TIME FOR A FORWARD PASS

Can you believe it is football season again and Fall is on our doorstep?

When I hear “forward pass,” I think of how we in the addiction recovery profession “play (pay) it forward.” Most of us are very experienced quarterbacks or coaches. And have you noticed this season? We have many new team members (students, interns, newly graduated therapists and counselors) in training and want to join the team. The IAAP Team is a winning team that scores with recovery by using players that are the very best clinical addiction counselors. We believe in the team cheer: “Only Our Best!” However, you and I must never forget the forward pass.

Have you sponsored that student waiting to play on the field? Hey, it is only $67.50 for IAAP /NAADAC student membership. Come on and sponsor that student today! And by the way, how often have you mentored and helped the student in training? Do you value the training camp? Do you value getting the student in training? Before a new clinical addiction counselor hits the playing field, she or he must go through the APIT to LAC to LCAC play action. Are you helping to support the team with student membership and mentoring?

Continued on page 2 see PRESIDENT

IAAP NEEDS YOU!
Look Inside this issue for Exciting Leadership and Advocacy Opportunities to Gain Skills and Support Addiction Professionals

A MESSAGE FROM YOUR EDITOR IN CHIEF

Do you have an article or idea to submit for the newsletter?

Please send to Kay Bontrager, Editor in Chief:
kay.b@recovery-connections.net
Fax: 1(800)282-4819

Live well. Laugh often. Love much.
Kay

ARE YOU UPDATED?
Please contact us to update your address & email to avoid missing important information!
President Continued

It was the goal of my presidency to have all IAAP committees up and running and to have student sponsorship and mentoring well established. Please help me win this goal. It is a goal that benefits us all. I need you mentoring and sponsoring; I need you helping in the training process before these new team members hit the field.

It is one of the responsibilities of the Academic and Workforce Development Committee to make sure all of us are mentoring and sponsoring (at least one student) here in Indiana. And if you want to be a part of this committee’s important work—please join the team now!

The Conference and Educational Training Committee may conduct some future trainings on how to mentor (they even might ask me to be a trainer), as well as, how to sponsor. However, a simple instruction on sponsoring: find a student and get out your check book and write a check for $67.50 to sponsor this student as a member in IAAP/NAADAC - you know, this gets the student involved with the very experienced quarter backs and coaches like you and me and to meet face to face at conferences, trainings, workshops, etc.

This reminds me of the student my brother, Professor John Walsh, a 50 year college professor of Mathematics, with which he mentored while teaching at IVY Tech Community College. He noticed Lonnie was still on crutches after many years battling cancer. Eventually I became involved with the mentoring, because Lonnie showed interest in counseling or some way to help pass forward this recovery process to others battling cancer.

John and I are proud to sponsor Lonnie’s Advertisement in this newsletter. Just another way to play “the forward pass” and pay it forward. I encourage you to purchase Lonnie’s inspiring book and pass it on.

So, in this football season, please play “the forward pass” and pay it forward. The best way to celebrate September’s Recovery Month is to sponsor, sponsor, sponsor, and mentor, mentor, mentor!!!!! So why are you just sitting there watching? Why are you not quarterbacking and coaching?

Only Our Best,

Albert, your President
Albert Alvarez, LMHC, LCAC, MAC, CGP.

P.S. I hope to see you and many of our IAAP team at the Fall Conference on Trauma and at our Annual Meeting to find out who the Counselor of the Year will be. Meet your winning team members! Be there!

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2014-2015 IAAP Events Calendar

REGISTER TODAY!
IAAP Annual Fall Conference
October 10–11, 2014

Next Certification Committee Meeting:
Friday, October 10, 2014 – During Lunch Break

SAVE THE DATE 2015:
IAAP Annual Spring Conference
April 10–11, 2015
Kudos To:

KUDOS - DEFINITION: Praise and honor for an achievement.

IAAP wants to recognize our members who achieve a professional goal, as in qualifying for a new level of certification or licensure, or an academic degree or a new place to put your skills to work.

