TAADAS Adopts Standardized Model for Addiction Services in Tennessee

On June 8, the Board of Directors of the Tennessee Association of Alcohol, Drug & other Addiction Services (TAADAS) voted to adopt “Living In Balance: Moving From a Life of Addiction to a Life of Recovery” as the evidenced based model for members providing addiction services.

“Funding sources, including the government and charitable foundations want to know that treatment providers are providing a service that is effective. Towards that end, outcome studies and evidenced based practice models are being required of not-for-profit addiction treatment programs. This growing emphasis means that treatment providers must be proactive in finding an evidenced based model that can fit well with the methods that have proven effective in their own programs. Essentially an evidenced based practice is a treatment model that can be replicated by different providers with different patients and get similar results. It also means that the results are measurable and demonstrate treatment success,” explained TAADAS Vice-President, Mike McLoughlin.

McLoughlin led a committee charged with evaluating and recommending an evidence-based practice for the association.

“Members of TAADAS have historically endorsed the Twelve-Step model in conjunction with eclectic strategies,” continued McLoughlin. “Living in Balance is an evidenced based practice that can be readily implemented by TAADAS members with minimum disruption to their existing programs. This model will not completely change the way of doing things – it just standardizes practices allowing for measurable results.”

The Living in Balance (LIB) model:
- Developed by Hazelden, renowned for their years of commitment and expertise in the addiction field
- Is NIDA funded, research-based project—meets most federal grant requirements
- Combines experiential, cognitive-behavioral, and Twelve Step thinking
- Utilizes Ready-to-use sessions and reproducible client worksheets that save time and money
- It is effective as a supplement to existing programs or as core programming
- It can be used with individuals or with groups, in any length of program

Living in Balance may be purchased through the TAADAS Bookstore, Recovery Books & Things. TAADAS members will be able to purchase the model at a discounted rate. To purchase your copy, please call toll-free 1.877.863.6914. For more information or to join TAADAS call Tammy Kelly at 815.780.5901 ext 12 or log on to www.taadas.org.

TAADAS Votes in New Slate of Board Officers

Fall is a time for change—leaves are changing, weather is changing, and at TAADAS, it is time for a change in Board Officers. On Thursday, August 10th, the TAADAS Board of Directors voted on a new slate of officers to govern the 30 year old association for addiction services.

Current President Boomer Brown, a native Chattanoogan has served in the field of addiction services for nearly 20 years and has served TAADAS well for two consecutive terms. Since 2004 during Brown’s tenure as President, TAADAS has continued to take the lead as Tennessee’s Voice of Recovery. On October 1st, Brown will hand over the reigns of President to Mike McLoughlin who has served as the vice-president for the past two years. McLoughlin is the Executive Director of Memphis Recovery Center in Memphis, Tennessee.

(Continued on page 3)
POSSIBLE COUNSELOR SHORTAGE SEEN

NADAC, the Association for Addiction Professionals, is predicting that the U.S. could face a shortage of addiction counselors as a cadre of longtime professionals reach retirement age without younger counselors to replace them.

The Associated Press reported June 22 that according to NADAC, 80 percent of addiction counselors are between ages 40-50; in Ohio, the average age is 50, and most counselors say they plan to retire during the next decade. Lack of good pay is preventing young professionals from entering the field: an entry-level addiction counselor can expect to earn $16,000-$25,000 a year. "Within a year or two, they're leaving the field because the money isn't good enough to stay," said NADAC deputy director Shirley Mikell, who has worked in the addiction field for 34 years. "You've got to be crazy like we were to stay all these years."

NADAC is trying to improve counselor recruitment and retention by seeking salary support from the federal government and loan forgiveness for graduate students. But stigma also plays a role in the shortage of counselors; many young people have been told from a young age that people with addictions should be avoided. "People look at this field and they think, I don't want to spend the rest of my life dealing with addicts," said Stacey Frohnapfel Hasson, a spokeswoman for the Ohio Department of Alcohol and Drug Addiction Services.

Perhaps that's why addiction programs have the most success when recruiting counselors from the ranks of recovering addicts, such as Bela Koe-Krompecher, 38, a student on the chemical-dependency track at Columbus State Community College. "I see this as an avenue where I can share this experience in life with other people that are struggling," he said.

N.H. ENCOURAGES CERTIFICATION OF PREVENTION SPECIALISTS

The International Certification & Reciprocity Consortium certified New Hampshire's first 18 drug and alcohol prevention specialists this month, the Portsmouth Herald reported on July 4.

Certification requires at least a bachelor's degree in a related field, 50 hours of drug or alcohol training, HIV prevention and education training, and signature on a code of ethics. The certification is voluntary as New Hampshire law does not require drug or alcohol counselors to be certified. The nonprofit organization, New Hampshire Prevention Certification Board, oversees the certification for the state.

Jackie Valley, director of the Community Diversion Program, sees many benefits to this new certification process. She believes that the public will be in safe hands going to trained professionals. She also hopes that agencies with certified employees will be entitled to more state aid.

"If you have certified specialists, the state knows they're funding qualified professionals," Valley said.

Valley wants to see 20 more counselors receive certification in the next year in New Hampshire.

"If you have certified specialists, the state knows they're funding qualified professionals."

12-STEP PROGRAMS OFFER BROAD BENEFITS, STUDY SAYS

A study of Alcoholics Anonymous and other 12-step oriented self-help programs finds that they can help most people recover from alcoholism, even those who are not religious or have mental-health problems.

The Pacific Institute on Research and Education (PIRE) reported that researchers tracked a group of 227 alcoholics over three years and found that those who had attended AA or other self-help programs after treatment had higher rates of abstinence, and drank less if they did relapse. The results cut across gender and religious lines and held regardless of psychiatric history or whether the patient had previously attended AA or other similar programs.

"Here's a widespread, chronic disorder that seems to respond well to an inexpensive resource -- mutual-help groups such as AA," said study co-author Robert Stout, Ph.D., director of the Decision Sciences Institute at PIRE. "Not only do we need to get more addicts engaged in these groups, but we also need to gather evidence on this issue and make sure that the public, policy-makers and practitioners know about it."

Added co-author John F. Kelly: "There is a clear dose-response relationship: If you don't go to any meetings, you have the worst outcomes. If you go to a few, you have a little bit better outcome, and if you go to a lot, you have an even better outcome." Kelly is the associate director of the Massachusetts General Hospital/Harvard Addiction Research Program.

The study was published in the August 2006 issue of Alcoholism: Clinical and Experimental Research.
Board Officers Continued...

(Continued from page 1)

“TAADAS is the trade organization for addiction treatment professionals in the state of Tennessee. Treatment professionals need TAADAS to succeed. The people of Tennessee need TAADAS to succeed. Being elected President of such an association is humbling because TAADAS, its members and the Bureau of Alcohol and Drug Abuse Services through TAADAS and its members bring hope to individuals and communities suffering from crime, domestic violence, child neglect and individual desperation. This is a task for Spiderman or Luke Skywalker. It’s bigger than me. It’s too big. All I can do is try and build on what has been done and rely on the strength and wisdom of others. My vision for TAADAS during my time in office is to continue serving the community and the member agencies so that more addicts and alcoholics can be helped. Toward that goal, TAADAS will continue to make significant strides in developing relationships between professionals in the field at large, while promoting the efficacy and viability of member agencies,” said McLaughlin.

