Policy Panel Calls for Advisory Role for Recovering Community

By Bob Curley

Deborah Beck, a longtime advocate for addiction treatment, prevention and recovery and president of the Drug and Alcohol Service Providers of Pennsylvania (DASPOP), says it seems "odd, and inappropriate on the face of it, to have groups making decisions on the future of a population without having that population at the table." Yet in many states, people in recovery from alcohol and other drug problems have little or no input into the decisions made on their behalf within state government.

Join Together's Blueprint for the States policy panel would like to see that change. As part of its sweeping recommendations for improving state efforts to fight addiction and promote recovery, the panel called for each state to create "a permanent, highly visible state alcohol and drug advisory board, led by civic leaders and individuals in recovery."

"We recommend the creation or strengthening of state advisory boards to prevent the issue from becoming buried below public notice and also as a mechanism that governors can use to help generate public support for policy innovation," the panel said. "... Key public agency directors and provider groups should be present on the boards, but should not become the dominant members, because a critical role of the advisory board is to expand civic support."

The report said the advisory boards should be empowered to issue regular public reports on state addiction-fighting strategies and results, as well as conducting social-marketing campaigns to increase public support for prevention and treatment. "The goal of the boards should be to provide broad strategic oversight to the whole (Continued on page 4)
TAADAS Recovery Month Celebration & Dinner 2006—a Great Success!

On September 7, 2006, the Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) held its’ 5th annual Recovery Month event to honor individuals in recovery and send the message to all Tennesseans that recovery from addiction is powerful and possible. Drug and alcohol addiction are equal opportunity diseases. People in recovery from these diseases come from all walks of life … and deserve to be treated with kindness and respect for fighting and winning one of the hardest battles there is. The TAADAS event, kicked off statewide activities for the 17th annual observance of National Alcohol and Drug Addiction Recovery Month to celebrate the voices for recovery, as they build a stronger, healthier community.

Individuals from across the state gathered to salute those in recovery and the treatment providers and recovery support program officials who contributed to their success. The special guest speaker, Earnie Larsen and pianist, John McAndrew took the audience on a spiritual and musical journey as they performed. The evening closed with recognition to individuals who have given back to their communities by reaching out to those who are suffering from addiction. The annual event is also an opportunity to recognize individuals with outstanding service in the addiction field.

Established in 2000, the TAADAS Voice of Recovery Award honors those who unselfishly give of her/his time, energy, dedication, and expertise in service to those in need of assistance with substance abuse and addiction.

The 2006 recipient was Philip Guinsburg, Ph.D., LADAC. Guinsburg has been in the field of addiction services since 1970. He was one of the first Ph.D.’s certified as an Alcohol and Drug Abuse Counselor. He has remained active in the field promoting the profession of alcohol and drug abuse counselors serving as president of the Middle Tennessee Association of Alcoholism and Drug Abuse Counselors (MTAADC) as well as TAADAC, the statewide counselor association. And most recently he was elected in 2005 as the 26th president of the American Academy of Psychotherapists (AAP).

“Dr. Philip Guinsburg has demonstrated a lifelong commitment to the field of alcohol and drug treatment. His presence in our community and his innovative contributions to the field will have a long lasting impact on the advancement of our education and treatment,” said Toby Abrams in her nomination of Dr. Guinsburg. Congratulations Dr. Guinsburg!

Harold Montgomery was awarded the 2006 TAADAS Lifetime Achievement Award. Not just in second year, the award honors those who have made a lasting impression on alcohol and drug abuse programs, services and policies over the course of many years. Though similar to the Voice of Recovery Award, this award honors someone who has either retired from the field or is no longer formally working in the field of addiction services. This is a person who, throughout their career, has made a difference in the field of addiction services.

Montgomery served as the Executive Director of the Jackson Area Council on Alcoholism and Drug Dependency (JACOA) for thirty years before retiring in 2000. Through his career, Montgomery mentored many young professionals. “Harold understood addictions but more importantly he loved and understood the addict. He taught his skills and profession to many through the years,” explained Linda Laney, LPC, LADAC who was mentored by Montgomery and who nominated him for this prestigious award. Even in his retirement, Montgomery remains concerned with addiction in Tennessee. Montgomery has been an individual member of TAADAS since 2001. Congratulations Harold!

The TAADAS CEO of the Year Award honors the Executive Director/CEO of one of the TAADAS Sustaining Member agencies for their hard work and dedication to substance abuse services in Tennessee. The 2006 TAADAS CEO of the Year winner was Frank Kolinsky of the E.M. Jellinek Center in Knoxville.

“One of the truest tests of a person’s leadership abilities is that you managed well enough that your organization can succeed even in your absence.” said Paul Fuchcar, Executive Director of CADAS who presented Kolinsky with the award. Kolinsky had health issues that kept him away from E.M. Jellinek for several months through the summer. Even in his absence, the center continued on its mission as a place of hope and help for chemically dependent men. Congratulations Frank!

Log onto the TAADAS website www.taadas.org for more pictures from the dinner.
TAADAS to Host Professional Evidence Based Training January 18 & 19, 2007

TAADAS will host a professional two day training led by Hazelden treatment expert, Derrick Crim on the evidence based program, Living in Balance: Moving from a Life of Addiction to a Life of Recovery January 18 & 19, 2007.

Crim will work with participants to implement a Living in Balance program that best meets their individual agency needs by:

- Targeting issues participants identify as important for their client population;
- Integrating group work (discussion, role plays) and individual client work;
- Establishing program flexibility for maximum new client enrollment; and
- Customizing the program for an outpatient, short-term, or long-term residential setting.

Research-based Treatment Curriculum

The Living In Balance program is a comprehensive and practical guide for conducting group and individual treatment sessions for people who have substance use problems. It can be used as the core treatment or as an adjunct treatment strategy, depending upon the clinical setting, level of care, and type of program. It centers around 12 core client sessions. These 12 sessions provide basic education regarding addiction terminology, the substances of abuse, triggers and relapse prevention, and various emotional components of addiction and recovery. The program also includes 21 additional sessions on self-help, physical issues, social and family issues, compulsive behaviors, grief and loss, consumer issues, and several other topics. The Living In Balance program is flexible. It can easily be used in all levels of care: inpatient, intensive outpatient, partial hospitalization, evening or weekend programs, outpatient, and continuing care or aftercare. The Living In Balance program can be used in a variety of program types: freestanding programs, hospital-based programs, abstinence-based programs, therapeutic communities, halfway houses, therapists in private practice, and criminal justice settings, such as jails and prisons.

Who Should Attend:

Substance abuse counselors, Correctional professionals, Case managers, Psychologists, Probation Officers, Administrators, Vocational counselors, Family Therapists, Faith based program counselors

Living In Balance: Moving from a Life of Addiction to a Life of Recovery will help your staff maintain program fidelity and optimize your clients experience and your outcomes with this research-based program.

Day One

- Treatment Efficacy and a Fundamental Gap
- Philosophy and History
- Research and Outcomes
- Treatment Goals
- Curriculum Components
  - Living in Balance Sessions
  - Living in Balance Clinical Application

Day Two

- Facilitator Skills
- Clinical Application
  - Sessions 6-12
- Treatment Formats, Settings, and Types
- Participant Action Planning
- Development of a specialized Living in Balance framework

The TAADAS Board of Directors voted to adopt “Living In Balance: Moving From a Life of Addiction to a Life of Recovery” as the evidenced based model for members providing addiction services in June. “Funding sources, including the government and charitable foundations want to know that treatment providers are providing a service that is effective. Towards that end, outcome studies and evidenced based practice models are being required of not-for-profit addiction treatment programs. This growing emphasis means that treatment providers must be proactive in finding an evidenced based model that can fit well with the methods that have proven effective in their own programs. Essentially an evidenced based practice is a treatment model that can be replicated by different providers with different patients and get similar results. It also means that the results are measurable and demonstrate treatment success,” explains TAADAS President, Mike McLoughlin.