At this time, IAAP would like to recognize our members, who have received their Certification this spring:

Brittany Beatty - APIT
Jessica Salinas - APIT
George Scott - ICACI
Tim Steele - APIT
Karen Stephenson - APIT
Cheryl Wallen - APIT

A SOBER CHUCKLE
... Rx: LAUGHTER

We don't
Know how
To split an atom
But as to whiskers
Let us at 'em

If you want
A hearty squeeze
Get our
Female
Anti-freeze

Around
The curve
Lickety-split
It's a beautiful ear
Wasn't it?

Conference and Continuing Education Committee

I am excited to have as our speaker at the fall conference, Arlene Storey, who will be presenting on treating traumatized and addicted clients and engaging complex, sexually addicted clients. She is certified as a trainer in multiple areas, is a certified addiction and trauma therapist, and has been in the mental health field for more than 35 years. All addictions professions encounter trauma. This training is timely and relevant to our members and I hope to have a great turn out for our fall conference. The committee is working on the spring conference and the topic will be opioids. We are in the process of securing a speaker who will present on evidence based treatment of opioid addiction.

Anybody interested in attending the training to renew your CCS, please let me know. I need several more participants in order to schedule this. If you missed it earlier in the year, now is the time to be able to continue your certification as a clinical supervisor. Contact me by email at peggy.payonk@regionalmentalhealth.org to sign up now.

I would like to thank all of the members who respond on the evaluations about what topics you would like to have at the next conference. This helps us to bring the speakers and information to the group that is of interest to our members. Anybody interested in being on the committee please feel free to contact me at any time.

Peggy Payonk, MSW, LCSW, LCAC
IAAP Conference & Continuing Education Committee Chair
Bylaws Committee

Proposed Bylaw Changes

Dear IAAP Members,

The Fall Conference is quickly approaching—a little too quickly based on the cold August weather here in the Northeastern part of the state. The Fall Conference also means it is time for the IAAP Annual Business Meeting. The Bylaws Committee has completed its annual review of the IAAP Bylaws, and is proposing some changes to the existing Bylaws. Many of the changes are simple language changes to enhance the clarity and meaning of current Bylaws.

The Committee is also proposing two significant changes to the Bylaws this year: the first of these changes is a significant language change. In reading over the Bylaws, we came to the conclusion that calling ourselves Addiction Professionals is a bit of a misnomer. Our profession is not about helping people with their addictions, it is about helping people recover from their addictions. Therefore, the Committee is proposing a language change throughout the Bylaws from Addiction Professionals to Addiction Recovery Professionals. This is a subtle but important distinction.

In proposing this change, we were cognizant of the fact that our profession encompasses many facets, including Prevention, Intervention, Treatment, Research, Teaching, etc. The language change is not intended to leave out any group nor to imply that one area of our profession is more important than any other. The proposal is simply intended to be a more accurate reflection of what the profession as a whole is about, and that is helping our clients, our families, our neighborhoods, and our society recover from the effects of this devastating disease.

The second major change is the addition of the Licensure Committee to the Bylaws. This addition took longer than we had hoped due to the process of working with NAADAC, NCC AP, IPLA, and PTC to develop the contracts required for IAAP to be able to provide the pathway to licensure in Indiana. Once the contracts were in place and signed, IPLA was required by law to promulgate the rules regarding how the process would take place based on the content of the contracts. We had to wait patiently on the rules to complete the Policies and Procedures for the new Committee. I am happy to report that all of the rules and Policies and Procedures are in place for IAAP to provide the licensure examinations Addiction Counselors in the State of Indiana. I want to give public kudos to our attorney, Valerie Jones, and to Shirley Beckitt-Mikell of NAADAC for their invaluable assistance in the process of negotiating the contracts.

The proposed Bylaw changes can be found on the IAAP website www.iaapin.org. Please review the changes prior to the fall conference and come prepared with questions, comments, and concerns. And be ready to vote on the changes!

