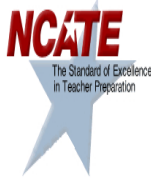


ST. BONAVENTURE UNIVERSITY
SCHOOL OF EDUCATION
DEPARTMENT OF COUNSELOR EDUCATION



Professor: Barbara C. Trolley, PhD, CRC, Professor; Licensed Psychologist and Certified Rehabilitation Counselor

Semester & Location: Summer, 2016

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Phone: 646-1500 ext 24

A. COURSE TITLE: CE 641: Psychopharmacology and Addictions

B. TEXT/MATERIALS:

Doweiko, H. (2015). *Concepts of Chemical Dependency* (9th Ed). Belmont, CA: Cengage Learning
ISBN-13: 987-1-285-45513-6; ISBN-10: 1-28545513-4

C. CREDIT HOURS: 3 graduate credit hours & 40 CASAC hours.

D. APPROVED COURSE DESCRIPTION: This course is designed to be an introduction to the field of psychopharmacology and how it applies to addictions. Course students will obtain an overview of a gamut of drugs and their classifications, site of action, use, interactions, abuse, and addiction. In addition, the biological and psychosocial aspects of dependency are addressed.

CASAC Credential: This course has been approved by the New York State Office of Alcoholism and Substance Abuse Services, and meets the required focus of Section One of the educational requirements for the Credentialing of Alcoholism and Substance Abuse Counselors (CASAC). Each assignment is assigned points that total 40 hours of the required 85 CASAC education hours found in Section 1 of Part 853 CASAC protocols. Note, course students seeking to obtain the CASAC credential must also meet specific competency and ethical competency requirements, and work experiences, as well as successfully complete the ICRC/AODA exam. See the OASAS website for specific details and an application: <http://www.oasas.state.ny.us/>.

E. PROGRAM GOALS:

Goal #1: Students will be able to demonstrate competency in the use of basic counseling skills to influence human behavior. {LG1, LG3, LG4}

Goal #2: Students will acquire the ability to develop an effective counseling treatment plan. {LG1, LG2, LG3, LG4}.

Goal #3: Students will demonstrate knowledge in the eight core areas of counseling as established by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). {LG1, LG2, LG3, LG4}.

F. LEARNING OBJECTIVES:

OBJECTIVES	CACREP	SBU-CE
Students will gain knowledge of fundamental principles of psychopharmacology: <ul style="list-style-type: none"> ▪ Chemical effects ▪ Dosing ▪ Therapeutic index ▪ Peak effects ▪ Etiology of addiction 	III Addictions A	#1
Students will gain knowledge of current trends in substance abuse, including: <ul style="list-style-type: none"> ▪ 'Street' drugs ▪ Prescription drugs 	III Addictions A	
Students will gain knowledge of a gamut of substances, their impact, use, abuse, & treatment: <ul style="list-style-type: none"> ▪ Alcohol ▪ Barbiturates ▪ Benzodiazepines ▪ Amphetamines ▪ Cocaine ▪ Marijuana ▪ Opioids and Prescription Pain Medications ▪ Hallucinogens ▪ Inhalants and Aerosols ▪ Steroids ▪ Over the Counter Analgesics ▪ Tobacco, Nicotine, Caffeine ▪ New Street Drugs: Bath Salts, Spice, Molly, etc. 	III Addictions A	#1
Students will obtain knowledge, in regard to the above substances of: <ul style="list-style-type: none"> ▪ Best practices interventions ▪ Local & national resources 	III Addictions A & B	#1,2, 3

G. FIELD EXPERIENCES: None for the 3 course credit hours. See the CASAC Application for specific work and training experiences required to obtain this credential.

