions treatment programs need to become better educated about eating disorders and their treatment so that they can:

(See **Eating Disorders...** continued on page 2)

WCADIO Honors Counselor of the Year Bernie McCarthy



I met Bernie McCarthy almost 20 years ago when she came to work for YES House as a counselor. We were excited about her previous experience at a mental

(See **Counselor of the Year...** cont. on page 3)

Are You a Member of WCADIO...?

Want to get involved in the good works we do? WCADIO membership application is on the last page and is also available on our website at www.WCADIO.org.

We encourage you to join and have a voice!

Eating Disorders... (Continued from front page)

- Identify clients with possible eating disorders
- Make appropriate referrals for evidence-based eating disorder treatments
- Help clients with both eating disorders and substance use disorders attain and maintain recovery by understanding the effects of eating disorders on substance use disorders and vice versa.

What are Eating Disorders?

Eating disorders are characterized by disturbed eating patterns and dysfunctional attitudes toward food, eating, and body shape. The primary features of eating disorders are similar to those of substance use disorders: compulsive use or behavior, loss of control, and continuing behavior despite negative consequences.

As with recovery from substance use disorders, recovery from eating disorders can be a long process with periods of relapse and recovery, and relapse in one disorder may affect a client's recovery in the other.

Screening Clients for Eating Disorders

Screening all clients is the best approach, rather than screening only when an eating disorder is suspected because symptoms can overlap with those of substance use disorders and/or other behavioral health problems and be missed. Substance use counselors can easily and unobtrusively incorporate some eating disorder screening into the substance use assessment in a number of ways:

- As part of the drug use assessment, ask clients about their use of over-the-counter and prescription laxatives, diuretics, and diet pills
- As part of taking a medical history, ask clients about past hospitalizations and behavioral health treatment history, including for eating disorders
- As part of assessing daily activities, ask clients how often and for how long they exercise
- Ask clients, "Other than those we've discussed so far, are there any other health issues that concern you?"

There are also several standardized screening instruments: the SCOFF questionnaire, the Eating Attitudes Test, and The Bulimia Test.

Clients may be confused or defensive when asked about eating and body image. Counselors can prepare clients for these questions by explaining that eating disorders commonly occur with sub-

stance use disorders and that it is important to have a clear picture of the client's overall health.

Screening should not end at intake. Counselors should be alert for signs of eating disorders, including changes in weight, that may appear later in treatment.

Referring Clients for Further Assessment and Treatment

Because there are so few integrated treatment programs in the country, addictions counselors will generally need to refer clients with eating disorders to specialized treatment programs. After medical stabilization (if needed), treatment of the substance use disorder should generally come first when integrated treatment is not available.

Sources of Treatment Referral Information

Families Empowered and Supporting Treatment of Eating Disorders (FEAST): A list of treatment resources

can be found at www.feast-ed.org.

National Association of Anorexia Nervosa and Associated Disorders: A list of resources can be found at www.anad.org/get-help/treatment-centers/.

What is the Treatment for Eating Disorders?

Evidence-based specialized treatment for eating disorders generally includes some combination of:

- Medical stabilization
- Nutritional rehabilitation
- Pharmacotherapy
- Psychosocial Treatments: Maudsley Approach Family Therapy, Cognitive-Behavioral Therapy, Interpersonal Psychotherapy

— This article is an excerpt from the SAMHSA Advisory: Clients with Substance Use and Eating Disorders, February 2011, Volume 10, Issue 1.



Women's Commission on Alcohol and Drug Issues of Oregon Recommends

Eating disorders, like addiction, are often shrouded in secrecy and shame. WCADIO is advocating for increased attention and awareness of the high incidence of eating disorders among women who are in treatment for substance use disorders.

Addictions treatment professionals treating women should develop expertise in recognizing and responding to eating disorders. Training on the treatment of co-occurring addiction and eating disorders should be made widely available to providers.