Only Our best,

Ron Chupp, LCAC, LCSW
IAAP Bylaws Chair

Words of Wisdom

“Man is born broken. He lives by mending. The grace of God is glue.” Eugene O’Neill

“When you stop chasing the wrong things, you give the right things a chance to catch you.” Lolly Daskal (Currently a Leadership Coach, Consultant for leadership teams to reach their full potential through cohesive organizational change, strategic planning and process transformation, a Speaker and Author.)
**Ethics Committee**

Board of Directors
Dear Board Members,

My name is Robert Morgan, and I am the Chair of the Ethics Committee for IAAP. I have been the chair since January 2014. I was a board member for over a year prior to January.

Naturally our board handles all ethical complaints submitted against our IAAP members. In the past two years we have had two such complaints with one appeal. I am happy to report that both complaints have been resolved. The first complaint resulted in a temporary suspension, and some retraining of the individual. The respondent in this case accomplished the training and has been reinstated. Concerning the second situation, it was complicated and detailed, but after much hard work from the committee, both the original complaint and appeal were found to be groundless and is in the process of being dismissed.

During the process of addressing the second case, our Ethics Committee has grown by adding three new members. We now have a total of 5 members, including myself.

Respectfully submitted,

Robert Morgan, MS, LCAC, NCAC II, ICAC II
Chair IAAP Ethics Committee

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**Election Committee**

The IAAP election process is under way, and it is with sadness to report to our membership that nominees for this election were lacking. I am well aware of the busyness in life. I am also familiar with the reasons that come to our mind for choosing not to become involved. Speaking from my own personal experience, I accepted to be appointed as Certification Chair in 2005 at the beginning of IAAP’s development, which was also at the time of being a Daddy to triplet 3 year-olds as well as full time employment.

Soon thereafter, I accepted a nomination to lead this organization, again recognizing the personal and professional responsibilities, obligations, and expectations. The purpose of this disclosure is not to boast, as I am well aware of many other leaders of IAAP and NAADAC who carved-out time.

To that end, I am sharing a short story written by an unknown author.

“This is a little story about four people named Everybody, Somebody, Anybody, and Nobody. There was an important job to be done and Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that because it was Everybody’s job. Everybody thought that Anybody could do it, but Nobody realized that Everybody wouldn’t do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done.”

And, so I am asking each and every member of IAAP to reflect upon the value of this organization and to prayerfully consider stepping into a serving role within your membership organization. I state prayerfully in that all within this profession know the words to the Serenity Prayer, which, for that reason, are not being added to this writing. Do you have “...the courage to change the things you can...”?

Only our best,

Brent A Stachler, LCAC, LMFT, MAC, ICCS
Election Committee Chair and Past President

P.S. To paraphrase a prayer campaign of years ago: “(an organization) family that prays (plays and works) together stays together” and another “if you (build it) sponsor them, they will come.” From a long term volunteer, who finds it an honor to sponsor, mentor, and serve, Albert, your President

P.S.S. “Who’s on first, what’s on second, I don’t know is on third...” It is hard to have a baseball team if you don’t have any players STEPPING UP TO THE PLATE! Let’s get some nominees stepping up so that we can “play ball!” - Kevin Large NAADAC RVP, Mid-Central Region

P.S.S.S. Another reminder of such a true phenomenon in the helping profession.....20% do 80% of the work. Steve Stone
New Indiana Laws

As of July 1, 2014, Indiana 200 new laws were passed in Indiana. As the current chair of the Legislative committee I thought it might be of benefit to take a look at some of the new laws. Certainly the biggest change is the new criminal code which moves felonies from a ‘class’ to a ‘level,’ which will certainly impact many of our clients. For further information on Indiana Laws, please visit In.gov which provides more details on each law and covers the rest of the newly enacted laws.