H. COURSE REQUIREMENTS:

REQUIREMENTS	CACREP	SBU-CE
<p>CHAPTER READING, DISCUSSION FORUM & SELF-ASSESSMENT [21 CASAC hours] Students will read each assigned chapter. Students will then:</p> <ul style="list-style-type: none"> • Respond to the specific chapter questions and comment on the related video which are assigned each week [information from the text from each chapter must be integrated into each response; field and work experiences may also be utilized to illustrate points; personal disclosures need to be framed within professional boundaries]. Due:Monday by 9 am each week. • Respond to the responses of two peers each week [Each week you may respond to different peers]. Due: The following Wednesday by 9 am each week. 	III Addictions A	#1
<p>BOOK REPORT: 'JOURNEY TO ADDICTION' [10 CASAC hours] Students will read an [auto]biography related to an addiction to a <u>psychopharmacological agent</u>. Pick one of the classes of drugs found in your text. Note, autobiographies tend to contain more of the information needed to complete this report. Complete a book report POWER POINT that will include text references and include the following:</p> <p>1.Introductory Description:</p> <ul style="list-style-type: none"> ▪ What 'substances of choice' were used over time? ▪ How and when did the experimentation with the substance[s] occur? ▪ What were the 'cues' the person became dependent on the substance[s]? Was this dependence psychological and/or physical? ▪ Describe the person's overall functioning in EACH of the following areas: Cognitive/Behavioral/Emotional/Social/Physical/Spiritual <p>2.Diagnostic Assessment:</p> <ul style="list-style-type: none"> ▪ Diagnostic Summary: Based on DSM V [Give the actual diagnosis and code] ▪ Differential Dx: What other diagnoses might also be considered? Why would you rule each of them out? <p>3. Recovery/Interventions:</p> <ul style="list-style-type: none"> ▪ Do you believe this person reached the point of recovery? If so, how was this achieved and what were the signs that recovery was present? ▪ What are the best practices in treating this addiction and how would they be applied to the counseling population with which students are working? ▪ In hindsight, was there anything you think could have been done to prevent this addiction from occurring? Reoccurring? <p>4. Resources:</p> <ul style="list-style-type: none"> ▪ 5 Journal Articles, 2010-present, APA style, with abstracts 5 <u>online</u> and 5 <u>community</u> resources. Make sure to include the url's and a one to two line description for each resource 	III Addictions A & B	N
<p>WEBINAR [4 CASAC hours]</p>	III Addictions A	#1

<p>Students will choose to listen to one of the following webinars or one of their own selection. Webinars must be at least 30 minutes long and focus on a specific psychopharmacological agent. Students will then write a two-page paper in which text references are included and the following areas are addressed:</p> <ul style="list-style-type: none"> ▪ Summary of the Webinar ▪ 3 Key Points of the Webinar ▪ 3 Strengths of this Webinar ▪ 3 Constructive Improvements for this Webinar ▪ 3 Ways Counselors Can Utilize this Information in Counseling <p>Sample Webinars: http://columbiapsychiatry.org/rounds/Jan_Jun2009.html 1- Alcohol Disorders: Comorbidity, Course and DSM-V Considerations 2- Realizing the Promise of Personalized Antidepressant Medicines http://columbiapsychiatry.org/rounds/archive_July_Dec2008.html 1- Opioids, Opiates, Genes, and Addictions 2- Glutamate, Prefrontal Cortex, and Schizophrenia: Capturing the Angel in 'Angel Dust' http://columbiapsychiatry.org/rounds/archive_Jan_June2008.html</p>		
<p>CHEMICAL PREVENTION CAMPAIGN The drug epidemic has been front and center in social media, and the success of the 'war on drugs' has been challenged. As a professional, many issues related to chemical use/abuse will be raised in counseling. Therefore, it is essential that thought be given to prevention, not just intervention. You may choose any of the following formats for your 'campaign':</p> <ul style="list-style-type: none"> ▪ 3 Minute PSA [audiovisual or audio] ▪ Short story children's book ▪ Town Hall Public Education Forum ▪ 3-page Brochure with content and illustrations ▪ Collage of Art or Photographs from experimentation to addiction ▪ Editorial Review for a Hypothetical Newspaper ▪ Advocacy Letter to a Hypothetical Pharmaceutical Company ▪ Efolio of Ads ▪ Write a poem or song ▪ Other [check with professor first] <p>Independent of the format chosen, all 'campaigns' will:</p> <ul style="list-style-type: none"> ▪ Develop a UNIQUE slogan for your campaign [for examples, see: http://www.thefreshquotes.com/drugs-quotes-and-slogans/] ▪ Define the purpose of the Campaign ▪ Specify the classification of drugs which are being addressed and the target audience ▪ Review the gamut of reasons why people start using these drugs ▪ Explain the various consequences related to the abuse of the drugs you are studying ▪ Outline a prevention plan ▪ Describe 3 resources 	<p>III Addictions A & B</p>	<p>#1, 2, 3</p>