Joining Mike as an officer will be Sharon Trammell. Trammell will serve as the Vice-President of the Board. She has served for the past two years as Board Secretary/Treasurer. Trammell is the Executive Director of Grace House in Memphis, Tennessee. “I truly believe the addiction services field needs a united voice across the state,” says Trammell, “I believe that TAADAS still has the ability to truly be that voice, as long as we keep our focus on the true object of our reason for being—the suffering addict.”

Rounding out this year’s newly elected officers is Dan Hoyle who will serve as the Secretary/Treasurer of the Board. Hoyle is the Executive Director of Pathfinders in Gallatin, Tennessee. Hoyle has been a part of TAADAS since its inception three decades ago.

These newly elected officers will preside over the board beginning October 1st through June 30, 2007. The association looks forward to the direction and leadership these new officers will bring with their over 90 years experience in the field of addiction services to lead the association into the next year.

Problem Gambling

With the widespread popularity of Texas Hold‘em, Casino Gambling, Internet Gambling and Lotteries, gambling is quickly becoming a mainstream pastime in America. A quick Google search on the term Texas Hold‘em will yield over 30,000,000 hits. Casino ads, Cable TV Gambling shows, and Lottery ads are a very visible part of our media landscape. We are being bombarded with gambling possibilities. While the vast majority of Americans that gamble are able to do so recreationally and without problems, there are those that cannot.

Gamblers Anonymous offers the following questions to anyone who may have a gambling problem. These questions are provided to help the individual decide if he or she is a compulsive gambler and wants to stop gambling.

Twenty Questions
1. Did you ever lose time from work or school due to gambling?
2. Has gambling ever made your home life unhappy?
3. Did gambling affect your reputation?
4. Have you ever felt remorse after gambling?
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. After losing did you feel you must return as soon as possible and win back your losses?
8. After a win did you have a strong urge to return and win more?
9. Did you often gamble until your last dollar was gone?
10. Did you ever borrow to finance your gambling?
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use “gambling money” for normal expenditures?
13. Did gambling make you careless of the welfare of yourself or your family?
14. Did you ever gamble longer than you had planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Did gambling cause you to have difficulty in sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self destruction or suicide as a result of your gambling?

Most compulsive gamblers will answer yes to at least seven of these questions. (Taken from the NASPL Website)

If you or someone or someone you know is experiencing problem or compulsive gambling, help is available via the TENNESSEE REDLINE at 1-800-889-9789.

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SAMHSA Explains Review Process for New National Registry of Evidence-Based Programs and Practices

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the agency’s Fiscal Year 2007 review priorities for mental health and substance use prevention and treatment programs and practices submitted to its National Registry of Evidence-based Programs and Practices (NREPP). The notice was published in the June 30 Federal Register.

NREPP is a voluntary rating and classification system designed to provide the public with reliable information on the scientific basis and practicality of interventions that prevent and/or treat mental and substance use disorders.

Under the new NREPP, minimum review criteria require interventions to: demonstrate one or more positive change outcomes in mental health and/or substance use among individuals, communities or populations; have results that are published in a peer-reviewed publication or documented in a comprehensive evaluation report; and provide documentation, such as manuals, guides, or training materials, to facilitate broader public dissemination of the intervention.

Priority review areas for substance use prevention include preventing or reducing substance abuse problems such as: underage drinking; inhalant abuse; use and abuse of marijuana; drug related suicide; alcohol and drug abuse among young adults; misuse of alcohol and prescription drugs among the elderly; or HIV/substance abuse problems.

Priority review areas for substance use prevention also include interventions that reduce risk factors or enhance protective factors, or address emerging substance abuse problems.

Priority review areas for substance abuse treatment include interventions to treat adolescents and adults with alcohol or drug use disorders that utilize screening, brief interventions and referral; outreach and engagement; treatment and rehabilitation; recovery support; or continuing care, self-care or aftercare.

Priority review areas for mental health include interventions that: foster consumer and family-provided mental health services; divert adults with serious mental illness and/or children and adolescents with serious emotional disturbances from criminal and juvenile justice systems; develop alternatives to the use of seclusion and restraint for adults with serious mental illness and/or children and adolescents with serious emotional disturbances; or prevent suicide in specific age groups.

Interested parties can review the complete Federal Register notice by clicking on "National Registry of Evidence-based Programs and Practices" on the SAMHSA home page at www.samhsa.gov.

Roughly one in five Americans has an immediate family member with an addiction problem.

Gallup Poll Finds Support for Disease Concept of Addiction

A poll of Americans who have family members with alcohol or other drug problems found that 76 percent believe that addiction is a disease.

The Gallup poll of 902 U.S. adults conducted for USA Today and HBO also found that most family members are optimistic that their loved ones will recover from their addiction, but about half said recovery is only possible with professional help. About 22 percent of those polled said people with addictions can recover on their own, and only 2 percent said they believe people cannot recover fully from addiction.

Eighty-four percent of those polled said that alcoholics need to abstain completely if they are to maintain their recovery, while 13 percent said an occasional drink would be OK.

Roughly one in five Americans has an immediate family member with an addiction problem.

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This project is funded under an agreement with the State of Tennessee.
Vincent Dole, Father of Methadone Treatment, Dies

The man who first proved that methadone could be used to treat opiate addiction has died, the Associated Press reported August 2.

Vincent P. Dole, 93, along with colleague Marie Nyswander, conducted the pioneering research in the 1960s that led to the establishment of the methadone treatment system. Dole and Nyswander theorized that the painkiller, although highly addictive itself, satisfied the addictive urges of opiate users without debilitating them. Their research led to the use of "maintenance" doses of methadone being administered to opiate users as long-term therapy. The work of Dole and Nyswander also helped cast addiction as a medical, not moral, problem. Still, the "harm reduction" nature of methadone treatment makes it controversial even now, with some contending that drug users should be compelled to abstain completely, not substitute one drug for another.

"I think [Dole] was sort of perplexed by [the controversy], because he saw some of the plain logic of helping people in distress," said Jules Hirsch, a longtime colleague at Rockefeller University.


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Mothball Abuse Comes Out of the Closet

Some teenagers are using mothballs to get high, a trend that may be underreported, researchers say.

Reuters reported July 27 that users place mothballs, which contain paradichlorobenzene, in a bag and inhale from it for about 10 minutes. Some users also chew mothballs. The term "bagging" has been used to describe the habit.

Mental impairment, loss of coordination, and scaly skin may be symptoms of mothball abuse.

Paradichlorobenzene, also found in air fresheners and insect repellents, can cause anemia and liver and kidney failure.

One French teen found sniffing mothball fumes took six months to recover; a twin sister took three months. Researchers noted that only three such cases have been reported but said the habit may be more widespread.


Symptoms of Possible Mothball Abuse

Mental Impairment
Loss of Coordination
Scaly Skin
NEWS FROM CAPITOL HILL

By Nathan Ridley

“Political action is the highest responsibility of a citizen.” John F. Kennedy, while campaigning October 20, 1960. If you think about it for just a second, our citizenship does not carry a heavy burden. Each of us has to serve on a jury when summoned. Each of us knows voting is a responsibility, but the penalty for noncompliance is pretty skinny. Thus, our apathy becomes our greatest enemy. After Labor Day, our candidates for state and federal offices will be crying for our attention, and the fall election season will be upon us. Do not let it pass by quietly.