For more information about the training, please contact Tammy Kelly at 615.780.5901 ext 12 or via email at tammy@taadas.org.
Policy Panel Calls for Advisory Role... Concluded

(Continued from page 1)

system of prevention, treatment and recovery and relate these programs to the social and economic future of the entire state," the Blueprint panel said.

The Blueprint panelists explicitly endorsed the role of recovery advocacy organizations, saying, "We believe that an active and effective recovery group will provide exactly the kind of long-term commitment and involvement that is now missing in many states, and will sustain public support for the recommendations in our report. We urge states to actively support recovery groups."

Real Versus Token Representation

"We really welcome that recommendation as a way to organize the recovery community at the state level," said Pat Taylor, director of the recovery advocacy group Faces and Voices of Recovery. Taylor said her group has informally surveyed its membership nationally to determine how involved local recovery groups have been in state advisory panels. "In some places there's real representation, but in others it's kind of token," she said.

Taylor said that increasing the involvement of the recovering community in state decision-making is part of Faces and Voices' civic-engagement plans; the group is working with state agencies as well as with state lawmakers to enshrine recovery participation in state law, she said.

Some states have been quite progressive in giving the recovery community a role in policy development: in Ohio, for example, the Governor's Council on Alcohol and Drug Addiction Services is chaired by Donna Conley, executive director of Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment, whose mission is described as eliminating "the stigma and discrimination associated with alcohol and other drug addiction by educating the public that alcohol and other drug addiction is a preventable, treatable medical illness, reducing barriers to treatment, and advocating for a system of care that supports a continuum of effective alcohol and other drug services."

In Vermont, Friends of Recovery is part of the governor's Alcohol and Drug Abuse Council. "We have a very strong voice for the recovery community," said Barbara Cimaglio, Vermont's deputy commissioner for alcohol and drug abuse programs, who also sits on the Friends of Recovery advisory board. "The recovery community is finally getting the point that they have to get involved in policy work."

Cimaglio said recovery advocates add a unique perspective to the table. "They bring the reality of what people are facing in the community and what's needed on the ground to support recovery," she said. "We often focus on treatment, which is episodic ... We need to shift our approach to long-term recovery, and the viewpoint of the recovering community is important in supporting that."

Lonnie Walters, a former Navy man who has been in recovery for 25 years, chairs the Alaska Governor's Advisory Board on Alcohol and Drug Abuse. The board, established when the federal government turned over responsibility for addiction and mental-health services when Alaska won statehood in 1959, has always had participation from the recovering community, said Walters, but its influence has waxed and waned depending upon who occupies the governor's seat.

In addition to Walters, the Alaska advisory board also includes a recovering heroin addict; together, they work to promote the disease concept of addiction to other panel members, Walters said. Despite the strong representation, however, the ability of recovery advocates to influence policy is limited by the governor's willingness to listen. "I have not felt that for the last three years" under the administration of Gov. Frank Murkowski, he said, noting that Alaska's treatment capacity has been slashed and the formerly stand-alone state addiction agency folded into a combined behavioral-health agency. "We've lost funding and clout under the present administration," said Walters.

Walters said the bottom line is that the influence of advisory-panel members in recovery will remain limited unless they are backed by a strong constituency movement. "We need a lot more involvement from the recovery community," he said. "A lot of alcoholics in recovery just go on with their lives; they take the Alcoholics Anonymous traditions [about anonymity] in the wrong way."

This Feature Story originally ran on TAADAS' News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted directly via email at curleybob@jointogether.org.

For more information about the policy panel report, please see Positive Reviews as Blueprint Laid Out for States article on page 8.
Supportive Housing Systems*

- Sierra House
- Heartland Place
- Cypress House
- Sunshine House

Safe, affordable, alcohol & drug free housing in attractively furnished recovery homes

All of our recovery homes are located in stable, residential neighborhoods. Conveniently located on bus lines, they offer housing, support meetings and other structured recovery activities in a serene and supportive environment.

For a free, confidential screening, call

615-228-9804

* A Program of Samaritan Recovery Community

~With CADAS You Can~

The Council for Alcohol & Drug Abuse Services, Inc.

Offering a Full Continuum of Care for Chemically Dependent Adolescents & Adults

Residential Rehab  Opiate Detoxification
Extended Care Living  Intensive Outpatient
24 Hour Nursing Services  Community Services

CADAS

P.O. BOX 4797, CHATTANOOGA TN 37405
PHONE: 423/756-7644 FAX: 423/756-7646
www.cadas.org

This project is funded in part under an agreement by the State of Tennessee

The Robert Wood Johnson Foundation (RWJF), which for two decades has been the most generous and visible private funder of addiction treatment and prevention programs in the U.S., has announced that it will no longer have a separate program area for funding addiction-related programs.

Instead, any new grantmaking related to addiction will take place under the foundation's Vulnerable Populations portfolio, said foundation president and CEO Risa Lavizzo-Mourey, M.D., in a recent letter to RWJF grantees. "Often the neediest populations -- such as the chronically homeless, new immigrants, victims of domestic abuse -- are faced with multiple health and social issues, including addiction, that must be addressed in an integrated way for these individuals to succeed. The Vulnerable Populations grantmaking effort focuses mainly on these populations."

Join Together, the Center on Addiction and Substance Abuse (CASA) at Columbia University, the Partnership for a Drug-Free America, Faces and Voices of Recovery, the Legal Action Center, and Community Anti-Drug Coalitions of America are among the better-known addiction-field programs that have received funding from RWJF over the years.

Lavizzo-Mourey said that the foundation was proud of its work in addiction over the past 20 years. "We have supported the growth and development of many of the major leadership organizations working to reduce the harmful effects of substance-use disorders and addictions, and have also supported research on policy issues in the field," she wrote. "Our most recent work has brought focus to the issues of quality of care for persons with alcohol and other drug addictions."

The foundation will honor its current grant commitments, said Lavizzo-Mourey, "but we do not envision making new investments in addiction outside of the vulnerable populations we are targeting."

However, she added, "We will continue to actively work to extract and disseminate the lessons that emerge from our investments in improving the quality of addiction treatment and in addiction prevention."

Comprehensive Community Services
Open Houses

124 Austin St., Suite 1
Greeneville, TN  37743
December 7th

321 W. Walnut St.
Johnson City, TN  37604
December 8th
NEWS FROM CAPITOL HILL

By Nathan Ridley

Tennessee grabbed much more than our fair share of national media attention as the November election drew near. Tennesseans, however, showed their usual contrarian spirit and elected the 54-year-old Republican Bob Corker over the high energy and high national profile campaign of 36-year-old Harold Ford, Jr. Meanwhile, the November 2006 campaign ended with drama on the national level, as Montana and Virginia dragged on for two extra days. When the dust all settled, we now have for the first time since the Newt Gingrich inspired Contract for America in 1994, Democratic control of both houses of the United States Congress. Not surprisingly, Democratic Governor Phil Bredesen won an overwhelming victory in his bid for reelection and actually carried each of Tennessee’s 95 counties. What is surprising is that after all the dust settled and several million dollars had been spent; only one seat in the General Assembly changed party affiliation.

