Governor Haslam Names Doug Varney
Mental Health Commissioner

Tennessee Governor-elect Bill Haslam has picked mental health non-profit executive Doug Varney to join his cabinet as Commissioner of the Tennessee Department of Mental Health. The department’s mission is to plan for and promote the availability of a comprehensive array of quality prevention, early intervention, treatment, habilitation, and rehabilitation services and supports based on the needs and choices of individuals and families served.

Varney has spent his professional career with Gray, Tennessee-based Frontier Health, a community mental health center serving families and individuals affected by behavioral health, substance abuse and intellectual deficit issues. He worked his way up from psychological examiner, counselor and therapist to President and CEO. “Doug Varney has spent his life dedicated to helping those affected by these issues, and I’m pleased he will be part of our team,” Haslam said. “He has spent his career at the community level and having that perspective makes him uniquely qualified to this position.”

Varney is active in the Northeast Tennessee region. He was a board member and past president of the Tennessee Association of Mental Health Organizations. He is a member of the faculty at the Healthy Appalachia Institute; adjunct faculty member at East Tennessee State University; past chairman and board member of CareSpark, a regional health information exchange; and a member of the Johnson City Chamber of Commerce Board of Directors. He has a Master’s degree in Psychology from East Tennessee State and was formerly licensed as a psychological examiner, marriage and family counselor and professional counselor.

“I’m a mission-oriented person, and I’m excited to use my experience and years spent in this field to help all Tennesseans facing these challenges,” Varney said. “I’m honored to be selected by Gov.-elect Haslam, and I’m looking forward to working with the great staff at the Mental Health and Developmental Disabilities department.”

TAADAS and its member agencies congratulate Commissioner Varney on his appointment and look forward to having a productive relationship with the Department of Mental Health and DADAS under his leadership. Per Vernon Martin, Executive Director of TAADAS, “Commissioner Varney and Frontier Health have a long and positive history in the provision of A&D services and we are pleased that he will bring this experience and expertise into his new role as Commissioner.”
Mark Your Calendar

Daylight Saving Time Begins
March 13th
Spring Forward One

February 13 - 19, 2011
Children of Alcoholics Week
sponsored by the National Association of Children of Alcoholics.
NACoA’s goal is to have a society in which children of alcoholics are encouraged to seek help and have access to caring adults who can help. www.nacoa.org

February 20 - 26, 2011
National Eating Disorders Awareness Week (NEDAW)
The nation’s largest eating disorders outreach effort. www.nationaleatingdisorders.org

March 6 - 12, 2011
7th Annual Problem Gambling Awareness Week
sponsored by the National Council on Problem Gambling (NCPG)
The goal of this campaign is to educate the general public and health care professionals about the warning signs of problem gambling and raise awareness about the help that is available both locally and nationally. http://www.npgaw.org

March 13 - 19, 2011
19th Annual National Inhalants & Poisons Awareness Week (NIPAW) Campaign
Campaign information is at www.inhalants.org

March 23
Kick Butts Day
Kick Butts Day is a day of activism that empowers youth to take action against tobacco use at more than 2,000 events from coast to coast. www.kickbuttsday.org

TAADAS will be closed for the following holidays:

January 27th
Martin Luther King Day

February 15th
President’s Day
Save the Date!

May 17th through 20th, 2011
Music City Sheraton
Nashville, Tennessee

The Tennessee Advanced School on Addictions (TASA — formerly known as “The Summit”) returns to the weeklong format, with Monday, May 16, 2011, designated for the DADAS annual provider meeting. Opening session and classes begin Tuesday May 17, 2011.

Prevention, Treatment, Recovery Support Services & Administrative Tracks

Help us assure that the school meets your training needs by completing the online Needs Assessments if you have not already done so:

Click here for Treatment/Recovery or here for Prevention.

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Each month we feature special discounts and sales ... take advantage of these specials during the next three months:

**Cool Winter Sales**

**Jan** Meditations 20% off

**Feb** Bronze* Medallions 50% off
*does not include NA medallions

**Mar** Jewelry 20% off

Call or come by our store:
1321 Murfreesboro Road, Suite 155
Nashville, Tennessee 37217
877-863-6914 or 615-780-5901
Monday - Friday, 8 am - 5 pm

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Samaritan Recovery Community
Where change begins with a single step.

Behavioral Health Treatment for Substance Abuse & Co-occurring Disorders

Residential & Outpatient Programs
Halfway House Program
Supportive Housing Program

615-244-4802
www.samaritanrc.org

Samaritan Recovery Community is an accredited United Way member agency funded in part by the Tennessee Department of Mental Health
Featured Publication

The Clearinghouse has numerous publications on substance abuse and related issues. In each issue of the TAADAS Times, we highlight a publication. This month we are featuring:

*A Parents’ Guide To Preventing Inhalant Abuse*

Inhalant abuse can kill. It can kill suddenly, and it can kill those who sniff for the first time. Every year, young people in this country die of inhalant abuse. Hundreds suffer severe consequences, including permanent brain damage, loss of muscle control, and destruction of the heart, blood, kidney, liver, and bone marrow. Today more than 1,000 different products are commonly abused. The National Institute on Drug Abuse reported in 1996 that one in five American teenagers have used inhalants to get high. Many youngsters say they begin sniffing when they're in grade school. They start because they feel these substances can't hurt them, because of peer pressure, or because of low self-esteem. Once hooked, these victims find it a tough habit to break. These questions and answers will help you identify inhalant abuse and understand what you can do to prevent or stop this problem.

