**ACCESS TO RECOVERY FROM ALCOHOL AND DRUG USE DISORDERS**

Millions of Americans suffer from alcohol and drug use disorders, which include misuse, dependence, or addiction to alcohol and/or legal or illegal drugs. In 2002, an estimated 22 million Americans met the criteria for substance dependence or abuse. Alcohol and drug use disorders also have a significant impact on spouses and others who are close to people with such disorders. Family members may experience increased family conflict; emotional or physical violence; and increased family stress, including work problems, illness, marital strain, and financial problems. Many people in need of recovery have difficulty obtaining the treatment that can help them rejoin their families, their jobs, and their lives in their communities. Yet many others have overcome the numerous barriers to recovery, and as a result are leading healthy and productive lives.

The statistics surrounding those who face barriers to being treated for alcohol and drug use (Continued on page 2)

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**Office of National Drug Control Policy Director John Walters held a national press conference on Thursday August 12th in Memphis at the Memphis Recovery Center announcing that Tennessee was awarded $5.9 million per year for each of three years. The goal of the program is to maintain abstinence by supplying vouchers for assessment, substance abuse clinical treatment and/or recovery services. The program will provide client choice among substance abuse clinical treatment and recovery support providers while expanding access to service options, including faith-based options, and increasing the number of state-authorized substance abuse providers.**

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**TAADAS Moves to New Home**

**By Julie Smith**

Who of us has never had the opportunity to enjoy the rewarding experience of moving? I’ve been through several household moves—from Michigan to New York to Pennsylvania to Tennessee and even office moves - from the Cordell Hull Building to Tennessee Tower to the Cordell Hull Building again. BUT, I have never experienced a move quite like the TAADAS MOVE. It was a little like the Music City Miracle - you just can’t believe it even if you saw it with your own eyes.

I can’t say strongly enough how important the contributions were from Synergy Treatment Centers and Samaritan Recovery Center. Synergy Treatment Centers owns and operates several businesses including the Synergy Moving Company. Synergy Treatment Centers donated the moving company’s services to assist TAADAS in keeping costs to a minimum. Walter Williams provided four men, Anthony, Elijah, Chad, and Thomas, to assist with the packing and moving of the office. Their help was invaluable, their positive attitude and non-stop work ethic was incredible. We were hard pressed to even get them to stop and eat lunch.

(Continued on page 3)
ACCESS TO RECOVERY FROM ALCOHOL AND DRUG USE DISORDERS

Concluded

(Continued from page 1)

disorders are startling in 2002:

- Only 10.3% of Americans age 12 or older who needed treatment for an alcohol or drug use disorder actually received treatment.3
- More than 95% of people with an alcohol use disorder who did not receive treatment did not believe treatment was necessary; more than 94% of people with untreated drug use disorders held the same belief.4
- Of those who recognized that they needed treatment, 35% (266,000) of Americans suffering from alcohol use disorder— and an estimated 88,000 people suffering from a drug use disorder (24.4%)— tried but were unable to obtain treatment.5

Clearly, barriers must be overcome to improve Americans' access to recovery.

What Are the Barriers to Treatment?

Many barriers keep people from the treatment they need, including:

- A system-wide failure to identify affected people and their families and direct them to treatment and recovery resources
- The cost of treatment
- Treatment systems that do not have the facilities or staff to accommodate the needs of some individuals (such as the disabled and those with childcare issues that make it difficult to access treatment)
- Denial and stigma associated with alcohol and drug use disorders 6

Even when people recognize that they are having problems with alcohol or drugs, many say they do not seek treatment because they are not prepared to face the challenges of treatment and recovery. Needs. The competitive grant program gives recipient states

To overcome some of these barriers, the Substance Abuse and Mental Health Services Administration (SAMHSA) has launched the Access to Recovery grant program, a centerpiece of the initiative announced by President Bush in 2003 to help people who want to get off drugs secure the best treatment options available to meet their specific needs. The competitive grant program gives recipient states

With vouchers, people in need of treatment can select the programs and providers that best suit their personal needs.

- Measured Results Programs must demonstrate that their treatment is effective and leads to recovery, as measured by treatment outcomes such as abstinence from drugs and alcohol, no involvement with the criminal justice system, attainment of employment or enrollment in school, and stable housing.

- Increased Capacity. The initial phase of Access to Recovery expands the array of treatment services available, including medical detoxification, inpatient and outpatient treatment programs, residential services, peer support, relapse prevention, case management, and other recovery-promoting services.


4. ibid.

5. ibid.


TAADAS Board Members toured the newly constructed Serenity Recovery Center Campus while in Memphis for the National Press Conference at Memphis Recovery Centers. After the Press Conference, the Board had their August Board Meeting at Memphis Recovery Center.
(Continued from page 1)

Samaritan Recovery Center donated the use of their box truck for the move, again reducing the cost associated with the move. I can assure you that box truck holds A LOT, and we filled it to the brim for seven trips over a three day period. I was glad the staff had stopped re-ordering stock when they did or we would still be moving.

During the two days we closed the facility for the move, the REDLINE never shut down. The staff never missed a beat in packing, moving, answering the phones, unpacking and establishing a great new look for the office. I have never seen a team work so well together, and accomplish so much in such a short time.

Many of you know that in my previous life I had a few catchy motto's like: "No data, No pay!" or "I'm not here, I'm in the Contract Zone!". I now have a new one - "We are a Clearinghouse, Not a Storehouse!". I was truly amazed at how much information the Clearinghouse holds. Often we are sent items we have not ordered, so we are in the process of clearing the path for new information and rotating the stock a little more. If something doesn't fly off the shelf we don't need to stock it.

The TAADAS office is located on the corner of 18th Avenue and Church Streets near Baptist Hospital. We are easily accessible from the interstate, exit at the Church Street exit, head away from town and four blocks away. There is ample free parking available at our building—right outside our front door. The location lends itself wonderfully to our work. We have a true storefront for our bookstore, Recovery Books & Things. The Clearinghouse is well laid out making the materials easier to find and access. And for the first time, we are proud to have an actual room for our library! Patrons can easily peruse our many check out books, access our reference section, or research a specific topic—all in one area! When you are in Nashville, please take the time to stop in and see what we can do for you!

The Tennessee statewide Clearinghouse has a wide variety of materials on addiction.

The newly expanded bookstore—
Recovery Books & Things!

Alcohol and Drug Abuse Treatment Outcomes in Tennessee: Latest Findings

By Satish Kedia, Ph.D.