I. GRADES & EVALUATION PROCEDURES:

Graduate Grading Policy – School of Education

Grade Value	Indicator
A = 100-95	Demonstrates a superior application and connection of knowledge and skills through analysis and synthesis of research and professional practice.
A- = 90-94	Demonstrates a superior application and connection of knowledge and skills through evaluation and analysis.
B+ = 89-86	Demonstrates a thorough and effective application and connection of knowledge and skills through analysis and synthesis of research and professional practice.
B = 85-80	Demonstrates consistent application and connection of knowledge and skills through analysis and synthesis of research and professional practice.
C = 79-75	Demonstrates an inconsistent level of application and connection of knowledge and skills through analysis and synthesis of research and professional practice.
F = < 75	Fails to demonstrate a basic application and connection of knowledge and skills through analysis and synthesis of research and professional practice.
P	Passing grade for field experience/practicum.
F	Failing grade for field experience/practicum.

J. COURSE CALENDAR & OUTLINE:

WEEK	DOWEIKO [2015]	ASSIGNMENTS
5/21-22	Pharmacology Chpt 3: An Introduction to Psychopharmacology Alcohol History: Chpt 4: Introduction to the Oldest Recreational Chemical Alcohol: Chpt 5: Chronic Alcohol Abuse and Addiction	
6/3-4	Barbiturates:	Webinar: Due 6/3

	<p>Chpt 6: Abuse of and Addiction to the Barbiturates and Barbiturate-like Drugs</p> <p>Benzodiazepines: Chpt 7: Abuse of and Addiction to Benzodiazepines and Similar Agents</p> <p>Amphetamines: Chpt 8: Abuse of and Addiction to Amphetamines and CNS Stimulants</p>	
6/10-11	<p>Marijuana: Chpt 10: Marijuana Abuse and Addiction</p> <p>Opiates: Chpt 11: Opiate Abuse and Addiction</p> <p>Hallucinogens: Chpt 12: Hallucinogen Abuse and Addiction</p>	Book Report: Due 6/10
6/17-18	<p>Inhalants: Chpt 13: Abuse of and Addiction to the Inhalants and Aerosols</p> <p>Steroids: Chpt.14: The Unrecognized Steroid Abuse & Addiction</p> <p>Analgesics: Chpt. 15: The Over-The Counter Analgesics: Unexpected Agents of Abuse</p>	Chemical Prevention Campaign: Due 6/17
6/24-25	<p>Daily Substances: Chpt 16: Tobacco Products and Nicotine Addiction [caffeine/herbal]</p> <p>Summary: Prescription, OTC and Street Substances; Other Addictions</p>	

K. ADDITIONAL COURSE INFORMATION:

Conceptual Framework. This course promotes the “conceptual framework” of the SBU School of Education, *A Journey to Excellence*:

“Competence”: Students will gain competence in the field of psychopharmacology and addictions through their chapter readings, project, book report, and webinar.

“Experience”: Students will gain experience in the field of psychopharmacology and addictions through project, book reports and webinars.

“Social Justice”: Issues of diversity and equality addressed in readings, practical experiences, and discussion forums.

School of Education Attendance Policy. “Attendance is required and critical for Success. It is the student’s professional responsibility to attend classes, produce quality work, and adhere to the ethics of the profession. Courses may contain content that cannot be made up if classes are missed. Failure to attend all classes may result in lowered grades or failing the course. Instructors have the responsibility for monitoring attendance and determining the effect of attendance on course grades and will inform students of their specific attendance requirements. No more than 1/5th of the classes may be missed in order to pass the course.

Diversity. This course fosters the “diversity” objective of the School of Education via the following activities: class readings, webinars and book reports based working with diverse populations.

Technology. This course fosters the “technology” objective of the SBU School of Education through the following activities: PowerPoint lectures, webinars.

Academic Honesty. Academic dishonesty is inconsistent with the moral character expected of students in a University committed to the spiritual and intellectual growth of the whole person and with the ethics of the teaching profession. It also subverts the academic process by distorting all measurements. It is a serious matter and will be dealt with accordingly. A list of unacceptable practices, penalties to be assigned, and procedures to be followed in prosecuting cases of alleged academic dishonesty may be found in the Student Handbook. Students should familiarize themselves with these very important provisions of the handbook.

