In Rogers’ Words...

On Christmas Eve, 2001, the addiction recovery community lost a friend and a pioneer. Leon Crawford Balch, who for 22 years was Rector of Grace Episcopal Church, Chattanooga, Tennessee, died in a Reston, Virginia nursing home. Following his retirement in 1976, Lee’s service to the recovery community was fulltime.

In 1984, Lee became my mentor, as he has been a mentor to so many others in his life. We shared duties at the Addiction Recovery Center near Chattanooga, as spiritual counselors. His influence was so great and the changes in my life so profound under his guidance, that I once considered changing my name to Leon, but decided that it would be a difficult legacy to follow.

Lee’s work in the recovery community was the most meaningful time of his life. Though he was not an alcoholic or drug addict, nor did he suffer from other addictions, he understood addiction in a way that is usually reserved for those blessed with the disease. Lee’s work with alcoholics is legendary and could be his greatest legacy. He often attended AA meetings, many times accompanied by his wife, Ruth. He would smile at the mention of being referred to as an honorary member of Alcoholics Anonymous. He served on the Board of Directors at the Council of Alcohol and Drug Abuse Services (CADAS), and helped to establish the first treatment center in Chattanooga – Hillandale Center on Signal Mountain.

While Rector (priest-in-charge), he opened the doors of Grace Church as a place to have AA meetings. Today, that might not seem like such a big deal, but it was a first for Chattanooga, and it took great courage on Lee’s part, for this outreach ministry did not please everyone. [An understatement of some magnitude.] His opposition was formidable and included the bishop, many members of the congregation, community leaders and unenlightened physicians who believed alcoholism to be a Valium deficiency that could be cured with a prescription. In spite of the opposition, the church grew and so did the recovery community.

Lee was a man of compassion and love and joy and hope and creativity, and he was real. He had a knack for understanding people with addiction, and he had a knack for explaining the mysteries of life and of spirituality in ways that could be understood by anyone. Lee taught recovering people, as well as others, how to live on planet earth and how to be real and true to themselves and others. Learning to live in a state of reality is an especially difficult task for those who escape reality through drugs, alcohol and certain mood altering behaviors. He helped many “escapists” transform their inner lives into one characterized by the reality of self-worth.

Lee helped many people learn to forgive themselves, to forgive others and to accept God’s forgiveness. He taught many how to make amends for harm done and how not to confuse amends with forgiveness.

Lee had a refreshing approach to theological questions. Once when asked about sin, Lee said, “sin is not a deed so much as it is an attitude.” Though many of us considered Lee more divine than human in attitude and behavior, he once told me that it was okay to be human, as long as we don’t make a habit of it.

Everyone who knew him experienced Lee’s gift of being totally honest and totally kind at the same time. Not an easy task. Coupled with his penetrating insight, he once saw a bumper sticker on the back of a pickup truck that read, “This truck protected by Smith and Wesson.” Lee’s reaction was, “I wonder what has happened in that man’s life to cause him to be so angry.” The reaction of a less kind, less honest and less insightful person would be more consistent with the attitude projected by the bumper stickers message.
Lee Balch really did something worthwhile for this world - he taught many of us how to live in it, and he taught us to love one another, to forgive, to make amends and to be of service. He tried to incorporate the 12 Steps of AA into every aspect of his life, and did so to the best of his ability. He internalized the essence of the Serenity Prayer, accepting things he couldn't change, changing things he could, and knowing one from the other. He was an instrument of peace and to a substantial degree, manifested the Prayer of St. Francis in his life. It was no mistake that he was called to serve in a church known as Grace, for that was Lee, a man of grace.

On behalf of all people in recovery everywhere, thank you Lee Balch for a job well done.

Blessings to All,

H. Rogers Thomson, Executive Director

A national study ranks Tennessee last in funding tobacco prevention programs.

Tennessee has received hundreds of millions of dollars in tobacco settlement money, but the state’s already spent it.

The study was put together by a coalition of public health groups including the American Heart Association and the Campaign For Tobacco Free Kids.

The coalition chastised Tennessee for breaking its promise to use some of the money to protect kids from smoking. Tennessee spent most of the tobacco settlement money to balance the state budget.

"This report has only bad news for the state of Tennessee. Even though 32 percent of high school students smoke, the state is spending no money on tobacco prevention," said William Corr, with Campaign For Tobacco Free Kids.

Massachusetts ranked number one for spending $48 million on tobacco prevention.

The volunteer state is tied for last with the District of Columbia, North Carolina and Michigan.

Reported by NewsChannel5, Nashville, TN - January 15, 2002

At the TAADAS Annual Holiday Open House, held December 13th, 2001, Julie Smith and Dr. Stephanie Perry were presented with the highly regarded TAADAS “Champion of the Cause” Award for their outstanding contributions to the cause of alcohol and drug abuse services in Tennessee. Dr. Perry is Assistant Commissioner, Department of Health, Bureau of Alcohol and Drug Abuse Services. Smith is Director of Finance and Systems for the Bureau. Accepting the award for Dr. Perry, who was out of town, was Bureau veteran and Deputy Assistant Commissioner Rick Bradley. In accepting the award for Dr. Perry, Bradley said, “Dr. Perry and the rest of us at the Bureau, value very highly, our relationship with TAADAS, and the willingness of TAADAS to work closely with us on behalf of those who suffer from alcohol and drug abuse.” In her acceptance of the award, Smith expressed her appreciation for the “spirit of cooperation demonstrated by the TAADAS providers.”

In attendance at the Open House were representatives of every category of TAADAS membership, including corporate, individual, student and sustaining. Guests included members of the news media, legal profession, managed-care, mental-health organizations, state agencies, legislators, bankers, and a veritable Who’s Who in the Tennessee Addiction Recovery Movement. A good time was had by all. Many lucky guests won great door prizes donated by generous members. Some guests came from as far away as Texas to celebrate another year of accomplishments for the collective TAADAS membership. Featured entertainment for the occasion was provided by Nashville songwriter and TAADAS volunteer, Simon McCain. His rendition of “Keep It Simple,” was a hit.

A debate has ensued in Pennsylvania regarding health insurance coverage for addiction treatment after an insurer stopped working with a key treatment provider, the Philadelphia Inquirer reported Dec. 16.

Magellan Health Services Inc., which oversees care for 70 million consumers in the state, including most Independence Blue Cross and Aetna U.S. Healthcare subscribers, canceled its contract with the Caron Foundation. Although Magellan Health Services said the cancellation was a result of few patients going to Caron, officials at the treatment center said they have had numerous arguments with Magellan over the amount of treatment the insurer would pay for.