I-SATE's empirically based evaluation demonstrates the effectiveness of treatment in reducing substance abuse and improving clients' quality of life. Of 2,095 clients who were interviewed for the 2002-03 follow-up study, 66.2% reported being abstinent from substance abuse 6 months after admission. Alcohol abuse was reduced from 66.7% at admission to 26.9% at follow-up, and even greater reductions were found for other substances. In addition, the percentage of clients who were employed either full-time or part-time more than tripled. Only 11.1% of clients had arrest records during the two years prior. Client involvement in domestic violence also decreased, from 15.1% to 2% where the client was the aggressor, and from 21.2% to 2.8% where the client was the victim. Eight of ten clients reported that their physical health had improved since treatment. Participation in aftercare activities and AA/NA had a positive effect on abstinence; approximately 70-

(Continued on page 16)
NEWS FROM CAPITOL HILL...

By Nathan Ridley

Bumper stickers and yard signs are beginning to sprout like wild mushrooms. With the recently concluded national party conventions in the books, the election season is upon us. While the Democrats hope aloud that the state is in play for the presidential election, both parties recognize that if Tennessee is in play, you can start to look for tickets to the Kerry inaugural events in January. President Bush will need to carry all of the southern states, just as he did in 2000 to be reelected. Closer to home, Tennessee does not have a statewide race during this election cycle, and the congressional incumbents seem to be well on their way to reelection. This has turned many eyes to the state legislative races where several competitive campaigns are evolving.

The August primary election saw three long term House incumbents defeated. Starting from the East, Matthew Hill defeated five term incumbent Bob Patton in the Seventh District Republican primary by pulling 49.8% of the vote in a three person race. In Hamilton County, JoAnne Favors, a member of the Hamilton County Commission, defeated ten term incumbent Brenda Turner with 61% of the vote in the Democratic primary. In Davidson County, firefighter captain Gary Moore defeated ten term incumbent Tim Garret with 56% of the vote in the Democratic primary in a district where only 3200 persons voted. Gary Moore had, by far, the most interesting financial disclosure report with contributions from Baltimore, Dade County, Minnesota, Missouri, Massachusetts, and Virginia firefighters.

On the Senate side, in Knox County where Senator Ben Atchley is retiring, Representative Jamie Hagood in a well funded and well oiled effort defeated prominent Knoxville attorney Billy Stokes for the Republican nomination with 71% of the vote from more than 17,000 cast. The largest upset of the August primary races came in the Eighth Senate District where Raymond Finney, a retired physician defeated ten year incumbent Bill Clabough by 409 votes. During the past session, the General Assembly debated the issue of abortion rights during its discussion of SJR 127. Because Senator Clabough had supported an amendment on the floor of the Senate that would have permitted abortion in the case of rape or incest, he incurred the wrath of the Tennessee Right to Life Committee.

In the November General Election for the House of Representatives, the Democrats will strive to increase their 54-45 majority. Their focus lies upon the following state representative districts:

- District 25 covering Cumberland and Bledsoe counties is the open seat that has been vacated by the retiring member, Raymond Walker. J.H. Graham of Cumberland County is the Democratic nominee who will be opposed by Republican Eric Swafford of Bledsoe County;
- District 47 covering Coffee and part of Warren counties is held by first term incumbent Judd Matheny who will be opposed by Ed North. Both hail from Tullahoma;
- District 70 covering Lawrence, Lewis and part of Wayne counties is held by first term incumbent Joey Hensley of Lewis County.

(Continued on page 6)
TREATMENT PROFESSIONALS: TAKE ACTION TO END DISCRIMINATION

By David Rosenbloom, Ph.D.

If addiction relapse occurs, clients, families, and payers often think that treatment ‘failed.’ But addiction professionals know that their work may not be enough if their client has no home, job, or access to food stamps or child care. Many of the major obstacles on the road to recovery are the result of public and private policies that discriminate against people with alcohol or other drug disease.

That is why addiction professionals across the nation are getting personally and professionally involved in the fight to end discrimination. Addiction counselors and other caregivers -- along with advocates for people in recovery -- can make treatment successes visible and build the case for giving people with addictive disorders access to housing, jobs, medical care, and the other services they need to succeed.

Change Starts at Home

The National Institute on Drug Abuse’s Principles of Drug Addiction Treatment state that ‘to be effective, treatment must address the individual’s drug use and any associated medical, psychological, social, vocational, and legal problems.’ All too often, addiction professionals recognize the issues, but think someone else in their organization is addressing them.

To start the effort to end discrimination, treatment professionals must figure out what they have to do in their own programs to make sure that every client gets the services he or she needs to succeed. Programs may get help from a lawyer, advocate, or case manager, or establish partnerships with housing, healthcare, job training, and day-care centers. The solution will differ in each community.

The Need for Local Leadership

Treatment programs can’t solve many of the problems of discrimination on their own; they need to get other community leaders involved. A plan to give a voice to treatment and recovery may include giving presentations to local civic organizations, talking to employers, meeting with the editorial board of the local newspaper, writing letters to the editor, hosting a town meeting, and educating other health professionals about the benefits of screening referral, and treatment.

When the community holds a hearing about where to place a treatment facility or sober house, treatment leaders need to work with recovery advocates to organize a group to attend and talk about the benefits of treatment and recovery, and the importance of allowing treatment facilities and sober housing to open where they are needed and easily accessible.

Reach Out and Take Action

Many of the most damaging discriminatory policies can be modified through local change in the public and private sectors. I have seen many examples of community action overcoming even the most hostile federal impediments when leaders in different agencies decide they are going to solve the problem together.

Treatment professionals can talk to employers about choosing health insurers that provide comprehensive coverage for treatment. They can work with office-based physicians and emergency rooms to provide routine screening and referral, and improve reporting so payers and general healthcare practitioners know clients are getting needed services.

Local housing authorities have wide discretion in providing housing and services to people with past drug or alcohol problems, but many of them don’t use it because they have no local treatment partner to provide effective support. In New Haven, Conn., treatment providers worked with the local public-housing authority to build a continuum of care. Now, addiction professionals are available at one apartment complex for

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- Strong Family Programs
- Detox-Stabilization
- Residential Care and Partial Hospitalization
- Addiction Therapy for Pain Management Patients
- Extended Care
- Healthcare Professional Program
- Intensive Outpatient
- Continuing Care

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District 2 covering part of Sullivan County is held by first term incumbent Nathan Vaughn who will be opposed by Neal Kearney. Both hail from Kingsport;

- District 10 covering Hamblen County is held by first term incumbent John Litz, who will be opposed by Nina Fullington. Both hail from Morristown;
- District 11 covering Cocke and part of Greene County is held by first term incumbent Eddie Yokley of Greene County, who will be opposed by Charlotte Leibrock of Cocke County;
- District 49 covering part of Rutherford County is held by first term incumbent Kent Coleman, who will be opposed by Oscar Gardner. Both hail from Murfreesboro;
- District 81 covering Haywood and part of Tipton County is held by former term incumbent Speaker Jimmy Naifeh of Tipton County who will be opposed by Jesse Cannon. Both hail from Covington.
- In the November General Election for the Senate, the focus is a bit different as the Democratic incumbents are scrambling to maintain their slender 18-15 majority. In an effort to take control of the State Senate, the Republicans have fielded strong candidates, and the races will be most hotly contested in the following state senate districts:
  - District 12 covering Campbell, Fentress, Morgan, Rhea, Roane, and Scott counties is held by first term incumbent Tommy Kilby of Morgan County who will be opposed by Jerry Sharp of Campbell County;
  - District 16 covering most of Rutherford and all of Bedford and Moore counties is held by first term incumbent Larry Trail of Rutherford County who will be opposed by Jim Tracy of Bedford County; and
  - District 18 covering most of Sumner and all of Robertson County is held by term incumbent Jo Ann Graves of Sumner County who will be opposed by State Representative Diane Black, also of Sumner County.