Veteran Treatment Programs

In an effort to address the health needs specific to the growing Hoosier veteran population, SEA 180 establishes the Veterans Disability Clinic Fund and the Indiana Veteran Recovery Program and Fund. The programs are designed to assist veterans that have traumatic brain injuries or posttraumatic stress disorder (PTSD). The Veterans Disability Clinic Fund will provide grants to qualified law schools that maintain a veteran disability clinic. The Indiana Veteran Recovery Program and Fund will provide certain services, such as medical treatments and counseling, for those veterans suffering from traumatic brain injuries or PTSD.

Health and Public Safety Mental Health Pilot Project

According to research conducted by Brown University, only 1 in 3 state prisoners and 1 in 6 jail inmates with a mental health problem receive treatment since being incarcerated, and three quarters of prison and local jail inmates who were diagnosed with a mental health problem also meet the criteria for substance dependence. SEA 235 requires community corrections programs to use evidence based services, programs, and practice in order to reduce the risk of relapse for persons with mental health problems or substance addiction. This new law will establish eligibility and treatment criteria for the award of certain grants by the Department of Correction and requires any person providing mental health and substance use treatment services be certified by the Division of Mental Health and Addiction. Additionally, the law provides for the establishment of a three year Marion County pilot program to offer participation in a treatment program as an alternative to incarceration. A final report from the Marion Superior Court will be due on October 1, 2015 including the cost savings, opportunities for replication, and recidivism rates for persons in the program.

HB 1006 Amends Criminal Code - Effective June 30, 2014

Existing Law:
20 years for a Class A Felony
6 years for a Class B Felony
2 years for a Class C Felony
½ year for Class D Felony

New Law:
20 years for a Level 1 Felony
10 years for a Level 2 Felony
3 years for a Level 3 Felony
2 years for a Level 4 Felony
1 year for a Level 5 Felony
½ year for a Level 6 Felony

This bill also reduces charges for marijuana possession (depending on priors) with the minimum sentence being a Class B Misdemeanor up to a Level 6 Felony (depending on priors and amount possessed.) Possession with intent to manufacture or distribute has also been reduced (depending on priors, amount and other issues) to a minimum of a Class A Misdemeanor to a Level 5 Felony.

Submitted by Angela Hayes, IAAP President-Elect
Facing My Goliath

Invest today in an inspirational book by Mr. Lonnie Fowler, one of Riley Hospital’s own cancer survivors. The book: "Facing My Goliath," remarkably shows how a teenager faced incredible odds to ultimately defeat leukemia. A personally signed copy may be purchased from Lonnie at www.facingmygoliath.com for the price of $20 plus shipping and handling fee of $5.50.

For all bulk orders, questions, or comments; contact Lonnie at www.facingmygoliath@gmail.com

My name is Lonnie Fowler and I’m a survivor of (AML) leukemia. When I was diagnosed with leukemia in 1996, at the age of 15, my life was forever changed. If it wasn’t for the many people that helped me through my fight, it would’ve been a tougher battle; one that may have been lost. I recently wrote Facing My Goliath many years after my battle with cancer; to encourage others through similar battles.

When I’m not writing or posting blog topics; I enjoy spending time with my wife, family, and friends. I also have several other hobbies which include playing guitar, cooking, movies, watching sports and travel.

Whatever giants you are facing; with the right attitude, faith, and support; you can be triumphant. Never give up the fight and stay strong, a brighter tomorrow is ahead.
Repeal Prohibition, Again
The New York Times
by The Editorial Board

It took 13 years for the United States to come to its senses and end Prohibition, 13 years in which people kept drinking, otherwise law-abiding citizens became criminals and crime syndicates arose and flourished. It has been more than 40 years since Congress passed the current ban on marijuana, inflicting great harm on society just to prohibit a substance far less dangerous than alcohol.

The federal government should repeal the ban on marijuana.

We reached that conclusion after a great deal of discussion among the members of The Times’s Editorial Board, inspired by a rapidly growing movement among the states to reform marijuana laws.

