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### The Greatest Gift

I've been given a gift  
One that could lift a person like me  
Into the 4<sup>th</sup> dimension,  
A gift that was free,  
The life of recovery!  
Broken and bare my soul,  
so full of loss and despair,  
a new life was there if I  
choose to repair,  
now I can wake up and  
put my feet to the ground,  
walk tall with my head  
held high,  
because I have found the  
most precious gift in life,  
I found me only because I  
accepted  
Recovery!!!

Written by Billy H.

### The Chairman's Thoughts

On behalf of the Board of Directors, the IAIC welcomes our new Executive Director, Kim Manlove.

We are excited and encouraged by the experience and passion Kim has for addiction recovery and know he will be a tremendous asset to the organization!

As we move forward this year, we have outlined three key goals for the organization.

First we have adopted a holistic approach in our repre-

sentation. We will continue to develop our Board of Directors to include community leaders and thought provokers, experts in addiction and recovery and family members affected by addiction, to ensure a cohesive organization engaged with the local community and the State of Indiana.

We will continue as an organization to work to alleviate the stigma of addiction. We have integrated the film "Anonymous People" through screenings and conversa-

tions, as one tool toward that goal and will actively seek additional opportunities through media relations, education and training and marketing and development.

Finally, we will take more of a state-wide approach to membership, programming and activities.

We look forward to the challenges and hope you will help us to move...

#### Recovery Forward.

**Karl Stout**  
*Chairman of the Board*

### Welcome to IAIC!



The Indiana Addictions Issues Coalition began 2014 by welcoming Kim Manlove as its Director. Kim is an educator and parent who has transformed the death of his son David from substance abuse and addiction into an opportunity to educate adolescents, parents, educators and community members about drug and alcohol prevention, intervention, addiction treatment and recovery. Kim is active in a number of local and national substance abuse prevention organizations and support groups including the Indiana Attorney General's

Prescription Drug Abuse Taskforce, Drug Free Marion County, The Partnership at DRUGFREE.ORG, the National Inhalant Prevention Coalition, participated on the steering committee of the Drug Enforcement Agency's Vigil for Lost Promise, honoring the victims of substance abuse, Faces and Voices of Recovery, Many Faces One Voice and The Anonymous People Project. He is currently Co-Chair of the Parent Advisory Board of the Partnership at DRUGFREE.org and serves as one of their Parent Ambassadors.

In 2006 he was one of the founding board members of The 24 Group, an independent nonprofit organization that believes those touched by addiction in adolescence

and young adulthood deserve support and advocacy. Because current resources are inadequate The 24 Group exists to provide a means for those in need of addiction education and recovery support. [www.thegroupgroup.org](http://www.thegroupgroup.org)

Kim has held a variety of positions in substance abuse prevention, intervention, treatment and recovery programs over the past decade. A person in long term recovery from the disease of addiction, Kim is also a frequent speaker at local, state and national conferences and conventions.

*If you would like to hear more from Kim Manlove, please visit his blog at*

<http://drugfree.typepad.com/kim/>

## Resources

Faces & Voices of Recovery - Dedicated to organizing and mobilizing the more than 23 million Americans in recovery from addiction to alcohol and other drugs

<http://www.facesandvoicesofrecovery.org/who>

Recovery Messaging Training - Our Stories Have Power Young People

<http://www.facesandvoicesofrecovery.org/resources/our-stories-have-power-young-people-recovery-messaging-training>

Hope Academy The Only Recovery High School in Indiana

<http://www.hopeacademyrh.org/about-us>

Substance Abuse and Mental Health Services

Administration National Recovery Month Website

<http://www.recoverymonth.gov/Voices-for-Recovery.aspx>

## A Word From Dr. Kelly

Dr. Timothy Kelly Graduated 1979 - Indiana University of School Medicine and specializes in Internal Medicine and Addictions - Fairbanks Hospital: Drug and Treatment Center.

Addiction treatment is increasing in Indiana, due the use of prescription drugs and heroin. Many addicts do not realize they may be considered dual diagnoses. The definition of dual diagnoses is a term used to describe people with mental illness and who have a coexisting problems with drugs and/or alcohol. Mental health problem and substance abuse symptoms are similar and only professional are the only ones to diagnosis. Substance abusing can actual trigger a dormant mental disorder.

Many addicts with mental disorders do what is called "self-medicate". Self-medicated is when a person uses drugs or alcohol to help them with their mental disorder. Example: they may drink to get rid of the voices, or smoke pot to keep their mind from racing. Even though the drugs or alcohol may help, they feel good for awhile. Then they have to continue to use. Their bodies become accustom to the drugs or alcohol and it take more for them feel what they call "better".