During early August we were all pleased to learn that Tennessee was one of fourteen states selected to receive 17.8 million new dollars over the next three years from the federal government for the assessment and treatment of substance abuse. The grant proposal received a great deal of our energy, and we look forward to working with the Bureau of Alcohol and Drug Abuse Services to provide the new services so needed throughout our state. Special kudos go to Mike McLoughlin of the Memphis Recovery Center who choreographed the photo opportunity for the many dignitaries, who joined in celebrating the public announcement of the grant.

Nathan Ridley is an attorney with Bo ul Cop Ul Cummings, Conners & Barry, P.L.C. Email Nathan at nridley@bo ulcumming s.com.
TAADAS’s Management Company Welcomes Julie Smith

John York, President of Xebec Management, Inc., announced that the company has hired long-time A&D Bureau fiscal director, Julie Smith, to be Xebec’s Director of Contract Development & Compliance. "We are delighted to have Julie on board," said York, "she will be invaluable in helping us manage TAADAS as well as some of our other contracts.'

Most of the TAADAS member agencies know Julie well. She has been the Director of Finance and Systems for the Bureau of Alcohol & Drug Abuse Services for the past six years, and has a total of twelve years with the Department of Health.

"Julie has always gone above and beyond the call of duty in working with the Bureau's contracted agencies," said TAADAS President-elect David Brown. "Shortly after her arrival in the Bureau, she began streamlining the contract process, which meant that we began receiving our executed contracts before the contract effective date," said Brown. "This eliminated the delay in payment that had become commonplace at the beginning of each new fiscal year. For that, we will always be grateful.'

TAADAS congratulates Julie on her career move and looks forward to working with her in this new capacity.

Editor’s Note: Xebec Management, Inc. is beginning its third year as TAADAS’s management company. Xebec’s association management division now manages four statewide and five national associations.

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2004 Recovery Awareness Fair
Over 25 organizations from around the East Tennessee Area will be participating in the Inaugural Recovery Awareness Fair.

Saturday, September 18
9 am—5 pm
West Town Mall (Near J.C. Penney’s entrance)
Knoxville, TN

Sponsored by Helen Ross McNabb Center & East Tennessee Association of Alcohol and Drug Abuse Counselors (ETAADAC)

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"Partially funded by Tennessee Department of Health"
TAADAS Initiates Statewide Clergy Training Program

Over 100 Clergy and Faith Community members joined TAADAS Members and staff at the July 22nd Clergy Training Project Kick-Off Breakfast. The event was held at the Millennium Maxwell House Hotel in Nashville and attracted attendees from every corner of the state. Clergy members from as far as Memphis, Johnson City, Paris, Chattanooga, Milan, Oak Ridge and Knoxville joined mid-state attendees to show support and learn more about this training community outreach initiative.

The event was held to announce TAADAS's initiation of a statewide program to educate and train Clergy and the Faith Community on the issues of alcoholism, drug addiction, recovery and prevention. This effort will be an ongoing part of the TAADAS Community Outreach Initiative.

“The goal of our Clergy Training project is to increase awareness of the issues of alcoholism, drug addiction, recovery and prevention among the Clergy and Faith Community,” states TAADAS Community Outreach Director, Vernon Martin. “We want to help Clergy and other Pastoral Ministers understand the nature of the disease and the impact of alcoholism and drug addiction on the individual, the family, the congregation and the community.”

TAADAS's Clergy Training program is designed to help members of the Clergy develop the knowledge and skills to: (1) recognize related problems within their respective congregations, (2) appropriately intervene and make referrals, (3) understand treatment, 12-Step programs and recovery (4) work supportively to reintegrate individuals in recovery back into their respective faith communities and (5) to develop Recovery sensitive and Recovery supportive congregations. Martin added, "We want to help build bridges between the faith community and substance abuse treatment, recovery and prevention communities and to tell the positive story of treatment, recovery and the recovery lifestyle." Six trainings will be held annually. Events are planned for Nashville, Jackson, Memphis, Knoxville, Chattanooga, and the Tri-Cities area.

Special guests at the Project Kick-Off Breakfast included the Rev. Dr. Hilda Davis, Deputy Commissioner for the Health and Faith Initiative, Tennessee Department of Health and Dr. Stephanie Perry, Assistant Commissioner, Bureau of Alcoholic and Drug Abuse Services, Tennessee Department of Health. Dr. Davis gave an overview of the Commissioner's Health and Faith Initiative and Dr. Perry discussed the Bureau’s activities and ongoing projects. The keynote speaker and primary trainer for the event was Rev. Dr. John Ishee, the Director of Pastoral Care at Cumberland Heights. Dr. Ishee’s presentation was “Myths and Realities: Considerations for Clergy in Dealing with Alcoholism and Drug Addiction in the Congregation and the Family.” In addition, Vernon Martin of the TAADAS staff gave an overview of the Clergy Training Project and plans for the regional training activities.

The event provided an opportunity for the Clergy and the Treatment and Recovery Communities to interact and network. A number of both statewide and local agencies had booths to distribute materials and information. These included Buffalo Valley, CADDAS, Comprehensive Community Services, Cumberland Heights, Foundation Associates, Grace House, the Nashville Area Recovery Alliance Program of the A&D Council of Middle Tennessee, Pathfinders, Samaritan Recovery Community, Wade Prince and Associates and TAADAS.

Six regional half-day training events are planned for the next year beginning in September of 2004. Trainings will be held in Nashville, Memphis, Knoxville, Chattanooga, Jackson and Tri-Cities. The trainings are designed for Clergy, Pastoral Ministers and the Faith Community, but are open for everyone to attend. The trainings will all be FREE of charge.

The first Clergy Training event is scheduled for Nashville on Thursday, September 23rd from 8:00 AM until 12:00 Noon. It will be held at the Alcoholic and Drug Council at Cumberland Heights. The address is 2612 Woodrow Drive, Nashville, TN, 37204.