To get your free copy of our featured publication, or any other materials, call TAADAS at 615-780-5901 or order online at www.taadas.org
Colleagues Mourn Sharon Trammell’s Death

Sharon Trammell, past President and long-time member and supporter of TAADAS, died Thursday, November 4, 2010, after a long, courageous and graceful battle with cancer.

Sharon has worked in, and remained politically active in, the field of alcohol and drug abuse in the state of Tennessee since 1971. She has pioneered and worked consistently for women’s rights and has been instrumental in making the face and the needs of the woman alcoholic/addict visible.

Since 1981, Sharon Trammell was Executive Director of Grace House of Memphis, the last remaining long-term, residential, A&D treatment center in Tennessee specifically designed for women. She has overseen the transformation of Grace House from simply a safe place for women alcoholic/addicts to live, into an innovative, top quality, comprehensive treatment program that focuses on all aspects of recovery for women. Under her leadership, Grace House has served more than 5,000 women, and more than 80 percent of them remain clean and sober.

Sharon was on the original board that started the certification process for A&D Counselors in the State of Tennessee. Thus, she has been instrumental in opening and making this rich and tremendously empowering vocational avenue accessible for women wanting to be counselors, regardless of previous educational background. She has served as the Director of Treatment Centers at State Hospital in East Tennessee; Director of Prevention for the State of Tennessee; President of TAADAS; Executive Committee of TADOC and the Tennessee Alcohol and Drug Counselors Association.

During a memorial service on December 5th in Nashville, TDMHDD Commissioner Virginia Trotter Betts had the following tribute to Sharon:

On behalf of the entire staff at the Tennessee Department of Mental Health and Developmental Disabilities, we want to convey to Sharon’s family, friends, and colleagues, our sincere and heart-felt condolences. Sharon was a woman of vision, integrity, kindness, and strength. Her commitment to our field and the consumers we serve was always apparent and her advocacy for the services they needed was gently, but consistently persistent.

At the Department of Mental Health and Developmental Disabilities and the Division of Alcohol and Drug Abuse Services, we will miss her – her smile, her courage, her wise advice, her unfailing support of our mutual endeavors.

While we are here to say “farewell,” we really are here to say, “Sharon, we will always remember you with love and great respect.”

I would like to further add that Sharon was not only a leader in her community and throughout the State, she was a mentor to many of us. She was, for me and many others, our “go to” person for guidance and wisdom. Sharon’s spirit and light was always a shining beacon for the women that have been served at Grace House, and her spirit and light will continue for those who are yet to enter their journey of hope and healing. Sharon, we love you and thank you for the grace you have always shown to so many.

Sharon’s work to improve the lives of women battling chemical dependency issues helped Grace House of Memphis become one of the region’s most outstanding resources for victory where most people only see defeat and despair. “She had a real passion for what would help women be more empowered, and be more of what they could truly be,” said Elaine Orland, a Clinical Director at Grace House. Colleagues said they will carry on Trammell's legacy with the grace she brought to Grace House.
WORKSHOPS & TRAININGS

Alcohol & Drug Counselor
Licensure Preparation

Classes provide 10 hours credit for licensure.
Facilitator: Kathy Benson

January 8: Assessment
January 15: Screening
January 22: Referral
February 12: Treatment Planning
February 19: Intake
February 26: Consultation
March 12: Counseling
March 19: Orientation
April 9: Case Management
April 16: Assessment
April 30: Professional Ethics (6 hours)

Classes are held at
Pleiades Clinical Consulting Services
45A Rutledge Avenue, Nashville, TN.
Contact for registration:
615-476-2931 or lightbeing@aol.com

Membership Has Its Benefits!

TAADAS members enjoy discounted rates at Holiday Inn Express, Downtown Nashville, 920 Broadway. Newly renovated rooms, 24 hour fitness center, complimentary covered parking, breakfast bar and wifi, just blocks from the downtown entertainment district. Call Karen Dooley, 615-780-5901, ext. 16, or e-mail karen@taadas.org for more information or to make reservations.

Click here for other membership benefits.

The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS and funded by the Tennessee Department of Mental Health and Developmental Disabilities. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction information and referrals to all citizens of Tennessee at their request.

The Tennessee REDLINE is promoted and calls are received from all over Tennessee. Treatment and other program referrals are made on the REDLINE. Callers are provided with at least three referral sources when possible. REDLINE staff does not offer therapy or counseling to the caller or substance abuser, but gives them the information to put them in touch with someone who will provide a diagnosis, prognosis or assessment of the mental or physical health of the substance user/abuser. The REDLINE strives to provide the caller with specific referrals based on their stated needs.

