TAADAS Charts New Course for the Future
Officers Elected for the Coming Year

Building on the efforts of the last six months, the Membership of TAADAS has elected a new slate of officers for Fiscal Year 2009-2010. In addition, the group adopted new By-Laws and a new structure for the future of TAADAS. New officers are Paul Fuchcar of CADAS, President; Debbie Hillin of Buffalo Valley, Vice-President; Albert Richardson of CAAP, Treasurer; and Linda Leathers of The Next Door, Secretary. Regional and statewide representatives were also added to the Board including Joe Pickens of JACOA, West Tennessee; Sheila Pellasma of AGAPE, East Tennessee; Daryl Murray of Welcome Home Ministries, Middle Tennessee; and James Settles of Aphesis House, Inc, statewide at-large representative. Rounding out the group will be Sharon Trammell, Immediate Past President as Ad Hoc Member and a Consumer Representative to be determined by the membership. The officers were installed at the July Board meeting.

The development of the new Board structure, the expansion of the TAADAS membership criteria, and the scope of the organization’s activities are part of the TAADAS effort to be Tennessee’s One Voice for Addiction, Co-occurring, Prevention and Recovery Support Services. This coincides with the adoption of the new TAADAS Mission Statement: “To provide a collaborative Tennessee Voice for Addiction, Co-occurring, Prevention, and Recovery Supportive Services to effect positive change.”

With a membership of 65 provider organizations and more than 50 individual members, TAADAS is poised to move into the new fiscal year stronger and more representative of the A&D field. While continuing to provide the Tennessee REDLINE and Statewide Clearinghouse, TAADAS will also offer services to the membership and the field in the form of training, technical assistance and program development. TAADAS staff and membership are looking forward to an exciting and productive new year providing services and advocacy for the Addiction, Co-occurring, Prevention, and Recovery Supportive Services field.

Sharon Trammell was honored for two years of services as the President of the TAADAS Board of Directors and presented with an appreciation gift by Paul Fuchcar (r), incoming President, and TAADAS Executive Director Vernon Martin.
### Mark Your Calendar

- **September is**
  - National Alcohol and Drug Addiction Recovery Month
    - [www.recoverymonth.gov](http://www.recoverymonth.gov)
  - National Pain Awareness Month
    - [www.painfoundation.org](http://www.painfoundation.org)

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### TAADAS will be closed September 7th for Labor Day

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### TAADAS Annual Recovery Month Celebration and Dinner

**September 17, 6:00 p.m.**

More information on page 10 or visit our website [www.taadas.org](http://www.taadas.org)

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### JOURNEY TOGETHER 2009

**A Conference for Addiction Professionals**

**presented by**

**Middle Tennessee Association of Alcoholism and Drug Abuse Counselors**

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Hotel Preston
733 Briley Parkway
Nashville, Tennessee
615-361-5900

**Jerry Moe**
National Director of Children’s Programs, Betty Ford Center
“Through a Child’s Eyes: Understanding Addiction and Recovery”

**Dwight Pledger, RAS**
“What is The Big Lie???”

**Frances Clark-Patterson,**
**PhD, MAC**
Footprints Consulting Services, LLC
“Sexual Transference and Counter-Transference”

QSAP Re-Certification with Kathy Benson Monday Sept. 21

For more information visit
MTAADAC at: [http://www.mtaadac.org/journey_conf.html](http://www.mtaadac.org/journey_conf.html)

24 Credit Hours for LADAC and Social Work
Featured Publication

The clearinghouse resource center has numerous publications on substance abuse and related issues. In each edition of the TAADAS Times, we introduce one of the publications. This month we present:

**Hope, Help & Healing:**
*A Guide to Helping Someone Who Might Have a Drug or Alcohol Problem*

This brochure is a guide to helping someone who has a drug or alcohol problem. Information is included on what signs to look for, where to start, how to intervene, and how to find hope and help.

To get your free copy of our featured publication, or any other materials, call the Clearinghouse at 615.780.5901 or order online at [www.taadas.org](http://www.taadas.org)

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**Samaritan Recovery Community, Inc.**
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*Nashville's oldest and largest provider of alcohol & drug abuse treatment services*

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- Outpatient Services
- Supportive Housing Services

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Partially Funded by Tennessee Department of Mental Health & Developmental Disabilities, Division of Alcohol & Drug Abuse Services

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- Residential Rehabilitation
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[www.harborthousememphis.org](http://www.harborthousememphis.org)

Funded in part under an agreement with the Tennessee Department of Mental Health and Developmental Disabilities

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**Tennessee REDLINE**

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.