To register for this event or for more information about the Clergy Training Program please contact Vernon Martin by phone at (615) 780-5901 Ext. 18 or email at vernon@taadas.org.
In July, the Bush Administration unveiled its latest initiative in the fight against youth drug abuse -- Parent Corps, a new effort dedicated to helping parents prevent drug use by their children.

'We know that parents remain the most important influence on children, particularly when it comes to decisions about drugs,' said John Walters, Director of National Drug Control Policy. "The national fight against drug use must be fought on many fronts, and an early and active role by parents in drug prevention is critical to the success of that effort.'

The Parent Corps is administered by the Corporation for National and Community Service, which provided a three-year, $4.2 million grant to the Atlanta-based nonprofit group National Families in Action to establish Parent Corps programs in nine states.

The Parent Corps takes the power of community engagement and multiplies it with the power of strong parents to keep drugs away from our kids," said David Eisner, CEO of the Corporation for National and Community Service, which also administers the Senior Corps, AmeriCorps, and Learn and Serve America programs. "We can't think of a better way to grow our culture of citizenship, service, and responsibility than to enlist and empower parents to work with each other and for each other on behalf of keeping their children, their schools, and their neighborhoods drug-free.'

The Parent Corps relies on a cadre of trained and knowledgeable parents -- known as Parent Leaders -- to educate other parents in their children's schools about the dangers of alcohol, tobacco, and illegal drug use and to support those parents in their efforts to keep their children drug-free. During their two-year, full-time terms, Parent Leaders:

- teach other parents in their children's schools about how drugs affect children;
- show them how children are at risk;
- share scientific research on the effects of drug use and on the power of parents to influence their children's lives;
- mobilize parents into groups that stop the marketing of drugs to children; and
- create a peer support network that fosters the growth of healthy children into productive adults.

'Although our culture is ripe with drug references, and pressures on our children remain strong, it's not inevitable that children will experiment with drugs,' said Sue Rusche, President and CEO of National Families in Action. 'Parents can keep their children drug-free. The Parent Corps shows them how.'

Thus far, Parent Leaders have been selected and trained in seven cities in four states: Denver, Colo.; Stamford and Weston, Conn.; Wilson and Wilmington, N.C.; and Appleton and Kimberly, Wis. Those Parent Leaders have begun recruiting Parent Volunteers and training them about preventing drug use in children in anticipation of the new school year. By early 2005, the Parent Corps will expand operations to five other sites -- California, Georgia, Illinois, Kansas, and South Carolina.

The Parent Corps has its roots in a campaign pledge by then-candidate George W. Bush to create a Parent Drug Prevention Corps as part of his anti-drug effort. President Bush requested $5 million in the fiscal 2003 budget of the Corporation for National and Community Service, of which $4,967,000 was appropriated by Congress. In October 2003, a grant of $4,167,000 was competitively awarded to National Families in Action, which has spent the intervening time creating an infrastructure for the Parent Corps and recruiting and training Parent Leaders. The remaining $800,000 of the appropriated funds was awarded to RTI (Research Triangle Institute) to conduct an evaluation of the program and its effectiveness.

In each state where the Parent Corps operates, National Families in Action has established an affiliation with a statewide drug-prevention organization, which helps select sites and expand the program. Partner organizations in the initial four states are Partnership for a Drug-Free Colorado; Connecticut Communities for Drug-Free Youth, Inc.; Wilson (N.C.) Families in Action, Inc.; and Wisconsin Families in Action.

Partner organizations for the programs beginning in December include the National Asian Pacific American Families Against Substance Abuse (of California), the Georgia Council on Substance Abuse, the Illinois Drug Education Alliance, the Kansas Family Partnership, and the Greenville (S.C.) Family Partnership.

Training for Parent Corps was developed with a grant to National Families in Action from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Other Federal partners in the program include the National Institute on Drug Abuse and the Office of National Drug Control Policy.

'We were delighted to help support the development of training for the Parent Corps,' SAMHSA Administrator Charles Mary Morrissey said. 'We all know that the most powerful influence on children is their families, and we are committed to helping parents educate their kids with the skills and information they need to keep our families drug-free.'

(Continued on page 15)
WORKSHOPS & TRAININGS

Suicide Prevention
Facilitators: Holland Rainey and Dr. Sam Bernard, CADAS, Chattanooga, September 9 & 10,
Contact Bob Burr, 423.756.7644

Boundary Power
Facilitator: Mike O’Neil, CCS, Johnson City, September 17, Contact Brittany Booker,
423.928.6581

Adult ADHD & ADDiction
Facilitator: Donna Donato, HART Center, Memphis, September 17, Contact Jane Abraham, 901.828.1332

Ethics
Facilitator: Jane Abraham, HART Center, Memphis, September 18, Contact Jane Abraham, 901.828.1332

Motivational Interviewing
Facilitator: Sue Coffey-Ramsey, CCS, Johnson City, September 24, Contact Brittany Booker,
423.928.6581

HIV/AIDS Update
Facilitators: Jerry Evans and Chattanooga Cares Staff, CADAS, Chattanooga, September 24,
Contact Bob Burr, 423.756.7644

Suicide Prevention
Facilitators: Holland Rainey and Dr. Sam Bernard, Plateau MHC, Cookeville, October 4,
Contact Bob Burr, 423.756.7644

Southeastern School of A&D Studies
October 10-15 University of Georgia, Athens, Ga.

Boundaries
Facilitator: Karen Dennis, HART Center, Memphis, October 16, Contact Jane Abraham, 901.828.1332

FEATURED PUBLICATION:
Step Up: A Guide for Teens
You’ve Got the Power to Help a Friend or Sibling Who Uses Drugs or Drinks

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 Step Up: A Guide for Teens—You’ve Got the Power to Help a Friend or Sibling Who Uses Drugs or Drinks

This brochure discusses the many aspects that a Teen encounters and guides them with how to handle the situation. The text is clear and precise, speaking to the Teen directly. The pamphlet covers such areas as: The power of friendship, encouragement not to walk away from the problem, signs & symptoms of drug use and/or drinking, and how to start the conversation. Also powerfully talked about are the subjects of the outcome not being their fault, and the uncertainty of drug use and drinking. There are some wonderful suggestions and tools offered, as well as some excellent knowledge presented. This leaflet is a must for all teens to have access to!

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

FEATURED VIDEO:
Tweaked

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 Tweaked.

The two films closely examine the allure, popularity and destructive influence of Methamphetamine in the lives of several youth. The shorter 20 minute film, “Tweaked”, the first in the series, presents the hopeless road to death and destruction that comes with Meth abuse. Designed for the classroom, or rehab center, it’s a “Scared Straight” presentation which delivers a wake up call to the addict or potential user; “there is little room for escape”.