Around 50% of mental health adult patients could be considered as a dual diagnosis by the Substance Abuse and Mental Health Services Ad-

ministration. Do you find many of your adult patients are dual diagnoses?

Dr. Kelly stated, yes, many of his adult patients are consider dual diagnoses. In treating mental illness you have to treat both or otherwise the wheels will come off.

Dr. Kelly's Examples:

If you have a psychiatry illness and keep using illegal drugs, along with taking antidepressants and/or antipsychotic prescription medicines cannot be effective. The person's life will always be in chaos. How r they going to get any better? If you have addiction, but have bipolar symptoms and your moods are on a roller-coaster. How can you manage to stay clean with your life is always in chaos with that too.

It is really tough for a person with dual diagnoses, because if one becomes unglued the usually bother become unglued. Good mental health providers will screen for an addition and the addictions provides needs to screen for mental health to avoid a fact for serious outcomes. If a person does not have any prolong sobriety is like looking into muddy water trying to see what is going on. A doctor probably cannot identify a bipolar patient after just seeing them for the first time and the patient has never stopped using.

Do you find more of your adult patient's diagnoses for

mental disorders correct?

Diagnosing a patient for a mental disorder is not easy because many mental disorders mimic long term substance abuse.

Dr. Kelly's Example:

Substance abuse can duplicate symptoms for mental illness. If a person has been using crack, smoking pot, and drinking for 10 years and they are having impulses, mood swings, racing thoughts, and cannot sleep which makes depression worst. Based upon symptoms given about long term use of cocaine and alcohol can produce the same symptoms as person with bipolar.

After a person has been clean and sober for a significant amount of time a better diagnosis can be made of the mental disorders. The doctor must look for clues like family health history a patient being predisposition for a mental illness, person spending all their money on gambling, and have sex with strangers. These are symptoms of a person with bipolar disorder.

*What type of treatment do you have for your patients?*

Offer inpatient treatment for patients to detox and rehabilitation, Partial Hospitalization for a patient to attend counseling group for 6 hours with a break for lunch for 15 days, Intensive outpatient which is a 3 hour group session for 6 weeks, and recovery manage-

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*Kelly, Continued from page 2*

ment for 1 hour every week for as long as a recovery person may need.

*Has treatment for adolescents increased over the years for mental disorders and addiction?*

Due to the increase of working with adolescent's we are finding that they come from family with a lot of chaos, addiction, some form of abuse, anxiety, PTSD, depressions, attention deficit disorder, aggressive behavior, aban-

donment issues, neglect, in young females with borderline personality disorder, which includes cutting and burning themselves, and eating disorders.

Prescription drugs have become a monster epidemic and are becoming harder to obtain. Due to this fact many young people are being driven to heroin. People are overdosing every 25 minutes in Indiana. People in Indiana are more likely to die from an

overdose than a car wreck.

*Has Fairbanks integrated the treatment for both mental illness and addiction?*

Fairbanks counselors on staff have are required to MS degrees. They have more experience in counseling, DSM, testing and must be state certified, along with a psychiatrist on staff, Dr. Rhyne.

- Karla Dorsey

## Indianapolis Star March 25, 2014

Drug addiction is disease, not moral failing

I write to applaud Bob Kravitz for his March 17 column, "Jim Irsay is fighting for his life, he needs help." It is one of the few pieces I have seen in the blizzard of articles and media reports that contain compassion and concern.

Despite the fact that the American Society of Addiction Medicine and the National Institute on Drug Abuse defines addiction as a "chronic, relapsing brain disease," the public and popular media still represent addiction as a moral failing. Addicts and alcoholics often continue to be regarded with disapproval or disdain, and celebrities like Irsay who have addiction issues are exploited and hounded. These attitudes are vestiges of the "War on Drugs" era, which indelibly etched into the public mind that most drug and alcohol

abusers were exhibiting criminal behavior.

Recovery from addiction is a reality for millions of Americans who, like me, struggled for many years with substance abuse and are taking the first step — deciding to get help. Some of us get that help from our friends and families while others get the "nudge from the judge." But, regardless, recovery from addiction means embracing a new perspective. When we are early in recovery many of us struggle with the fear that recovery isn't for us. Many are not initially willing to give up old behaviors and rationalize that things weren't that bad. It takes many in early recovery a long time to see that the perspective we were choosing wasn't one of hope. But once we can gain that new perspective we begin to realize that embracing hope in recovery can come from

not only taking things one day at a time, but surrounding ourselves with a recovery support system of family and friends.

Organizations like the Indiana Addictions Issues Coalition can provide much-needed support to those early in recovery through education, advocacy and service.

Recovery is our hope and wish for Irsay as well as the promise we will always be there to embrace him and others who reach out for help.