There are no perfect answers to people’s legitimate concerns about marijuana use. But neither are there such answers about tobacco or alcohol, and we believe that on every level — health effects, the impact on society and law-and-order issues — the balance falls squarely on the side of national legalization. That will put decisions on whether to allow recreational or medicinal production and use where it belongs — at the state level.

We considered whether it would be best for Washington to hold back while the states continued experimenting with legalizing medicinal uses of marijuana, reducing penalties, or even simply legalizing all use. Nearly three-quarters of the states have done one of these.

But that would leave their citizens vulnerable to the whims of whoever happens to be in the White House and chooses to enforce or not enforce the federal law.

The social costs of the marijuana laws are vast. There were 658,000 arrests for marijuana possession in 2012, according to F.B.I. figures, compared with 256,000 for cocaine, heroin and their derivatives. Even worse, the result is racist, falling disproportionately on young black men, ruining their lives and creating new generations of career criminals.

There is honest debate among scientists about the health effects of marijuana, but we believe that the evidence is overwhelming that addiction and dependence are relatively minor problems, especially compared with alcohol and tobacco. Moderate use of marijuana does not appear to pose a risk for otherwise healthy adults. Claims that marijuana is a gateway to more dangerous drugs are as fanciful as the “Reefer Madness” images of murder, rape and suicide.

There are legitimate concerns about marijuana on the development of adolescent brains. For that reason, we advocate the prohibition of sales to people under 21.

Creating systems for regulating manufacture, sale and marketing will be complex. But those problems are solvable, and would have long been dealt with had we as a nation not clung to the decision to make marijuana production and use a federal crime.

In coming days, we will publish articles by members of the Editorial Board and supplementary material that will examine these questions. We invite readers to offer their ideas, and we will report back on their responses, pro and con.

We recognize that this Congress is as unlikely to take action on marijuana as it has been on other big issues. But it is long past time to repeal this version of Prohibition.

Submitted by Albert Alvarez
Lighten Up

Some people want a pet that they can exercise and play with, and some people want a pet that will help keep them warm at night. Still other people want a companion -- an animal that will be an unquestioning, faithful friend through thick and thin. That's all good for them, but there are those of us who want a companion that we can talk to. We want a voice at the end of a long work day welcoming us home with, "Hello, darling, how was your day?" For people who wish to have that type of companion in the form of an animal, a talking bird fits the bill very nicely.

However, not just any talking bird will do. Some birds speak quietly, while others will scream at the top of their lungs. The type of bird one chooses must be paired suitably with the environment in which one lives. That is, house or apartment, metropolitan or suburban. Most neighbors will not want to hear a perfect imitation of a scene from a horror film at any time of day. But, perhaps you live in the countryside and the only audio comfort that needs to be taken into consideration is your own. In that case, you will need to decide how much noise you can handle through the day.

All talking birds are great fun to have as companions, but some are better at verbalizing and enunciating their words than others. Some species have better memory than others and are able to store hundreds, even thousands of words into their little bird brains. Then there are the select few, like the African Grey, that are able to listen to people talk, discern the proper context and situation, and hold a reasonable conversation (reasonable within the context of being a bird). Keep this in mind as you read our "Lighten up" special this issue.

One day a preacher's wife was browsing in a pet store and came to a parrot in a cage with a sign that read: "Great deal! Only $20! Cage included!"

She was amazed at the price and asked the sales woman what kind of a parrot it was, and why it was so cheap. The sales woman replied that it was an African Grey that had had a previous owner who died, and the family brought the parrot in to be resold. However, it was not long before they discovered that the parrot frequently let loose with a barrage of foul language. "We have been working on retraining him, but can’t offer a guarantee that he won’t launch into cursing again." The preacher’s wife thought a few moments and said, “I think I’d like him. I think I can handle the language part.” So home she went with the parrot, his cage and a weeks worth of food.