**REDLINE Provider Questionnaire**
Grace House of Memphis

Treatment Center for Women

State Licensed through the Tennessee Department of Mental Health and Developmental Disabilities

CARF Accredited
Non-Profit
12 Step Based

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

Our mission is to provide quality addiction treatment regardless of a woman’s ability to pay.

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

E. M. Jellinek Center, Inc.

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A proud member of the TAADAS Team!

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

Hope of East Tennessee, Inc.
Oak Ridge, Tennessee

Founded in 1976 as a non-profit organization

- Long term treatment for both men and women
- No insurance required
- Intensive Outpatient available
- 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 Mental Health and Developmental Disabilities and United Way

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106th Tennessee General Assembly. At 9:31 p.m. on Thursday June 18, 2009, the first annual session of the 106th General Assembly recessed for the year until noon on January 12, 2010. While not a top ten list, the General Assembly did pass five major pieces of significant legislation for all Tennesseans. Fifth is the compromise legislation on the much discussed topic of wine in grocery stores which did not pass. What did pass is the authorization of Tennesseans to order wine from out of state wineries and have it shipped to their Tennessee homes. Fourth is the adoption of a resolution that will propose an amendment to Tennessee’s Constitution restricting a woman’s right to an abortion to the same ones provided under the United States Constitution. The One Hundred Seventh General Assembly will have to pass a substantially similar resolution by a two thirds vote in each house for that matter to be placed on the ballot in November 2014. Third is the topic of handgun carry permits. Even a gubernatorial veto did not stop the General Assembly from enacting into a law authority for anyone with a handgun carry permit to carry his or her handgun into a restaurant authorized to sell alcoholic beverages. Second is the enactment of legislation that will continue Tennessee’s current process of a merit based judicial selection process with retention elections. The seventeen member nominating commission will have new members, but that body will continue to submit a list of three nominees to the governor for the governor’s ultimate selection. Rather than voting yes/no on the question of retention beginning with the 2010 August election, voters will vote retain/replace. First is the annual appropriations bill. The 2009-2010 fiscal year budget has something for everyone to hate. State revenues actually decreased during the just completed 2008-2009 fiscal year for the first time since the early 1960’s. By raiding departmental reserves again, spending some of the state’s TennCare and Rainy Day funds, and sprinkling in some federal “American Reinvestment and Recovery Act” funds, the Governor has a workable proposal that will close the 2008-2009 fiscal year and to stanch the bleeding in the 2009-10 budget. Tennessee has not fallen into a budgetary abyss, but the real test will come for the Governor and General Assembly for the 2010-11 budget.

2010 Governor’s Race. The Tennessee Constitution prohibits Governor Phil Bredesen from seeking reelection next year. With their eyes on his soon to be empty chair, the nine announced candidates in each party are furiously raising money for the upcoming gubernatorial race. Three are members of our State Senate. Interestingly, each of those three is in the middle of his four year senate term, so failure in the gubernatorial race will not affect his status as a Senator. In the Democratic primary, the candidates are: Ward Cammack of Nashville, Senator Roy Herron of Dresden, Senator Jim Kyle of Memphis, Kim McMillan of Clarksville, and Mike McWherter of Jackson. In the Republican primary, the candidates are: District Attorney General Bill Gibbons of Memphis, Mayor Bill Haslam of Knoxville, Senator Ron Ramsey of Blountville and Congressman Zach Wamp of Chattanooga.

Calendar Notes: State offices will be closed Monday, September 7 for the Labor 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.
Dr. Richard Graves Soper of Nashville is among the first physicians in the United States certified by the American Board of Addiction Medicine (ABAM), a new independent medical specialty board. The American Board of Addiction Medicine has begun to certify addiction medicine physicians from several specialties. There was previously only addiction-related board certification for psychiatrists. ABAM sets standards for physician education, assesses physicians’ knowledge, and requires and tracks lifelong continuing education.