“Tweaked: A Generation in Overdrive”, part two of the series, runs 50 minutes and includes all of the graphic sequences in part one plus a family of four girls who recovered from meth addiction. Both shows weave through intense and graphic interviews with: kids on the street in Venice Beach, California; a street wise narcotics officer; a drug abuse counselor; and two D.A.’s who reveal the grizzly aftermath of meth-induced crimes typical of those sweeping our country.

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. Call the Clearinghouse at 615.780.5901 ext 6 to check out this or one of the other videos in our collection.

A complete video catalog is available online at www.taadas.org.
The Partnership for a Drug-Free America has redesigned and added resources to its CheckYourself.com website. CheckYourself.com allows visitors to examine their own use of drugs and alcohol. Through interactive surveys, the site allows visitors to examine their lifestyle patterns. Visitors can also read first-person accounts and communicate with other teens. "We continue to be pleased with the response to CheckYourself.com," said Joe Keenan, director of new media at the Partnership. "We intended to create a platform for peer-to-peer communication, allowing teens to discuss the dangers of drug use. Based on the feedback we receive, kids are getting the message." Over 1,739 visitors have registered on the site and many more browse the site each year. Visit www.checkyourself.com.

Congratulations to the Partnership for a Drug-Free America for receiving the Discovery Health Channel Medical Award for excellence in public health communication. The Partnership received the award for its national education campaigns targeting Methamphetamine and Ecstasy.

**Check Yourself Website Gets a New Look**

**Workshops & Trainings**

- **Boundaries**
  - Facilitator: Karen Dennis, HART Center, Memphis, October 17, Contact Jane Abraham, 901.828.1332

- **ASAM-PPC2r**
  - Facilitator: Brian Miller, CCS, Johnson City, October 22, Contact Brittany Booker, 423.928.6581

- **Suicide Prevention**
  - Facilitators: Holland Rainey and Dr. Sam Bernard, Plateau MHC, Cookeville, October 25, Contact Bob Burr, 423.756.7644

- **ADHD, Obsessive-Compulsive Disorder, Anxiety, Depression and Addiction**
  - Facilitator: Emily Stephens, CADAS, Chattanooga, October 26 & 27, Contact Bob Burr, 423.756.7644

- **Stress Management**
  - Facilitator: Hilde Phipps, CCS, Johnson City, November 12, Contact Brittany Booker, 423.928.6581

- **Case Management**
  - Facilitator: Frances Clark, CADAS, Chattanooga, November 12, Contact Bob Burr, 423.756.7644

- **Women’s Issues**
  - Facilitator: Sharon Trammell, HART Center, Memphis, November 19, Contact Jane Abraham, 901.828.1332

- **Understanding & Managing Anger**
  - Facilitator: Bob Burr, CCS, Johnson City, November 19, Contact Brittany Booker, 423.928.6581

- **Moving Into Safety**
  - Facilitator: Marylee Hardenbergh, HART Center, Memphis, November 20, Contact Jane Abraham, 901.828.1332

- **Gambling Addiction**
  - Facilitator: Andrea Dixon, CCS, Johnson City, December 3, Contact Brittany Booker, 423.928.6581

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Why Prevention Certification?

By Jim Scarborough and Angie Waingart

More than a decade ago, the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC/AODA) made a commitment to setting standards and developing an exam to ensure the competence of persons working in prevention. A brief perusal of our minutes will show that, as early as 1988, our Board was discussing the need for prevention certification. This is remarkable for several reasons. First, virtually no other organization was considering prevention credentialing at that time. Second, IC&RC was a very young organization in the 1980s and almost all of our Board members then were counselors.

By 1994, the IC&RC member board from Illinois had taken the initiative, developed a role delineation (or job analysis) for this emerging part of the alcohol and drug field and had provided this work to the IC&RC to offer as a reciprocal credential. So, to borrow a phrase from a popular movie some years back, “if you build it, they will come,” right?

Well, not exactly or certainly not at first. An element of challenge existed for IC&RC as it moved to promote these new standards: the first new counselor standards a decade earlier. We sought, however, to develop standards for competent practitioners for holistic care for everyone.

Perhaps one of the striking elements about IC&RC is that our bottom line as an organization is not always our budget. As the premier organization for setting standards and developing exams in this field, IC&RC’s bottom line is two-pronged:

- How will the public be better protected by this credential, and
- How will people’s lives be improved?

That was certainly the organization’s task as it set out on this new part of the journey. Now, after almost a decade of prevention certification at IC&RC, where are we?

One of the most encouraging signs is that more and more of the state and jurisdictional boards offer a prevention certification using IC&RC standards and its exam. For those unaware of how IC&RC works, the organization itself actually certifies no one. IC&RC is an alliance not of individuals but of certifying agencies. Many of those agencies are state certification or licensing boards. Included in our organization now are territories such as Puerto Rico and Guam, U.S. government agencies such as all branches of the U.S. military, and other nations in North and Central America, Europe, the Middle East, and Asia. All of these boards are bound together by a commitment to IC&RC standards and public protection.

Having just completed the Fall 2003 IC&RC Annual Meeting in Toronto, we now have more than 40 boards that certify more than 3,000 prevention professionals. In 2004, IC&RC began the process of updating the Role Delineation Study for Prevention Specialists. A panel of subject matter experts from the field will be convened and initiate the revision work. This work is vitally important to ensure that prevention practitioners meet a set of nationally and internationally recognized minimum practice standards.

However, if we follow the recent changes in prevention service delivery, we will see new trends in the field that require an understanding that Prevention Practitioner credentialing is as necessary as Counselor credentialing. Further, we believe that federal, state, and community regulatory and funding agencies should require that prevention practitioners be certified to better ensure that prevention services are provided in an appropriate and ethical manner. Credentialing Prevention Practitioners enhances prevention services in at least three important ways:

1. Ensuring Public Safety.
2. Enhancing Public Funds Accountability.

Credentialed Prevention Practitioners enhances prevention services in at least 3 important ways:

1. Ensuring Public Safety
2. Enhancing Public Funds Accountability
3. Providing Practitioner Benefits

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PREVENTION CERTIFICATION CONTINUED...

(Continued from page 12)

The requirement of credentialing significantly increases the opportunity to teach practitioners appropriate and effective service delivery of prevention services. Further, it is reasonable for consumers of prevention services to expect protection in other areas of public safety such as:

- misappropriation of funds
- misrepresentation of credentials
- conflicts of interest
- discrimination

Therefore, it is necessary for prevention professionals to adhere to a recognized code of ethics.