ADA Statement. Students with disabilities who believe that they may need Accommodations in this class are encouraged to contact the Disability Support Services Office, Doyle Rm. 26, at 375-2065 as soon as possible to ensure that such accommodations are implemented in a timely fashion.

Class Format. Class will involve (E.G., lectures, small group discussions, on-line work)

Syllabus Change. This syllabus is subject to change.

Online Courses: Online courses on the surface can appear to be much easier than a face to face class, especially if the assignments have a range of time within each time period that they can be completed. However, a few things to remember:

a. **Deadlines:** Please adhere to all assignment deadlines. If they are late, the overall course grade will be downgraded a half a grade.

b. **Discussion Forums:** They must be completed by the time posted. Discussions which are late will be downgraded a half grade.

c. **Netiquette:** This pertains to the guidelines as to how to communicate effectively and professionally online. See the following websites:

- *The Core Rules of Netiquette* by Virginia Shea
(<http://albion.com/netiquette/corerules.html>)
- *Top 26 Most Important Rules of Email Etiquette*
(http://email.about.com/od/emailnetiquette/tp/core_netiquette.htm)

d. **Emoticons:** Please do not use.

e. **Plagiarism:** With online work, it is sometimes more difficult to differentiate what is plagiarism when resources are obtained online. For assistance with these issues, please see the following websites:

- *Definition of Plagiarism*
(<http://en.wikipedia.org/wiki/Plagiarism>)
- *Self-detection and checking*
(<http://plagiarism.com/self.detect.htm> and <http://turnitin.com/static/index.html>)

f. **Instructor Accessibility:** The instructor may be reached by email Monday through Friday. She is in her office at the Buffalo Center on Tuesday mornings if an appointment needs to be scheduled. She is also available most weekends on Friday and Saturday at the Buffalo Center campus; please check in advance to schedule an appointment. Responses to emails will be given within one business day of receiving them.

e. **‘Attendance’:** For online work, students should be online for a substantial period of time 2 to 3 times a week.

M. SELECTED BIBLIOGRAPHY:

Alcoholic Anonymous World Services, Inc. (1976). *Alcoholics Anonymous: The AA big book*. New

- York, NY: AA World Services, Inc.
- Alcoholic Anonymous World Services, Inc. (1980). *The twelve steps and the twelve traditions*.
New York, NY: AA World Services, Inc.
- Antonuccio, D. (2008). Treating depressed children with antidepressants: More harm than benefit? *Journal of Clinical Psychology in Medical Settings, 15*(2), 92-97.
- Avena, J., & Kalman, T. (2010). Do psychotherapists speak to Psychopharmacologists? A survey of practicing clinicians. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, 38*(4), 675-684.
- Barsky, A. (2006). *Alcohol, other drugs and addictions*. Belmont, CA: Brooks/Cole.
- Bezchlibnyk-Butler, K.Z. & Jeffries, J.J. (2009). *Clinical handbook of psychotropic drugs* (18th Ed.). Seattle, WA: Hogrefe & Huber Publishers.
- Bezchlibnyk-Butler, K.Z. & Virani, A. S. (2014). *Clinical handbook of psychotropic drugs for children and adolescents* (3rd Ed.) Seattle: Hogrefe & Huber Publishers.
- Biederman, J., & Spencer, T.J. (2008). Psychopharmacological interventions. *Child Adolescent Psychiatry Clinics of North America, 17*(2), 439-458.
- Brooks, F. & McHenry, B. (2009). *A contemporary approach to substance abuse and addiction counseling*. Alexandria, VA: American Counseling Association.
- Chisholm-Burns (2010). *Pharmacotherapy Principles and Practice* (2nd Ed). New York, NY: McGraw-Hill.
- Coyle, J.T. (2000). Psychotropic drug use in very young children. *JAMA, 283*, 1059-1060.
- Finkel (2009). *Lippincott's Illustrated Reviews: Pharmacology* (4th edition). Philadelphia, PA: Lippincott W&W
- Gleason, M.M., Egger, H.L., Emslie, G.J., Greenhil. L.L., Kowatch, R.A., Lieberma, A.F., et al. (2007). Psychopharmacological treatment for very young children; Contexts and