“We want addiction prevention, screening, intervention and treatment to become routine aspects of medical care, available virtually any place health care is provided,” said Kevin B. Kunz, MD, President of the American Board of Addiction Medicine. Although one in five Americans entering the health care system has a substance abuse problem, there has never been a medical specialty, drawn from all areas of medicine, dedicated to treating addiction. “Physicians are often at a loss for what to do about substance use and addiction issues, and may even misdiagnose the problem,” said Dr. Kunz. “We hope to change this by creating a cadre of thousands of specialized physicians across medical specialties.”

Created in 2007, with the assistance and encouragement of the American Society of Addiction Medicine, ABAM offers a rigorous certifying examination that was developed by an expert panel and the National Board of Medical Examiners, as well as maintenance of certification examination to ensure that ABAM-certified physicians maintain lifelong competence in Addiction Medicine.

ABAM is in the process of seeking recognition from ABMS, and plans to certify physicians in multiple specialties. ABAM has also taken steps to create Addiction Medicine training programs affiliated with the nation’s top medical schools, and will apply to the Accreditation Council for Graduate Medical Education (ACGME) to accredit these programs. Studies show that fewer than one in five physicians consider themselves adequately prepared to diagnose alcoholism or other drug use disorders. Physician training is sorely lacking. Separate courses in Addiction Medicine are rarely taught in medical school, and there are no Addiction Medicine residencies among the 8,200 ACGME-accredited residency programs in the nation’s hospitals.

The new medical specialty board is being launched at a time of increasing promise for addiction treatment. Recent discoveries have added to the preponderance of evidence that addiction is a chronic disease of the brain, with unique vulnerabilities and pathology, and a predictable course if not interrupted by effective treatment. An increasing number of medically based addiction treatments have become available, and more are on the horizon.

“Years of scientific research have proven drug addiction is a brain disease caused by biological, environmental and developmental factors—a disease which can have far reaching medical consequences. Given the proper training, tools, and resources, physicians can be the first line of defense against substance abuse and addiction—identifying drug use early, preventing its escalation to abuse and addiction, and referring patients in need to treatment,” said Nora D. Volkow, MD, Director of the National Institute on Drug Abuse.

Congress recently passed legislation that ends insurance discrimination against those with addictions, requiring as of October 2009 that private insurance coverage of addiction treatment, when provided, is offered in the same way that all other medical and surgical coverage is provided.

“Now that this barrier has been eliminated, we want to make sure that evidence-based addiction treatment is available to all who need it,” said Dr. Kunz.

Dr. Soper serves on the Board of Directors, American Society of Addiction Medicine and is an advisor to several other professional organizations. He has an addiction medicine private practice in Nashville, Tennessee.

May 15, 2009
56% of Youths Who First Started Using Drugs in the Past Year Began with Marijuana; Around One-Fourth Started with Nonmedical Use of Prescription-Type Drugs

An estimated 1.5 million youths ages 12 to 17 — an average of more than 4,000 per day — used a drug other than alcohol for the first time in the past year, according to data from the 2007 National Survey on Drug Use and Health. The majority of youths reported that marijuana was the first drug they tried (56%), followed by prescription-type drugs used nonmedically (24%), and inhalants (17%). Very few youths reported that their first use of drugs involved hallucinogens or cocaine (see figure below). The relative distribution of first-drug used has remained consistent over the past five years (data not shown).

*Prescription-type drugs includes stimulants, sedatives, tranquilizers, and pain relievers. Nonmedical use is defined as use without a prescription belonging to the respondent or use that occurred simply for the experience or feeling the drug caused.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration (SAMHSA)

Comprehensive Community Services

**Residential Treatment**
Alcohol, Drug and Co-Occurring
28 day Adult Treatment, 120 day Adolescent Treatment

**Outpatient Alcohol & Drug Services**
Prevention, Intervention, Counseling,
Assessments & Drug Screening

**Educational Services**
DUI School, Driver Improvement, Anger Management,
Tobacco Free Teens, Life Skills, Parenting Classes

**Johnson City**
321 W. Walnut St., Suite 2
Johnson City, TN 37604
423.928.6581
Fax: 423-928-6215
ccsjc@chartertn.net

**Kingsport (Residential)**
6145 Temple Star Road
Kingsport, TN 37660

**Kingsport**
235 East Sullivan Street
Kingsport, TN 37660

**Bristol**
1241 Volunteer Parkway Suite 400
Bristol, TN 37620

**Greeneville**
124 Austin Street, Suite 1
Greeneville, TN 37743
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.

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

1-800-889-9789

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
MTAADAC 2009 Awards

Anita Wilson, LADAC, NCAC 1, Q-SAP
George M. Allen Counselor of the Year

Anita Wilson has worked as a Substance Abuse Professional for approximately 13 years. Her work with clients and peers has demonstrated the highest ethical standards while exhibiting deep compassion and caring for the clients she works with. Ms. Wilson’s philosophy of treatment indicates her deep belief in holding clients responsible for their behaviors, as well as their commitment toward their self-empowering recovery.