Eating Disorders Affect Millions of People Every Year

Unfortunately, eating disorders are on the rise.¹ Research suggests “that nearly 50% of people with an eating disorder are also abusing drugs and/or alcohol, a rate five times greater than what is seen in the general population.”²

The co-occurrence of these disorders affects both men and women, with up to 57% of males with Binge Eating Disorder (the most common eating disorder) experiencing lifelong substance abuse problems.³

How can you best support clientele with eating disorders? Here are some thoughts and suggestions:

- EDs are complex psychiatric conditions. A multidisciplinary team-approach is considered best practice for treatment. Hire staff who have experience working with eating disorders and offer training to your team. In

References for this article:

- ¹ www.nationaleatingdisorders.org/general-information
- ² www.nationaleatingdisorders.org/substance-abuse-and-eating-disorders
- ³ <http://bedaonline.com/understanding-binge-eating-disorder/what-is-bed/>
- ⁴ <http://benourished.org/our-core-competencies/>
- ⁵ <http://benourished.org/health-every-size/>
- ⁶ <http://astore.amazon.com/benour-20/detail/1940363195>

- In addition, develop relationships with in and out-patient eating disorder treatment centers that can consult with you.
- It is important to understand all eating disorders, including Binge Eating Disorder, have a goal of restriction. Binge eating (with or without compensatory purging) is a reaction to restrictive eating. Dieting behaviors and “eating healthy” are often positively reinforced, when they are actually symptomatic of a disordered relationship with food.
- In your treatment settings, make an effort to not label foods as good or bad, healthy or unhealthy.⁴ Create an environment free of judgments about food – positive or negative – as this exacerbates the eating disorder and dieting mind. Learning to neutralize food is an essential part of healing relationship with food.

- Strive to create an environment for staff and clients that is compassionately weight-neutral.⁵ Promote health and wellness similarly for clients of all sizes. Do not make assumptions

about someone's health status based on the size and shape of their body. Do not prescribe diets as a solution to weight-related concerns for any client (regardless of size), or as a solution for people struggling with binge eating behavior. We highly recommend the book “Body Respect” by Linda Bacon, PhD, and Lucy Aphramor, PhD, RD for more information about these ideas.⁶

— Article by **Dana Sturlevant, MS, RD & Hilary Kinavey, MS, LPC** – Co-founders of *Be Nourished*. *Be Nourished* offers consultation and training for helping professionals. For more information, visit: www.benourished.org/training.

Counselor of the Year... *(Continued from front page)*

health facility for adolescents and the training her LCSW credentials could afford the addictions based staff. What surprised us was that this woman was a model in humility.

At the 6-month mark of employment, I remember Bernie walking into a very crowded office, leaning up against the copy machine and asking “am I doing the job you wanted?” Oh my! She was serious!

Since that day, Bernie has lead the clinical staff with her combined mental health and addictions experience. She is a quiet leader, steady and focused on bringing quality services to all adolescents and families that enter our program.

Bernie retired a number of years ago to be able to travel with her husband. She returned after a year and a half and continues to learn and to provide leadership to the clinical staff.

The Counselor of the Year award hangs proudly in her office today. For this quiet woman to have such a public honor was heartwarming. It was also nothing she ever expected.

— Tania Pritt, Director, YES House

WCADIO Goals

- To ensure equity and quality of services for women in the state of Oregon affected by alcohol and other drugs.
- To receive and evaluate information from Oregon's citizens and alcohol and drug abuse treatment community regarding women's alcohol and drug issues.
- To provide information and education to the general community.



Are We Ready For...



To combat rising rates of opioid dependence, federal and state governments increasingly fund addiction services and medication assisted treatment (MAT). Medications such as buprenorphine and methadone consistently prove effective in opioid treatment. With all of these changes, a fundamental question arises: Is the behavioral health workforce actually ready to provide services in an environment in which medication use is going to become a significant component of addiction treatment? And if not, what needs to be done? An unprepared workforce can hinder access to services and leave people with limited information on medication benefits as part of comprehensive treatment.