That one state senate seat may well turn out to be a big deal. Democratic challenger Lowe Finney defeated first term incumbent Don McLeary by 477 votes out of more than 53,000 votes cast in the Twenty-seventh State Senate District that covers Madison, Gibson and Carroll counties. Finney, age 30, is a lawyer who received the support of his distant McWherter family connections. Finney actually lost in Madison County, but the choir member from the First Baptist Church received enough votes in Gibson and Carroll counties to prevail. That result leaves the Republicans with a 17-16 majority in the Senate. Those numbers place the 36-year tenure of John Wilder as Speaker of the Senate in jeopardy as he must pull a Republican or two into his camp to maintain his position. Facing a similar predicament in 2004, Wilder got the votes of Tim Burchett and Mike Williams to retain his position. Senator Burchett has announced that he will support the speaker candidacy of Republican Leader Ron Ramsey. Senator Mike Williams has not announced who he will support for the position of Speaker. I don’t know much, but I have learned never to discount the abilities of the wily octogenarian from Fayette County to count to the seventeen votes necessary to continue as Speaker. In addition to Finney, the Senate will welcome former House member Dewayne Bunch of Bradley County, Paul Stanley of Shelby County, and Bo Watson of Hamilton County. Newly elected senators also include Jack Johnson who will represent the Twenty-third Senate District composed of all of Williamson and the southern part of Davidson County, and Reginald Tate of Shelby County who will represent the Thirty-third Senate District which covers the southern portion of Shelby County. Senator Tate takes the place of former Senator Bowers who resigned for health reasons as she is still under indictment for charges resulting from the Tennessee Waltz federal investigation. While not altogether newly elected, Ophelia Ford of Shelby County will begin a full four-year term after trouncing Republican Terry Roland by more than a two to one margin.

In the House, all the incumbents seeking reelection in the general election retained their seats. Still, the House will absorb sixteen new faces when the oath of office is taken on January 9, 2007. Actually, the number is seventeen, because Representative Henri Brooks of Memphis had to resign her House seat because of her recent election to the Shelby County Commission. The new House members from east to west are: Jon Lundberg of Sullivan County, Kent Williams of Carter County, Dale Ford of Washington County, Jimmy Matlock of Loudon County, Mike Bell of McMinn County, Kevin Brooks of Bradley County, Richard Floyd of Hamilton County, Jim Cobb of Rhea County, Henry Fincher of Putnam County, Brenda Gilmore of Davidson County, Eddie Bass of Giles County, Bob Bibb of Robertson County, Joe Pitts of Montgomery County, Steve McManus of Shelby County, Jim Coley of Shelby County, and Ron Lollar of Shelby County. In the House, the Democrats will still have a 53-46 majority. Across the state, moderate Democrats and Republicans continue to be elected in the general elections, but contested Republican primaries tend to yield more unyielding candidates on certain social issues such as abortion and gay marriage. State Republicans continue to enjoy running against the state income tax legislation of four to eight years ago, even though no such legislation has been filed in the past four years.

I still encourage you to reach out the newly elected legislative officials and those who have been reelected and offer your congratulations and thank them for their willingness to serve. Of course, that opportunity is also a perfect moment to convey to them the importance of substance abuse treatment for our communities. We all recognize the excitement level of presidential election years, but we also recognize that the women and men who serve in our state and local offices have a greater impact on our day-to-day lives.

(Continued on page 7)
NAADAC Unveils Candidate Ratings

What to know how your current lawmakers voted on addiction-related issues? NAADAC, the Association for Addiction Counselors, has just released ratings on all members of the U.S. Senate and House based on their roll-call votes on addiction-related issues.

The legislative scorecard is based on two addiction-related votes in the Senate and nine in the House. Visitors to the NAADAC website (www.naadac.org) can zero in on their own representatives or view the ratings for all members of the 109th Congress.

"The importance of having a nonpartisan tool for U.S. voters cannot be underestimated," said Andrew Kessler, director of government relations for NAADAC. "Millions of Americans suffer from addiction, a disease that does not discriminate when it comes to age, race, socioeconomic status, profession or any other demographic indicator."

"Addiction is a brain disease that happens at a neurochemical level, much like other chronic illnesses such as diabetes, asthma, hypertension and heart disease," added NAADAC Executive Director Cynthia Moreno Tuohy. "Having legislators in Washington, D.C., who understand that will make a big difference in the lives of the 22 million people who struggle with their addiction."

The Senate ratings were based on roll-call votes related to state parity laws and funding for counselor training. The House ratings took into account votes on issues such as methamphetamine prevention, restrictions on buprenorphine, and loan forgiveness for addiction and mental-health of significant committees such as Commerce and Judiciary and State and Local Government in the Senate. The House will have a new majority leader who will carry Governor Bredesen's legislative water.

Calendar Notes: State offices will be closed Friday December 22, Monday December 25, and Tuesday, December 26 for the Christmas holiday and January 1 for the New Year holiday. State offices will also be closed on Monday, January 15, 2007 for the Martin Luther King, Jr. holiday. The One Hundred Fifth General Assembly will convene at noon on January 9, 2007 in its organizational session. After that session, they will inaugurate Governor Bredesen for his second four-year term of office, and then, they will recess to realign office space and staff members and reconvene in regular session on Monday, January 29, 2007.

In closing, I would like to hope that each of you and your family members experience the joy and peace of the coming holiday season.

Nathan Ridley is an attorney with the Nashville firm, Boul Cummings, Conners & Berry, PLC. You may contact him by email at nridley@boultcummings.com.
POSITIVE REVIEWS AS BLUEPRINT LAID OUT FOR STATES

By Bob Curley

Lawmakers and other addiction stakeholders have warmly greeted the new Blueprint for the States report prepared by a Join Together policy panel, which contains a broad set of recommendations for optimizing state governments to effectively address alcohol and other drug problems in communities.

Since releasing the Blueprint in June, members of the authoring policy panel have been distributing copies of the report to key policymakers and presenting at major state and addiction-field conclaves, including meetings of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), the National Association of Drug Court Professionals (NADCP), the State Associations of Addiction Services (SAAS), and the National Conference of State Legislatures (NCSL).

"People have been very interested in the report, said former Massachusetts governor and presidential candidate Michael Dukakis, who chaired the policy panel and was in Boston this week to present the Blueprint to a meeting of the New England Association of Drug Court Professionals. "They like the fact that we’re taking this on the road."

Barbara Cimaglio, a panel member and deputy commissioner for alcohol and drug abuse programs in the Vermont Department of Health, unveiled the report for her fellow state agency directors at the NASADAD meeting in June, and also presented the recommendations at the annual Cape Cod Symposium on Addictive Disorders. "Uniformly, people said it’s about time we had something like this," said Cimaglio. "People at the highest levels don’t really get into the nuts and bolts, so I think this is exactly the right tool for them."

Perhaps the overriding recommendation coming out of the Blueprint is the need for executive leadership; Dukakis and others are reaching out to state leaders through the NCSL and the National Governor’s Association, as well as urging chief judges, treatment providers, consumers, and other stakeholders to call for governors and state legislators to address the issues highlighted in the report.

Michael Botticelli, assistant commissioner for substance abuse services in the Massachusetts Department of Public Health, said the Blueprint recommendations reflect many of the reforms now underway in his state, including the establishment of a Governor’s Interagency Council on Substance Abuse and a reallocation of resources – previously focused mainly on treatment – to a broad range of services, including prevention, early intervention, aftercare, and recovery support.

"The linchpin was executive leadership," he said, noting that the state’s lieutenant governor chairs the Council. "Without that, nothing would have happened."

"The blueprint kind of validates what we’ve done here in Massachusetts," added Botticelli, who also has used the document to spotlight areas of improvement not included in the state’s current agenda, such as revising the authorizing language for the substance-abuse services agency. "It helps underline our strategic direction and make some modifications along the way."