- guidelines. *Journal of American Academy of Child & Adolescent Psychiatry*, 46(12), 1532-1573.
- Goldberg, J.F. (2007). What psychotherapists should know about pharmacotherapies for bipolar disorder. *Journal of Clinical Psychology: In Session*, 63(5), 475–490.
- Greenfield, S.F., Cummings, A.M., & Gallop, R.J. (2010). Self-efficacy and substance use outcomes for women in single-gender versus mixed-gender group treatment. *Journal of Groups in Addiction & Recovery*, 5, 4–16.
- Hagedorn, B.W. (2009). Sexual addiction counseling competencies: Empirically-based tools for preparing clinicians to recognize, assess, and treat sexual addiction. *Sexual Addiction & Compulsivity*, 16, 190–209.
- Hamrin, V., & Pachler, M. (2007). Pediatric bipolar disorder: Evidence-based psychopharmacological treatments. *Journal of Child & Adolescent Psychiatric Nursing*, 20(1), 40-58.
- Highland, R.A., & Dabney, D.A. (2009). Using Adlerian theory to shed light on drug dealer motivations. *Applied Psychology in Criminal Justice*, 5(2), 109-128.
- Inhaba, d. & Cohen, W. (2011). *Uppers downers and all arounders: Physical and mental effects of psychoactive drugs* (7th Ed.). Medford, OR: CNS Productions.
- Julien, R. M. (2001). *A Primer of Drug Action: A concise non-technical guide to the actions, uses and side effects of psychotropic drugs (9th ed.)* New York, NY: W.H. Freeman & Co.
- Kang, S., Deren, S., & Col'on, H. (2009). Gender comparisons of factors associated with drug treatment utilization among Puerto Rican drug users. *The American Journal of Drug and Alcohol Abuse*, 35, 73–79.
- Katzung (2009). *Basic and Clinical Pharmacology* (11th Ed). New York, NY: Lange Medical Books, McGraw-Hill.

- Kelly, V. & Juhnke, G. (2005). *Critical incidents in addictions counseling*. Alexandria, VA: American Counseling Association.
- Kim, J. (2008). The effect of a T/T group counseling program on the Internet addiction level and self-esteem of Internet addiction university students. *International Journal of Reality Therapy, 27*(2), 4-12.
- King, J. H., & Anderson, S. M. (2004). Therapeutic implications of pharmacotherapy: Current trends and ethical issues. *Journal of Counseling & Development, 82*, 329-336.
- Kuper, K.E., Gallop, R., & Greenfield, S.F. (2010). Changes in coping moderate substance abuse outcomes differentially across behavioral treatment modality. *The American Journal on Addictions, 19*, 543–549.
- Kuhn, C., Swartzwelder, S., & Wilson, W. (2008). *Buzzed: The straight facts about the most used and abused drugs from alcohol to Ecstasy* (3rd Ed.). New York, NY: W.W. Norton & Co.
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- Lewis, J.A., Dana, R.Q., & Blevins, G.A. (2011). *Substance abuse counseling* (4th Ed.) Brooks/Cole: Belmont, CA.
- Levinthal, C.F.(2013). *Drugs, behavior, and modern society* (8th Ed.). Boston, MA.: Allyn & Bacon.
- Marsh, J.C., Cao, D., & Shin, H. (2009). Closing the need-service gap: Gender differences in matching services to client needs in comprehensive substanceabuse treatment. *Social Work Research, 33*(3), 183-192.
- Matthews, C.R., Selvidge, M.M.D., & Fisher, K. (2005). Addictions counselors' attitudes and behaviors toward gay, lesbian, and bisexual clients. *Journal of Counseling & Development, 1*(83), 57-65.
- McHugh, K.R., & Greenfield, S.F. (2010). Psychiatric symptom improvement in women following group substance abuse treatment: Results from the women's recovery group study. *Journal of Cognitive: An International Quarterly, 24*(1), 26-36.