A number of studies in recent years found prescribers' and counselors' attitudes were significant barriers to MAT use. In 2012, the SAMHSA-HRSA Center for Integrated Health Solutions conducted a pilot project to help community safety-net providers expand MAT related services and identified a number of workforce-related barriers to adoption, including:

- Scarcity of medical providers trained to administer MAT services.
- Negative workforce attitudes and misunderstandings about the nature and use of medications.
- Lack of support staff for providers currently administering MAT services.
- Lack of reimbursable credentials for addiction treatment providers.

Negative attitudes toward MAT are a commonly cited barrier to its use. It is also an extremely troublesome barrier. As new payers continue to enter the marketplace looking to reduce cost and increase quality of care, they will increasingly look for treatment approaches, like MAT, that have solid evidence of improving quality of care and cutting cost. Also, as enforcement of the Mental Health and Substance Abuse Parity Act continues across the country, it will become increasingly difficult for arbitrary medication restrictions to continue.

So what should we do about all of this?

1. Assess Workforce Needs

As you continue working to increase the availability

of MAT services, a critical examination of your current workforce must be completed. Questions to be addressed could include:

- Are there enough trained physicians and nurses to work with treatment programs on MAT? If not, what is your plan for ensuring physicians are trained?
- What is your state's level of acceptance of "medical models" of addiction by treatment programs and clinicians?
- How do specialty addictions treatment clinicians view medication use to help people in treatment?
- How will you work with your staff and board who need help understanding medications' role in treatment?

Asking these and other questions will help you get a jumpstart on providing the resources your workforce may need to move forward with MAT.

2. Increase Training on the Biology of Addictions

A lack of understanding of biology of addiction often drives negative clinician attitudes about MAT; schools and trainings across health sectors need to provide more information. Organizations such as NIDA and SAMHSA should continue to lead efforts to ensure addiction-related training materials have scientifically accurate information and information on MAT's role in treatment.

3. Intensify Advocacy

Organizations such as NAADAC and International Certification & Reciprocity Consortium must continue to work on behalf of the addiction workforce. These and other organizations help make sure that addictions professionals have the information needed to succeed. Joining forces, or partnering to speak with a unified voice about expanding MAT use would be a significant step forward.

Making these changes and prioritizing the addiction treatment workforce's needs would go a long way toward improving MAT accessibility. ❖

— Source: <https://www.thenationalcouncil.org/conference-365/2015/10/20/ready-medication-assisted-treatment/>

Dramatic Increase in Heroin Use Reported in the Northwest

Heroin use has risen dramatically in the Pacific Northwest, with overdoses in the Portland area accounting for nearly as many deaths among young and middle-aged men as cancer or heart disease, the government said today.

The drug, at about \$20 a dose, is cheap on the West Coast, and black tar heroin from Mexico or South America is readily available there, the Centers for Disease Control and Prevention said. In addition, prescription pain relievers are Oregon's fourth most prevalent substance of abuse following



alcohol, tobacco, and marijuana. Use of prescription pain relievers for non-medical reasons is higher in Oregon than the national average; many people addicted to heroin report having started their opioid use in this way.

Medication Assisted Treatment - Why?

Opioid addiction is one of Oregon's most pressing public health issues. Lost productivity, overdose, and reduced quality of life are just some of the impacts to individuals, families, and society. Even when the individual has a strong desire to stop their usage, stopping opiate use after a long period can cause unpleasant physical and psychological withdrawal systems; many long time users find it difficult to not use opiates when faced with these symptoms, thus continuing the cycle of addiction. Medication Assisted Treatment (MAT), including the use of methadone, is a medically monitored therapeutic intervention designed to assist opiate dependent individuals improve their overall quality of life and begin the recovery process, that involves case management, counseling and medication management.

What are Other Medications Used in the Treatment of Opioid Dependence?