Three days later, she was having dinner for two couples in the congregation of her husband’s church, and midway through the meal, the parrot let loose with expletives that turned everyone’s attention immediately to him. The preacher’s wife immediately got up, went to the cage, and took the parrot off his perch and put him into the freezer for 10 minutes. When she opened the door to take him out, there was some frost on his wing feathers but otherwise he was fine. She told him, “Do not use that language in this house. If you do it again, I’ll give you more of what you’ve just had.” She returned him to his cage, and the dinner ended with peace and quiet.

Three days later, she was entertaining the Women’s Auxiliary for lunch, and once again, midway through the meal, the parrot let loose with taudry language. The preacher’s wife immediately rose from the table and took the parrot from his cage and put him again in the freezer. This time she left him there for 20 minutes. When she opened the freezer door and took him out, he had frost on his beak and entire body. As he sat on her hand, he looked up at her, and said, “May I ask you a question?”

“Of course”, the preacher’s wife replied. He said, “What did that turkey in there do?”

Advertisement Opportunities

New opportunities are now available to advertise in the IAAP electronic newsletter! If you would like to place an ad or if you want more information on how to advertise with us in our electronic newsletters, please contact Stephanie by email at stephanie@centraloffice1.com.
Canadian Supreme Court Okays Supervised Heroin Use Despite objections from conservatives, the court has allowed prescribed heroin for "entrenched addicts."

The FIX
by John Lavitt July 3, 2014

The British Columbia Supreme Court recently decided to allow ongoing prescribed and supervised heroin use by a certain class of "entrenched addicts" who were part of a past clinical trial. While a larger constitutional challenge about the case moves before the court, the addicts will continue receiving the drug they were prescribed during the trial. Defying expectations and befuddling conservatives, this is the second time in 2014 that Canadian courts have approved the prescribed heroin use.

Researchers from Providence Health Care and the University of British Columbia previously conducted two heroin studies in Vancouver. Part of SALOME (The Study to Assess Longer-term Opioid Medication Effectiveness), the studies focused on a small subsection of severe heroin users. Called "entrenched addicts," the participants have not responded to repeated attempts at conventional treatments such as methadone and Suboxone.

In a surprising discovery, the clinical study found that prescription heroin is an effective second-line treatment. The entrenched addicts who received prescription heroin in a supervised medical setting improved in health, reduced criminal activity, and maintained constructive involvement with the program. In fact, they actually fared better overall than a comparable group who remained solely on methadone maintenance.

Despite the success of the clinical trial, the conservative government wanted nothing to do with the controversial treatment method they consider to be illegal. In what has been described as a purely ideological move, Federal Health Minister Rona Ambrose stepped in and introduced new regulations to make prescribing the drug illegal. Ambrose stated that administering heroin as a second-line treatment is the same as giving up on traditional treatment methods.

Despite the government’s position, Adrienne Smith, a health and drug policy lawyer, called the Supreme Court decision “a victory for evidence-based health care.” Medical professionals who administered the clinical trial are relieved by the decision. They have seen what has happened to the entrenched addicts firsthand. Since the government banned their treatment, many chose to return to the Vancouver streets, relapsing into illegal heroin abuse and criminality.

Joseph Arvay, the lawyer for the Providence researchers, argued that the new regulations violated the Charter rights of the plaintiffs. Arvay described the heart of the case when he said, “Heroin addicts are one of the most vilified and stigmatized groups in our society...We say these provisions perpetuate prejudice against them by demonizing the one treatment that might save their lives.”

Submitted by Kay Bontrager

Editorial Comment: I find this article very disturbing. Would you like to offer a rebuttal? Comments printed in the next issue of the newsletter. Speak up people!

WHAT WOULD YOU SAY IF A SIMILAR BILL CAME TO OUR CONGRESS TO PASS?

IMPORTANT NEWSLETTER UPDATE:

In order to help the association GO GREEN, the IAAP newsletter is going to become electronic!

Beginning with this issue of the IAAP newsletter, members will now see their newsletter in their email inbox! If you would prefer to receive a printed copy, please contact Stephanie by email at stephanie@centraloffice1.com.