Tennessee has a federal senate race and the governor’s race on the fall ballot. Both will draw a great deal of national attention. The former because of its partisan implications where the Democrats are looking for six seats to obtain a majority, and the latter because Governor Bredesen has brought wrenching change to our health care delivery system for the poor, but also financial stability. At the congressional level, the August primary election saw State Representative David Davis receive 22% of the vote in a 13 candidate field and thus the Republican nomination to be the new Congressman for the First Congressional District in East Tennessee. State Senator Steve Cohen won 31% of the vote in a 15 candidate field to win the Democratic nomination for the Ninth Congressional District in Memphis. Steve will have a Republican opponent, Mark White, and an Independent, Jake Ford. While it is difficult to make assumptions about Memphis, Steve should win the November election, even though Jake Ford is the brother of Harold Ford, Jr. Irony or ironies, I suspect that for a host of reasons, Harold Ford, Jr. will support Steve in the fall election, even though he defeated him 10 years ago for the same seat. Now we can cut our eyes to the state legislative races where several competitive campaigns are evolving.

The August primary election found three House incumbents tasting the bitter potion of defeat. Starting from the East, restaurant owner Kent Williams defeated two term incumbent and attorney Jerome Cochran in the Fourth District Republican primary by pulling 54% of the vote in a two person race. In McMinn County, Mike Bell, a small business owner and a beef cattle farmer, defeated eight term incumbent Bob Mc Kee with 54% of the vote in the Republican primary. As sometimes happens with our Republican friends, Representative Mc Kee’s right flank was overrun as Mike Bell received the support of right to life and home school groups. In Davidson County, Metro Council Member Brenda Gilmore defeated five term incumbent Edith Taylor Langster with 62% of the vote in the Democratic primary where the surprise was not so much the outcome as the margin of victory. Brenda Gilmore has announced that she will continue to serve in the Metropolitan Council until her term expires next August.

In the November General Election for the House of Representatives, the Democrats will strive to increase their 53-46 majority. Their focus lies upon the following state representatives districts:

- District 7 covering Washington County is presently held by first term incumbent Matthew Hill who will be opposed by former Sheriff and Safety Department Commissioner Fred Phillips. Both hail from Jonesborough;
- District 18 covering part of Knox County is presently held by first term incumbent firebrand Stacey Campfield who will be opposed by the 26 year old paralegal, Schree Pettigrew;
- District 34 covering a part of rapidly growing Rutherford County is presently held by three term incumbent Donna Rowland who will be opposed by Mary Esther Bell. Both hail from Smyrna;
- District 78 covering Cheatham and parts of Williamson and Montgomery counties is presently held by second term incumbent Phillip Johnson of Cheatham County who will be opposed by Bruce Gibbs, a former elected and appointed school superintendent also of Cheatham County;
- District 79 covering Gibson and part of Carroll County is presently held by second term incumbent and banker, Chris Crider, who will be opposed by former educator and basketball coach and present day Subway Store owner, Cheri Childress.

By the same token, the Republicans see opportunities as well in the following state representative districts:

- District 11 covering Cocke and part of Greene County is presently held by second term incumbent Eddie Yokley of Greene County, who will be opposed by Charlotte Leibrock of Cocke County;
- District 39 covering Moore and Franklin counties and part of Lincoln County is presently held by five term incumbent George Fraley, who will be opposed by Bill Green, who also challenged in 2004 and lost by about 1200 votes. Both hail from Winchester;

(Continued on page 7)

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CAPITOL HILL...

(Continued from page 6)
- District 65 covering Giles and Marshall counties is an open seat being vacated by retiring Judiciary Committee Chair Joe Fowlkes. Republican James Moon of Marshall County who challenged Fowlkes in 2004 will face Democrat Eddie Bass of Giles County;
- District 66 covering Robertson County is an open seat being vacated by retiring Agriculture Committee Chair Gene Davidson. Republican Josh Evans of Greenbrier who is a former legislative intern will face Democrat Bob Bibb of Springfield who challenged Davidson for the Democratic nomination in 1998;
- District 67 covering part of Montgomery County, predominantly the City of Clarksville, is an open seat being vacated by Majority Leader Kim McMillan. Republican primary winner and City Councilman Ken Takasaki will challenge Democratic banker Joe Pitts.

In the November General Election for the Senate, the focus is a bit different as the Republican incumbents, who have thoroughly enjoyed the first majority status for their party since Reconstruction, are scrambling to maintain their slender 18-14 majority. In an effort to retake control of the State Senate, the Democrats have fielded strong candidates, and the races will be most hotly contested in the following state senate districts:
- District 13 covering Marshall, Maury, Lincoln and much of Rutherford counties is presently held by first term incumbent Bill Ketron, insurance agent of Rutherford County who will be opposed by Vince Springer, educator of Maury County;
- District 17 covering Cannon, Clay, DeKalb, Macon, Smith, part of Sumner, Trousdale, and Wilson counties is presently held by first term incumbent and former House member, Mae Beavers of Wilson County who will be opposed by attorney and twenty year legislative veteran, Bob Rochelle also of Wilson County. This will be the most hotly contested of all the Senate races; and
- District 27 covering Carroll, Gibson, and Madison counties is presently held by first term incumbent and banker Don McLeary of Gibson County who will be opposed by attorney Lowe Finney of Madison County.

Election Notes:
1) Voting Registration Deadline:
Mail in registration material must be postmarked by 10/7. Registration in person depends on each county election commission’s office hours; either 10/6 or 10/7 is the deadline. Check with your county election commission office.
2) Early Voting: 10/18–11/2
3) Election Day: 11/7/06
4) Candidates: U.S. Senate, U.S. House of Representatives, Governor, State Senate (Odd numbered districts), and State House of Representatives.

I encourage you to speak with the candidates and strongly convey to them the importance of substance abuse treatment for our communities. While this year will not carry the excitement of a presidential election, we also recognize that the women and men who serve in our state and local offices have a greater impact on our day-to-day lives.

Calendar Notes: State offices will be closed Monday, September 4, for the Labor Day holiday.
Nathan Ridley is an attorney with the Nashville firm, Boutt Cummings, Conners & Berry, PLC.
You may contact him by email at nridley@bouttcummings.com.

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Recovery, Temptation Often in Close Proximity

People in recovery from addiction or seeking programs to get clean often must run a gamut of temptation on their way to a treatment facility, the Los Angeles Times reported August 9.

"If you take 10 people in their first six months of recovery and put them in skid row or in an environment relatively free of drugs, you're going to have more relapse with the skid row group," said Richard Rawson of UCLA's Integrated Substance Abuse Programs.

Drug use proliferates on Los Angeles' Skid Row, which also is home to many of the city's addiction-treatment programs. More drug arrests are made in the 50-block area of South Los Angeles than anywhere else in the city; the area also has 1,400 treatment beds.

"With all of the narcotics sales in skid row, it strikes me as nearly impossible to get clean. The expression I hear is that the wolves are not at the door, they're in the living room," said Los Angeles Police Capt. Andy Smith, police commander for the area. Officials would like to see treatment programs more disbursed, but few other communities will accept the rehab centers.

Meanwhile, state Sen. Gil Cedillo (D-Los Angeles) is trying to insulate the programs by increasing penalties for selling drugs within 1,000 feet of a treatment program or homeless shelter. The measure also would declare Skid Row a "recovery zone," banning people on probation for drug offenses from visiting the area and barring hospitals and others from "dumping" people in the neighborhood.