2. Enhancing Public Funds Accountability: We exist in an era of enhanced accountability for public expenditures. Accountability dictates that the states and jurisdictions and their programs utilize prevention staff who demonstrate proficiency with competency-based standards. This increases the likelihood that taxpayer funds spent in prevention service delivery will be used for research- and evidence-based programming that offers reasonable hope of impacting the populations being served in a positive way.

3. Providing Practitioner Benefits: Prevention Practitioners also gain significant benefits by achieving and maintaining a practice credential. Not only are they able to demonstrate practice competencies in their daily work, but they become part of a national cadre of advocates for quality prevention service delivery. Through the continuing education required for recertification, practitioners are able to maintain their prevention knowledge, skills, and attitudes and stay abreast of new and emerging trends in the field. The continued development of knowledge and skills increases practitioners’ likelihood of improving their career standing and their potential for income development.

For all of these reasons, the application of a set of minimum practice standards that demonstrate an individual prevention practitioner’s competence to practice in the substance abuse prevention discipline is both necessary and prudent.

Making prevention certification a requirement to practice

Prevention services are changing. Early prevention efforts were cast as everything from puppet shows to juvenile offender diversion programs. Today, more attention is being directed toward concerted efforts to affect the attitudes and values of communities. These efforts are designed to promote healthy behaviors and lifestyles to reduce risks contributing to alcohol and other drug abuse.

Additionally, there is an emerging focus on being able to demonstrate changes in specific participants in prevention programs. Information from research has fostered prevention programming that today encompasses not only community environmental strategies, but also individual- and family-focused services. Youth/adult leadership activities, tutoring services, parent and family management programs, and mentoring programs are but a few of the popular prevention services. These programs demand well-qualified, ethical, and competent staff.

Agencies are also under pressure to demonstrate that programs like these and others have an impact on the people they serve. Increasing concerns for accountability in the delivery of public prevention services has made it a necessity for states and their publicly funded prevention programs to better demonstrate the efficacy and cost effectiveness of publicly supported services. National outcome measures that demonstrate the efficacy of prevention services will track the performance of individuals, as well as community-wide attitudes. To effectively demonstrate results, state and community-based prevention programs need competent and knowledgeable staff skilled in the use of the latest and most ethical approaches to community-based prevention service delivery.

As a consequence of the changing dynamics of prevention programming and the demand for accountability for public expenditures, there is an increasing need for states to require prevention practitioners to meet nationally accepted standards of prevention practice. As of 2003, more than 40 IC&RC member boards offer a prevention credential. However, in the majority of instances, certification is voluntary. Without the encouragement of a legislative or state policy requirement for certification, many states and jurisdictions and their practitioners may neither understand the need to be certified nor appreciate the risks of not having certification.

Who should be credentialed in prevention?

Given the status of prevention (Continued on page 18)

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ANNUAL STAND DOWN EVENT SET FOR NOVEMBER

Operation Stand Down Nashville, Inc. (OSDN) announced that the 12th annual Stand Down event for veterans who are homeless is scheduled for November 19, 20, 21, 2004. The event, to be held this year at the National Guard Armory, provides outreach, information and a variety of services in a safe environment. Services offered include medical screenings and follow-up appointments, legal assistance, clothing, meals, haircuts, veteran benefit assistance and various social services including food stamps and voter registration.

According to Bill Burleigh in a recent article in The VVA Veteran, "It takes a whole bunch of people to make it work." Over 50 agencies and groups participated in the first Nashville Stand Down held in 1993. Last year's event had over 100 participating veteran service organization, social service agencies, and businesses serving over 300 veteran participants. OSDN appreciates the TAADAS member volunteers who have been a vital part of the Stand Down experience by providing AA and NA meeting opportunities.

For additional information on OSDN and the Stand Down event, please access the website at www.osdnashville.org or telephone (615) 321-3919.

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Partially funded by the Tennessee Department of Health and United Way
Parent Corps Continued...

(Continued from page 9)

Curie said, "Parents need to know the dangers of substance abuse and communicate these dangers to their children. Children need to know that their parents have solid reasons for disapproving use of tobacco, alcohol or drugs."

"New research into the adolescent brain shows that a key step to preventing adult drug addictions is preventing drug and alcohol use by children and adolescents," said Dr. Nora D. Volkow, Director of the National Institute on Drug Abuse. "Parent Corps can help in that effort."

A pilot Parent Corps program, financed by the state of North Carolina, has been in operation since 2002. Sixteen Parent Leaders currently are working in communities throughout the state, and another seven are serving as volunteer Parent Leaders.

Through a balanced strategy of prevention, treatment, and supply reduction, youth drug use has declined by 11% over the last two years, exceeding President Bush's goal of a 10% reduction by 2004. This success translates into 400,000 fewer young people using illicit drugs in 2003 than in 2001. Despite our national progress, however, youth drug use continues to be a significant problem. According to data from the most recent Monitoring the Future survey, more than 37% of students have used an illegal drug at least once in their lifetimes. The data are especially alarming because drug use has been shown to impair adolescents' academic, emotional, and social development. It can also lead to adiction, unwanted pregnancies, sexually transmitted diseases, mental illness, accidents, and suicides.

More information about the Parent Corps is available at www.parentcorps.org. Additional information about the Corporation for National and Community Service is at www.nationalservice.org.

Renewal House IOP 1st Anniversary

On August 18, 2004, Renewal House celebrated the one-year anniversary of the opening of its Intensive Outpatient Program (IOP). In November 2002, Renewal House learned that all funding of its RenewalWORKS program was being cut. Facing this loss, Executive Director Kaki Friskics-Warren and Program Director Beth Bollott consulted with other treatment providers, the Bureau of Alcohol and Drug Abuse Services, and clients to determine how Renewal House could adapt and fulfill non-residential treatment needs in Nashville. They discovered a need for a gender-specific, A&D, outpatient program for women in poverty.

The IOP operates from 10:00 am to 3:00 pm on Monday through Thursday. Renewal House staff pick up clients in Davidson County and bring them in for services. Women participate in group counseling, twelve-step work, and focus groups on topics including: spirituality, domestic violence, women's issues, and parenting. Lunch is provided, and clients receive services regardless of insurance coverage. The average time in treatment is eight weeks.

Since its opening, the IOP has served approximately 80 women. Following are reflections by Renewal House IOP clients in preparation for the one-year anniversary.

"My accomplishments-Being clean & sober for 1st time in my life for 58 days - I'm learning how to deal with day to day things. I'm learning Acceptance-learning again."

"What changes have I made? Put more effort into my recovery; learn to accept that I can only change myself & not others, learn to feel my feelings w/out covering them up w/substances."

"How do I feel when I get up in the morning now? I feel blessed, grateful, contented, thankful..."

The Renewal House Board and staff are proud of the IOP and its important work for addicted women in poverty. We look forward to another great year!