**Kim Manlove**

*Director, Indiana Addictions Issues Coalition  
Indianapolis Indiana*



If you would like to make a donation to the Indiana Addictions Issues Coalition, please contact Kim Manlove at 317-638-3501 x 231, email: [kmanlove@mhai.net](mailto:kmanlove@mhai.net)

or visit the website

<http://recoveryindiana.org/>

**Thank You!**

Your support means

**Recovery Forward.**

*"Despite the fact that the American Society of Addiction Medicine and the National Institute on Drug Abuse defines addiction as a "chronic, relapsing brain disease," the public and popular media still represent addiction as a moral failing."*

## Legislative Recap— A Long... . "Short Session" 2014 Legislature Adjourns Sine Die

This year was filled with drama, but the outcomes were many—especially in the area of Mental Health and Addiction. Once the Session really got started, it was an exhausting race to the finish and Mental Health and Addiction policy came out victorious! It is not an exaggeration to say that we successfully passed legislation that we—and our mental health and addiction partners—have advocated for over a decade. This was truly an amazingly successful Session for MHA and the Indiana Addictions Issues Coalition. Here are some of the highlights related to addiction and recovery issues.

### **Forensic Treatment**

Possibly the most significant legislative victory was in the area of Forensic Treatment for use in diversion and reentry as opposed to incarceration, a long standing MHA priority. This became an integral part of a complicated web of bills that connected to move Indiana forward toward treatment. Driven by the push for sentencing reform in HEA 1006, the legislature passed SEA 235 and HEA 1268. These bills amend current law to require the use of evidence-based services, programs, and practices to reduce the risk for recidivism. The bills also, for the first time, require the consultation and coordination in planning for forensic treatment services between DOC, DMHA, and the Judicial Conference.

The bills define evidence-based services in such a way as to reflect national best practices and they create a Forensic Treatment Account within DMHA. Further, they allow individuals to maintain their TANF and SNAP benefits when participating in these programs. Amazingly, HEA 1006 caps certain felons who would otherwise go to DOC and requires that the savings to DOC be used for these treatment programs, up to \$11M. SEA 235 also calls for a pilot project in Marion County utilizing evidence-based practices. Appreciation for making such a significant change in Indiana law and policy goes to too many individuals to mention, but we must recognize the hard work of legislative leadership who made this happen: Senator Mike Young, Representative Greg Steuerwald, Senator Greg Taylor, and Representative Matt Pierce.

### **Workforce Development**

The Mental Health and Addiction field of professionals is aging while the need for mental health and addiction services grows. The implementation of the Affordable Care Act covers mental health and addiction as an essential benefit with parity, as it should, but that places even more pressure on access to the field. HEA 1360 creates a Mental Health and Addiction Services Development Programs Board to develop a loan forgiveness and training

program for mental health and addiction professionals who remain in Indiana. This bill came from the Mental Health and Addiction Commission and the Attorney General's Task Force on Prescription Drug Abuse. Many thanks goes to legislative sponsors Representative Charlie Brown and Senator Pat Miller as well as Attorney General Greg Zeoller for passage of HEA 1360, a MHA priority.

### **Social Host**

It has always been illegal to provide alcohol to minors, and now thanks to a bill passed by the General Assembly, it is also illegal to provide a place for them to drink it. SB 28, authored by Senator Pete Miller, which passed the senate, was amended into SEA 236, which was a recodification of the alcohol code. We would like to thank Senators Peter Miller, Mike Young, and Lonnie Randolph as well as Representatives Greg Steuerwald, Matt Pierce and Jud McMillin, for their work on the bill. This law, which goes into effect on July 1, will make it a Class B misdemeanor to provide a place for minors to drink (including hotels). Social host laws are an effective tool for law enforcement and it will send a strong message to the community that facilitating or condoning underage drinking is illegal and not acceptable.

### **Opioid Treatment**

Another MHA priority coming from both the Mental

Health Commission and the Attorney General's Task Force on Prescription Drug Abuse is HEA 1218. Among other things, this bill would require DMHA to establish additional standards and protocols for opioid treatment programs and that the programs follow the protocols. Additionally, recommendations will be made regarding the use of the most appropriate medications for treatment. Thanks here go to Representative Steve Davisson and Senator Pat Miller.

### **Final Thoughts**

Clearly, the 2014 Legislative Session will be considered hugely successful for Mental Health America of Indiana and its partner organizations. This is a credit to the Board, staff, affiliates and members who work so diligently every day to position the organization in such a way that we can respond to whatever opportunity that may arise. MHA is truly an organization of professionals and volunteers who have shown that by combining our commitment and resources we can truly make a difference for those most deserving.

**Steve McCaffrey**

Mental Health America of  
Indiana