Anita provides services considered beyond the ordinary LADAC professional while also embracing various recovery principles. Her work has contributed to her clients’ ability to access services needed, even when these services may appear to be unavailable. She worked part time for the Metro Public Health Department as a Drug Education Class instructor for 6 years. Client evaluations of Ms. Wilson’s classes report her as an exemplary instructor, the highest compliment coming from court-coerced clients.

Currently, Ms Wilson is providing services through the Lentz Public Health Center where she continues her dedication to this field. In addition, Ms. Wilson is actively involved with MTAADAC’s bi-monthly education luncheons.

Alex Leonard
Professional of the Year

Alex Leonard has been in the A&D field for over 20 years. He has also been associated with the recovery field in others ways for approximately 30 years. During this time, Mr. Leonard has acquired the following certifications: LADAC, State Certified Clinical Supervisor, Internationally Certified Alcohol and Drug Counselor, Certified Moral Reconation Therapy (MRT) Counselor and Certified Addiction Counselor.

Mr. Leonard’s career in the addiction field began as a United States Air Force Substance Abuse Program Manager. Subsequently, he has held positions as an outpatient substance abuse program director, a group facilitator at halfway houses and has extensive experience working with offenders in residential and therapeutic communities at minimum, medium and maximum-security facilities.

Mr. Leonard is currently the Program Director at the Tennessee Prison for Women, where he has been for 9 years. In addition, he currently teaches 12 Core Function classes to upcoming counselors pursuing their Tennessee LADAC Certification.

Additionally, Mr. Leonard is a Vietnam Veteran and is retired from the United States Air Force. He has committed his life to helping other addicts recover and has been an asset in the field of Addiction as a Counselor, Trainer, Supervisor and Role Model. He leads by example, with humility.

(continued on next page)
MTAADAC 2009 Awards (continued)

Dr. Anderson Spickard
Lifetime Achievement

Dr. Anderson Spickard has spent many years of his life working in the field of addictions. After 45 years of service to Vanderbilt University, he retired in April 2008. Active in the treatment of patients with substance abuse problems for over 40 years, Dr. Spickard has made many noted contributions. He was Professor of Medicine and Psychiatry and Chancellor's Chair in Medicine at the Vanderbilt University Medical Center and Medical Director of the Center for Professional Health (CPH). The CPH offers continuing medical education courses for physicians. Dr. Spickard has also served as the Chairman of the Vanderbilt Faculty & Physician Wellness Committee.

Dr. Spickard is a nationally recognized expert in the area of substance abuse. He is the co-author of the book, Dying for a Drink: What You and Your Family Should Know about Alcoholism.

Dr. Anderson is the past President of AMERSA (Association for Medical Education and Research in Substance Abuse). He was the founder and medical director for 12 years of the Vanderbilt Institute for Treatment of Addiction (VITA), an inpatient and intensive outpatient treatment program for persons with substance dependence, which provides an education and training site for residents and medical students.

Dr Spickard is also renowned for his development of the first medical blood test and protocols used to detect alcoholism during a routine physical exam. Additionally, he has developed a program, used nationally, which assists alcoholism and drug abuse professionals, as well as physicians, dealing with their own addiction issues.

2009 Annual Recovery Month Celebration and Dinner

You’re invited to the 2009 Annual Recovery Month Celebration and Dinner, September 17, 2009, at 6:00 p.m. in Nashville, at the First Baptist Church Downtown Nashville. The annual dinner is the premiere event of the year for TAADAS members and all those involved in the substance abuse field.

This year’s speaker is Sandy Kanehl a Program Associate with Mid-Atlantic Addiction Technology Transfer Center. Sandy has also been a consultant and trainer for projects with the Substance Abuse and Addiction Recovery Alliance of Virginia (SAARA) and is the recipient of SAARA’s 2009 Champion of Recovery Advocacy Award.