The Vision Continues at New Hope Recovery Center

Through prayers, community collaborations, and faith in God, the "Miracle on Main Street" continues at New Hope Recovery Center in Morristown, TN. First established by our dedicated and beloved founder, Dee Francis, New Hope provides holistic treatment models, supportive staff interventions and caring approaches to alcohol and drug treatment in the Appalachia area.

On March 25, 2004, Dee Francis was commemorated by a State Resolution that was spearheaded by Senator Steve Southerland. Senator Southerland personally delivered the resolution to members of the New Hope Recovery staff. This humble gesture of recognizing our founder's deeds and accomplishments was truly an honor and a privilege. We are thankful for Senator Southerland's part in ensuring that Dee's resolution was carried out.

Dee's vision of expanding New Hope's treatment to other counties in the Lakeway area will soon become a reality. The first New Hope satellite treatment center will soon begin operations in Newport, TN. The center will be housed in the historic Mims Building in downtown Newport along with other community agencies. With the help of the Newport Housing Authority and local officials of Cocke County, New Hope will be able to provide alcohol and drug treatment to those suffering in the area.

Along with this blessed event, New Hope celebrated its six-year anniversary in July. Our tentative program will include awarding several community leaders of Hamblen County and also unveiling a miracle painted by Rev. Alan Jones (husband of Joyce Jones, Interim Director) of Dee's passionate and profound life. We are proud and excited about this upcoming celebration.

The New Hope staff and Board of Directors provide our center with a unique brand of determination and commitment. Making certain that all clients are treated with love and understanding is the platform that our beloved founder, Dee Francis, based New Hope upon. With blessed assurance, the "Miracle on Main Street" will continue to be the light at the end of the tunnel.

For more information log onto www.newhoperecovery.org
The Nashville Area Recovery Alliance announces plans for RecoveryFest ‘04

There has been no summer break for the staff and volunteers of the Nashville Area Recovery Alliance as they prepare for their biggest event of the year, RecoveryFest ‘04. With its free annual festival held at the Hall of Fame Park on September 11th from 2:00 to 10:00 PM, NARA will offer a very public celebration for what is usually a very private matter—recovery from alcoholism and addiction.

In addition to vendors, information booths, kid’s activities and great food, this year’s RecoveryFest will include a full-lit stage production of local and national talent including recording artist Billy Yates and members of the Share Project, Warner Hodges, Danny Flowers, and many other Nashville artists who are giving their time and talent in support of the celebration. The goal and purpose of RecoveryFest is simple; to share hope with others and promote a clean and sober lifestyle.

The Nashville Area Recovery Alliance, a program at the Alcohol and Drug Council of Middle Tennessee, presents RecoveryFest as its major yearly event in recognition of National Recovery Month and because, as Program Director Terri Dorsey states, “Some people think they’re never going to have fun again once they’ve given up an addiction. RecoveryFest is one way to prove that is not true at all. RecoveryFest is really an opportunity for everyone to celebrate—whether or not you’re in recovery yourself, chances are, you know someone who is.”

In addition to the annual festival, NARA offers on-going Tuesday night workshops given by people in recovery, for people in recovery, on topics that range from employment issues to relationships in recovery. “We’ve found that the best Teachers for people in recovery are other recovering addicts and alcoholics,” according to Dorsey. On any given Tuesday night, you’ll find the leaders of the recovery community; lawyers, writers, counselors—people in recovery from many fellowships and many walks of life—teaching and attending our workshops,” she adds. All Tuesday night workshops are free and are held at the A & D Council at 2612 Westwood Drive from 6:30 to 8:00 PM.

For more information on RecoveryFest or any of the workshops NARA offers, Contact the NARA staff at (615) 269-0029 x 106 or visit www.recoveryfest.net
Take Action to End Discrimination Concluded

(Continued from page 5)
hours a day, seven days a week, and the housing manager reports a greater sense of a functioning community as a result.

NIMBY is one of the biggest challenges facing the expansion of treatment capacity. The Americans with Disabilities Act prohibits discrimination against the placement of treatment facilities, but it happens every day -- unless addiction professionals and recovery advocates take the lead to stop it. A few years back, town leaders in Framingham, Mass., allowed a methadone clinic to open in the downtown area despite overwhelming community protest because treatment providers filed a lawsuit claiming the town was discriminating against people with substance use disorders. If public education doesn't work, perhaps the threat of a lawsuit will.

Help Enforce Existing Laws

Many of the discriminatory practices against people with addictions are illegal, and protective laws often aren't enforced as written.

For example, Pennsylvania, like other states, has a minimum mandated benefits law. When managed-care companies made it difficult to access the full benefits guaranteed under the law, a group of treatment and recovery advocates came together to fight for the right to treatment. The group met with the governor and attorney general, and threatened to file lawsuits against managed-care companies through the state's insurance commissioner. The group also managed to change the procedures of some of the insurance companies. It's not easy -- and it's an ongoing struggle -- but more people in Pennsylvania are getting treatment as a result.

Investigate your state laws and mandates that govern access to treatment. You may be surprised by what you find.

Talk to Elected and Appointed Officials

Legislators at the local, state, and federal levels consistently complain to me that their constituents do not tell them about the problems that people seeking treatment face. They tell me they hear from people with lots of other diseases, but not addiction. Therefore, they are largely ignorant about the damage caused by some of the policies they create.

Treatment and recovery advocates need to tell elected and appointed officials about what they face on a daily basis. Form a coalition of your peers and make educational visits to your representatives, as providers in the Rochester, N.Y., area do annually. Prepare a concise message with specific requests. Be persistent and follow up. But let them know you want change.

You may think it's unfair to be asked to carry this extra burden -- and you might be right. But who else knows as well as you how unfair the world is to people with addictions? And who else but you can make such an important difference?

Editor's Note: David Rosenbloom, Ph. D., is the director of Join Together. This article is adapted from a commentary originally published in Addiction Professional magazine. The policies referenced in this article can be found in "Ending Discrimination Against People with Alcohol and Drug Problems: Recommendations from a National Policy Panel." To download this report in PDF format, visit www.jointhehr.org/discrimination.

National Addiction Counselor's Day

September 17th

We want to recognize the dedicated and tireless work of addictions counselors. Counselors are frontline healthcare professionals and indispensable in the process of guiding patients with addictive disorders to recovery. More than 10 million Americans suffer from alcohol or drug dependency. Counselors are unsung heroes in the battle to help those individuals recover their lives.

—Roger A. Curtiss, NAADAC President

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(Continued from page 13) today, the IC&RC/AODA takes the position that, at a minimum, certification in prevention should be required for anyone who meets either or both of the following criteria:

1. Practitioners who work in community-based prevention programs that receive state and/or federal funds for alcohol and other drug abuse services;

2. Full or part-time paid coordinators of volunteer prevention services in programs that receive state and/or federal funds.