Several other medication assisted treatment options are available for the treatment of opioid dependence, including buprenorphine and naltrexone. As opposed to methadone, which is a "full" agonist, buprenorphine is a partial agonist (partially binding to opioid receptors in the brain) and

naltrexone is a full antagonist (fully blocking the opioid receptors in the brain). All of these medications are highly effective for the treatment of opioid dependence and may or may not be appropriate for the patient based on several other factors.

What are Some of the Other Benefits of Treatment Involving Methadone?

Research shows several positive benefits to methadone treatment, including reduced intravenous drug use, decreased risk of overdose and reduced exposure to infectious diseases (including Hepatitis C, B as well as HIV), up to 30% reduced mortality, reduced criminal behavior and improved pregnancy outcomes. Individuals on medication assisted treatment experience greatly reduced withdrawal symptoms, cravings, and are retained in a structured treatment environment for longer periods of time than those opioid dependent individuals undergoing other types of treatment. ❖

Reference: <http://www.oregon.gov/oha/amh/Pages/umatr.aspx>

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 **Check out our website:**
www.WCADIO.org

To submit something to this publication please send to Editor
Ginger Martin at
gingersnapmartin@gmail.com

 **WCADIO 2016
Board Meetings**

January 22 ~ April 22
July 22 ~ October 21
Dates are subject to change.
Meetings held at NARA
1776 SW Madison, Portland, 2nd Floor
Check with a board member for info.



PO BOX 14495 · PORTLAND, OR 97293

Women's Commission

ON ALCOHOL AND DRUG ISSUES OF OREGON

WWW.WCADIO.ORG

Dear Members and Prospective Members:

The board of the Women's Commission on Alcohol and Drug Issues of Oregon (WCADIO) invites you to join or continue your membership to help us to increase public awareness of women's alcohol and drug abuse issues and to promote services related to women throughout the State of Oregon. As you know, the commission both helped sponsor and enact the bill that requires all sellers of alcohol to post the warning to pregnant women of harmful effects of drinking alcohol to the fetus.

Our members helped write the first women's treatment curriculum which, with the help of the state, was updated to inform providers of evidence based practices. Each year, we sponsor training on women's treatment at local conferences. We have also sponsored scholarships for counselors to attend conferences which inform them of the latest treatment methods for women and girls, and give recognition to counselors who provide treatment in Oregon treatment programs. Our newsletter covering the latest information about the field as it relates to women is published every four months and mailed to members.

We regularly testify before the legislature and support any bills about women's issues in regards to alcohol and drug abuse and other health issues that effect women. We continue our work with the Department of Public Health and with the State of Oregon Legislature, advocating for quality care, funding, and adequate service capacity for alcohol and other drug treatment and prevention services for women, adolescent girls, and women with children.

Our website helps our members to access larger articles about the field and the newsletter is posted for ease in sharing the information. We invite you to share information about new developments for women's alcohol and other drug treatment by contacting any of the board members listed on the website www.wcadio.org.

We look forward to hearing from you, and urge you to join or continue your membership. Below is a statement for ease in payment and hope that you will join us in this effort.

Warm regards,
Margaret Weil, WCADIO President

WCADIO
PO Box 14495, Portland, OR 97293

For Dues Year: 2016

To Join or Renew: Please fill out and return this form with your payment. Thank you!

Name: _____ Program Name: _____

Title: _____ Email Address: _____

Mailing Address: _____

Note: Newsletter is now being sent via email, so please include your email address.

Phone: _____

New Member or Renewal? (Circle one)

Thank you for supporting WCADIO by being a member or making a contribution!

Membership Description / Type	Amount	Please Mark Your Choice
WCADIO Annual Membership— Organization	\$100.00	
WCADIO Annual Membership— Individual	\$10.00	
Tax Deductible Contribution in the amount of:	\$	
Total Amount for Dues and/or Contributions:	\$	

Make checks payable to WCADIO and mail to the address above.

Amount Enclosed: _____

Thank You!