Dinner tickets are $45 for members and $50 for non-members. A table of 10 is $400 for members and $425 for non-members.

TAADAS invites you to participate in this event by being a sponsor, program advertiser or exhibitor at the 2009 dinner. This is an opportunity to showcase your products and services to key leaders and decision makers in the substance abuse and addiction field. For more information, please visit our website www.taadas.org or call Karen Dooley, 615-780-5901, ext. 16.
Wounds of War: Drug Problems Among Iraq, Afghan Vets Could Dwarf Vietnam

June 15, 2009, by Bob Curley

The U.S. could face a wave of addiction and mental health problems among returning veterans of the Iraq and Afghan wars greater than that resulting from the Vietnam War, according to experts at the recent Wounds of War conference sponsored by the National Center for Addiction and Substance Abuse (CASA*) at Columbia University (Join Together is a project of CASA).

Rather than the heroin addictions many Vietnam veterans brought back with them from Southeast Asia, however, today’s returning soldiers are more likely to be addicted to prescription medications — the very opiates prescribed to them by the military to ease stress or pain — or stimulants used by soldiers to remain alert in combat situations.

“I think there’s a lot more [soldiers addicted to] pharmacological opiates than the data show,” said John A. Renner Jr., M.D., associate professor of psychiatry at the Boston University School of Medicine and associate chief of psychiatry at the U.S. Department of Veterans Affairs (VA) Boston Healthcare System. “A lot of them were using opiates before they went, and a lot are reporting that opiates are freely available in combat areas.”

Nora Volkow, M.D., director of the National Institute on Drug Abuse (NIDA), noted that while many soldiers receive prescription opiates for traumatic injuries and pain, the drugs also are effective in relieving stress. “So, even if you don’t take it for that, it will work,” she said.

Prescription drug abuse may be a top concern among conference participants, but experts noted that excessive drinking remains a huge problem among soldiers, sailors and airmen despite being banned from combat zones in Muslim countries.

Historically, substance abuse has “not only been present but fostered by the military,” said keynote speaker Jim McDonough, a retired U.S. Army officer and former strategy director at the White House Office of National Drug Control Policy. “At Agincourt, the Somme and Waterloo, soldiers got liquored up before combat ... There’s been almost no break in that [tradition] today.”

In the U.S., “drinking heavily was part of military culture until the mid-1980s, when we had a series of reforms that just pushed it underground,” said McDonough. “The Officer’s Clubs closed, but that moved the drinking into the homes and private parties.”

A recent study found that 43 percent of active-duty military personnel reported binge drinking within the past month, and researchers say that returning veterans of the Iraq and Afghan wars are at especially high risk of binge drinking and suffering alcohol-related harm.

“There’s nothing new under the sun with the current experience except that the nature of the substances is different,” McDonough said.

Long Tours a Major Source of Stress

Panelists at the May 20 conference, held at CASA’s conference center in New York, said that while combat may have been more intense in Vietnam, tours of duty were limited. Soldiers in Iraq and Afghanistan, by contrast, often have served multiple tours in combat areas, with extended periods of time away from family and home.

“In the history of the Republic, never has so much been placed on the shoulders of so few for so long,” said Brigadier General Loree K. Sutton, director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, part of the Defense Department’s Military Health Systems. As a result, she said, “We have no reference population” to compare with the addiction and mental-health problems facing today’s military personnel.

Unsurprisingly, the strains on the system have led military commanders to “get men back in the fight” rather than confronting addiction and mental-health problems in the ranks, said McDonough. “Between 2004 and 2006, the incidence of substance abuse went up 100 percent, while treatment referrals by commanders went up zero percent,” he said.

Renner predicted that the rate of Post Traumatic Stress Disorder (PTSD) “will be much higher than in Vietnam.”

“We knew in Vietnam that the limit was one year [in combat] if you wanted to avoid PTSD,” he said. “Now, with tours of 18 to 24 months, we should expect a higher level of problems.”

Gen. Sutton noted that the military has ended the “stop-loss” policy of involuntarily retaining
personnel in the service beyond the end of their enlistment. “In terms of tour length, tour repetition, and dwell time in between we are moving in the right direction, but we know that 12-15 months in combat takes its toll,” she said.