Referral sources are not limited to TAADAS member agencies, state funded programs, or to any specific area of the state. Any program can apply with the REDLINE to be included in the referral database. For an application contact the Information Specialist at 1-800-889-9789 or download the form here.

Tennessee REDLINE

HARBOUR HOUSE

Programs for Men Including
♦ Social Detox
♦ Residential Rehabilitation
♦ Halfway House

www.harborhousememphis.org

Funded in part under an agreement with the Tennessee Department of Mental Health and Developmental Disabilities
The Role of Victim Impact Programming in Drug and Alcohol Recovery

by Sara Kemp

What is You Have the Power?

You Have the Power (YHTP) is a non-profit victim advocacy agency that began in 1993 under the direction of Andrea Conte, First Lady of Tennessee and survivor of violent crime. The mission of YHTP is to advocate for victims and educate the community to prevent violent crime. Knowledge is power — with the right information, people can reduce their chances of being victimized, but if victimized, the right information can help rebuild a shattered life.

YHTP provides education on topics such as child sexual abuse, domestic violence, sexual assault, methamphetamine, and elder abuse. We also facilitate victim impact classes for inmates at Charles Bass Correctional Complex, Corrections Corporation of America, Tennessee Prison for Women, and Metro-Davidson County Sheriff's Department.

As victim advocates, we work with offenders because we want to prevent victimization. The current recidivism rate conveys that this population has the potential for creating more victims. We must turn our attention to identifying and responding to their issues, not because they deserve it, but because society does.

What is victim impact?

You Have the Power’s victim impact program is an in-depth, multi-week class for offenders that examines the impact of crime on the victim. Our class incorporates in-class work, videos, victim speakers, and discussion. It can take place in a variety of settings — incarceration, probation, reentry, or treatment. Our class is not about guilt or making the participant “feel bad” about their past. Guilt is very self-focused. Guilt is all about “how bad I am” and “how no one can ever trust or forgive me, including myself.” Guilt hampers personal growth and accountability.

Through understanding the impact of crime on a victim, our goal is for participants to develop genuine remorse that is victim focused. “I can’t believe what that victim is experiencing because of my actions” and truly understanding the pain of the victim, the frustration of the victim, the financial expense of the victim, the long term impact for the victim. Genuine remorse is a catalyst for changing behavior and making amends.

A very important part of our class challenges the offender to discover their “core issues” because success on the outside necessitates they identify and address the root of their self-destructive and criminal behaviors. Addiction, violence, anger, depression, and promiscuity are often mistaken for core issues, when in reality, those things are actually the “symptoms” of core issues.

For most offenders the source for their symptoms is often early exposure to family violence, childhood trauma, or sexual abuse. Knowledge about these kinds of crimes against children often produces “light bulb moments” for understanding their negative behaviors. Most of our class participants have addiction histories that contributed to their criminal and offending behavior. For the offender with addiction issues, connecting the dots allows them to tackle the core issues driving their addiction.

In one of our classes on child sexual abuse, we showed a documentary about a young woman who was struggling with cutting behaviors. The core issues attached to her cutting was that she was a victim of child sexual abuse. After the video, one of the female offenders in our class said “I was sexually abused as a child, and I was also a cutter. I never realized those two things were connected until now. Something else I just put together is that I

(continued on page 13 - click here)
Pain Relievers Most Common Drug Involved in Emergency Department Visits for Pharmaceutical Misuse or Abuse by Older Adults

Selected Drugs Involved in Emergency Department (ED) Visits for Pharmaceutical Misuse or Abuse, Adults Ages 50 or Older, 2008
(N = an estimated 256,097 visits)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of ED Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle Relaxants</td>
<td>5.1%</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>5.2%</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>5.4%</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>8.6%</td>
</tr>
<tr>
<td>(Benzodiazepines)*</td>
<td>25.4%</td>
</tr>
<tr>
<td>Anxiety or Insomnia Drugs</td>
<td>31.8%</td>
</tr>
<tr>
<td>(Narcotic Pain Relievers)*</td>
<td>33.9%</td>
</tr>
<tr>
<td>Pain Relievers</td>
<td>43.5%</td>
</tr>
</tbody>
</table>

In 2008 there were an estimated 256,097 emergency department visits by adults ages 50 or older involving the misuse and abuse of pharmaceutical drugs—more than double the estimated 115,803 visits in 2004. According to data from the Drug Abuse Warning Network (DAWN), pain relievers were the type of pharmaceutical most commonly involved in such visits (43.5%), followed by anxiety or insomnia drugs (31.8%).

In addition, one-fifth of the ED visits related to pharmaceutical misuse or abuse also involved alcohol (data not shown). The authors suggest that “education for caregivers about the abuse potential of certain medications and the early warning signs of abuse may be needed” and that “prevention messages that target older adults could warn against the dangerous combination of alcohol and pharmaceuticals.”

**“Narcotic Pain Relievers” are also included in the category “Pain Relievers.” “Benzodiazepines” are also included in the category “Anxiety or Insomnia Drugs.”

NOTES: The category “Pharmaceutical Misuse and Abuse” are drug misuse and abuse ED visits excluding those involving alcohol and illicit drugs. Because multiple drugs may be involved in each visit, percentages may add to more than 100 percent.

Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA)
January 12, 2011
Nathan Ridley

107th General Assembly Convenes. 2011 sees a seismic shift in the Tennessee political landscape. Republicans will now find themselves in charge of the executive branch with the election of Knoxville Mayor Bill Haslam and both houses of the legislative branch. Blountville auctioneer, Ron Ramsey, continues to lead the Senate as Speaker and Lieutenant Governor, and Nashville professor, Beth Harwell, becomes the first woman to be Speaker of the House with the beginning of the organizational session of the 107th General Assembly. Before the recess begins, each Speaker will make committee appointments.

Governor Haslam. After a bruising August primary election, Governor Haslam had a relatively easy time in the November general election, as the campaign of Democratic nominee Mike McWherter never gained any appreciable traction. Haslam carried 90 of Tennessee’s 95 counties. To date, he has been deliberate in making his cabinet level appointments, and has shown a preference for executive experience, both private and public. When he takes the oath of office on January 15, 2011, he becomes Tennessee’s 49th Governor.

Election Notes. Tennessee has two special elections in the early voting period for the primary election to fill vacancies. The actual primary election day is January 20, 2011. In the 18th State Senate district composed of Robertson and Sumner counties, six Republicans are vying for the nomination to face unopposed Democrat, Ken Wilber of Portland. The six Republicans are Bryan Bondurant; Fred Congdon; Joe Warren Jones; and William Slater all of Gallatin; Jeff Stromatt of Goodlettsville; and Kerry Roberts of Springfield. This is the seat that had been held by newly elected Congresswoman Diane Black. The Sumner County Commission appointed Ferrell Haile of Gallatin to fill the seat until the General Election, which will be March 8, 2011. The victor will serve until the regular November 2012 General Election.

In the 98th State House district composed of a portion of Shelby County, four Democrats are seeking election. No Republican has filed to run in the strongly Democratic district. The four Democrats are: Jannie Foster, Antonio ‘2 Shay’ Parkinson, Brenda Oats-Williams, and Stephanie Gatewood. The Shelby County Commission has not yet made an interim appointment. They are expected to name the Democratic primary winner to begin serving immediately and barring an unforeseen write in upset in the General Election to then continue serving as the duly elected State Representative. This vacant seat was created by the death of Ulysses Jones, a firefighter and a 23 year veteran of the House. Please keep the Jones family in your thoughts and prayers. Ulysses died too soon, and he was a warrior for the causes he found worthy.

Calendar Notes: After the General Assembly gets Governor Haslam inaugurated, they will recess for three weeks before reconvening in its regular session on February 7, 2011. State offices will be closed Monday, January 17, 2011 for the Martin Luther King Day holiday and Monday February 21, 2011 for the Presidents’ Day holiday.

Nathan Ridley is an attorney with the Nashville firm, Bradley Arant Boult Cummings LLP. You may contact him by e-mail at nridley@babc.com.
New Employee at TAADAS

My name is Anita Menon. I just joined the TAADAS staff as the Regional Training Coordinator. I will have responsibility for providing, scheduling and coordinating workforce development training workshops and events for substance abuse prevention and treatment professionals statewide. I graduated from Mississippi State University with a B.S. in Biological Sciences and a M.S. in Health Promotion/Health Education. I am from Mississippi but moved to Nashville because I have heard so many great things about this city. I have newly found a love for running and even ran my first marathon recently. In my spare time, other than running, I enjoy being around friends and family and traveling as much as possible. I am looking forward to the experience I will gain working for TAADAS and I am very excited about being part of the team.

Majority of Prescription Pain Reliever Abusers Get the Drugs Free From Friends or Relatives

In 2009, nearly 5.3 million people ages 12 and older reported the nonmedical use of prescription pain relievers in the past month, according to data from the National Survey on Drug Use and Health (NSDUH). The majority of these users — 60.3% — reported that they obtained the pain relievers free from a friend or relative. The other most commonly mentioned methods were obtaining them from a doctor (27.9% from one doctor and another 5.3% from more than one doctor) and buying them from a friend or relative (25.5%). Only 1.1% reported buying their prescription pain relievers on the internet. This past September, the Drug Enforcement Administrating (DEA) hosted the first-ever national Take-Back Initiative, collecting more than 121 tons of unused, unwanted, and expired prescription medications for proper disposal.

Method of Obtaining Prescription Pain Relievers
Reported by Past Month Nonmedical Users Ages 12 or Older
(2008 & 2009 Combined Annual Averages)

NOTES: Percentages do not sum to 100 because respondents could indicate multiple sources from which they obtained pain relievers for past month nonmedical use. The response options “Wrote a fake prescription” and “Stole from doctor’s office, clinic, hospital, or pharmacy” were reported by less than one percent of those who used prescription pain relievers non-medically in the past year and are not shown in the figure above.