"For program staff, they see this almost impossible-looking situation daily, and it can have an overwhelming effect," said Conrad Watson, head of the Salvation Army treatment program on East 5th St. "It seems like we're working harder and harder every day, but it doesn't look like the problem is decreasing."

Voluntary, Forced Treatment Equally Effective, NIDA Says

Men ordered into drug treatment by judges had as much success as those who entered treatment voluntarily, according to the National Institute on Drug Abuse (NIDA).

Those entering treatment by court order initially were less motivated than voluntary participants, but after five years, rates of abstinence, employment, and re-arrest were about the same, according to an analysis conducted by NIDA and the Department of Veterans Affairs Health Service Research and Development Service.

"Once in a therapeutic environment, mandated patients seem to reflect on their situation and accept the need for treatment," said lead researcher John Kelly. "Our findings suggest that people can learn from the 'teachable moment' offered by a judicial mandate, even though the initial motivation for treatment is external. Judicial mandates may provide an opportunity for offenders to gain access to and benefit from needed treatment."

Researchers studied outcomes on 2,095 men treated at 15 VA inpatient programs for 21 to 28 days, using a variety of interventions. Assessments were done at intake, one year, and five years after treatment. At five years out, most outcomes did not differ between the mandated and voluntary groups.

The research was published in the April 2005 issue of the Journal of Substance Abuse Treatment.

Reference:

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14th Annual Operation Stand Down Event

The 14th Annual Operation Stand Down Event has been scheduled for Friday, Saturday and Sunday, October 13, 14 and 15, 2006 at the National Guard Armory, Sidco Drive, Nashville, TN. This event provides outreach, information and social services to this area’s homeless veterans. Services provided include: haircuts; legal reviews; medical; dental and eye exams and treatment; immunization shots; meals; access to social services and a safe place to sleep off of the streets. TAADAS has been helping veterans at the Stand Down Nashville Event since it began in 1993. Last years event drew over 284 veterans. Veterans attending the event must be homeless and have an Honorable or Under Honorable Conditions discharge from the U. S. Armed Services. Needs for this year’s event include:

1. Financial donations to pay for needed items that are not donated. (program ads are available)
2. Clothes – (work type clothes) – jeans or corduroy pants, heavy-duty shirts, etc.
3. New Underwear – Socks, T-Shirts, and briefs (boxers and regular) – all sizes.
4. Volunteers (set up on Oct 11 and 12 and throughout the event)

Operation Stand Down Nashville, Inc., a year round 501c (3) non-profit agency, which assists homeless veterans, is coordinating this Nashville community event. Please contact them at 321-3919 or e-mail: bill@osdnashville.org for additional information. If you wish to volunteer, please contact the event volunteer coordinator Jean Daugherthy at the above number or E-mail her at jean@osdnashville.org.

For additional information on Operation Stand Down Nashville Inc. see www.osdnashville.org or www.givingmatters.com.

NAADAC Awards Tennessean National Honor

NAADAC, the Association for Addiction Professionals, selected the winners of its 2006 annual awards. The awards, meant to recognize excellence in the addiction profession, have been awarded to a diverse group from across the country.

The 2006 Mel Schulstad Professional of the Year award was created in November 1979 and is named after the first President of NAADAC. The award recognizes an individual who has made outstanding and sustained contributions to the advancement of the addiction counseling profession.

Dr. Clark has been an addiction counselor for 17 years and a trainer for 13 years. She was the president of Middle Tennessee Association of Alcoholism and Drug Abuse Counselors (MTAADAC) for two years and is the president-elect for the Tennessee Association of Alcoholism and Drug Abuse Counselors (TAADAC). Dr. Clark is also a nationally recognized expert as Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Substance Abuse Treatment (CSAT) look to her for advice and guidance.

TAADAS congratulates Frances on this prestigious award!

Bradford Health Services:
Upcoming Changes and Events!

Bradford Health Services proudly announces their upcoming expansion! Due to our rapid growth, we will be relocating in September to our new office located at 621 Mainstream Drive, Suite 230 Nashville 37228 in the Metro Center Business Park. We are very excited and looking forward in anticipation to our move and will be planning an Open House at a later date. Look for future announcements!

Get out your clubs and hit the driving range! The second annual Tennessee Bradford Health Services Golf Tournament will be held on October 12th, 2006 at the Hermitage Golf Course. We will be expecting one-hundred participants from the Middle Tennessee area that have worked diligently to promote and support the process of recovery. Prizes will be rewarded to the top four teams and raffles will be held for door prizes. Again, we look forward to another successful turn out and a great day of golf!

Don’t forget to mark your calendars for the Bradford Health Services Alumni Association and Continuing Care Dinner on Tuesday November 14th, 2006 at 6:00pm. This event will give the Bradford Alumni Association and Continuing Care members the opportunity to give thanks for recovery. See you there!
**WORKSHOPS & TRAININGS**

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

**Pharmacology of Abused Drugs**
Facilitator: Fred Lunce, Helen Ross McNabb, Knoxville, TN, September 8, 2006, Contact Martha Culbertson, 865.329.9087

**Living in the Light**
Facilitator: Regina Taylor, Cool Springs, September 9, Contact Monnie Furlong, 615.353.4313

**Choices from the Inside Out**
Facilitator: Susan Beyler, The Estuary, September 11, Contact Monnie Furlong, 615.353.4313

**Spirituality & Religion in Recovery**
Facilitator: Hilde Phipps, CADAS, Chattanooga, September 15, Contact Adam Webster 423.643.1666

**Primary Function #12: Consultation**
Facilitator: Paul Hart, CADAS, Chattanooga, September 16, Contact Adam Webster 423.643.1666

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

**The Secret Message of Shame**
Facilitator: David Tiner, Cool Springs, September 23, Contact Monnie Furlong, 615.353.4313

**Codependency and Addiction**
Facilitator: Bobby Chapman, Cool Springs, September 30, Contact Monnie Furlong, 615.353.4313

**Low Ropes Adventure Course**
Facilitator: Bobby Chapman, River Road, October 1, Contact Monnie Furlong, 615.353.4313

**Harmony through Horses**
Facilitator: Al Adams, October 7, Contact Monnie Furlong, 615.353.4313

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

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**FEATURED PUBLICATIONS:**

**Faces of Change: Do I have a problem with alcohol or drugs?**

The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This month’s feature is: **Faces of Change: Do I have a problem with alcohol or drugs?**

This booklet asks people to assess the role alcohol and drugs play in their lives as they follow the stories of five individuals from different backgrounds who also have a problem with substance abuse. Contains a change plan worksheet and contact information.

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

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**Voices of Recovery—Voices of Hope**

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Order your free copy of this inspiring booklet today!
Log onto the TAADAS website at www.taadas.org.

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**FEATURED VIDEO:**

**Earnie Larsen’s Secret to Successful Relationships**

The Clearinghouse has over 800 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is: **Earnie Larsen’s Secret To Successful Relationships**

In this four part program, Earnie Larsen tells how to find strength through relationships. He explains the difference between a functional and dysfunctional relationship and why our ability to build the former is so important to overcome any kind of addictive behavior. Two tapes, two programs per tape. Part 1 - Anatomy of a Relationship & Part 2 - Real Stuff Takes Right Stuff. Part 3 - Communication Techniques & Part 4 - No Limit Relationships.