News from Home Can Help and Hurt

The Internet and cell phones may help keep soldiers more in touch with the home front than in past wars, but access to instantaneous communication also can be a double-edged sword, experts said. Gulf War veteran and Texas Tech psychology professor M. David Rudd, Ph.D., said that today’s soldiers are more exposed to family-related stress over finances, children, and other issues. Robert Bazell, chief medical correspondent for NBC News and a conference panel moderator, said it’s “definitely not a de-stressor” when soldiers chat online with family members who may be terrified about harm coming to those serving in combat.

Nor does short-term leave do much to alleviate problems like addiction or PTSD, especially among those with underlying drinking problem who come from an essentially alcohol-free zone back to home communities with a bar or liquor store on every corner.

“I’m hearing from returnees that, ‘If I’m going to be home for two weeks then I’m going to be drunk for two weeks,’” said Rudd. Added Fred Gusman, executive director of the California Transition Center for Care of Combat Veterans: “Young wives tell us all their husband wants to do is come home, have sex, eat pizza and drink beer.”

Many soldiers return to their families with an array of problems that make it very difficult for them to pick up their old lives and reintegrate with civilian society. Addiction and exposure to traumatic incidents literally cause changes in the brain, experts note, so it’s not surprising that family members often say that their loved ones are different people when they return from combat. “They’ve been trained to get the mission done and not to have feelings, because that gets you killed,” said Monica Martocci, clinical director of New Directions, a Los Angeles based program for troubled veterans and their families.

“They’ve done and witnessed terrible things, and can’t talk to anyone about it,” said Martocci. “They are supplied with meds while in the military, so they don’t know they have a problem ... a lot don’t realize they need meds to function until they get home.”

Martocci noted that many soldiers are barely out of their teens when they return from combat. “They go from high structure to none — some can’t even write a check,” she said. Long separation from spouses and children can cause estrangement, and young veterans face the highest risk of problems because they are the most likely to misuse alcohol and other drugs, least experienced in dealing with the stress of being parents and running a household, and reluctant to reach out to professionals or even fellow veterans for help.

Conference panelists said that the VA and other healthcare providers need to engage the families of service members in getting those who need help into treatment, as well as providing support and counseling for families dealing with a veteran who comes home with addiction and mental-health problems.

Stigma, Fear for Career are Barriers

Returning veterans are screened for addiction and mental-health problems like PTSD, but many soldiers are reluctant to admit to problems out of fear that disclosure will affect their careers inside and outside the military, experts said. In many cases, “The reality is that if you come forward and get help ... it will be in your record,” said Gen. Sutton.

Most soldiers who get treatment “get better” and return to duty, Gen. Sutton said. On the other hand, “If you have a problem and don’t get intervention, I can promise you things won’t go well for as well for your career as they could,” she added.

However, Defense Secretary Robert Gates recently approved policy reforms that allowed soldiers to answer “no” when asked about past mental-health treatment episodes if they were related to combat stress and certain other circumstances. “That’s an important step forward,” said Gen. Sutton. “... We’re on a journey, but we haven’t gotten to the promised land yet.”

Female Vets Face Special Challenges

Female soldiers are technically barred from serving in most combat-related positions, but in conflicts like Iraq and Afghanistan there are no real front lines, and women often come under fire and
(continued from page 13)

face the existential threat of roadside bombings alongside their male colleagues.

Women also have reported high rates of sexual abuse and rape while in combat areas, but are often reluctant to report incidents to male superiors. “Many prefer to live with the trauma rather than to address it,” said Alexander Neumeister, M.D., associate professor of psychiatry at Yale University and the VA Connecticut Healthcare System.

The combination of combat stress and abuse puts women at particularly high risk of PTSD and drug problems, according to panelists. Yet some are so traumatized by their experiences that they won’t even identify themselves as veterans.

Noting that only 1/4 to 1/3 of veterans ever seek help from the Veterans Administration, panelists called on the VA to do more outreach to returning veterans and to increase spending on treatment, noting that only about one-third of soldiers needing addiction or mental-health care actually get help.

“Many veterans feel better about coming to an office in a strip mall or a private-practice office than to a VA hospital,” said Martocci. The prospect of going to the VA — which is “full of men in uniform” — is particularly difficult for female veterans who have been sexually abused, added Martocci.

“It’s a national disgrace how un-barrier-free access to early intervention services is in the VA” and the Defense Department’s TriCare program, said McDonough. “There’s a perfect storm of bureaucracy that prevents soldiers from getting any services.”

Panelists also called on military leaders to break down the stigma surrounding addictions and mental illness among service members. “The top-level brass is saying the right things, but it takes time to filter down,” said Gusman.

Tours of duty also need to be limited to limit the stress on soldiers and their families, many panelists agreed. “We need to start there,” said Neumeister.

* The National Center on Addiction and Substance Abuse at Columbia University is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as “CASA”) or any of its member organizations with the name of “CASA.”

Reprinted from Join Together

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Featured Video

The Clearinghouse has over 800 videos (VHS and DVD) 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 issue we present:

Welcome To My Hood

Four youth involved in the juvenile justice system invite us into their homes and ultimately their hearts by offering a rare opportunity to view them outside of the crimes they have committed. Viewers gain a glimpse into the daily challenges their families face and the issues that shape their lives, and ours. “‘Welcome To My Hood’ is a beautiful, disarming film that packs a mighty punch.” — Robin D.G. Kelley, author and professor of African American Studies and Anthropology, Columbia University.

You can view our entire video catalog online at 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
We thank the following members for their support and involvement in Championing the Cause!

**Organizational Members**

- Agape, Inc, Knoxville
- Alcohol & Drug Council of Middle TN, Nashville
- ALH International Ministries
- Aphesis House, Inc., Nashville
- Aspell Recovery Center, Jackson
- Bright Horizons, Dresden
- Buffalo Valley, Inc., Hohenwald
- CADAS, Chattanooga
- CADCAT, Nashville
- Center for Professional Excellence, Nashville
- Center for Youth Issues, Nashville
- Centerstone, Tullahoma
- Cocaine & Alcohol Awareness Program, Memphis
- Comprehensive Community Services, Johnson City
- E.M. Jellinek Center, Knoxville
- English Mountain Recovery, Sevierville
- First Baptist Transitional House (FBTH), Gallatin
- Foundations Recovery Network, Brentwood
- Grace House, Memphis
- Greater Revelations, Nashville
- Harbor House of Memphis, Memphis
- Healing Arts Research Training Center, Memphis
- Hope of East Tennessee, Oak Ridge
- Innovative Counseling & Consulting, Memphis
- Jack Gean Shelter, Savannah
- JACOA, Jackson
- Life Changes in Progress, Lebanon
- Lighthouse Mission Ministries, Memphis
- Madison Treatment Center, Madison
- Memphis Recovery Centers, Memphis
- Mending Hearts, Nashville
- Metro Public Health Dept Behavioral Health Services, Nashville
- Mount Hopewell Community Development Corp., Nashville
- New Hope Recovery Center, Morristown
- New Life Lodge, Burns
- Operation Stand Down, Nashville
- Peace Unlimited in Recovery, Inc., Nashville
- Peninsula Lighthouse, Knoxville
- Place of Hope, Columbia
- Renewal House, Nashville
- Samaritan Recovery Community, Inc., Nashville
- Serenity Recovery Center, Memphis
- Synergy Treatment Center, Memphis
- Tennessee Community Health, Inc., Sevierville
- Tennessee Lives Count Project, Nashville
- The Next Door, Nashville
- The Pathfinders, Inc., Gallatin
- TN Professional Assistance Program, Nashville
- Transitions Housing Agency, Inc., Nashville
- Turning Point Recovery Residences, Nashville
- Urban Family Ministries, Memphis
- W.O.M.B. Ministries, Madison
- Welcome Home Ministries, Nashville
- Youth Town of Tennessee, Jackson

**Corporate Members**

- Employee Benefit Specialists, Inc., Morristown
- HealthConnect America, Nashville

**Individual Members**

**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**
- **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>Annual Revenue Range</th>
<th>Dues</th>
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<tr>
<td>Organizational Member</td>
<td>$100,000 - $500,000</td>
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<td>Organizational Member</td>
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<td>$500</td>
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<tr>
<td>Organizational Member</td>
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<td>$750</td>
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<tr>
<td>Organizational Member</td>
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<td>$1,000</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Dues</th>
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</thead>
<tbody>
<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