Magellan Health Services contends that the 30 days of inpatient addiction care required under Pennsylvania law is not always necessary. The debate raises the question: Who should decide the type and amount of treatment a patient receives, a doctor or a health-care plan?

Under Pennsylvania Act 106, a doctor determines whether care is necessary, but Magellan said its doctors, not the patient's or the treatment facility's, should determine that.
TN Gun Owners Say Guns, Alcohol Can Mix

Gun owners in Tennessee are calling on state lawmakers to allow gun permit-holders to carry handguns into restaurants that sell alcoholic beverages, the Tennesseean reported Dec. 25.

Current law requires a permit holder to leave the weapon locked in a car in the restaurant parking lot.

In addition, gun owners want to be allowed to leave their weapon locked in their car on school grounds as long as they are there for any "legitimate purpose."

"We have a large number of people who have been trained and certified and now, with a seven-year history of carrying in the state, we have a very low, if not nonexistent, incident rate," said John Harris of the Tennessee Firearms Association. "We need to take that into consideration and make reasonable rules on where they can and should be carrying. Permit-holders feel like the guns are safer to the general public, and to them in particular, if they are in the permit-holder's custody and control rather than left unattended in vehicles."

The proposal is being met with strong opposition from restaurant owners, educators, and organizations that support tighter gun-control measures.

"It says they can carry a firearm but they can't drink? How long do you think that will last?" said Ronnie Hart, a lobbyist for the Tennessee Restaurant Association. "It is prohibited right now to carry a firearm in a restaurant or bar. We are very much in favor of keeping that in place. Things happen so fast sometimes that you can't control them."

According to the state Safety Department, 99,130 Tennesseans have concealed-carry permits.
The 2nd session of the 102nd Tennessee General Assembly roared out of the starting blocks and passed redistricting plans for both the State House of Representatives and the State Senate as well as the United States Congressional Districts in the first week of this year’s session. Rather than the initial House proposal that generated a flurry of partisan sputtering, the House of Representatives developed a kinder, gentler proposal that protected all but two sitting incumbents and they both live in relatively sparsely populated Campbell County in East TN. The State Senate, likewise, took care of its own, and the Congressional plan was largely developed by our present congressional delegation. Governor Sundquist immediately announced he would sign all three proposals.

After disposing of the constitutionally required duty of redistricting, the General Assembly immediately turned its attention to budgetary matters. The Finance Ways and Means Committees of both houses heard presentations from the Commissioner of Finance and Administration, Warren Neel and Comptroller John Morgan about budgetary matters. Because of undercollections in the sales tax and the business franchise and excise tax, the state faces a deficit, perhaps as large as $300 million, in the current fiscal year that runs from 7/1/01 to 6/30/02. For the next fiscal year that runs from 7/1/02 to 6/30/03, the projected deficit may be as large as $700 million due to the use of one time funds for recurring expenses in the current fiscal year and natural growth that occurs due to increased enrollment in the public schools and health care inflationary costs. Presently, consensus on how to deal with the budget issue seems to be about as elusive as it has been during the past three years. House Speaker Jimmy Naifeh moderated his previous staunch opposition to a sales tax increase by saying that he would very reluctantly be the 50th vote for a bill to increase the sales tax if 49 other House members were so inclined. The Senate has all along been cozier with the idea of sales tax increase than the House.

As an aside, the Tennessean is running a 22 installment series on the state budget. Take a look in print or on the web if you get a chance. The writers do, however, seem enchanted with the idea of comparing growth in the state budget over the past 15 years to the rate of inflation. That approach is not always appropriate because the demand for public services, such as educating school children or treating those who abuse alcohol and drugs is also a function of population growth. You will, however, find more detail on the state budget in this series than is usually available in media.

In other news, Governor Sundquist announced that the federal government approved the extension of the TennCare waiver. Unfortunately, the state didn’t get the more generous "trend rate," or growth rate, that it wanted to maximize federal dollars. State officials had asked for a trend rate of 15%-16%, meaning the federal government would match federal dollars to state dollars if the program grew that much. The Centers for Medicare & Medicaid Services said the maximum growth rate would be 8%.

Safety Commissioner Mike Greene will resign at the end of January to run in the Republican primary for the newly crafted 4th Congressional District that now includes his home in Maury County. Janice Bowling, Tullahoma City Council member, is also actively campaigning for that same Republican nomination.

Contact Attorney Nathan Ridley by e-mail nridley@boultcummings.com. Nathan is with the Nashville firm of Boult Cummings Conners & Berry, PLC.
What’s Up with These Acronyms?

By: Gene Marie Rutkasukas, LADAC, NCACII, ETAADAC President and TAADAC Secretary

Wow, it looks like alphabet soup after my name above. Let me explain. I’m fortunate to have been familiar with the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) since 1988, so all the “DACs” and “DAS” don’t confuse me too much. However, I thought it might be helpful for some readers to get a brief clarification of the different acronyms that appear on the TAADAC page of the TAADAS Times. The TAADAS Times is a publication of the Tennessee Association of Alcohol and Drug Abuse Services, Inc., which is not part of TAADAC, though our acronyms are very similar.

NAADAC not only is a professional organization for alcohol and drug (A&D) professionals, but also lobbies for us and our clients, provides education and support to us, gives us the option for affordable malpractice insurance, supports A&D research initiatives, and publishes The Counselor magazine which provides current and extremely useful information to A&D service providers. This national organization is comprised of state chapters. In Tennessee, we have four regional chapters, West TN in Memphis, Middle TN (MTAADAC) in Nashville, East TN (ETAADAC) in Knoxville, and Southeast TN in Chattanooga. Although there is a reasonable membership fee for NAADAC membership, attendance at NAADAC business meetings is open to anyone (voting rights are limited to NAADAC members) and we welcome all who are interested in A&D professional issues. When the chapters present educational trainings, NAADAC members may get a reduced rate, but anyone interested in the educational topic is invited to attend.

NAADAC offers several levels of national credentialing for addiction professionals, including National Certified Addictions Counselor I (NCACI), National Certified Addictions Counselor II (NCACII), and Masters Addiction Counselor (MAC). To earn these credentials, applicants must be certified or licensed in their state, then meet other educational criteria and take a comprehensive examination. If you are interested in this credentialing process, please contact NAADAC for more information.

TAADAC and the regional chapters are structured with a President, President-Elect (historically called Vice President), Treasurer, and Secretary. There are typically subcommittees that address education, peer assistance, public relations, publications, membership, etc. Chapters hold monthly meetings and offer educational trainings that provide continuing education hours for TN state Licensed Alcohol and Drug Abuse Counselors (LADACs).