National and Grassroots Dissemination Strategy

In addition to conference presentations and promotion via the Join Together website and e-mail newsletters, the dissemination plan for the Blueprint includes working with partner organizations like Faces and Voices of Recovery, which has agreed to publicize the report through its publications.

Dukakis plans to author an action alert to state legislators and governors about the report, along with an electronic copy of the Blueprint document. Join Together also has launched a campaign to raise enough money to mail hard copies of the report to legislators and governors in all 50 states; the mailing will include a call for state lawmakers to hold hearings on the panel recommendations.

Meanwhile, Blueprint panel member Pat George, a Kansas state lawmaker, has been promoting the report to his colleagues both locally and nationally. "My colleagues in Kansas think it’s great," he said. "They see it as a condensed vision of how to do legislation on substance abuse."

George, whose plans include meeting with his governor, judges, and other Kansas lawmakers to discuss the report, also presented the Blueprint at the annual meeting of the NCSL, which drew 7,500 legislators from all 50 states to Nashville in August. At the meeting, a lawmaker from Hawaii suggested that George recruit individual members of each state legislature to distribute copies of the report to their colleagues.

"Most legislators are inundated with materials, but I pay more attention if a colleague hands something to me," said George. "The plan is to get the report out in January, when the majority of state lawmakers go back to work."

Cimaglio said she is optimistic that the Blueprint will live up to its name as dissemination of the policy panel report is followed by education, the development of model legislation, and the involvement of multiple levels of state leadership. "We need to bring stakeholders together to show them how to make this a real working tool," she said.

This Feature Story originally ran on TAADAS’ News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted directly via email at curleybob@jointogether.org.
Thank You for Helping 297 Veterans!

Because of you, 297 Veterans received many services and a lot of information during the 14th Annual Operation Stand Down Event held at the TN National Guard Armory, October 13 – 15, 2006.

During these three-days, each veteran had the opportunity to eat and sleep peacefully, get a haircut, go through a legal review and receive medical, dental and eye exams and treatment with follow-up appointments at the VA Medical Center as needed. They also got immunization shots, ate throughout the day, watched all sorts of movies, got new clothes, a winter coat and could file a claim for their Veterans Benefits. They also listened to some great music, attended 12-step meetings, visited with a bunch of good folks who were truly interested in them, were served by caring, supportive veteran service organizations and volunteers and ate a lot of great home cooked food, including some really great home cooked desserts. They were able to relax, read books, play games, get new reading glasses, (Did I mention eat a lot of food?), visit with other veterans, and get a break from their normal day on the street or working temporary day labor jobs!

All of this was made possible because you cared – you gave and you got involved.

Some interesting statistics and information from this year’s Operation Stand Down event:
- The youngest vet was 23. The oldest vet was 77. (Note – Since Stand Down, OSDN has helped the oldest vet get into permanent housing and off the streets!) 14 vets were over age 65, 114 vets were between ages 51 and 65 and 147 were between the ages of 36 and 50.
- Each of the 11 female veterans was taken on a special shopping spree just for them.
- 200+ received employment tips, counseling and made appointments to go to either the Operation Stand Down office or a TN Career Center for further employment assistance.
- 200+ veterans received a wide range of medical services will follow-up appointments as needed.
- Over 100 veterans received VA Benefits Counseling - 40 new disability claims were filed.
- Over 200 veterans received legal assistance with various issues including driver’s license.
- Over 200 veterans received new clothes and a winter coat Sunday morning.
- 297 veterans received new socks, underwear, t-shirts and a carry-on bag with other goodies.
- Everyone had an opportunity to visit 24 social service agencies for information and services.
- Over 100 organizations contributed to the services and support for this event.
- 543 volunteers served meals, registered veterans, provided security, passed out clothes, provided haircuts, provided administrative assistance, legal reviews, medical exams, conducted meetings, played games, talked with the veterans (whatever needed to be done) and cleaned up!

For more information about Operation Stand Down Nashville, contact Bill Burleigh at 615.321.3919. Or logon to the Operation Stand Down website at www.osdnashville.org

What’s Going on at TAADAS Members’ Agencies Across the State...

TENNESSEE CHURCHES EMBRACE CELEBRATE RECOVERY PROGRAM

Over forty congregations across Tennessee have established and are offering Celebrate Recovery ministries. Based on Biblical and Twelve-Step Recovery principles, Celebrate Recovery is a Christian-based self-help program that was established at the Saddleback Church in Orange County, California in 1991. Celebrate Recovery is designed to be an addition to an individual’s recovery program and encourages people in recovery to continue involvement in their respect Twelve-Step groups. Churches offer weekly Celebrate Recovery meetings. The program has had great success across the state.

An example of this is the Cokesbury United Methodist Church program which regularly has over 350 attendees at its Thursday night Celebrate Recovery meetings.

A number of the Celebrate Recovery congregations in Tennessee have participated in the TAADAS Faith-Based Clergy Training Program.

For more information on the Celebrate Recovery Ministry check their website at celebraterecovery.com.

For more information about the TAADAS Faith-Based Clergy Training Program contact Vernon Martin at 615.780.5901 ext 18 or via email at vernon@taadas.org.

Faith-Based Recovery Services Database

As part of its Clergy Training and Faith-Based Community Outreach Initiative, TAADAS maintains a database of clergy, clergy coalitions and faith-based recovery services.

If you would like to be listed in this database or would like to be on the Clergy Training and Faith-Based information list, please contact Vernon Martin by phone at (615) 780-5901 x 18 or via email at vernon@taadas.org.

In addition, if you are aware of ministerial associations, clergy groups or faith-based recovery services in your area please forward this information.
WORKSHOPS & TRAININGS

**Strengthening Resiliency in Youth**
Facilitator: John Fite, A & D Council of Middle TN, Nashville, December 1, Contact Susan Young, 615.269.0029

**Ethics for Alcohol & Drug Counselors**
Facilitator: Susan Cunningham, A & D Council of Middle TN, Nashville, December 2, Contact Susan Young, 615.269.0029

**Positive Images**
Facilitator: Lesli Jacobs, The Estuary, September 7, Contact Monnie Furlong, 615.353.4313

**Chemical Dependence and Chronic Pain: Bridging the Gap**
Facilitator: Ted Jones, Helen Ross McNabb Center, Knoxville, TN, September 22, 2006, Contact Martha Culbertson, 865.329.9087

**ASAM PPC-2R**
Facilitator: Frances Clark, CADAS, Chattanooga, October 14, Contact Adam Webster 423.643.1666

Changes to the Training Approval Process
Are you thinking about a training in the near future? Need to get it approved for LADAC hours? Well things just got a little easier! The LADAC Licensure board recently voted to meet quarterly to make it a bit easier on people needing information from them. All trainings should be sent one month in advance of the scheduled board meeting for approval.

The 2007 LADAC Board meetings will be held on January 26th, April 27th, July 27th, and October 26th. For more information about the whole process contact Melody Spitznas at 615-532-5127 or log onto http://www2.state.tn.us/health/Boards/A&D/

FEATURED PUBLICATIONS:

**Counselor's Treatment Manual: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders**

The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This month’s feature is: **Counselor’s Treatment Manual: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders.**

This treatment manual contains step-by-step instructions for conducting individual and group sessions in an outpatient setting with clients who are dependent on stimulants. Session topics focus on early recovery skills, relapse prevention skills, and social support. Information for the counselor includes an introduction to the Matrix approach, the role of drug testing, and strategies for handling difficult situations in group settings. Session objectives, talking points, and client information that make up the Client’s Handbook are reproduced in the Counselor’s Manual. Client’s Handbook: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders and the Client’s Treatment Companion: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorder are also available at the Clearinghouse.