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50 per shipment. Call the Clearinghouse at 615.780.5901 x 6 to check out this video or any other videos in our collection. A complete video catalog is available online at www.taadas.org.
Early Childhood Behavior Could Predict Adolescent Substance Use, Study Says

Children with better impulse control and resiliency at ages 3 to 5 are less likely to have started drinking or using illicit drugs at ages 12 to 14, Medical News Today reported on July 16.

Researchers from Idaho and Michigan State Universities tracked 514 children over 10 years, testing their ability to control impulse and behavior and to adapt to environmental demands between ages 3 and 5. When the children reached ages of 12 to 14, they reported their drug and alcohol use.

Adolescents who were less able to control their behavior at ages 3 to 5, or whose behavior control increased more slowly over time, were more likely to drink, to report having been drunk, to have more alcohol-related problems and to have used drugs other than alcohol. Children with higher resiliency, or ability to adapt to the environment, in early childhood were less likely to start drinking and experience drunkenness at the early ages of 12 to 14, and were also less likely to show signs of sadness, anxiety, aggressiveness or delinquent behavior.

Children with a parent who had misused alcohol were also more likely to use alcohol or experience alcohol problems at an early age, although they were not more likely to use illicit drugs.

‘These findings are very important because we know that early drinking (at age 14 or earlier) is associated with a greater likelihood for alcohol abuse or dependence in adulthood,’ said lead author Maria M. Wong, Ph.D., assistant professor in the department of psychology at Idaho State University. 'If early childhood behaviors such as behavioral control and resiliency put individuals at risk for alcohol and drug use, then programs aimed at changing those behaviors at an early age may protect individuals from experimenting with drugs and alcohol later on.'

The study was published in the Journal Child Development.

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**WORKSHOPS & TRAININGS**

**Letting Go of the Past—Ashes Experience**
Facilitator: Bobby Chapman, River Road, October 21, Contact Monnie Furlong, 615.353.4313

**High Ropes Adventure Course**
Facilitator: Bobby Chapman, River Road, October 22, Contact Monnie Furlong, 615.353.4313

**The Bully Issue & Emotional Intelligence**
Facilitator: Bette Breland of DREAM, Inc., CADAS, Chattanooga, October 26, Contact Adam Webster 423.643.1666

**SASSI 3: Administration, Scoring & Clinical Interpretation**
Facilitator: Jack Freckman, CADAS, Chattanooga, October 27, Contact Adam Webster 423.643.1666

**Healing Relationships for Couples**
Facilitator: Paul Kaufman, November 4, Contact Monnie Furlong, 615.353.4313

**Addiction Severity Index (ASI)**
Facilitator: Frances Clark, CADAS, Chattanooga, November 11, Contact Adam Webster 423.643.1666

**Relapse Prevention**
Facilitator: Bobby Chapman, Cool Springs, November 11, Contact Monnie Furlong, 615.353.4313

**High Ropes Adventure Course**
Facilitator: Bobby Chapman, River Road, November 12, Contact Monnie Furlong, 615.353.4313

**Group Counseling Skills**
Facilitator: Virginia Magnus, CADAS, Chattanooga, November 17, Contact Adam Webster 423.643.1666

**Relapse Prevention**
Facilitator: Regina Taylor, Cool Springs, November 18, Contact Monnie Furlong, 615.353.4313

**Living a Practical Spirituality**
Facilitator: Paul Kaufman, River Road, November 30, Contact Monnie Furlong, 615.353.4313

**How Dope Works**
Facilitator: Fred Lune, A & D Council of Middle TN, Nashville, June 16, Contact Susan Young, 615.269.0029

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**Recovery Books & Things**

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What is Recovery Month?

In 2004, 3.8 million people aged 12 or older received some kind of treatment for a substance use disorder. Participating in recovery programs for substance use disorder is as effective as receiving treatments for other chronic conditions—yet 21.15 million people needed but did not receive treatment in 2004.

Recovery Month is an annual observance that takes place during the month of September. Recovery Month highlights the societal benefits of substance abuse treatment, applauds the contributions of treatment providers and promotes the message that recovery from substance abuse in all its forms is possible. The observance also encourages citizens to take action to help expand and improve the availability of effective substance abuse treatment for those in need. Each year a new theme, or emphasis, is selected for the observance.

Recovery Month provides a platform to celebrate people in recovery and those who serve them. Throughout September, events nationwide encourage communities, civic leaders, labor organizations, treatment and prevention organizations, community and faith-based organizations, and the recovery community to address their community’s need for treatment, overcome the barriers that prevent people from seeking help, and ensure access to local treatment facilities. Substance abuse treatment providers have made significant accomplishments, having transformed the lives of untold thousands of Americans. These successes often go unnoticed by the broader population; therefore, Recovery Month provides a vehicle to celebrate these successes.

Recovery Month helps to address the stigma and discrimination that affect those trying to access substance use disorder treatment services, as well as people in recovery. Stigma detracts from the character or reputation of a person. For many people, stigma can be a mark of disgrace and a barrier to receiving treatment. In 2004, 21.6 percent of the 1.2 million people who felt they needed treatment but did not receive it indicated it was because of reasons related to stigma. Furthermore, 67 percent of people in a separate survey thought that stigma exists toward people in recovery from an addiction to alcohol or drugs. By raising awareness about treatment and recovery services, community members can gain a better understanding of these disorders.

Recovery Month also serves to educate the public on substance abuse as a national health crisis, that addiction is a treatable disease, and that recovery is possible.

Tennessee Recovery Month Events

Keeping the Promise…
An Evening with Eamie Larsen & John McAndrew
Thursday September 7, 2006
6:30 p.m.
Embassy Suites Hotel Nashville Airport

T.A.A.D.A.S Annual Recovery Month Celebration & Dinner event will honor individuals in recovery and send the message to all Tennesseans that recovery from addiction is powerful and possible. T.A.A.D.A.S is pleased to announce that Eamie Larsen and John McAndrew will be performing “Keeping the Promise” at the event. In recovery, we believe the God of our Understanding is always faithful to the promise of assistance. Our role in the equation of recovery is to keep the promises we make in “turning it over.” Not perfectly of course but in this as in all things in recovery, we seek “progress and not perfection.” Through song, meditation and teaching, Eamie and John explore the meaning of the spirituality of recovery.

Celebrate Recovery Walk and 5K Run
Saturday, September 16, 2006
9 a.m.
Murfreesboro Veterans Administration at the Pavilion

Benefiting the Rutherford/Cannon County Drug Courts. T-Shirts for Participants, Refreshments, Prizes. Awards for the Overall Male and Female Winners in the Run, plus male and female age group winners, and top 3 male and females in the “Walk Event”. Call 615.223.9987 for more information.

2006 3rd Annual Alcohol & Drug Awareness Fair
Saturday, September 23, 2006
9 a.m. – 5 p.m.
West Town Mall (near J.C. Penney) Knoxville, TN

To celebrate September as National Alcohol and Drug Addiction Recovery Month, the Helen Ross McNabb Center and East Tennessee Association of Alcoholism and Drug Abuse Counselors (E.T.A.A.D.C.) are sponsoring a Recovery Awareness Fair, September 23rd at West Town Mall. The fair will host more than 25 booths offering information about local substance abuse treatment programs, prevention resources, and other service oriented organizations. Information available for all ages, giveaways and door prizes, and entertainment. For more information, contact Daniel Harris at Centerpoints Adult Alcohol and Drug Services 865-523-7004, ext. 3405.