NAADAC, TAADAC, and our TN regional chapters work for the betterment of the profession of A&D professionals and for the provision of the most competent, effective, and accessible treatment possible for the clients and families that we serve.

If you are an A&D professional reading this and do not belong to NAADAC, please check out their web site www.naadac.org, or you can call them toll-free at 1-800-548-0497. If you are an A&D professional who is a member of NAADAC but for some reason haven’t been active with your local chapter, please contact your regional president and find out how your experience and knowledge can benefit newcomers to your chapter!

Membership in NAADAC and involvement in ETAADAC has brought me many more benefits than simply the invaluable networking that you would expect to result from belonging to an organization of this scope and caliber. I am currently privileged to serve as the President of the ETAADAC and also as the state secretary of TAADAC. The effort I’ve invested in active participation over the years has yielded a ten-fold return. I encourage other A&D professionals to check out this valuable resource. Call or email me to find out why I encourage membership in NAADAC [(865)523-0678, choose2be@aol.com], or TAADAC President, David Cunningham dcunning529@aol.com. If you are not interested in membership, please consider attending our monthly business meetings where we discuss the most current issues in A&D treatment and/or our educational trainings provided by credentialed professionals for continuing education hours.

So, there you have it. I’m LADAC, NCACII, ETAADAC President and TAADAC Secretary. Now you too can decode those acronyms and/or have them behind your name!

ETAADAC Notes

ETAADAC will present a 3 hour educational training on March 20, 2002 at ETHRA, 9111 Cross Park Drive, Suite D100, Knoxville, TN. There will be light refreshments provided for monthly business meeting from 12:00 PM to 1:00 PM, followed by a training on “Peer Assistance” presented by Diann Smithson from 1:00 PM to 4:00 PM. ETAADAC will provide other 3 hour educational trainings throughout 2002, to be announced.

“‘We are not here merely to make a living. We are here to enrich the world, and we impoverished ourselves if we forgot this errand.’” — Woodrow Wilson

MTAADAC Notes

On March 19, 2002 MTAADAC will present a two part 4 hour training, part one from 10:00 AM to 12:00 PM and part two from 1:00 PM to 3:00 PM. There will be a free lunch provided from 12:00PM to 1:00 PM with a concurrent MTAADAC monthly business meeting. The trainings will be on: “Protecting Our Children—How to Recognize and Prevent Child Sexual Abuse”, Presented by Verna Wyatt. “Adolescent and Adult Gang Activity” presented by members of the Nashville Police Force. For more information or to register, please contact Phil Guinsburg, (615)386-3333. MTAADAC will also present 4 hour educational trainings at their May and November meetings, with presenters to be announced.

There are 14 providers state-wide who are contracting with Families First to provide A&D treatment services. This grant-funded program is in place to facilitate A&D treatment for Families First recipients (who have care and control of their children) who are seeking treatment. Please contact your local Families First programs to locate service provider contractors in your area and get more information on how this program can help your Families First clients get treatment. It’s encouraging to see this new program!
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Knoxville, TN 37901
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130 Washington Ave.
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Greeneville, TN 37743
423-639-7777

Sevier County
136 Court Ave.
Sevierville, TN 37864
865-428-6110

Carter County
P.O. Box 913
Elizabethton, TN 37644
423-742-4001

Hawkins County
423-639-7777 or
423-747-8401
LONG-TERM TREATMENT HELPS PHYSICIANS WITH ADDICTIONS

A new study found that long-term treatment and monitoring programs are successful in helping physicians overcome alcohol and other drug addiction, the American Medical News reported Dec. 24.

For the study, 24 Florida doctors with illicit drug or alcohol addiction underwent long-term treatment and monitoring programs. The study found that 22 of the 24 doctors were successfully rehabilitated.

“The five-year recovery rate among physicians is remarkable, with more than nine out of 10 drug-free and returned to work,” said Mark Gold, M.D., study lead author and chief of addiction medicine for the Psychiatry Dept. at the University of Florida College of Medicine in Gainesville.

Data shows that doctors become addicted to alcohol and other drugs at the same rate as the general population. Between 10 percent and 15 percent of doctors get addicted to alcohol, while 4 percent to 5 percent become addicted to drugs.

The study was presented at the November annual meeting of the Society for Neuroscience.

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“Partially funded by Tennessee Department of Health”
Vermont's Successful Parity Campaign Offers Lessons for Other Advocates

Advocates for parity legislation for addiction and mental-health disorders need to build their case on solid data, line up bipartisan support, know their enemies, and not be afraid to go for a comprehensive bill, according to Ken Libertoff, Ph.D., executive director of the Vermont Association for Mental Health.

Libertoff compiled a series of "lessons learned" -- some painful -- from a failed mid-1980s campaign to pass parity legislation in the Vermont legislature, as well as a successful advocacy effort in 1996 and 1997 that led to one of the strongest parity laws in the country. These insights form the basis of Libertoff's book, "Fighting for Parity in an Age of Incremental Health Care Reform," available from the National Mental Health Association.

Vermont's drive for a comprehensive addiction and mental-health parity law began with a broad-based, well-organized coalition, said Libertoff. Members of the coalition included individual concerned citizens, parents and family members of people with addictions and mental illness, consumers, advocates, and health-care professionals.

Libertoff said that advocates determined early on that seeking partial parity -- the prevailing tactic in many other states, and on the federal level -- made little sense. "The legislative process naturally works to modify and reduce proposals," noted Libertoff. "Common sense, therefore, dictates that beginning with the best possible piece of legislation is, in fact, a realistic starting point ... For us, the objective was to end discrimination, once and for all."

That said, Libertoff stressed that winning the battle over parity is no tea party: "The issue triggers powerful opposition, most notably in the business and insurance industry." In Vermont, for example, Vermont Blue Cross & Blue Shield helped sink parity during the 1985-86 legislative session by testifying that increasing the lifetime cap for mental-health benefits to $250,000 would cause a 300-percent increase in insurance premiums.

"Back in the mid-1980s, advocates for improved mental-health benefits thought of their proposed initiative as a minor bill ... [but] the opposite was true," according to Libertoff. "The parity issue is a lightning rod; it attracts the attention, and usually the opposition, of many of the most powerful forces in the State House. Stigma and discrimination have often framed the debate, as has a general opposition to mandates, fueled by random speculation about the cost of this benefit."

Addressing the latter point is key, said Libertoff. "One of the most painful lessons of the 1985-86 legislative experience was that promoting the lofty goal of ending discrimination in the treatment of mental-health problems does not win State House battles," he said. "Meaningful and reliable cost data does." So, when parity was brought back to the legislature in 1997, advocates were armed with a Coopers & Lybrant study on the actual cost of the bill. The study showed that full parity would only result in a 3.4 percent premium increase -- contrary to the alarmist predictions of Blue Cross & Blue Shield, which never did bring in any data to back up its estimates. Advocates need to know who the likely opponents of parity are; at the same time, however, they must avoid a bunker mentality. During the 1980s campaign, Libertoff noted, Vermont mental-health advocates never even spoke to insurers or businesses prior to the legislative hearings. "In fact, we probably did not want to know their perspective, partly out of fear that they would kill the bill even before it was introduced, and partly because we secretly hoped that industry and employer lobbyists might not notice our legislation," said Libertoff.

During the successful parity campaign, however, activists made a point of informally meeting with opponents to get their views, provide information, and even solicit their input in designing the legislation. "By assuming a more aggressive and perhaps more risky stance, [advocates] were able to increase the chances of the bill's passage through information-sharing, negotiation, and open-door problem-solving," said Libertoff.

Libertoff also advised parity advocates to line up bipartisan support for parity legislation. The natural inclination might be to seek out liberal Democrats -- as Vermont activists did in the mid-80s -- but the passage of the 1997 parity law was accomplished only with strong Republican support. "As advocates, we need to remind ourselves and educate others about the fact that mental illness is not a partisan disease," he noted. "It
Parity Continued....

afflicts people of all political stripes."

Strong communications – including written position papers and a "parity platform" – also helped keep the Vermont coalition unified, and contributed to the ultimate success of the legislation, said Libertoff. The parity platform, in particular, provided a clear, concise framework for the legislation and helped bind and anchor coalition members during rough times. The platform also served as a "major educational tool" with lawmakers and the media, according to Libertoff.

The battle for addiction and mental-health parity does not end when the law is passed, stressed Libertoff. Consumer-protection laws aimed at regulating managed care are a critical companion to parity, he noted, ensuring that coverage is worth more than the paper it is written on. And implementation of the law is a major, ongoing challenge for advocates in Vermont and elsewhere.

"Interpreting the law, communicating to purchasers as well as policyholders, and enforcing the legislation are but a few critical issues," said Libertoff. "To be effective in monitoring the bill's implementation, advocates must quickly assume different roles, acquire new skills, and use them in a totally different environment."

The Vermont Association for Mental Health: 802-223-6263; vamh1@aol.com.

Americans Say Addiction Is Nation's Most Serious Health Problem

A newly released survey shows that Americans believe alcohol and other drug addiction is the country's most pressing health issue, according to a Dec. 18 press release.

Conducted for the Council of Public Relations Firms by RoperASW, the survey showed that 26.5% of those surveyed said addiction was America's most serious health problem. Respondents ranked addiction as a bigger problem than heart disease, cancer, sexually transmitted diseases, diet and nutrition, and mental health and depression.

The survey, which was based on interviews with 1,014 men and women nationwide, also found that 45.6% of respondents don't believe materials available about health problems provide enough specific information.

Using Tobacco Funds to Balance Budget Called Injustice

A Time magazine columnist wrote that U.S. states are breaking their promise to voters by using their share of their $206 billion nationwide tobacco settlement to address budget shortfalls, Time reported Jan. 4.

"Making tobacco companies pay for the damage they inflicted on smokers was supposed to be a brilliant form of justice, but instead it's become a very familiar form of bureaucracy," wrote columnist Mitch Frank.

The 1998 nationwide tobacco settlement was designed to care for ill smokers and fund smoking-prevention programs. But with the faltering economy, many states facing budget deficits are using their tobacco payments for short-term financial solutions.

"By delving into the tobacco funds, they're breaking a promise to voters and guaranteeing they'll pay higher medical bills down the road," cautioned Frank.

He noted that Ohio is using two years of settlement money to balance its budget, while other states are using the entire tobacco settlement to fix one year's budget problems. For instance, Wisconsin will sell its portion of the next 25 years of payments to investors as bonds.

"No one is denying the states are facing tough budget choices right now," stated Frank. "Most have already cut spending as much as possible. And no one wants to raise taxes just as the economy is trying to come back from the dead. But many of these states, including Ohio, have large rainy day funds they saved while times were booming. Someone needs to tell them to open their windows; it's definitely raining outside."

Frank adds, "Blowing 25 years of tobacco money on the first recession that comes along makes the entire settlement a lie. Tobacco companies misled smokers for years about the consequences of their products. The settlement freed them from the threat of devastating lawsuits, but with the understanding that their own money would be used to keep the next generation away from cigarettes. Now that's being abandoned in statehouses around the country for a short-term solution."
VOLUNTEERS

TAADAS is looking for a few good volunteers to assist on an as needed basis. From time to time, additional help is needed with special projects such as typing/data entry, phone answering, etc., restocking the resource library, as well as staffing the TAADAS Recovery Books and Things Bookstore.

If you would like to be on a call list to assist in the office when needed, please contact the TAADAS office at 615.780.5901 or via email at mail@tnclearinghouse.com.

FEATURED PUBLICATION:
KEEP KIDS ALCOHOL FREE: STRATEGIES FOR ACTION

The TAADAS 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 resource center. This edition’s Feature is: Keep Kids Alcohol Free: Strategies for Action.

This booklet describes three basic strategies for preventing alcohol use by children ages 9-15 and ways these strategies can be applied in the home, the school, and the community. It has been designed as a starting point for parents, teachers, health professionals, law enforcement personnel, alcohol retailers, policy makers, and others who want to take action against early alcohol use.

To get your free copy of this publication, call the TAADAS Clearinghouse at 615.780.5901. * This publication is available in bulk quantities. Call for details.

The TAADAS Statewide Clearinghouse has over 700 videos on Substance Abuse and substance abuse related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is Children of Alcohol and Drug-Addicted Parents: Protecting our Future

Today there are an estimated 28.6 million Americans who are children of alcoholics; nearly 11 million are under age 20. Many of these children and young people are exposed to chaotic family environments that offer little stability or emotional support. And many will develop serious behavioral and emotional problems that will keep them from living happy and normal lives. This program will focus on effective, culturally appropriate, and science-based approaches to helping these often overlooked victims of addiction.

Videos can be checked out from the TAADAS Clearinghouse free of charge for 3 business days. UPS shipping is available for those wanting to check out videos outside the Nashville area for $13.00. Call the TAADAS Statewide Clearinghouse at 615.780.5901 to check out this or one of the other videos in our collection.

The complete video catalog is available online at the TAADAS website, www.taadas.org.
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WORKSHOPS & TRAININGS

Trauma Survival
Facilitator: Anna Whalley, Memphis, February 23, Contact Jane Abraham 901-272-1657

Conflict Management
Facilitator: Beverly Quinn, Alcohol and Drug Council of Middle Tennessee, March 7, Contact Susan Young 615-269-0029

Pervasive Consequences: How Alcohol and Drug Abuse Affects Families
One Day Conference, Garden Plaza, Jackson, March 8, Contact Amanda Hopkins 731-423-3653

Getting Groups Unstuck: The Use of Structured Group Exercises to Facilitate and Enhance Group Process
Facilitator: Kim Cudebec, United Way of Greater Knoxville, Knoxville, March 8, Contact Martha Culbertson 865-637-9711

American Society of Addiction Medicine
Facilitator: Frances Clark, Wesley United Methodist Church, Johnson City, March 14-15, Contact Louise Verran 423-639-7777

ASAM Placement Criteria
Facilitator: Frances Clark, HR McNabb Center, Knoxville, March 28-29, Contact Martha Culbertson 865-637-9711

Inward Healing: Using Affirmation and Visualization to Treat Addictive

CHILDREN OF ALCOHOLICS WEEK

Preparations are underway at NACoA for the nationwide celebration of Children of Alcoholics Week 2002 during Valentine’s Day week (February 10-16). The theme for next February’s observance, "No Child Unsupported," proclaims the responsibility we share for the well-being of all children, but especially for those who are struggling with addiction in their families. NACoA envisions a society where these vulnerable children have access to adults who can help them. For More about Children of Alcoholics Week visit www.nacoa.org.

NATIONAL INHALANTS & POISONS AWARENESS WEEK

Prevention through education has proven to work against inhalant abuse. This is why the National Inhalant Prevention Coalition has developed National Inhalants & Poisons Awareness Week (NIPAW), an annual media-based, community-level program that takes place March 17-23. NIPAW is designed to increase understanding about the use and risks of inhalant involvement. It is an inclusive program that involves youth, schools, media, police, health organization, civic groups and more. It has proven to be effective in mobilizing communities to reduce inhalant use. Over 800 organizations from 46 states participated in the last NIPAW campaign. For more info log on to www.inhalants.org.
DEA Conducts Nationwide Crackdown on Meth

The U.S. Drug Enforcement Administration (DEA) has implemented Phase 3 of Operation Mountain Express, a nationwide crackdown on methamphetamine production, Reuters reported Jan. 10.

The effort is underway in 11 cities across the United States. They are Chicago, Ill.; Detroit, Mich.; Cleveland, Ohio; Houston, Texas; Phoenix, Ariz.; Las Vegas, Nev.; and the California cities of Los Angeles, Riverside, Fresno, San Diego and Carlsbad.

As part of the operation, DEA agents arrested more than 100 people this week who were involved in smuggling or distributing a key ingredient used to make the drug.

"The defendants are mostly of Middle Eastern descent," said a DEA official. Those arrested were from countries including Jordan, Lebanon, Israel, Kuwait and Mexico.

Operation Mountain Express originally began in late 1999 as an effort to stop individuals who were diverting their stock of pseudoephedrine, a key ingredient in the making of speed, to methamphetamine production laboratories located mainly in California and Mexico.

Last year, the DEA and other law-enforcement officials seized nine operational labs and 16 tons of pseudoephedrine, which translates to 18,000 pounds of finished methamphetamines. The average street value of a pound of methamphetamine is between $6,000 and $8,000.

Samaritan Recovery Community, Inc.
Founded 1964

Nashville’s oldest and largest provider of alcohol & drug abuse treatment services

- Residential Rehabilitation
- Halfway House Program
- Dual Diagnosis Residential Program
- Outpatient Services
- Supportive Housing Services

For a free, confidential screening, call 615-244-4802

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www.cadas.org
University of Tennessee Recognizes TAADAS President, Frank Kolinsky

The “T” Club of the University of Tennessee is made up of athletes in every sport, past and present. Each year, they award the “T” Club Service Award to one of their members for humanitarian efforts and service to their community. This is the highest award and honor any athlete can achieve at the University of Tennessee.

This year it was presented to Frank Kolinsky for his tireless and unending efforts working with alcoholics and drug addicts. Kolinsky was presented with this award at a ceremony during half time of the UT/Vandy game in November. His philosophy has gone above and beyond in helping men find their way back to a clean and sober life. His motto of “God don’t make no trash” is evident in everything he does. He has always maintained if someone had not given “this kid from Pennsylvania a shot” he would never have accomplished what he has. He has always felt he should give back in some way what was given to him. Frank has never been motivated by money as he is one of the few people who truly know that money can’t buy happiness.

The highest form of praise to him is someone who has been through E.M. Jellinek Center and remained alcohol and drug free to come back and simply say “thanks for giving me a shot and believing in me when no one else did.”

Most people are not aware of all he gives of both his time and money because he refuses to let people know. The only thing you will ever hear him say to whoever comes to E.M. Jellinek center is “as long as I have a home, you will too.”

Frank truly does walk the walk and not just talk the talk. For these reasons and always being on the side of those who have no one, the “T” Club unanimously bestowed this honor on him.

Frank was completely humbled and in characteristic fashion simply said “thank you, I’m only trying to give something back and be the person my parents and God wanted me to be.”

Supportive Housing Systems*

• Sierra House
• Heartland Place
• Cypress 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 615-383-4093

* A Program of Samaritan Recovery Community

A&D Counselor

Full time for halfway house setting. Current LADAC or LADAC eligible desired. Evening hours, excellent benefits. Send Resume to Samaritan Recovery Community, 319 South 4th St., Nashville, TN 37206 or fax to 615.242.1459, Attention A&D Counselor, EOE

The Grace House of Memphis Celebrates 25 YEARS OF GRACE

May 10, 2002 – Dinner
Speaker: Father Leo Booth, Mth, CAC, CEDC
Silent Auction

May 11, 2002 – Workshop with Father Leo Booth
(CEU’s available)

For more information contact:
Anna-Grace Quinn—901-682-7503 or
The Grace House—901-722-8460
The illegal use of the prescription drug OxyContin has grown so much in Florida that the pain reliever was the biggest killer among illicit-drug users during the first six months of 2001, Reuters reported Jan. 2.

According to Jim McDonough, director of the Florida Office of Drug Control, oxycodone, the generic ingredient in OxyContin, caused more deaths in the state than heroin or cocaine during the first half of 2001.

A study by the Florida Department of Law Enforcement shows that 218 people died from OxyContin overdoses in the first six months of 2001, compared to 126 deaths from heroin and 183 from cocaine toxicity.

"OxyContin is a very good drug when used for medicinal purposes, but when it is misused, it can be deadly," said McDonough.

To address the OxyContin problem, McDonough is urging Florida lawmakers to pass a bill that would require monitoring of OxyContin prescriptions and make it harder for dealers and users to falsify prescriptions.
Agape, Inc
East Tennessee’s Halfway House and Treatment for Chemically dependent Women

Our Mission
Is to assist chemically dependent women in rebuilding their lives and maintaining a healthy lifestyle without the use of alcohol and drugs.

We offer a safe, drug-free environment in Victorian homes where treatment and wrap around services are provided.

If interested in admission, please call (865) 546-7577

Agape, Inc is licensed by the State of TN

Agape, Inc is a United Way Agency

19th Annual
Institute for Alcohol and Drug Studies
May 13-17, 2002

Plenary Speakers
• JERRY MOE, National Children’s Program Director, Betty Ford Center “Reaching Our Youth in the New Millennium: The Challenge at Hand”
• PAT SHEEHAN, R.N., D.N.S. “Sexuality and Recovery”
• JEFFREY GEORGI, M.DIV., C.S.A.C., C.C.S. “Facing the Ethical Dilemma: The ABCDs of Ethical Thought”
• SCOTT D. MILLER, Ph.D. “Client-Directed, Outcome-Informed Therapy: Partnering with Clients to Improve the Process and Outcome of Treatment”
• DAVID AUSTIN SKY “The Art of Storytelling”

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800-423-8633, ext. 2981 • Fax: 812-474-4079
E-mail: cce@evansville.edu • Web site: www2.evansville.edu/cceweb

Congress Passes $270 Million Funding Increase

The Legal Action Center reported in the December 28th Washington Roundup that before it adjourned, Congress passed the FY 2002 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, which provides significant funding increases to alcohol and drug treatment, prevention, and research. The President is expected to sign the bill into law soon. The final version of the bill did not include a rider with mental health insurance parity provisions. (A rider in an earlier version provided protections for mental health care but excluded alcohol and drug treatment services.) FY 2002 funding levels for programs include:

- $1.725 billion for the Substance Abuse Block Grant program, a $60 million increase over FY 2001 which equals the President’s request for FY 2002
- $292 million for the Center for Substance Abuse Treatment, a $36 million increase over FY 2001 which is $4 million less than the President’s request for FY 2002.
- $198 million for the Center for Substance Abuse Prevention, a $23 million increase over FY 2001 which is higher than the President’s request for level funding for FY 2002.
- $644 million for the Safe and Drug Free Schools and Communities Program, funding which is level with FY 2001 and equal to the President’s request for FY 2002. Within this amount, the bill provides $472 million for the State Grants portion of the program, a $33 million increase over FY 2001.
- $888 million for the National Institute on Drug Abuse, a $107 million increase over FY 2001 which is $9 million short of the President’s request for FY 2002.
- $384 million for the National Institute on Alcohol Abuse and Alcoholism, a $44 million increase over FY 2001 which is $2 million more than the President’s request for FY 2002.
- $1.911 billion for the Ryan White Care Act HIV/AIDS programs, a $103 million increase over FY 2001 which is $103 million more than the President’s request for FY 2002.

Contact: Jenny Collier and Tom Leibfried
Legal Action Center 202-544-5478

<table>
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<th>Program</th>
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<th>FY 2002 Appropriation</th>
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<td>Ryan White Care Act</td>
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13 States, Four Major Cities See Increased Demand for Drug and Alcohol Treatment Since September 11th

Thirteen states and four cities have detected an increased demand for alcohol and drug treatment since September 11th, according to a telephone survey of the individuals who oversee offices of substance abuse services in the states, the District of Columbia and the ten largest U.S. cities conducted by The National Center on Addiction and Substance Abuse (CASA) at Columbia University. Of the 41 states that responded to the survey, 13 detected an increase in demand for treatment since September 11th (Alaska, Florida, Georgia, Illinois, Indiana, Kentucky, Mississippi, Nebraska, New Jersey, New York, Pennsylvania, South Dakota, and Tennessee). Of the eight cities that responded to the survey, four, Washington D.C., New York City, Phoenix and Houston, detected an increased demand for substance abuse treatment. Four states and New York City characterized the increase as substantial.

"The Americans who are using drugs and alcohol to cope, or have relapsed from sobriety after the national tragedy, are the forgotten victims of September 11th," said Joseph A. Califano, Jr., CASA President and former U.S. Secretary of Health, Education and Welfare. "We must provide substance abuse treatment for those who need it, and be sensitive to the increased likelihood of substance abuse and relapse in the wake of the World Trade Center and Pentagon attacks."

Research demonstrates that exposure to trauma puts an individual at four to five times greater risk of substance abuse, and stress is considered the number one cause of relapse to alcohol and drug abuse and addiction. Oklahoma experienced a dramatic increase in the need for treatment services in the two years following the bombing. One year after the bombing, three times as many residents of Oklahoma City reported increased drinking as those in a control community (Indianapolis). Rescue workers in Oklahoma City experienced elevated rates of substance abuse, depression and suicide.

"The greater magnitude and more intense national reach of the terrorism of September 11th, combined with the higher base rates of drug abuse in major cities, such as New York and Washington, D.C., suggest that the increase in the need for substance abuse treatment will be much greater than in the wake of Oklahoma City," said Califano.

Preliminary data already documented increased substance use and treatment needs. The New York State Office of Alcoholism and Substance Abuse Services reports that demand for alcohol and drug treatment in New York City increased immediately after the World Trade Center attacks. Preliminary national data from the Drug Evaluation Network System (DENS), developed by CASA and the University of Pennsylvania’s Treatment Research Institute, show that treatment admissions have increased 10 to 12 percent nationally, post-disaster clients are older and have more complex needs, and individuals who have been sober for as long as 24 months are relapsing and being admitted into treatment.

"It is imperative that the federal government provide increased funding for drug and alcohol treatment to serve those individuals who have become victims of this September 11th tragedy," said Califano. "It is also critical that we launch a public education campaign to spread the message that stress places individuals at higher risk for alcohol and drug abuse and relapse. In this trying time, everyone, especially physicians, mental health providers and clergy, must be alert to the symptoms of substance abuse, aware that many individuals experiencing trauma and stress may be using alcohol and drugs to self-medicate their distress, and encourage these individuals to seek substance abuse treatment."