To get your free copy of our featured publication, or any of the hundreds of other materials, call the Clearinghouse at 615.780.5901 x 5 or order online at www.taadas.org.

FEATURED VIDEO:

**Smoking Truth or Dare**

The Clearinghouse has over 800 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is: **Smoking Truth or Dare.**

Six thousand American teenagers light a cigarette for the first time every day. A total of four and a half million teens smoke or chew tobacco. Despite increased education in the classroom about the very real dangers of tobacco use, many teens do not believe or care that they, too, will become part of the statistics: every year, smoking kills more people than AIDS, drug use, car accidents and murder-combined. Smoking: Truth or Dare, recently broadcast on national television, is a powerful program that graphically demonstrates to teens who use tobacco exactly what this deadly habit is doing to them. The damage smoking or chewing tobacco does to their bodies is not just something intangible that they might have to face forty or more years down the road. These young people are suffering the deadly effects of their tobacco use right now, and the consequences will only get worse.

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50 per shipment. Call the Clearinghouse at 615.780.5901 x 6 to check out this video or any other videos in our collection. A complete video catalog is available online at www.taadas.org.
Report Says Parents Often Miss Youth Drinking, Drug Use

Only half of parents of children who drink know what their kids are up to, and similar numbers overlook their children's use of tobacco and marijuana, according to researchers at Washington University in St. Louis.

CBC News reported Sept. 24 that interviews of 600 adolescents and their parents found that 54 percent of the youths used alcohol, 44 percent smoked, and 23 percent used marijuana. But when asked about their kids' use of these substances, only 50 percent of the parents of users knew their children drank, 55 percent knew about their smoking, and 47 percent knew their children had used marijuana.

Further, only 28 percent of parents were aware of their children's use of cocaine or methamphetamine. Researchers said that the younger the children were, the more likely their parents were to miss signs of drug use.

The findings were contrasted with a previous study showing that parents were generally aware that their children were suffering from attention-deficit disorder. The authors suggested that symptoms of addiction-related problems may be harder for parents to spot. "Things like feelings of worthlessness or loss of interest in favorite activities can be very troubling to a child, but they don't necessarily impact others and might go unnoticed unless the child chooses to talk about them," said co-author Laura Jean Bierut.

The research appears in the October 2006 issue of the journal Alcoholism: Clinical & Experimental Research.

Visit the TAADAS Book & Gift Store today!

Recovery Books and Things has put together the most extensive collection of recovery related gift items, books and jewelry. Our unique collection of quality gifts and books will sustain, inspire and celebrate the recovery journey. A wonderful way to recognize important milestones and encourage program participation.

1800 Church Street, Suite 100
Nashville, TN
1-877-863-6914 or 615-780-5901
Open Monday—Friday 8 am—3 pm

To allow the staff time to enjoy the holidays with family and friends, The TAADAS Office will be closed Friday, December 22 through Tuesday, December 26th for Christmas as well as January 1st for the New Year Holiday. The office will also be closed on Monday, January 15th in observance of the Martin Luther King Holiday and Monday, February 19th for Presidents Day.

We wish you all a very safe and happy holiday season!

— The TAADAS Staff:
Vernon, Laura, Tammy, Stephanie, and Karen
Study Says Incentive-Based Meth Treatment Works

A methamphetamine addiction treatment regimen that combines the Matrix Model of psychosocial therapy with rewards for patients who produce clean urine samples works better than therapy alone, according to researchers at the National Institute on Drug Abuse.

The contingency management (CM) program gave patients who had drug-free urine tests plastic chips that could be exchanged for prizes; those who did not follow program rules could lose chips. Past studies have shown CM programs to be effective with cocaine users, and the latest research concludes that CM also can promote abstinence among meth addicts.

The CM patients produced more drug-free urine samples, and also were abstinent for more consecutive days than a control group.

"This study represents the first controlled trial of CM in the treatment of methamphetamine abuse," said NIDA Director Dr. Nora D. Volkow. "The Matrix Model of psychosocial treatment currently is thought to be the most effective therapy for methamphetamine addiction, and CM has shown itself to increase the therapeutic effectiveness of treatments for other drug abuse disorders. Combining these two treatments gives us an even more powerful weapon against methamphetamine abuse."

The research, led by John Roll of Washington State University, was published in the November 2006 issue of the American Journal of Psychiatry.


NEW CALIFORNIA LAW OFFERS SHORTER PAROLE FOR TREATMENT ATTENDANCE

A new law signed by California Gov. Arnold Schwarzenegger this week will allow nonviolent offenders to shorten their time on parole by attending addiction treatment, the Los Angeles Times reported October 4.

Eligible offenders include those convicted of nonviolent drug or property crimes. Parolees must complete at least six months of treatment to have their sentences reduced. Offenders who qualify will be sent to treatment upon release from prison, and freed from probation upon completion of the program. Those who do not participate typically stay on probation for up to three years.

"This is good policy because it adds a carrot to the stick we use so heavily in parole in this state," said UC Irvine criminologist Joan Petersilia. "The research shows that if you give people incentives, they are more likely to stay involved in treatment and succeed."

The measure won broad support, including from the union representing California's prison guards. Parolees "who demonstrate that level of commitment to treatment deserve recognition for their effort," said Lance Corcoran, a spokesperson for the California Peace Officers Association. "It's a concept worth supporting. The only question is how they are going to come up with enough drug-treatment beds for everybody who qualifies."

State officials predict that the law will save the state millions of dollars in parole supervision costs. A spokesperson for Schwarzenegger said the governor believes the law will protect the public and reduce recidivism.

Hope of East Tennessee, Inc.
Oak Ridge, TN

Founded in 1976 as a non-profit organization

Y Long term treatment for both men and women
Y No insurance required
Y Intensive Outpatient available
Y Priority services given to clients who are pregnant, IV drug users, or HIV positive

865-482-4826 office
865-481-0503 fax
www.hopeofet.org

Partially funded by the Tennessee Department of Health and United Way
Alcohol Can Shrink Key Brain Region, Study Says

Heavy drinking can reduce the volume of the hippocampus, the part of the brain that’s most involved in learning and memory, UPI reported October 26.

Researcher Thomas P. Bereford and colleagues at the University of Colorado Health Sciences Center used MRI scans to compare the brains of adult male alcoholics and non-alcoholics. They concluded that chronic heavy drinking resulted in tissue loss in the hippocampus. “Most scientists think that the hippocampus helps the brain manage learning, especially learning and remembering new things or things that happened recently,” Bereford noted.

The research was published in the November 2006 issue of the journal Alcoholism: Clinical & Experimental Research.


Opioid Analgesics Most Common Cause of Unintentional Fatal Drug Poisoning in the U.S.

Opioid analgesics, such as hydrocodone, oxycodone, and methadone, are more likely than cocaine or heroin to be the cause of unintentional drug poisoning deaths in the U.S., according to a recent analysis of mortality data from the National Center for Health Statistics.

The percentage of unintentional drug poisoning deaths involving opioid analgesics has been increasing since 1999, while those involving cocaine and heroin have been steadily decreasing. In 2002, more than one-third of the deaths examined in this study involved opioid analgesics, compared to 25.8% involving cocaine and 12.8% involving heroin.

A breakdown of the opioid analgesic poisoning deaths for that year shows that more than half involved drugs such as codeine, oxycodone, hydrocodone, and morphine while nearly one-third involved methadone. Relatively few involved the opioids fentanyl and meperidine.