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Meth Promotes Spread of Virus in HIV-Infected Users

Researchers at the University at Buffalo have presented the first evidence that the addictive drug methamphetamine, or meth, also commonly known as "speed" or "crystal," increases production of a docking protein that promotes the spread of the HIV-1 virus in infected users.

The investigators found that meth increases expression of a receptor called DC-SIGN, a "virus-attachment factor," allowing more of the virus to invade the immune system.

"This finding shows that using meth is doubly dangerous," said Madhavan P.N. Nair, Ph.D., first author on the study, published in the online version of the Journal of Neuroimmune Pharmacology. The study will appear in print in the September issue of the journal.

"Meth reduces inhibitions, thus increasing the likelihood of risky sexual behavior and the potential to introduce the virus into the body, and at the same time allows more virus to get into the cell," said Nair, professor of medicine and a specialist in immunology in the UB School of Medicine and Biomedical Sciences.

His research centers on dendritic cells, which serve as the first line of defense against pathogens, and two receptors on these cells -- HIV binding/attachment receptors (DC-SIGN) and the meth-specific dopamine receptor. Dendritic cells overloaded with virus due to the action of methamphetamine can overwhelm the T cells, the major target of HIV, and disrupt the immune response, promoting HIV infection.

"Now that we have identified the target receptor, we can develop ways to block that receptor and decrease the viral spread," said Nair. "We have to approach this disease from as many different perspectives as possible."

"If we could prevent the upregulation of the meth-specific dopamine receptor by blocking it, we may be able to prevent the interaction of meth with its specific receptors, thereby inhibiting the virus attachment receptor," said Nair.

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Alcohol Causes More than 230,000 Cancer Deaths Annually

Researchers say that alcohol causes 3.6 percent of all cancer cases worldwide and 3.5 percent of all cancer deaths, Reuters reported August 3.

Researcher Paolo Boffetta of the International Agency for Research on Cancer said that in 2002, there were 389,100 cancer cases attributed to alcohol consumption, and 232,900 deaths. Most of the alcohol-related cancers were in the upper digestive tract among men, and in the breast among women.

The research was published in the August 15, 2006 issue of the International Journal of Cancer.

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Researchers: Tobacco, Alcohol Logos are Everywhere

Despite a ban on TV advertising of tobacco, a research project from the University of Texas at Arlington found many alcohol and tobacco logos while watching 83 hours of televised sports, the Fort Worth Star-Telegram reported August 14.

Logos appeared on car hoods, ice rinks, and boxing rings — even next to ski jumps — said Lara Zwarun, an assistant professor at the school who led students in conducting the study. "This stuff is not subliminal, but it is below the radar," she said. "It doesn't leap out at you as advertising."

An expert on sports sponsorships said the tobacco industry has not spent much in that arena since the 1998 nationwide tobacco settlement, focusing instead on event sponsorships such as a smoking lounge during the recent Ozzfest tour. But beer and liquor ads are ubiquitous in sports.

The study appears in the August 2006 issue of the American Journal of Public Health.

Reference:

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Screening Tool Can Help Identify ADHD Among Substance Abusers

Substance abuse addiction is a difficult battle for anyone to fight, but for individuals with Attention Deficit-Hyperactivity Disorder (ADHD) addiction can be an even tougher struggle—especially if they don’t know they have ADHD. Now researchers at the National Development and Research Institutes in New York City have found a new way to screen drug users for ADHD, making it easier for them to recover from addiction.

ADHD is a major learning disability among both children and adults, and is especially common among drug users and alcoholics and increases the severity of their addiction problems. While ADHD is treatable, diagnosing it among adult substance users has been difficult and expensive. Researchers at National Development and Research Institutes found that a screening test originally developed for the general population—the Conners Adult ADHD Rating Scale (CAARS)—also is an effective, simple and inexpensive way to screen adult substance users for ADHD.

Not only does ADHD play a role in drug addiction, it can also impact non-drug users by predisposing them to alcohol and other drug use. Experts say people with ADHD may have a harder time processing the consequences of their behavior and regulating their behavior, which can cause them to turn to drug abuse. Dr. Novince said it’s important for prevention leaders to be aware of this so that they can educate the community. “Parents, schools and physicians need to be aware that this is a challenge and a risk factor,” she said.

The study was published in the July 31st issue of Addictive Behaviors.

Antidepressants Increase Youth Suicide Risk

A new study concludes that youths who use antidepressants like Zoloft and Paxil are more likely to attempt suicide, Newsday reported August 8.

Researchers looked at a database of more than 5,000 youths aged 6-18 who were hospitalized for severe depression and had attempted suicide or succeeded in killing themselves. They found that youths who had attempted suicide were 1.5 times more likely to have been on SSRI (selective serotonin reuptake inhibitor) antidepressants, and that those who took their own lives were 15 times more likely to have been on antidepressants.

Screening for ADHD is important, Dr. Novince said, because it helps clinicians understand why that person may have gotten involved in illegal substances in the first place and it helps patients receive a more effective treatment strategy.

Adults who took the drugs had no higher risk of suicide than those who did not, the researchers found.

SSRIs are not approved for use by children, but some doctors prescribe them anyway. The drugs also are sometimes abused by youth, with users selling their prescription medications to classmates in school.

The research appears in the August 2006 issue of the Archives of General Psychiatry.

Reference:
Buntin Group’s Viral Marketing Campaign For PDFA Solicits Community Action Against Crystal Meth
Campaign Launches in McEwen During the “World’s Largest Outdoor Barbecue”

The town of McEwen, Tennessee grew from a population of 1,450 to more than 20,000 as visitors from across Tennessee and the U.S. attend the annual St. Patrick’s Irish Picnic on July 28 - 29. During this year’s event, in addition to encountering bluegrass bands and barbecue chicken, festival goers also became “Infected By Meth” thanks to Nashville-based advertising agency The Buntin Group, CADCAT and the TAADAS program, Partnership for a Drug Free Tennessee.

McEwen’s Irish Picnic marks the national launch for the community-based, anti-meth campaign from The Buntin Group, which the agency developed for the Partnership for a Drug-Free America (PDFA). Because the campaign targets communities and asks community members to fight back against the use and manufacturing of crystal meth, it is executed using viral, non-traditional media that become part of the landscape to every day life. TAADAS Executive Director, Vernon Martin was on hand for the project kick-off. Per Martin, “The Buntin Group has developed a unique anti-meth awareness campaign unlike anything seen to date. “TAADAS and the PDFA are pleased to be involved with this project and salute the Buntin Group, CADCAT and the volunteers from Humphreys County that made the kick-off of this project possible.”

During McEwen’s Irish Picnic, the “guerilla-style” elements were placed throughout the ten-acre picnic site and surrounding community. The local legwork was completed by volunteers with the Humphreys County Anti-Drug Coalition, H.E.A.T. (Humphreys Empowerment Action Team) with coordination from Community Anti-Drug Coalitions Across Tennessee (CADCAT).

“Humphreys County was chosen for the launch of this project because it ranks among the top 2% for methamphetamine use among the 95 counties in Tennessee” said Susan Dillingham, CADCAT coalition coordinator. “The local coalition and the Humphreys County community at-large have a history of successfully working together collaboratively that enables them to take on any issue that faces their citizens.”