Adapted by CESAR from Substance Abuse and Mental Health Services Administration.
Nashville resident Melinda Mendez-Scott represented Tennessee for A&E’s 2010 Recovery Project. A&E Network created The Recovery Project in 2008 as a national effort to raise awareness that drug and alcohol addiction has become an enormous public health problem in this country and that recovery from addiction is possible. Over ten thousand individuals and families in recovery, treatments partners and advocates from all fifty states joined in the event.

Melinda participated in leading the walk as the delegate of Tennessee. She shared her experience and overall story of recovery in an attempt to motivate others. In order to be chosen as a delegate, individuals must be in recovery for at least ten years and be an active member in the recovery community. Melinda came to recovery in August of 1998. At that time, she reports she had forfeited her career, her family and her dignity to alcohol and drugs. Participation in the Recovery Community has changed her life. Today Melinda celebrates her sobriety by dedicating her professional and personal life to aiding others in addiction. As a professional, Melinda has practiced Alcohol & Drug Counseling for 9 years. In her personal life, Melinda is active in Nashville’s Recovery Community through sponsorship, recovery meetings and continued service work within the Recovery Community.
Featured Video

The Clearinghouse has over 800 videos on substance abuse, addiction and related issues. Videos range in length and subject as well as targeted audience. In each edition of the *TAADAS Times* we feature a video from our collection. In this issues we present:

**Inhalant Abuse:**

*Kids In Danger, Adults In The Dark*

It used to be called “Glue-Sniffing.” Today kids as young as six are sniffing more than just glue to get high. Spray paint, nail polish remover, cleaning fluid, colored markers, paint thinner — and 600 other legal substances found under the kitchen sink, on the teachers desk or on the supermarket shelf are deliberately misused by over seven million children from all walks of life. The damage is immediate, irreversible and sometimes fatal. From the barrios to suburbia, *Inhalant Abuse* educates the viewer through documentary footage, classroom situations, animated graphics and a compelling interview with a mother and her son in recovery. **WARNING: This video is not to be shown to students. It contains detailed information on the use of inhalants.** Adult, 18 Minutes, 1990, Video # 10241.

You can view our entire video catalog online at [www.taadas.org](http://www.taadas.org) or visit our library to preview videos. Video membership is free to residents of Tennessee but a shipping fee is charged to mail videos to customers outside the Nashville area if they are unable to visit the library in person. Please call 615-780-5901 if you have any questions or need additional information.
Percentage of Positive Employee Drug Tests Containing Marijuana and Cocaine Decreases; Sedatives, Amphetamines, and Opiates Increases

In 2009, Quest Diagnostics conducted drug tests on more than 5.5 million urine samples collected from workers across the nation. According to the most recent drug testing index, 3.6% of all tests conducted in 2009 were positive for at least one illicit drug. Marijuana continues to be the drug most frequently detected. However, the percentage of positives for marijuana has decreased significantly over the past 10 years, from 62.2% of all drug positives in 1999 to 43.7% in 2009. The percentage of cocaine positives also decreased in the last decade, from 16.2% to 7.3% of all drug positives. In contrast, the percentage of positives for sedatives nearly doubled (from 6.5% to 11.2%), while those for amphetamines and opiates nearly tripled (from 4.5% to 13.1% and 7.5% to 20.1%, respectively).

Drugs Detected in Positive Urine Tests Among U.S. Workers, 1999 and 2009

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>62.2%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>16.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Opiates*</td>
<td>7.5%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>4.5%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Sedatives*</td>
<td>6.5%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Other*</td>
<td>3.1%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

*The category “opiates” comprises methadone, propoxyphene, oxycodone, and other opiates. The category “sedatives” comprises barbiturates and benzodiazepines. The category “other” comprises PCP, acid/base, oxidizing adulterants, substituted urines, and invalid specimens.

NOTES: This data is from workers employed by companies that use Quest Diagnostics’ drug testing services, including federally mandated, safety-sensitive workers. Reasons for testing include pre-employment, periodic, random, post-accident, for-cause, and returned to duty.

SOURCE: Adapted by CESAR from Quest Diagnostics.

The Role of Victim Impact ... (continued)

stopped cutting when I started using drugs! I guess I just exchanged one form of addiction for another.”

For that young woman, she was able to understand that her own addiction was rooted in her sexual abuse, something she had never thought of before. Often, because of the chaotic life of an addict, they have endured so many traumas that they are unable to see the root of the addiction. Another female inmate once told us during a child sexual abuse class “Yes, I was sexually abused as a child, but I’ve had a whole lot worse happen to me out on the street. The sexual abuse as a child wasn’t bad at all compared to other things I’ve experienced since then.”

It took a few classes for her to eventually have that light bulb moment where she could connect the dots of that first abuse as a child to all the other horrible things that she had experienced as an adult. For the inmates in our class who are addicts, identifying their core issues is one of the most important things they can do. It is the foundation for all the other work that needs to be done in their life so they can have success on the outside.