The findings provide new insights into the long-term effects and damage that cocaine has on the human brain and will help guide future animal studies to further delineate the biochemical changes that comprise the addicted brain,” said lead researcher Scott E. Hemby, Ph.D.

The research was published October 31 in the online version of the journal Molecular Psychiatry.


Long-Term Cocaine Use Alters Brain Proteins

Researchers from Wake Forest University’s Baptist Medical Center say that long-term cocaine use causes profound changes in the brain, affecting 50 different proteins in the nucleus accumbens, a region of the brain known to be deeply involved in addictions.

The study involved comparisons of brain tissue from 10 people who died of cocaine overdoses and 10 people who died of other causes. Most of the alterations involved proteins that enable brain cells to connect and communicate with each other.

“**The findings provide new insights into the long-term effects and damage that cocaine has on the human brain and will help guide future animal studies to further delineate the biochemical changes that comprise the addicted brain,” said lead researcher Scott E. Hemby, Ph.D.**

The research was published October 31 in the online version of the journal Molecular Psychiatry.


Jacques A. Tate,
LADAC, NCAC1, RTC, CCGC
Chief Executive Officer
1979 Alcy Road
Memphis, TN 38114
901-743-1836 Phone
901-743-3853 Fax

HARBOR HOUSE
Every Man Needs a Harbor

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

Funded in part under an agreement with the Tennessee Department of Health
www.harborhousememphis.org
Grace House of Memphis

Treatment Center for Women

State Licensed through TN Department of Health
CARF Accredited
Non-Profit
12 Step Based

Residential Programs for women including:
Detoxification • Rehabilitation • Extended Care

HOUSE PASSES STOP ACT

The Sober Truth on Preventing Underage Drinking Act (STOP Act) passed by a vote of 373-23 in the House of Representatives on Tuesday, November 14, 2006. The bill is a bi-cameral, bi-partisan effort that represents an important step in the nation's efforts to combat underage alcohol use and abuse. Now that the House has passed the bill, the next step is for the Senate to accept the House passed version and send it to the Floor for a vote. CADCA held a rally in support of the STOP Act during last year's Forum, where more than 1,000 coalition leaders showed their support for this important piece of legislation.

Provisions of the House passed bill include:

1. increased resources for community coalitions and states to enhance underage drinking prevention efforts;
2. increased federal government leadership and coordination on underage drinking prevention efforts through a federal interagency coordinating committee;
3. a national media campaign on underage drinking aimed at adults; and
4. funding for additional research on underage drinking.

The STOP Act is a comprehensive, coordinated approach that will dramatically reduce underage drinking and its related consequences in communities throughout the country.

E. M. Jellin-ek Center, Inc.

Hope and Help for Chemically Dependent men in Knoxville, Tennessee

A proud member of the TAADAS Team!
Studies consistently show a strong link between alcohol use and violence, such as homicide. New research that looks at the relationship among drinking, Alcoholics Anonymous (AA) membership, and homicide mortality has found that AA can have a beneficial effect on alcohol-related homicide mortality rates, particularly among males who consume beer and spirits.

Results are published in the October issue of Alcoholism: Clinical & Experimental Research.

“It is important to try to understand the factors that could reduce alcohol’s adverse effects,” said Robert E. Mann, senior scientist at the Centre for Addiction and Mental Health, and associate professor of public health sciences at the University of Toronto. “We know that economic and legal measures such as taxation policies, increased drinking ages, and lowered legal limits for driving can exert powerful effects on alcohol problem rates. We also know that individual participation in AA and alcohol treatment can have very beneficial effects. We wanted to see if these beneficial effects are observable at population levels, that is, if numerous people are positively influenced.” Mann is also the study’s corresponding author.

According to the World Health Organization, said Mark Asbridge, assistant professor and chair of graduate studies in the department of community health and epidemiology at Dalhousie University, “alcohol is a leading contributor to the] global burden of disease, and homicide is just one of a number of negative consequences of its consumption. Given this link, any policies or intervention that reduce or remove alcohol consumption are bound to offer some beneficial reduction in aggregate violent incidents – in this case, mortality.”

Researchers used Statistics Canada data to gather Ontario-specific information on per capita total alcohol consumption – breaking out consumption of beer, spirits and wine separately – as well as deaths due to homicide for individuals aged 15 years and older for the years of 1968 through to 1991. AA membership data was secured from the AA General Service Board Central Office in New York, which surveyed AA groups every three years for the same time period.

“Our study showed that total and male homicide rates in Ontario were strongly related to average levels of alcohol consumption,” said Mann. “These observations confirm previous research showing that alcohol is a leading contributor to violence, as well as violence-related mortality.”

Researchers also found that alcohol’s violent effects seem more pronounced among males than females.

Asbridge said that he was not particularly surprised by these gender findings. “Intuitively, the nature of both male drinking patterns and homicide is different than that of females,” he said. “Males drink more often, more heavily, and consume more beer and spirits than females. Moreover, the nature of the link between alcohol consumption and violence is more readily a male experience, for example, drinking heavily in bar settings leads to aggression and violence. Thus, these findings speak to the context in which males and females drink.”

“We also saw these effects for spirits, beer and total alcohol – but not wine – consumption,” said Mann. “This confirms that different alcoholic beverages may be more or less likely to be associated with different violence-associated risk behaviours.”

Finally, results also showed that as AA membership increased, homicide levels decreased.

“These findings are particularly interesting because they suggest that participation in AA and alcohol treatment may be exerting beneficial effects that are influencing alcohol-related homicide rates at the population level.”

(Continued on page 18)
Prescription Painkillers Becoming More Popular than Marijuana, SAMHSA Says

Marijuana has long been the most popular illicit drug in the U.S., but federal researchers say that there are now more new recreational users of prescription painkillers than new pot smokers.

SAMHSA reported October 27 that a new study, "Misuse of Prescription Drugs: Data from the 2002, 2003 and 2004 National Surveys on Drug Use and Health," found that misuse of prescription drugs has become the second-biggest illicit-drug problem behind marijuana use.

The study estimated that about 2.7 million people ages 12 and older first misused prescription drugs each year, compared to an estimated 2.1 million new users of marijuana. Nonmedical use of prescription drugs was highest among 18- to 25-year-olds, followed by 12- to 17-year-olds.

Drugs like hydrocodone, including Vicodin, were especially popular, as were oxycodone-based drugs like OxyContin and Percocet.

"While marijuana continues to be the most commonly used illicit drug, the misuse of prescription drugs is clearly a growing national concern that requires action from multiple segments of our society," said Assistant Surgeon General Eric Broderick, SAMHSA's acting deputy administrator.

"We know that 70 to 80% of those 12 years or older said they got their drugs from a friend or relative and, very likely, those came from the family medicine cabinet. Only 4.3% got the pain relievers from a drug dealer or other stranger, and only 0.8% reported buying the drug on the Internet. Parents and other caregivers should store their prescription drugs carefully and dispose of any unused drugs before they can fall into the wrong hands."

New Resource to Fight Prescription Drug Abuse

The National Institute on Drug Abuse (NIDA) has developed a Community Drug Alert Bulletin that addresses the latest scientific research on the non-medical use of prescription drugs of abuse and addiction. The bulletin summarizes the emerging problem in our country and the disturbing trend of non-medical use of prescription drugs and can be a useful tool for communities trying to prevent and reduce prescription drug abuse among youth.

The Community Drug Alert Bulletin is geared for parents, teachers, counselors, school nurses and health professionals who are associated with those at risk of prescription drug abuse for non-medical purposes.

To order this or any of the other free resources available at the TAADAS Clearinghouse, visit www.taadas.org and click the free literature online order form link or call (800) 889.9789.