Thank you for showing IAAP your electronic support!
Dramatic Jump in e-Cigarette Advertising Aimed at Youth

Medscape Medical News
by Deborah Brauser June 2, 2014

E-cigarette companies have substantially increased their advertising to a broad television-viewing audience, resulting in an incredibly dramatic jump in exposure of its products to both teens and young adults, new research shows.

A study of Nielsen records showed that exposure to e-cigarette television ads increased by 256% from 2011 to 2013 for youth between the ages of 12 and 17 years, and increased by 321% for those between the ages of 18 and 24 years.

In addition, these ads appeared on programs ranked among the 100 highest rated for youth during the 2012-2013 season. Interestingly, more than 80% of these ads in 2013 were driven by a campaign for Blu eCigs alone. “Unlike in the early days of e-cigarette advertising, it seems that television ads have been consolidated by very few e-cigarette brands,” lead author Jennifer Duke, PhD, researcher and senior public health analyst at RTI International in Research Triangle Park, North Carolina, told Medscape Medical News.

“This is really the first study that extensively analyzes these trends in exposure to e-cigarette advertising,” added Dr. Duke.

The investigators note that although research on the health risks of e-cigarettes has been mixed, “television advertising may be promoting beliefs and behaviors that pose harm to the public health.”

The study is published in the June issue of Pediatrics.

Advertising Unregulated

E-cigarettes have not been approved by the US Food and Drug Administration (FDA), and so there are no regulations governing advertising of these products.

“E-cigarette companies currently advertise their products to a broad audience that includes 24 million youth,” write the investigators. “The content of these [television] ads may appeal to young people because they emphasize themes of independence and maturity.”

The extent to which youth are exposed to such ads has not been examined before, and so the researchers sought to assess trends in the United States.

They analyzed calendar quarter, year, and sponsor data from Nielsen television records on household audience exposure to e-cigarette ads broadcast across US markets. Target rating points (TRPs) were calculated as a measurement of television exposure, evaluating reach and frequency.

Results showed that all youth were exposed to fewer than 100 quarterly TRPs of e-cigarette ads throughout 2011 and the first half of 2012. This number jumped to a high of 347 TRPs between April and June 2013, before dropping to 275 TRPs between July and September 2013.

This population was also exposed to 1054 cumulative yearly TRPs between October 2012 and September 2013.

Although e-cigarette television ad exposure increased by 256% for this age group between 2011 and 2013, it increased even more for young adults, at 321%. Quarterly TRPs peaked at 611 from April to June 2013 for this slightly older age group, and they were exposed to 1742 cumulative yearly TRPs.

Targeting Youth

In addition, 75.5% of ad exposure to youth between January 2011 and September 2013 and 75% of exposure to young adults occurred on cable networks, including TV Land, Comedy Central, and VH1.

Interestingly, the American Movie Channel aired the most e-cigarette ads, reaching 8% of youth audiences. As for broadcast networks, e-cigarette ads appeared on family-type programs such as Survivor, as well as shows such as The Bachelor and Big Brother, which have been shown to be highly popular with youth.

A total of 81.7% of all nationally aired TRPs aimed at youth and 80.4% of TRPs aimed at young adults in 2013 were from Blu eCigs. The next highest percentage was from FIN, but at only 7.1% and 6.7%, respectively.

“The most widely aired e-cigarette advertisement features a film actor [Stephen Dorff] exhaling vapor while informing viewers of numerous benefits of ‘smoking’ the product, closing with the ad tagline, ‘We’re all adults here. It’s time to take back your freedom,’ ” write the investigators.

Overall, “the reach and frequency of these ads increased dramatically between 2011 and 2013. If current trends continue, youth awareness and use of e-cigarettes are likely to increase,” add the researchers.

Dr. Duke noted that future research may examine e-cigarette advertising to youth in online shows and noted that recent research has examined e-cigarette ads on Web sites.