For more information about YHTP visit our website at www.yhtp.org or email Sara.Kemp@yhtp.org.
There is Help for Problem Gamblers in Tennessee

What is Problem Gambling
As defined by the National Council of Problem Gambling, problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term “Problem Gambling” includes, but is not limited to, the condition known as “Pathological,” or “Compulsive” Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, “chasing” losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

Is there Problem Gambling in Tennessee?
Based on a report published by the University of Memphis, it has been estimated that there are over 200,000 persons in Tennessee with gambling problems. (Satish Kedia, Ph.D., The SAT Report, University of Memphis, Vol. 1, No. 3, 2004)

Are You a Compulsive or Problem Gambler?
Only you can decide. In short, problem gamblers are those whose gambling has caused continuous problems in any facet of their lives. The following 10 questions may help you to decide if you are a compulsive or problem gambler.

Have you …
- often gambled longer than you had planned?
- often gambled until your last dollar was gone?
- had thoughts of gambling that caused you to lose sleep?
- used your income or savings to gamble while letting bills go unpaid?
- made repeated, unsuccessful attempts to stop gambling?
- broken the law or considered breaking the law to finance your gambling?
- borrowed money to finance your gambling?
- felt depressed or suicidal because of your gambling losses?
- felt remorseful after gambling?
- gambled to get money to meet your financial obligations?

If you or someone you know answers “Yes” to any of these questions, consider seeking assistance from a professional.

The Tennessee Department of Mental Health & Developmental Disabilities, Division of Alcohol & Drug Abuse Services, offers services for problem gamblers and their loved ones.

If you or someone you know is concerned about gambling, please contact the following agencies:

**East Tennessee**
Helen Ross McNabb Center
865-523-4704 ext. 3407
www.mcnabbcenter.org
E-mail: questionsaboutgambling@mcnabb.org

**Middle Tennessee**
Buffalo Valley, Inc.
1-800-626-6709
www.buffalovalley.org
E-mail: stopgambling@buffalovalley.org

**West Tennessee**
The Gambling Clinic at the University of Memphis
901-678-STOP (7867)
www.thegamblingclinic.memphis.edu
E-mail: gambling@memphis.edu

For confidential assistance, call the 24 hour, 7 days a week toll-free Tennessee REDLINE for help with gambling problems.

1-800-889-9789

While for many, gambling is a leisure-time activity, for some it is a problem and for others it can become an addiction.
CADAS Continues Excellence with Joint Commission Accreditation

Chattanooga, TN. By demonstrating compliance with The Joint Commission’s national standards for health care quality and safety, The Council for Alcohol and Drug Abuse Services (CADAS) has earned the Joint Commission’s Gold Seal of Approval™.

“We benefit from accreditation for our organization in that it demonstrates our commitment to client safety and quality care to our community,” Paul Fuchcar, Ed.D., Executive Director, said. “We view Joint Commission accreditation as an integral element of our commitment to excellence.”

“The community can be proud that The Council for Alcohol and Drug Abuse Services (CADAS) is focusing on continuously raising quality and safety to higher levels,” Mary Cesare-Murphy, Ph.D., Executive Director, Behavioral Health Care Accreditation, The Joint Commission, stated. “Above all, The Joint Commission’s standards are intended to stimulate continuous improvement in an organization’s performance and outcomes of care.”

The Joint Commission conducted an unannounced, on-site evaluation of CADAS August 16 through 19. The accreditation award recognizes CADAS’s dedication to complying with the Joint Commission’s state-of-the-art standards on a continuous basis.

Founded in 1951, The Joint Commission seeks to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations. The Joint Commission evaluates and accredits nearly 15,000 health care organizations and programs in the United States. This includes more than 8,000 hospitals and home care organizations, and more than 6,800 other health care organizations that provide long term care, assisted living, behavioral health care, laboratory and ambulatory care services. The Joint Commission also accredits health plans, integrated delivery networks, and other managed care entities. In addition, The Joint Commission provides certification of disease-specific care programs, primary stroke centers, and health care staffing services. An independent, not-for-profit organization, The Joint Commission is the nation’s oldest and largest standards-setting and accrediting body in health care.

LOSE THE ADDICTION.
GET YOUR LIFE BACK.
The Council for Alcohol & Drug Abuse Services is the only non-profit treatment center in Chattanooga that has been providing a full continuum of quality care for more than 40 years. CADAS offers adult and adolescent treatment options, aftercare group sessions, family therapy, sober living facilities, youth prevention programs, drug testing services, DUI education and regional training courses.

1.877.AT.CADAS
www.cadas.org
Country Music Legend, Marty Stuart, shared his testimony of how God used the Place of Hope to keep him clean and sober.

Columbia Mayor, Dean Dickey, presented Place of Hope Day Proclamation to Founders Dr. John Brown and the Rev. Mike Coupe.

Place of Hope clients and volunteers helped serve over 90 people at the Luncheon and over 200 people at the Celebration.

Aspell Recovery Center - Ms. Ann’s House Dedication

“Love is understanding ...whether or not you approve.” — Ms. Ann Middleton

On November 26, 2010, family and friends of Ms. Ann Lucile Huxford Middleton gathered on the campus to dedicate a renovated home, which she and her family made possible, in her name. Jackson, Tennessee, and the world lost a beautiful spirit on Friday, October 22, 2010; however, her spirit will live on through the lives of all those whom she touched.