Comprehensive Community Services

<table>
<thead>
<tr>
<th>Outpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, Intervention, Counseling, Assessments, Drug Court &amp; Drug Screening</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 day Adult Treatment</td>
</tr>
<tr>
<td>120 day Adolescent Treatment</td>
</tr>
<tr>
<td>6145 Temple Star Road, Kingsport, TN 37660</td>
</tr>
<tr>
<td>423.349.4070</td>
</tr>
</tbody>
</table>

For details, including data charts, source information and caveats, download the PDF file at www.cesar.umd.edu/cesar/cesarfax/vol15/15-38.pdf.

Reprinted from CESAR Fax, a weekly, one-page overview of timely substance abuse trends or issues, from The Center on Substance Abuse Research (CESAR) at the University of Maryland.
Dextromethorphan (DXM), an ingredient commonly found in over-the-counter cough and cold remedies, was a contributing factor in an estimated 12,584 visits to hospital emergency departments during 2004, and 5,581 of those visits were attributed to nonmedical use, according to a new from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Emergency Department Visits Involving Dextromethorphan, the latest report from SAMHSA’s Drug Abuse Warning Network (DAWN), shows that of those visits related to nonmedical use, almost half (48 percent) involved patients ages 12 to 20. DXM is generally recognized as safe when marketed according to FDA’s regulations. But when taken in large amounts, it can produce hallucinations and a “high” similar to psychotropic drugs, such as phencyclidine (PCP). Serious side effects have included blurred visions, loss of physical coordination, abdominal pain, and rapid heartbeat. Suicide attempts accounted for 14 percent of DXM-related emergency department visits.

The rate of emergency department visits resulting from nonmedical use of DXM was 7.1 visits per 100,000 people ages 12 to 20, compared with 2.6 visits or fewer per 100,000 people in other age groups. Alcohol was also implicated in 36 percent of those same nonmedical use visits for patients ages 18 to 20, and 13 percent of visits for patients ages 12 to 17.

“This report shows that there can be severe, even life-threatening, consequences associated with the misuse of some over-the-counter cough medicines,” said Assistant Surgeon General Eric Broderick, D.D.S., M.P.H., SAMHSA Acting Deputy Administrator. “When it comes to our children, parents play a key role in ensuring the responsible use of this widely available medication.”

To address the abuse of over-the-counter medicines containing DXM, CADCA has partnered with the Consumer Healthcare Products Association (CHPA) to develop an educational toolkit geared toward community coalitions. The toolkit will provide community leaders with easy-to-use, online and hardcopy tools that coalitions can use to develop prevention and intervention strategies to prevent cough medicine abuse. The toolkit will be unveiled during two separate workshops at CADCA’s National Leadership Forum in February. An in-depth, preconference workshop on Monday, February 12th from 1:00 - 4:30 p.m. will provide attendees with the opportunity to work through the toolkit in breakout groups and leave prepared to implement it in their communities. An additional hour-long workshop on Wednesday, February 14th from 2:30 - 3:30 p.m. will be held to introduce Forum attendees to the toolkit.

In conjunction with the new study, SAMHSA has developed educational information for families about DXM abuse. The information can be accessed at www.family.samhsa.gov/get/otcdrugs.aspx.

In May 2005, the Food and Drug Administration (FDA) issued a warning against the abuse of dextromethorphan powdered DXM sold in capsules. The report is available on the web at http://dawninfo.samhsa.gov.


DEA SAYS MISUSE OF COUGH SYRUP/SOFT DRINK MIX ON RISE

Mixing cough syrup and soft drinks or power drinks has become popular to get high in some parts of the U.S., the Drug Enforcement Administration (DEA) says.

USA Today reported October 19 that users mix prescription cough suppressants containing promethazine and codeine with soda or sports drinks, sometimes adding a Jolly Rancher candy and ice. The mix causes euphoria and impairs motor skills.

The trend got national attention when Terrance Kiel, a defensive back for the San Diego Chargers, was arrested last month for allegedly having cases of cough syrup shipped to his home in East Texas. The cough-medicine cocktails, known as “Lean,” “Sizzurp,” “Purple Drank,” or other nicknames, are especially popular in the region.

A 2004 survey found that 8.3% of Texas secondary-school students reported using codeine-based cough syrups to get high. Officials from Texas to Florida report misuse of the prescription medication. The syrup often is obtained from online pharmacies.

The syrup sells for about $12 a pint wholesale, but is sold for $300 a pint to dealers who then sell it for $40-85 per ounce to consumers ($640-$1,360 per pint).

Cough-syrup use has been popularized in rap songs, including mixes by Houston disc-jockey DJ Screw (who died of a cocaine overdose in 2000) and songs by Three 6 Mafia (“Sippin’ on the Syrup”).
**Study: Abstinence Saves Lives**

A long-term follow-up study of addiction-treatment graduates found that those who stayed sober a year after treatment were much more likely to be alive 15 years later than those who reverted to drinking, Reuters reported Sept. 25.

Researchers led by Christine Timko of the Veterans Affairs Health Care System in Menlo Park, Calif., tracked 628 people who entered addiction treatment, checking on them a year after completing the program and again 15 years later. They found that 68 percent of the clients had died of alcohol-related causes within a decade-and-a-half, a rate 40 percent higher than would have been expected in the general population.

Patients who had spent three weeks or longer in inpatient care were more likely to have died, probably because they had more serious drinking problems to begin with, Timko said. Other high-risk groups included older patients, those with more symptoms of alcohol dependence, and those who were not married.

However, patients who had been abstinent one year after treatment were less likely to have died, as were those who spent eight weeks or more in outpatient care, or four months or longer attending AA meetings.

Timko said the findings highlight the importance of persistence in getting alcoholics into treatment. "Our data indicate that treatment will reduce the chances of dying from alcohol-related problems, but it's up to the programs to measure how well the patients are doing in treatment, and if they're not responding, they need to continue to try to help those people," Timko said.

The study was published online in the journal Alcoholism: Clinical and Experimental Research.


**AA Membership May Decrease Alcohol-Related Homicides**

(Continued from page 15) level," said Mann. "These observations are also in agreement with recent studies of the effects of AA membership rates on deaths from alcohol-related liver disease and suicide, and they increase our confidence that we can achieve success in efforts to prevent or reduce alcohol-related problems."

In addition to the help that AA can offer, Asbridge noted that other factors that can help decrease the drinking rate in the population, such as an increase in alcohol taxes, might also decrease the homicide rate. "From a policy standpoint," he suggested, "efforts to reduce negative consequences associated with alcohol consumption might benefit from targeting beer and spirits consumption. Right now, in Canada, beer is typically taxed at a lower level than wine and thus is more economical to purchase with respect to its alcohol content – price per volume of alcohol. By making beer more costly we might have some aggregate impact on consumption patterns and, in turn, the negative consequences associated with its use."

Funding for this Addiction Science Made Easy project is provided by the Addiction Technology Transfer Center National Office, under the cooperative agreement from the Center for Substance Abuse Treatment of SAMHSA.

Articles were written based on the following published research:


**Adults with Earlier Onset of Alcohol Dependence More Likely to Wait to Seek Treatment**

One-fourth of adults who were ever alcohol dependent sought help or treatment for a reason related to their drinking at some point in their life, according to a recent analysis of data from the National Epidemiologic Study of Alcohol Related Conditions (NESARC).

Among those who sought help, those with earlier onset of alcohol dependence took longer to do so. Thirty-one percent of persons who became dependent before age 18 waited 10 years or more after the onset of dependence to seek help or treatment, compared to 10% of those who became dependent at age 30 or older.