- Mosher, C., Rotolo, T., Phillips, D., Krupski, A., & Stark, K. (2004). Minority adolescents and substance use risk/protective factors: A focus on inhalant use. *Adolescence, 39*(155), 489-502.
- Murphy, M.K., Chabon, B., Delgado, A., Newville, H., & Nicolson, S.E. (2009). Development of a substance abuse consultation and referral service in an academic medical center: Challenges, achievements and dissemination. *Journal of Clinical Psychology, 16*, 77–86.
- Neff, J. A., & MacMaster, S. A. (2005). Applying behavior change models to understanding spiritual mechanisms underlying change in substance abuse treatment. *The American Journal of Drug and Alcohol Abuse, 31*, 669-684.
- Pillans, P.I. (2008). Clinical perspectives in drug safety and adverse drug reactions. *Expert Review of Clinical Pharmacology, 1*(5), 695-705.
- Preston, J.D., O’Neal, J. & Talaga, M.C. (2013). *The handbook of clinical psychopharmacology for therapists* (7th Ed.). Oakland, CA: New Harbinger Publications, Inc.
- Redko, C., Rapp, R. C., & Carlson, R. G. (2006). Waiting time as a barrier to treatment entry: Perceptions of substance users. *Journal of Drug Issues, 4*, 831-852.
- Sexton, R.L., Carlson, R.G., Siegal, H.A., Leukefeld, C.G., & Booth, B.M. (2006). The role of African-American clergy in providing informal services to drug users in the rural South: Preliminary ethnographic findings. *Journal of Ethnicity in Substance Abuse, 5*(1), 1-26. doi:10.1300/J233v05n01_01
- Shea, S. (2006). *Improving medication adherence*. Philadelphia, PA: Wolters Kluwer.
- Sinacola, R.S., & Peters-Strickland, T. (2012). *Basic psychopharmacology* (2nd ed). Boston, MA: Pearson.
- Sinacola, R.S. & Peters-Strickland, T. (2006). *Basic pharmacology for counselors and psychotherapists*. Boston, MA: Pearson Education, Inc.

- Smith, T. (2005). *Psychopharmacology & psychotherapy: Ethical considerations for the clinical practitioner*. Brentwood, TN: Cross Country Education, Inc.
- Spetie, L., & Arnold, L.E. (2007). Ethical issues in child psychopharmacology research and practice: emphasis on preschooler. *Psychopharmacology*, 191, 15-26.
- Stahl, S.M. (2004). *Essential psychopharmacology: Neuroscientific basis and practical applications* (2ndEd). New York, NY: Cambridge University Press.
- Sussman, S., Skara, S., & Pumpuang, P. (2008). Project Towards No Drug Abuse (TND): Needs] assessment of a social service referral telephone program for high risk youth. *Substance Use & Misuse*, 43, 2066–2073.
- To, S.E., Zepf, R.A., & Woods, A.G. (2005). The symptoms, neurobiology, and current pharmacology treatment of depression. *Journal of Neuroscience Nursing*, 37(2), 102-107.
- U.S. Department of Health and Human Services (2009). *Anger management for substance abuse and mental health clients*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- U.S. Department of Health and Human Services (2009). *Client's handbook: Matrix intensive outpatient treatment for people with stimulant use disorders*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- U.S. Department of Health and Human Services (2007). *Screening and assessment for family engagement, retention and recovery*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- U.S. Department of Health and Human Services (2005). *Substance abuse treatment: Group therapy. Treatment Improvement Protocol (TIP)*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- U.S. Department of Health and Human Services (2009). *What are peer recovery support services?*

Rockville, MD: Substance Abuse and Mental Health Services Administration.

Young, R., Sweeting, H., & West, P. (2008). A longitudinal study of antisocial behavior in young people. *Alcohol and Alcoholism*, 43(2), 204-214.

Weisberg, R.B., Dyck, I., Culpepper, L., & Keller, M.B. (2007). Psychiatric treatment in primary care patients with anxiety disorders: A comparison of care received from primary care providers and psychiatrists. *American Journal of Psychiatry*, 164(2), 276-282.

N. SELECTED WEBSITES

Addiction Treatment Forum: www.atforum.com

Alcoholics Anonymous: www.alcoholics-anonymous.org

American Council for Drug Education: www.acde.org

Collaborative Family Healthcare Association: www.cfha.net

Counselors and Psychotherapists in Primary Care: www.cpct.co.uk/cpct/

Drug Policy Alliance: www.drugpolicy.org

Hazelton Foundation: www.hazalden.org

Integrated Health Care Initiative: www.hogg.utexas.edu/Pages/IHC.html

International Society of Behavioral Medicine: www.isbm.info/

Narcotics Anonymous: www.na.org

National Association of Alcoholism and Drug Abuse Counselors: www.naadac.org

National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov

National Institute on Drug Abuse: www.nida.gov

National Institute of Mental Health: www.nimh.org

Rational Recovery: www.rational.org

Substance Abuse and Mental Health Services Administration: www.samhsa.gov