The campaign’s viral elements include cardboard cut-outs of police officers and civic workers with copy that reads, “This is a cardboard cutout of someone who could help you instead of a real person. A real person would be here, but we have to spend millions on meth addicts and related damages. It’s infecting you right now. It’s infecting all of us.”

On the port-a-pottys surrounding the festival, signs read, “If this were a meth lab, you’d be too close. Toxins from meth labs can enter the pores in your skin. And even though this isn’t a meth lab, no one can say that one isn’t somewhere nearby entering your bloodstream right now. It’s infecting all of us.”

In another piece of the campaign, a graffiti artist spray painted the side of McEwen Fire Department with graffiti with a colorful, zombie-like character that appears to be snorting actual trash bags and copy that reads, “Meth is garbage.” There are more than a dozen concepts within the campaign that community members encountered during the festival, as well as the following week as students returned to school.

“The reason these guerilla-marketing concepts are so effective is because they create opportunities for dialogue,” said Jeffrey Buntin, Jr., president and executive creative director of The Buntin Group. “We’ve learned that getting people within the community talking to one another is the key to crushing this epidemic.”

Buntin and its vendor partners donated nearly $750,000 in labor, services and production resources in developing the campaign that also includes two 30 second television commercials, two 30 second radio commercials and two outdoor board designs that support the national branding message.

With over $114 million in billings, The Buntin Group is the largest marketing communications firm in Tennessee and one of the top 150 in the country. To learn more, visit www.buntingroup.com. TAADAS is the State Affiliate of the Partnership for a Drug-Free America and sponsors the Partnership for a Drug-Free Tennessee project. The Buntin Group serves as the Key Market Contact (KMC) for this project and works closely with TAADAS and the PDFA in the Nashville and Middle Tennessee market.

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Partially Funded by Tennessee Department of Health Bureau of Alcohol & Drug Abuse Services
The National Institute on Drug Abuse (NIDA), National Institutes of Health, today released a landmark scientific report showing that effective treatment of drug abuse and addiction can save communities money and reduce crime. "Principles of Drug Abuse Treatment for Criminal Justice Populations" outlines some of the proven components for successful treatment of drug abusers who have entered the criminal justice system, leading to lower rates of drug abuse and criminal activity.

"This report is part of our ongoing commitment to using scientific research to provide solutions to some of the most complex public health and safety issues of our time," said Elias A. Zerhouni, M.D., NIH Director. "Not only does it offer research-based treatment solutions to judges and communities, it also provides information on how the criminal justice system can help reduce the spread of HIV/AIDS, hepatitis and other infectious diseases among drug abusing offenders - all critically important issues in today's society."

Untreated substance abuse adds significant costs to communities, including violent and property crimes, prison expenses, court and criminal costs, emergency room visits, child abuse and neglect, lost child support, foster care and welfare costs, reduced productivity, unemployment, and victimization. The cost to society of drug abuse in the year 2002 was $181 billion -- $107 billion associated with drug-related crime.

"We know what works to treat addiction, based on our scientific knowledge of the cognitive, behavioral, and physiological characteristics of addicts," said Dr. Nora Volkow, NIDA Director. "The principles of drug abuse treatment that we are releasing today represent the translation of research into practice. They are powerful and practical tools that will allow communities to choose between ongoing treatment or ongoing crime."

"Principles of Drug Abuse Treatment for Criminal Justice Populations" offers 13 principles based on a review of the scientific literature on drug abuse treatment and criminal behavior. The principles include an acknowledgement that drug addiction is a brain disease that affects behavior; that recovery requires effective individualized treatment that might include medication; and that continuity of care is essential for drug abusers re-entering the community after a period of incarceration.

"Detox alone in jail or prison is not treatment," said Volkow. "Without proven treatment and therapeutic follow-up in a community setting, addicted offenders are at a high risk of relapse despite a long period of forced sobriety," she added. "These principles also apply to court-mandated treatment interventions that replace incarceration with community programs."

It is estimated that 70 percent of individuals in state prisons and local jails have abused drugs regularly, compared to approximately 9 percent of the general population. Studies show that treatment cuts drug abuse in half, reduces criminal activity up to 80 percent and reduces arrests up to 64 percent. However, fewer than one-fifth of these offenders receive treatment. Treatment not only lowers recidivism rates, it is also cost-effective. It is estimated that for every dollar spent on addiction treatment programs, there is a $4 to $7 reduction in the cost of drug-related crimes. With some outpatient programs, total savings can exceed costs by a ratio of 12:1.

The failure to treat addicts in the criminal justice system contributes to a continuous cycle of substance abuse and crime. In 1999, 1.5 million minor children - most under the age of 10 - had a parent in prison.

Fifty-eight percent of these imprisoned parents used drugs in the month before their offense. Children of addicted parents are four times more likely to become addicted if they choose to use drugs or alcohol, and many will also enter the criminal justice system.

The NIDA report was released recently by Dr. Volkow at an event in Chicago that highlighted innovative substance abuse programs underway in the Cook County jail system. These programs include a NIDA-sponsored project that trains judges about the neuroscience of addiction and treatment so they can be better prepared to place addicted defendants in adequate treatment environments. Dr. Volkow was joined by Chicago Mayor Richard Daley, and Cook County Chief Judge Timothy Evans, who have supported treatment programs for drug abusing offenders. Also attending was Melody M. Heaps, President of Treatment Alternatives for Safe Communities (TASC), a not-for-profit organization that provides treatment management programs and services. Ms. Heaps introduced several former drug abusers with prior involvement in the criminal justice system whose lives have dramatically changed because of adequate treatment programs.

In addition to outlining treatment principles for criminal justice populations, NIDA's publication includes answers to frequently asked questions about addiction as a chronic disease, co-occurring mental, emotional and environmental conditions that make relapse likely upon return to society, recommendations for the components of adequate treatment programs, cost-effectiveness of treatment, and the role of medication in treating offenders with substance abuse.
**Seeking Help Could Quadruple the Likelihood of Abstinence**

To quantify the effect of help seeking on recovery from alcoholism, researchers in the United States analyzed data from 4,422 adults who had participated in a nationally representative survey and developed alcohol dependence at least 1 year before their participation.

Only 26 percent of subjects had ever sought help for their alcohol problems; 3 percent participated in a 12-step program only, 6 percent in formal treatment only, and 17 percent in both. Help seekers drank more and had higher lifetime prevalences of other drug use, mood disorders, and personality disorders than did subjects who had not sought help.

In analyses adjusted for potential confounders, help seeking significantly increased the likelihood of any recovery (odds ratio [OR] 2.4) and of abstinence (OR 4.0). Any recovery was defined as, in the past year, having no symptoms of alcohol abuse or dependence and either drinking low-risk amounts* or abstaining.

The odds of recovery were greater for those who had participated in 12-step programs with or without formal treatment than for those who had participated in formal treatment only.

Comments by Peter Friedmann, MD, MPH:

Even though they had more comorbidity and therefore were at risk for worse outcomes, seekers of formal and informal treatment had better odds of recovery from alcohol dependence. This study could not separate the motivation inherent in seeking help from the therapeutic effects of help received. However, help seeking—regardless of the patient’s level of readiness—should be encouraged.