Ms. Ann’s House is an honorable legacy of Ms. Middleton to continue her dedication to those in recovery. The house is a transitional home for women leaving residential treatment. It is our belief that the longer an individual early in recovery stays on campus and around others in recovery the better the odds of them remaining clean and sober. Conveniently the home is located behind Life House, which is a Aspell’s residential treatment facility for women.

Ms. Ann has been a dedicated and passionate board member of Aspell Recovery Center since its inception in 1979. Even up to and after her passing, Ms. Ann will, as always, continue to be alive in the lives of those in recovery. Ms. Ann truly saw everyone as God saw them. Her legacy of genuine love will be widespread and long remembered.

“The light of my life has been snuffed out, but its afterglow will illuminate my path for the rest of my terrestrial journey.”

— Gus Middleton
Charlotte Hoppers Named Executive Director of Grace House

Grace House of Memphis has promoted Charlotte Hoppers to fill the Executive Director position. Charlotte joined Grace House in 2001 as the Transition Counselor at Grace House Extended. She is a 1999 graduate of the University of Memphis where she majored in Sociology and History, with a minor in Religion in Society. Her interests lie in social evolution. She has a strong commitment to helping others by being a catalyst for change. As the Transition Counselor, she created and implemented a Transitional Needs Assessment to assist clients in their transition back into the home and workplace following long term treatment. More recently, as Director of Development, Charlotte assumed the responsibilities of identifying new funding sources and grant writing.

Renewal House Names New Director

Laura Berlind joined Renewal House as its new Executive Director on January 3, 2011. Laura is a native of Nashville, with an outstanding educational background, including a Master’s Degree in Public Policy from Harvard University. Laura has extensive financial management experience and a true passion for community service and the mission of Renewal House. Jude White, outgoing Executive Director thanked everyone for their support of Renewal House and for welcoming Laura as the next leader of this vital agency. Jude will continue working full-time at Renewal House through the month of January to do orientation with Laura and ensure a smooth transition of leadership.

Alcohol & Drug Field Loses Veteran Counselor

John W. Keenan, II, Age 62, passed away November 23, 2010. Mr. Keenan was survived by his loving wife of 29 years, Phyllis Keenan; mother, Alberta Keenan; sisters, Bonnie Demuth, Judy Thompson, Verna Macias, Beth Jones and brother, Russell Keenan. Mr. Keenan was an Addiction Counselor for 23 years and he worked for the Metro Sheriff’s Department. John has served his profession through his memberships with NAADAC, TAADAC and MTAADAC. He sat on the Journey Together Planning Committee for many years & participated in MTAADAC as Secretary. Previously, John was named Tennessee Counselor of the year. His influence, smiling face and humor will be sorely missed.
**TAADAS Members**

*We thank the following members for their support and involvement in Championing the Cause!*

### Organizational Members
*(click on an agency to visit their website)*

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Website Name</th>
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</thead>
<tbody>
<tr>
<td>Agape, Inc., Knoxville</td>
<td>Here’s Hope Counseling, Dyersburg</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Council of Middle Tenn., Nashville</td>
<td>Hope of East Tennessee, Oak Ridge</td>
</tr>
<tr>
<td>Always Hope Counseling Service, Hendersonville</td>
<td>Innovative Counseling &amp; Consulting, Memphis</td>
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<tr>
<td>Aphesis House, Nashville</td>
<td>Jack Gean Shelter, Savannah</td>
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<tr>
<td>Aspell Recovery Center, Jackson</td>
<td>JACOA, Jackson</td>
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<td>Buffalo Valley, Inc., Hohenwald</td>
<td>Madison Treatment Center, Madison</td>
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<tr>
<td>CADAS, Chattanooga</td>
<td>Memphis Recovery Centers, Memphis</td>
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<tr>
<td>CADC Jackson County, Gainesboro</td>
<td>Mending Hearts, Nashville</td>
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<tr>
<td>Cocaine &amp; Alcohol Awareness Program, Memphis</td>
<td>Metro Health Dept. Behavioral Health, Nashville</td>
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<tr>
<td>Comprehensive Community Services, Johnson City</td>
<td>Pathfinders, Inc., Gallatin</td>
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<tr>
<td>E.M. Jellinek Center, Knoxville</td>
<td>Place of Hope, Columbia</td>
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<tr>
<td>English Mountain Recovery, Sevierville</td>
<td>Recovery Community, Inc., Nashville</td>
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<tr>
<td>First Step Recovery, Memphis</td>
<td>Renewal House, Nashville</td>
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<td>Fordyce Raih Group, Brentwood</td>
<td>Samaritan Recovery Community, Inc., Nashville</td>
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<td>Franklin County Prevention Coalition, Winchester</td>
<td>Serenity Recovery, Memphis</td>
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<tr>
<td>Friend of Bill’s Recovery Houses, Lebanon</td>
<td>Synergy, Memphis</td>
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<tr>
<td>Grace House, Memphis</td>
<td>Tenn. Professional Assistance Program, Nashville</td>
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<tr>
<td>Harbor House, Memphis</td>
<td>Turning Point Recovery Residences, Nashville</td>
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<tr>
<td>Healing Arts Research Training Center, Memphis</td>
<td>Welcome Home Ministries, Nashville</td>
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</table>

### Individual Members

<table>
<thead>
<tr>
<th>Name</th>
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<th>Name</th>
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<tbody>
<tr>
<td>Joyce Bristol</td>
<td>Patrick Kendall</td>
<td>Sharon Newton Medley</td>
</tr>
<tr>
<td>Karen Dooley</td>
<td>Deb Marnhout</td>
<td>Harold Montgomery</td>
</tr>
<tr>
<td>Laura Durham</td>
<td>Vernon Martin</td>
<td>April Ramsey</td>
</tr>
<tr>
<td>David Guenther, CPA</td>
<td>John McAndrew</td>
<td>Doris Vaughn</td>
</tr>
<tr>
<td>William Gupton</td>
<td>Wayne McElhiney</td>
<td>Michelle Webster</td>
</tr>
</tbody>
</table>
What is TAADAS?
The Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.” The TAADAS mission is to provide a collaborative Tennessee Voice for addiction, co-occurring, prevention, and recovery supportive services to effect positive change. TAADAS programs are funded in part by a grant from the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services.

TAADAS’s Organizational Goals:

- To provide a forum of advocacy for providers;
- To provide a forum of advocacy for consumers;
- To increase resources, services, and sustainability available to organizations and individuals serving the population;
- To increase acceptance of recovering individuals;
- To influence State and National policy decisions relative to addictions, co-occurring, prevention, and recovery supporting services;
- To further a sense of fellowship and helpful relationships among the Association’s members;
- To influence and shape the available delivery system by improving practices within the system of care.

As a statewide association made up of prevention programs, treatment agencies, recovery services and private citizens, TAADAS strives to be the Voice for Recovery in Tennessee through its membership and many programs.

It’s up to US to help others understand!
Alcohol and other drug dependence is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life — social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. We must join together to focus attention in support of addiction treatment, prevention, and recovery. The public needs to understand that addiction is a treatable illness and that millions of people achieve recovery.

TAADAS Membership
TAADAS is a statewide association made up of alcohol and drug abuse treatment, prevention and recovery service professionals, and others who are interested in addiction issues. TAADAS keeps alcoholism, drug abuse and other addiction issues in the forefront when public policy decisions are made and through the collective voice of its members, TAADAS directly impacts the important issues facing the addiction services field today.

Benefits of becoming a member:

- Expand Knowledge - Take advantage of the TAADAS Statewide Clearinghouse’s extensive resource center.
- Impact Public Policy - TAADAS provides advocacy for alcohol, drug and other addiction issues.
- Networking - TAADAS offers networking opportunities with professionals and other concerned individuals across the state in the alcohol, drug and other addiction services community
- TAADAS Times Newsletter
- 10% discounts at Recovery Books & Things
- Discounted Hotel Rates
- Credit Union Membership
APPLICATION FOR MEMBERSHIP IN TAADAS

Membership shall be open to individuals or entities with an interest in addiction, co-occurring, prevention, or recovery support services and subject to payment of membership dues. TAADAS membership is not automatic board membership as the board consists only of the board of directors.

Organizational Member - Any organization or entity that provides addiction, co-occurring, prevention or recovery support services is eligible to become an Organizational Member of TAADAS.

Individual Member - Individual membership is open to any individual with an interest in addiction, co-occurring or recovery support services in Tennessee. Examples of persons in this category may include, but are not limited to, individuals who work in the addiction services field, licensed counselors or those working toward licensure, employee assistance professionals, risk managers or other managed care professionals.

They may also be someone who has been affected by alcohol and drug abuse or other addiction, be it by a family member or a loved one, or by their own addiction. Or they may simply be someone who recognizes the scope of this problem and wants to demonstrate their support through membership in a professional association of like-minded individuals.

Annual Dues*

<table>
<thead>
<tr>
<th>Category</th>
<th>Dues</th>
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<tr>
<td>Organizational Member with Annual Revenue &lt; $100,000</td>
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<td>Organizational Member with Annual Revenue = $100,000 - $500,000</td>
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<tr>
<td>Organizational Member with Annual Revenue = $500,000 - $1,000,000</td>
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</tr>
<tr>
<td>Organizational Member with Annual Revenue = $1,000,000 - $2,000,000</td>
<td>$750</td>
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<tr>
<td>Organizational Member with Annual Revenue &gt; $2,000,000</td>
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</tr>
<tr>
<td>Individual Member</td>
<td>$100</td>
</tr>
</tbody>
</table>

*Minimum suggested leadership pledge ... you may pledge more.

Date: ____________ * Referring Member: (If Applicable) ________________________

Name: ________________________________________________________________

Agency: ___________________________________________ ____________________

Address: ________________________________________________________________

City: _____________________________ State: _________ Zip Code: ____________

Phone: ________________________ Toll Free: __________________________

Fax: __________________________ Email: _________________________________

Agency Website: _______________________________________________________

Agency Representative: _________________________________________________

Representative Email: _________________________________________________

Please fax your completed application to TAADAS at 615-780-5905