“Knowing more about the online environment would be potentially helpful,” she said.

Continued on next page.
She added that although e-cigarette companies report that they do not advertise to youth and that that is not their intended audience, “I think it’s difficult in a medium such as television for that to be true.”

“It’s clear that with increased advertising levels over time, these ads are reaching youth with their positive messages about e-cigarettes,” said Dr. Duke.

As reported by Medscape Medical News, a recent study showed that young adult smokers who see others using e-cigarettes have a significantly increased urge to smoke both e-cigarettes and traditional tobacco cigarettes. “And now youth are being exposed to depictions of adults using these products in a very visual and graphic way on television,” added Dr. Duke.

FDA Regulations Needed

In an accompanying editorial, Emily K. Duffy, MD, and Brian P. Jenssen, MD, from the Children’s Hospital of Philadelphia, Pennsylvania, write that images of “a rugged actor with a prematurely lined face” and “a flaxen-haired actress” discussing the sex appeal of puffing in a bar are surprisingly not from television archives when tobacco advertising was unregulated.

Instead, these are “from a new, and relatively unregulated, chapter in the saga of nicotine-containing products,” they write.

Dr. Duffy and Dr. Jenssen note that as the popularity of e-cigarettes increases, “so too does the need for product and marketing regulations at the federal level and sales restrictions to minors at the state and local levels.” They also point out that although flavored cigarettes other than menthol have been banned since 2009, e-cigarettes’ youth-skewing flavors can include peach or even bubble gum.

"Once rare, these products have become much more visible over the past few years, particularly with the aid of television commercials for ‘blu eCigs’ (owned by the Lorillard Tobacco Company), filling a void in televised cigarette commercials since their ban in 1970."

For clinicians, they recommend telling teen patients who have tried e-cigarettes but not traditional cigarettes about the potential for nicotine addiction and that there are unknown risks from these unregulated products. On the other hand, the editorialists note that for adults interested in quitting smoking, e-cigarettes may serve as an effective cessation tool.

“Although it is difficult to endorse a product not yet regulated for quality or consistency, studies...indicate what has already been intrinsically suspected: e-cigarettes could be a potential weapon in the battle against tobacco addiction,” they write.

Still, they reiterate that regulation by the FDA is needed.

"Pediatricians can advocate with their local and national lawmakers to encourage this needed oversight, a necessary step toward ensuring that these devices do the most possible good and the least possible harm.”

The study authors, Dr. Duffy, and Dr. Jenssen report no relevant financial relationships.

Pediatrics. Published online June 2, 2014. Abstract, Editorial

Submitted by Kay Bontrager
BENEFITS OF NAADAC/IAAP MEMBERSHIP

- 33 free CE’s via NAADAC’s web-site: www.naadac.org - (Medication Management for Addiction Professionals: Campral Series and Blending Solutions).
- Free access to NAADAC’s online Career Center at www.naadac.org.
- Assistance with referrals concerning ethical or legal questions or complaints and two free hours of help on a Legal Assistance Hotline provided by NAADAC’s liability company with malpractice insurance available through the Van Wagner Group.
- Free subscription to NAADAC’s official magazine, Addiction Professional, which is published six times annually.
- Peer support and network opportunities through national and state conferences and workshops.
- Reduced rates for continuing education including the qualification course for the U.S Department of Transportation’s Substance Abuse Professional.
- Reduced rates for publications such as the Basics of Addiction Counseling: A Desk Reference and Study Guide, used by experienced professionals and as a guidebook for preparation for certification exams.
- Access to the NAADAC News, the association publication only available to NAADAC members.
- Substantially reduced rates for professional Certification and re-certification as National Addiction Counselor (NCAC) or Master Addiction Counselor (MAC). Please note that certification is not included in NAADAC membership but is a separate process. (Certification is not a requirement of membership in NAADAC.)
- New avenues for job opportunities and advancement with higher levels of certification.
- A 20 percent discount on all Hazelden Publishing and Educational Services (PES) resources.