For the most part, these criteria will affect community-based prevention services that are funded with federal block grant and/or state general revenue funds managed through the State Alcohol Agency Program or the State Drug Abuse Agency. However, other state agencies such as departments of education, agencies for children, youth, and families, juvenile corrections and diversion services, and departments of aging services target services to youth and adult populations affected by substance abuse. IC&RC believes that personnel from these agencies who wish to be certified must pass a formal examination to demonstrate competency and are encouraged to become credentialed in substance abuse prevention. At a minimum, they should have access to continuing education programs offering competency-based substance abuse prevention course work.

**IC&RC’s competency-based prevention credential**

In keeping with its tradition of establishing high quality practice standards for substance abuse counselors and clinical supervisors, IC&RC also has provided leadership in developing professional practice standards for Prevention Specialists. In cooperation with state agencies, prevention provider agencies, other professional organizations and individual prevention specialists, IC&RC champions the increasing importance of assuring that Prevention Practitioners are able to demonstrate their abilities to stay abreast of the latest research findings, employ best practices, apply innovations in prevention methods, and follow industry trends to ensure the competency of the services they provide.

Fundamental to having an effective prevention system is an effective prevention workforce. Fundamental to equipping that workforce is an effective certification program based on demonstrated practice competencies reflecting a high quality, professional discipline. The demonstration of competency in prevention service delivery, through testing for certification and the continuing education required to maintain certification, enables providers to stay abreast of advances in the prevention field and provides assurances to the public that state-supported prevention services are offered in an ethical and technically sound manner.

**Prevention Role Delineation Study**

Working with a cross section of prevention administrators, providers, practitioners, researchers, and others, IC&RC uses a formal process to identify and gain consensus on the specific competencies needed to effectively practice substance abuse prevention services. An initial Role Delineation Study was developed and published in 1993. The study identified six specific practice domains and detailed the knowledge, skills, and attitudes appropriate for each domain. The use of a formally published Role Delineation Study ensures that test questions used as the basis for certification are grounded in those tasks and activities determined by the field as appropriate and necessary for effective prevention service delivery.

No other effort relative to the quality of prevention service delivery is as important as having knowledgeable and well-qualified individuals practicing prevention in our communities.

In 1999, IC&RC again convened practitioners from the field to update the current Prevention Role Delineation Study. This revised version reflects the current emphasis on “science-based” prevention services and integrates both service delivery and service management domains. With the updated Role Delineation Study, IC&RC continues to assure its members and the prevention specialists that they certify that certification is based on the latest and best information about the practice requirements of the field of substance abuse prevention service delivery.

**IC&RC prevention written examination**

The development of a valid examination for the IC&RC Prevention Credential begins with a clear, concise definition of the knowledge, skills, and abilities needed for competent job performance. From working with experts in the field of alcohol, tobacco and other drug abuse prevention, the knowledge and skill bases for the exam questions are derived from the actual practice of the prevention specialist, as outlined in the current ATOD Prevention Specialist Role Delineation Study.

The Prevention Specialist Examination was one of the first examinations to test knowledge and skills about substance abuse prevention on an international level. The examination was developed by IC&RC through the cooperation of the member boards and their strong desire to have an international examination based on current practice.

**Ensuring public safety**

Given the changing dynamics of the substance abuse prevention field and the political realities regarding today’s publicly supported substance abuse services, the need to gain and maintain public confidence is critical. One of the most important obligations that the field has to the public is to offer a prevention workforce that demonstrates competency in the practice of substance abuse prevention strategies, programs, and services.

No other effort relative to the quality of prevention service delivery is as important as having knowledgeable and well-qualified individuals practicing prevention in our communities. By utilizing IC&RC’s competency-based approach to prevention credentialing and adopting a consistent standard of operation that requires prevention credentialing, states and their publicly funded prevention providers will significantly increase their capability to ensure public safety.

Jim Scarborough, President of the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC/AODA), is from Raleigh, NC. Angie Wainwright, Administrative Director of the IC&RC/AODA, works at the corporate office in Falls Church, VA. For more information on prevention, visit www.icrcaodaa.org.

This article is published in Counselor, The Magazine for Addiction Professionals, February 2004, v.5, n.1, pp. 40-42, reprinted with permission from the publisher.
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
- Free Subscription to the TAADAS Times, which is a quarterly newsletter bringing the latest news, agency profiles, training, and conference information
- Special discounted hotel rates in Nashville
- Discounts at Recovery Books & Things
- Job Postings
- Membership certificate suitable for framing

**How do I join TAADAS?**

To join TAADAS and influence the future of alcohol and drug services in Tennessee, simply fill out the Membership Application on the back page 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 recovery community, their families, friends, and others statewide.

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**TAADAS Members**

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

### Sustaining Members

- Adept, Inc., Knoxville
- Alcohol & Drug Council of Middle TN
- Apollon Manor, Jackson
- Buffalo Valley, Inc., Holstonwald
- Comprehensive Community Services, Johnson City
- E.M. Jellinek Center, Knoxville
- Grace House, Memphis
- Harbor House of Memphis, Memphis
- Hope of East Tennessee, Oak Ridge
- JACOA, Jackson
- Jack Green Shelter, Savannah
- Memphis Recovery Center, Memphis
- New Directions, Memphis
- New Hope Recovery Center, Morristown
- The Pathfinders, Inc., Gallatin
- Place of Hope, Columbia
- Renewal House, Inc., Nashville
- Samaritan Recovery Community, Inc., Nashville
- Serenity Recovery Center, Memphis
- Synergy Treatment Center, Inc., Memphis

### Individual Members

- Martin Alford
- Thomas Banbridge
- C.J. Baker
- Kathy Bemton
- Steve Blalock
- Tom Blount
- Chuck Burdine
- Matha Chesham
- Don Dahlman
- Tom Diefenderfer
- Karen Dooly
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- Jim Phillips
- Deloxah Ray
- Nathan Reeter
- Craig Sandlin
- Dr. Michael Sacher
- Karen Scraggs
- Evan Shank
- Judy Smith
- Diaan Smithton
- Herb Stine
- Bob Stablefield
- Ray Tallent
- Sharon Teplansky
- Eileen White
- Tammy Williams
- Walter Williams
- Cary Woodyard-Smith
- John Yord

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**Student Members**

- Savannah Hill
- Judy Matthews
- Alex Thien
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: ___________________________ Referring Member: (If Applicable) ___________________________

Level of Involvement: Student: $20 ___

Individual: $50 ___

Corporate: $2500 ___ $1000 ___ $500 ___ $100 ___ Other: $__________

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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.