Though CASA was unable to obtain responses from all states, it is interesting to note that none of the western states surveyed reported an increased demand for treatment. New York, Pennsylvania, New Jersey, Washington, D.C. and New York City, the areas closest to the attacks, all reported increased demand for treatment. Florida, the site of the first reports of anthrax, also reported an increased demand for substance abuse treatment.

(Continued on page 18)
Discovery Place, Inc.

A Spiritual Retreat For Men

Discovery Place, Inc. is not a treatment center. It is a Spiritual Retreat for men who need Spiritual help in order to recover from addiction to alcohol or other drugs. We provide a 30-day stay that emphasizes the 12 suggested Steps to recovery of Alcoholics Anonymous.

Our Goal for each guest is that they discover how to recover, one day at a time, through practicing the Spiritual principles embodied in the 12 steps.

All our staff are PHD’s (Previously Helped Drunks) and CTM’s (Carriers of The Message) who share the message of their own sobriety with each individual guest.

Our cost is $3,000 (all inclusive) for a 30-day stay. We do not accept insurance nor do we accept any funds from public grants. Payment may be cash, check, or credit card and must be paid in full prior to admission.

Please direct inquiries to:

Joe Morgan
President

Discovery Place, Inc.
1635 Spencer Mill Rd.
P.O. Box #130
Burns, TN 37029

Euel R. Mahoney
Executive Director

Telephone: 615-740-8600    Toll Free: 888-749-8600    Fax: 615-740-8606
Website: www.discoveryplace.info/
E-mail Address: DPKANHLPUP@aol.com
BUSH SAYS USING DRUGS HELPS TERRORISTS

As part of the fight against terrorism, President George W. Bush called on Americans to give up illegal drugs, Reuters reported Dec. 14.

"It's so important for Americans to know that the traffic in drugs finances the work of terror, sustaining terrorists, that terrorists use drug profits to fund their cells to commit acts of murder," Bush said. "If you quit drugs, you join the fight against terror in America."

According to U.S. officials, Osama bin Laden, his al Qaeda network, and Afghanistan’s Taliban rulers supported themselves through narcotics trafficking. As a new interim coalition government takes control of Afghanistan, U.S. officials want the opium stockpiles in Afghanistan destroyed and an end to farmers cultivating more poppies.

Bush criticized the Clinton administration, saying it failed to build on the successes of the war on drugs from previous Republican presidents. Bush cited data showing that the percentage of 12th graders using an illegal drug in the previous month increased from less than 15 percent in 1992 to about 25 percent in 2000. In addition, the percentage of 10th-graders using an illegal drug in the previous month rose from 11 percent to more than 22 percent. Marijuana use among eighth graders also increased.

"Drug use threatens everything, everything that is best about our country," Bush stated. "It turns productive citizens into addicts. It transforms schoolyards into playgrounds where violence and chaos. It makes playgrounds into crime scenes."

Following his comments, Bush signed legislation that would extend and expand the federal Drug-Free Communities Act program. "We must aggressively and unabashedly teach our children the dangers of drugs," Bush said. "We must aggressively treat addiction wherever we find it, and we must aggressively enforce the drug laws against drugs at our borders and in our communities. America cannot pick and choose between these goals; all are necessary if any are to be effective."

13 STATES, FOUR MAJOR CITIES CONTINUED...

Forty-one states and eight cities responded to CASA’s survey. Thirteen states reported increased demand (Alabama, Florida, Georgia, Illinois, Indiana, Kentucky, Mississippi, Nevada, New Jersey, New York, Pennsylvania, South Dakota, and Tennessee). Seven states (California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Maryland, Missouri, Montana, New Hampshire, North Dakota, Oregon, South Carolina, Utah, Vermont, Washington, West Virginia and Wyoming); four cities did not see an increase in demand for treatment (Alaska, Arizona, Arkansas, Colorado, Delaware, Maine, Michigan, Ohio, Oklahoma and Texas) and one city (Chicago) did not know whether there was an increased demand for treatment. CASA was unable to obtain responses from nine states (California, Massachusetts, Minnesota, Nevada, New Mexico, North Carolina, Rhode Island, Virginia and Wisconsin) and two cities (Dallas and Los Angeles).

The National Center on Addiction and Substance Abuse (CASA) at Columbia University is the only national organization that brings together under one roof all the professional disciplines needed to study and combat all types of substance abuse as they affect all aspects of society. CASA’s missions are to: inform Americans of the economic and social costs of substance abuse and its impact on their lives; assess what works in prevention, treatment and law enforcement; encourage every individual and institution to take responsibility to combat substance abuse and addiction; provide those on the front lines with tools they need to succeed; and remove the stigma of substance abuse and replace shame and despair with hope.

With a staff of 74 professionals, CASA has demonstration projects in 47 sites in 31 cities and 20 states focused on children, families and schools, and has been testing the effectiveness of drug and alcohol treatment, monitoring 15,000 individuals in more than 200 programs and five drug courts in 26 states.

Probation Officer for Sumner County General Sessions Court

The position requires supervision of misdemeanor probationers and experience is preferred. A degree in Criminal Justice or a related field and experience is preferred but not absolutely required. Salary will be based on education and relevant experience.

Adult Drug Court Program Coordinator for Sumner County

Applicant must have a degree in a related field and experience is preferred. Salary will be based on education and relevant experience.

Please send resumes to:
John Wesley Jones, Judge
General Sessions Court, Division I
117 West Smith Street
Gallatin, Tennessee 37066
Or Fax to: 615-451-6072
SUMNER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
What is TAADAS?
TAADAS is the Tennessee Association of Alcohol and Drug Abuse Services, Inc. It is a statewide advocacy association whose mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.

How long has TAADAS been in existence?
March of 2001 marked TAADAS’ 25th anniversary. 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.’

Does TAADAS have any programs?
Yes. Through a grant from the Tennessee Department of Health, TAADAS operates two programs—the Statewide Clearinghouse and the Tennessee REDLINE. The Clearinghouse is a resource center for substance abuse related materials. The Clearinghouse includes a lending library of both books and videos, free literature for the general public as well as clinicians, and a research area. The Tennessee REDLINE is a confidential information line to help people find available substance abuse services in their area. TAADAS serves as the host organization for the Partnership for a Drug-Free Tennessee, the Tennessee state alliance for the Partnership for a Drug-Free America. TAADAS also is the home of Recovery Books & Things—a store featuring self help and recovery oriented books as well as recovery gift and novelty items.

What does TAADAS do?
TAADAS’ purpose is to promote the common interest in the prevention, control and eradication of alcoholism and drug dependency and to promote such other programs as approved by the Association; to work in close cooperation with agencies interested in alcohol and drug problems; to further a sense of fellowship and helpful relationships among members of the Association; to facilitate cooperation with all agencies interested in the health and welfare of the community; to impact legislation regarding alcohol and drug abuse; to educate the community regarding alcohol and drug abuse issues; to encourage and support development of alcohol and drug services in areas that are underserved; to enhance the quality of services provided by TAADAS members.

Who can join TAADAS?
Anybody can join TAADAS. The only real requirement is that you have a desire to be part of the movement to improve services for those affected by alcoholism and substance abuse. There are various levels of membership in the Association including Students, Individuals, Corporate and Sustaining.

Why should I join TAADAS?
TAADAS wants to keep alcohol and drug abuse issues in the forefront when funding decisions are made and legislative agendas are developed. As an association we need your opinion and input on the direction of the substance abuse field in Tennessee.

There truly is “strength in numbers”!!

What are some of the benefits of Membership in TAADAS?
- Advocacy
- First Generation Information on policy issues
- Strong voice for parity issues
- Unparalleled Networking opportunities with others in the Substance Abuse Community across the state
- Monthly meetings to network and join forces with others in the field. Quarterly Regional meetings
- Free Subscription to the TAADAS Times, which is a bi-monthly newsletter bringing the latest news, agency profiles, training, and conference information
- Special discounted hotel rates in Nashville
- Discounts at Recovery Books & Things
- Job Postings
- Web Design Consulting
- Grant Consulting
- Membership certificate suitable for framing

How do I join TAADAS?
Want to be a part of the future of alcohol and drug abuse services? Consider becoming a member of the Tennessee Association of Alcohol and Drug Abuse Services, Inc. Fill out the Membership Application and return it to the TAADAS office. Be part of a “fresh approach” dealing with the issues that affect service providers, substance abuse professionals, the public, and our families who live with the consequences of alcohol and drug abuse.

TAADAS Members
2001-2002
TAADAS would like to thank each of the following members for their support and involvement in Championing the Cause!

Sustaining Members
A & D Council of Middle Tennessee, Nashville, TN
Agape, Inc., Knoxville, TN
Aspell Recovery Center, Jackson, TN
Buffalo Valley, Inc., Hohenwald, TN
CADD, Chattanooga, TN
Cocaine & Alcohol Awareness Program, Memphis, TN
Comprehensive Community Services, Johnson City, TN
Grace House, Memphis, TN
Harbor House of Memphis, Memphis, TN
Hope of East Tennessee, Oak Ridge, TN
JACOA, Jackson, TN
Memphis Recovery Center, Memphis, TN
The Pathfinders, Inc., Gallatin, TN
Place of Hope, Columbia, TN
Samaritan Recovery Community, Nashville, TN
Serenity Recovery Center, Memphis, TN
Synergy Foundation, Inc., Memphis, TN

Corporate Members
Ann Evins Doak, Inc.
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Florence Crittenton Agency
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Samaritan Recovery Community, Inc.—Board of Trustees
SunTrust Bank
The Wellness Center
TN Professional Assistance Program
Xebec Management, Inc.

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Tom Diffenderfer
Laura Durham
Jacqueline Duval
Chuck Eady
Gayle Elliott
Estelle Gardner
Becky Haskins
Patricia Jackson
Jerry Jenkins
Deana Kinnaman
Dr. Morris Klass
Judy Love
James McCullars
Harold Montgomery
Mike O’Neil
Elaine Orland
Joe Osterfield
Anna Grace Quinn
Deborah Ray
Debra Roberson
ReChandra Ross
Gwen Sissick
Patricia Spence
James Stubblefield
Rogers Thomson
Sharon Trammell
Eileen White
Tammy Williams

Student Members
Deborah Adams
Elizabeth Andrews
Armstead Chavers
Address or Name Changes?? Forward them to the TAADAS office via phone 615.780.5901, fax 615.780.5905, or email them to taadastimes@taadas.org

TAADAS Board Officers
Frank Kolinsky, President
Allen Richardson, Vice President
Terry Shapiro, Secretary/Treasurer
Rogers Thomson, Exec Director

The Tennessee Association of Alcohol and Drug Abuse 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." For more information about becoming a member of TAADAS, contact Rogers at:

TAADAS
One Vantage Way, Suite B-240
Nashville, TN 37228-1562
615.780.5901
Fax 615.780.5905
rogers@taadas.org

The TAADAS Times Newsletter is a Bi-Monthly publication edited and produced by TAADAS staff. It is distributed to 2800 substance abuse professionals across Tennessee and published on the internet, www.taadas.org. TAADAS accepts paid advertising for inclusion in the TAADAS Times for products and/or services which are related to the purposes of TAADAS and its members. The products and services advertised in TAADAS publications do not necessarily imply endorsement by TAADAS or its membership. For more information about placing an ad or article in the TAADAS Times, contact:

TAADAS Times, Editor
One Vantage Way, Suite B-240
Nashville, TN 37228-1562
615.780.5901
Fax 615.780.5905
Taadastimes@taadas.org

Application for Membership in TAADAS

Joining TAADAS entitles you to a host of benefits not the least of which is recognition as an active supporter of the voice of Alcohol and Drug Abuse Services in Tennessee. There are various levels of membership in TAADAS, varying from student-sustaining membership. Fill out the application and return it to the TAADAS office if you'd like to join TAADAS in providing accurate information about alcohol, tobacco and other drugs, and influencing public policy decisions that support credible education, prevention, and treatment services in Tennessee. Your support will help develop a positive and creative prevention and treatment strategy that will end the 'shoveling up' of the wreckage caused by alcohol and other drug abuse in Tennessee.

Date: _________________________

Level of Involvement:

Student: $20 ___
Individual: $50 ___
Corporate: $100 ___ $500 ___ $1000 ___ Other $ _____
Sustaining / Voting: $500 ___ $2500 ___ $5000 ___ Other $ _____

Name: _____________________________________________________________________________

Agency: ___________________________________________________________________________

Address: __________________________________________________________________________

City: __________________________________ State: ____________ Zip Code: _________________

Phone: ________________________ Toll Free: ______________________ Fax: ______________________

Website: ________________________ Email address: ____________________________________________________________________________

Card Holder's Name: ____________________________ Visa/Mastercard #:_____________________

Card Holder's Signature: ____________________________ Exp Date: ________________

TAADAS’ Mission

To educate the public and influence state and national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.