Yet adults first dependent at an earlier age were significantly more likely to have had multiple dependence episodes, episodes exceeding one year, and more dependence symptoms.

The authors conclude that "adolescents need to be screened and counseled about alcohol, and treatment services should be reinforced by programs and policies to delay age of first alcohol dependence."

For details, including data charts, source information and caveats, download the PDF file at www.cesar.umd.edu/cesar/cesarfax/vol15/15-42.pdf.

Reprinted from CESAR Fax, a weekly, one-page overview of timely substance abuse trends or issues, from The Center on Substance Abuse Research (CESAR) at the University of Maryland.
What is TAADAS?
The Tennessee Association of Alcohol, Drug and other Addiction Services, Inc. is a statewide advocacy association founded in 1976. The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions.

TAADAS’ purpose is to:

- promote the common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- to work in close cooperation with agencies concerned with alcohol and drug abuse, and other addiction issues;
- to facilitate cooperation with all agencies interested in the health and welfare of the community;
- to impact legislation regarding alcohol and drug abuse and other addictions;
- to educate the community regarding alcohol and drug abuse and other addiction issues;
- to encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;
- to enhance the quality of services provided by Association members;
- to serve as a resource for Association members; and
- to further fellowship among those members.

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.

The Nation’s #1 Health Problem - Substance Abuse! The abuse of alcohol, tobacco, and illicit drugs places an enormous burden on the country. As the nation’s number one health problem it strains the health care system and contributes to the death and ill health of millions of Americans every year and to the high cost of health care. Substance abuse—the problematic use of alcohol, tobacco, and illicit drugs—also harms family life, the economy and public safety. (Schneider Institute for Health Policy, 2001, p. 6; 111) In Tennessee, untreated substance abuse costs taxpayers $43,000 for each abuse-related incident, whereas the average cost to treat each client in a state facility is $2,670. (Substance Abuse Treatment Effectiveness in Tennessee: 2003-2004 Statewide Treatment Outcomes Evaluation, 2005, p. 78)

TAADAS provides advocacy for alcohol and drug abuse issues, and first generation information on policy issues, as well as a strong voice for parity issues.

Networking — TAADAS offers unparalleled networking opportunities with professionals and other concerned individuals in the alcohol and drug abuse services and recovery community across the state.

- Discounts at Recovery Books & Things
- Credit Union Membership
- TAADAS Time Newsletter
- Discounted Hotel Rates

Isn’t it time YOU joined TAADAS?

TAADAS Members

TAADAS would like to thank each of the following members for their support and involvement in Championing the Cause!

Organizational Members

Agape, Inc, Knoxville
Bradford Health Services, Birmingham
CADDAS, Chattanooga
Cocaine & Alcohol Awareness Program, Memphis
Comprehensive Community Services, Johnson City
E.M. Jellinek Center, Knoxville
English Mountain Retreat, Sevierville
Grace House, Memphis
Harbor House of Memphis, Memphis
Hope of East Tennessee, Oak Ridge
JACOA, Jackson
Jack Green Shelter, Savannah
Memphis Recovery Center, Memphis
New Directions, Memphis
New Life Lodge, Burns
Operation Stand Down Nashville, Nashville
The Pathfinders, Inc, Gallatin
Place of Hope, Columbia
Sammaritan Recovery Community, Inc., Nashville
Serenity Recovery Center, Memphis
TN Professional Assistance Program, Nashville
Turning Point Recovery Residences, Nashville

Individual Members

Marvin Altstatt
C.J. Baker
Stacy Bernard
Susan O. Binns
Sarah Blankenship
Charl Bradley
Chris Buchanan
Rosa Carter
Frances Clark
Deborah Crowley
Tom Diffenderfer
Karen Dooley
Laura Durham
Gary Eubank
Monnie Furlong
Estelle Garner
Claude Genezel
Stephanie Giddens
David Guenther
Charlotte Hoppers
Helen Hutcherson, MD
Deanna Irish
Marcus Jemison
Kenneth Jones
Dr. Sarthi Kedia
Tammy Kelly
Deana Kimball
Judy Love
Vernon Martin
Janet McCraken
Wayne McElhiney
Norman Miller, Jr.
Harold Montgomery
Linda O’Brien
Elaine Orland
Joe Osterfeld
Jim Phillips
Nathan Ridley
Steven Ritchie, MD
Debra Roberson
Bob Rudolph
Gene Marie Rutkauskas
Gwen Sinnock
Jim Phillips
Richard Taylor, Jr.
Dennis Terry
Brenda Thomas
Sharon Trammell
Linda Wells
Eileen White
James White
John York

Other Member Agencies

Alocopa, Inc.
Celebrate Recovery—Knoxville
Center for Youth Issues—Nashville, Inc.
The Filmworker's Club
Harbor House, Inc.—Board of Directors
New Hope Recovery Center
Peninsula Lighthouse
Sammaritan Recovery Community, Inc.
-Board of Trustees
XMI Social Enterprises

Student Members

Martha McCallie

TAADAS Membership Benefits

- Expand Knowledge — Take advantage of the TAADAS Statewide Clearinghouse’s extensive resources.
- Impact Public Policy — TAADAS has long been the voice for alcohol and drug abuse issues in Tennessee.
**APPLICATION FOR MEMBERSHIP IN TAADAS**

Membership in this organization shall be open to any person or organization whose philosophy in regard to alcoholism and drug addiction is consistent with the following statement: “Alcohol and other drug dependency is a single, separate disease characterized by a definitive set of symptoms. It is not simply a symptom of another disease. It 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. While alcohol and other drug dependence is a complex illness and can co-exist with mental disorders, it should not be characterized as a behavioral problem arising from, or a symptom of, a mental disorder. Alcohol and drug dependence is successfully treatable and subject to prevention measures.”

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Minimum Annual Dues Amount</th>
<th>Min Dues Pledge July 1 – Sept 30</th>
<th>Min Dues Pledge Oct 1 – Dec 31</th>
<th>Min Dues Pledge Jan 1 – March 31</th>
<th>Min Dues Pledge April 1 – June 30</th>
<th>Suggested Leadership Pledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational</td>
<td>$500</td>
<td>$500</td>
<td>$375</td>
<td>$25</td>
<td>$125</td>
<td>1/3 to 1/2 of one percent (.0033 to .005) of the organization’s annual budget Can pledge more $500 - $2,500 Can pledge more</td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
<td>$37.5</td>
<td>$25</td>
<td>$12.5</td>
<td>$12.50</td>
</tr>
<tr>
<td>Vendor</td>
<td>$250</td>
<td>$250</td>
<td>$187.5</td>
<td>$125</td>
<td>$62.5</td>
<td>$62.50</td>
</tr>
<tr>
<td>Corporate</td>
<td>$250</td>
<td>$250</td>
<td>$187.5</td>
<td>$125</td>
<td>$62.5</td>
<td>$62.50</td>
</tr>
<tr>
<td>Student</td>
<td>$25</td>
<td>$25</td>
<td>$18.75</td>
<td>$12.5</td>
<td>$6.25</td>
<td>$6.25</td>
</tr>
</tbody>
</table>

Name: ________________________________  Agency: ________________________________

Address: ____________________________  City: __________________State: _______ Zip Code: _______  

Phone: ____________________________  Toll Free: __________________Fax: __________________

Email: ____________________________  Agency Website: ________________________________

Agency Representative: ____________________________  Representative Email: ________________________________

Please make checks/money orders payable to TAADAS or provide credit card information below.

Card Holder’s Name: ____________________________  Visa/Mastercard #: __________________

Card Holder’s Signature: ____________________________  Exp Date: _______