*up to 14 drinks per week and up to 4 drinks on any day for men; up to 7 and up to 3, respectively, for women

Reference:

Reprinted with permission from Alcohol and Health: Current Evidence. www.alcoholandhealth.org

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**Community Service Called Important Part of Recovery**

Community-service projects help people in recovery overcome the inward-looking nature of addiction and reconnect with their neighbors, treatment experts say.

The Port Townsend (Wash.) Leader reported July 12 that community service is an integral part of the recovery process at Gray Wolf Ranch, with residential-treatment participants giving their time doing landscaping, mowing lawns, removing trash, moving furniture, and painting. Volunteers work for groups like Habitat for Humanity, the Port Townsend Aero Museum, the Northwest Maritime Center, and the North Olympic Salmon Coalition.

"The ranch has a 12-step philosophy of recovery, and one of the steps is to focus on others as a way to work on sobriety," said Gray Wolf program director Woody Bernas. "The nature of addiction is to be self-centered, and the antidote is to reach out and focus on other people’s needs. Volunteering in the community is one way to make a contribution."

Peter Bosenstein, another program official, noted that volunteerism also helps "build a strong, positive relationship between the ranch and the Port Townsend community."

Some of the Gray Wolf volunteers work with the Grant Street Elementary School. "I have nothing but praise for the kids, the program, and the partnership," said school principal Steve Finch. Some parents have been initially leery about people in recovery working with their kids, he noted, but the program results have helped to ease concerns.

**Recovery Church Welcomes All**

Central Park United Methodist Church in St. Paul, Minnesota is one of only about six churches in the country dedicated chiefly to recovery, Hazelden reported on July 24.

Rev. Jo Campe, or 'Pastor Jo,' began to revive the church five years ago. His first Sunday sermon had a meager audience of 11, but when he began to offer recovery-oriented services, the congregation boomed.

'Fifty people came at first, then 100,' said Campe, a recovering alcoholic. 'Six months later, we held one every Sunday until that got too big. Then we just got out of God’s way.'

The church now accommodates about 1,200 visitors a week.

Campe holds ‘Recovery of Hope’ worship services twice every Sunday morning and ‘Happy Hour’ services each Saturday evening, followed by refreshments and recovery-oriented meetings, speakers and events.

Though it is officially a Methodist church, Central Park welcomes all backgrounds and creeds.

'I would say about 90 percent of the congregation were 'unchurched' when they first came here,' said Campe. 'They leave saying, 'This feels like family.' There are many ways to come to God, and those who come here are free to believe as they chose. But they all believe in recovery.'

For more information, visit www.centralparkchurch.org or contact Rev. Jo Campe at 651-291-1371.
What is TAADAS?
The Tennessee Association of Alcohol, Drug and other Addiction Services, Inc. is a statewide advocacy association founded in 1976. The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions.

TAADAS’ purpose is to:

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

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

The Nation’s #1 Health Problem - Substance Abuse!

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

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.

TAADAS Membership Benefits

- Extend Knowledge – Take advantage of the TAADAS’ Statewide Clearinghouse’s extensive resources.
- Impact Public Policy – TAADAS has long been the voice for alcohol and drug abuse issues in Tennessee.

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

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

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

Isn’t it time YOU joined TAADAS?

TAADAS Members

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

Organizational Members

Agape, Inc, Knoxville
CADDAS, Chattanooga
Cocaine & Alcohol Awareness Program, Memphis
Comprehensive Community Services, Johnson City
E.M. Jellinek Center, Knoxville
English Mountain Retreat, Sevierville
Grace House, Memphis
Harbor House of Memphis, Memphis
Hope of East Tennessee, Oak Ridge
JACOA, Jackson
Jack & Jean Shelter, Savannah
Memphis Recovery Center, Memphis
New Directions, Memphis
Operation Stand Down Nashville, Nashville
The Pathfinders, Inc., Gallatin
Place of Hope, Columbia
Samaritan Recovery Community, Inc., Nashville
Serenity Recovery Center, Memphis
Twin Point Recovery Residences, Nashville

Other Member Agencies

Alcopro, Inc.
Bradford Health Services
Celebrate Recovery—Knoxville
Center for Youth Issues—Nashville, Inc.
Cumberland Heights Alumni Association
E.M. Jellinek Center—Board of Directors
The Filthworker’s Club
Focus Healthcare of Tennessee
Harbor House, Inc.—Board of Directors
Manna House Ministries
New Hope Recovery Center
New Life Lodge
Peninsula Lighthouse
Samaritan Recovery Community, Inc., -Board of Trustees
TN Professional Assistance Program
XML Social Enterprises

Student Members

Janice Marlin-Stewart
Martha McCalie

Individual Members

Marvin Altstatt
C.J. Baker
Stacy Bernard
Susan G. Bious
Jackie Bruce
Chris Buchanan
Nan Case
Martha Cheatham
Frances Clark
Deborah Crowley
Tom Diffenderfer
Laura Durham
Gary Eubank
Montie Furlong
Estelle Garner
Claude Gendel
Stephanie Golden
David Guenther
Charlotte Hopper
Deanna Irick
Marcus Jenison
Kenneth Jones
Dr. Sandi Kedia
Tammy Kelly
Deana Kinnaman
Judy Love
Vernon Martin
Janet McCracken
Wayne McElhiney
Harold Montgomery
Pamela Murray
Linda O’Brien
Elaine Orland
Joe Osterfield
Jim Phillips
Nathan Ridley
Steven Ritchie, MD
Debra Roberson
Bob Rudolph
Gene Marie Rutkaukas
Gwen Sinnock
Julie Smith
Richard Soper, MD, JD, MS
Richard Taylor, Jr.
Brenda Thomas
Sharon Trammell
Linda Wells
Eileen White
James White
John York
Application for Membership in TAADAS

Membership in this organization shall be open to any person or organization whose philosophy in regard to alcoholism and drug addiction is consistent with the following statement: “Alcohol and other drug dependency is a single, separate disease characterized by a definitive set of symptoms. It is not simply a symptom of another disease. It is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life – social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. While alcohol and other drug dependence is a complex illness and can co-exist with mental disorders, it should not be characterized as a behavioral problem arising from, or a symptom of, a mental disorder. Alcohol and drug dependence is successfully treatable and subject to prevention measures.”

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Minimum Dues Amount</th>
<th>Suggested Leadership Pledge</th>
<th>Total Pledge Amount</th>
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<tbody>
<tr>
<td>Organizational</td>
<td>$500</td>
<td>1/3 to 1/2 of one percent (.0033 to .005) of the organization’s annual budget</td>
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<tr>
<td>Individual</td>
<td>$50</td>
<td>Can pledge more</td>
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<tr>
<td>Vendor</td>
<td>$250</td>
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<tr>
<td>Student</td>
<td>$25</td>
<td>Can pledge more</td>
<td></td>
</tr>
</tbody>
</table>

Name: ___________________________________________ Agency: ___________________________________________
Address: ______________________________________ City: __________ State: ______ Zip Code: ______
Phone: ___________________ Toll Free: ___________________ Fax: ___________________
Email: ____________________ Agency Website: _________________________________________________
Agency Representative: __________________________________ Representative Email: ____________________

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

Card Holder’s Name: ___________________________ Visa/Mastercard #: ___________________________
Card Holder’s Signature: ________________________ Exp Date: _______________________

TAADAS’ Mission:
To educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions.