It is widely recognized that people with co-occurring addictive and mental disorders are a large and significantly underserved population in this country. These individuals experience multiple health and social problems and require services that cut across several systems of care, including substance abuse, mental health and primary health care services, as well as a host of social services. Many people with co-occurring disorders are homeless or located within the criminal justice system. None of these systems of care is, on its own, well equipped to serve individuals with co-occurring addictive and mental disorders. At the same time, new evidence is emerging from the research community about effective services that can have substantial positive outcomes for people with co-occurring disorders.

Historical barriers to improving services to people with co-occurring disorders have included definitional problems (e.g., how to define “integrated treatment” or “co-occurring disorders”), lack of prevalence data, philosophical differences between the substance abuse and mental health fields, and concerns over adequacy of resources and/or the ability to access resources. While these barriers remain problematic in some areas, particularly the lack of resources, an atmosphere of collaboration is growing within the mental health and substance abuse fields as both fields recognize the critical need for effective treatment for co-occurring disorders, the multiplicity and complexity of problems experienced by people with co-occurring disorders, and the need to draw on the strengths of both fields in addressing these problems.

In June 1998, SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) supported a dialogue among representative State Substance Abuse and Mental Health Directors through the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD). A major outcome of that meeting was a conceptual framework for considering the issue of how best to serve people with co-occurring addictive and mental disorders. This framework is based on recognition of the multiplicity of symptoms and variations in severity of dysfunction related to co-occurring addictive and mental disorders, thereby encompassing the full range of people who have co-occurring addictive and mental disorders. The framework specifies three levels of service coordination—consultation, collaboration or integration—which can improve consumer outcomes across the population of individuals with co-occurring addictive and mental disorders. The model represents a major step forward in conceptualizing the issue, and adoption of the three levels of coordination as currently depicted in the model would be a substantial improvement in treatment for individuals with co-occurring disorders.

SAMHSA enthusiastically supports the conceptual framework that has been developed by the State Directors, in particular the framework's definitional reliance on the severity of functional impairment and the framework's ability to capture all levels of functional impairment related to substance abuse and mental disorders. This framework establishes a shared basis for defining terms and conceptualizing the issue, which is an essential precursor to engaging in a dialogue to build consensus about how best to treat people with co-occurring disorders. SAMHSA is continuing to work with NASADAD, NASMHPD, the State Directors, provider organizations, consumers and families of consumers to further refine the framework, build consensus and begin to implement the changes that are needed to improve outcomes for individuals with co-occurring disorders.

Development of the State Directors' conceptual framework involved substantial review of the scientific literature that is currently available on co-occurring addictive and mental disorders. Most research in this area is focused on the population of individuals who have both a serious mental illness and a severe substance abuse disorder, a population for which the scientific evidence suggests that an integrated approach to care may be best. Among the critical needs with regard to co-
An overwhelming piece of the puzzle became evident as I walked into Sassys' home. I knew that I was about to be given another piece of that puzzle called "I tried to get help for my addiction and with TennCare, here is what happened." I shook hands with her 19-year-old son who has recently moved back home to try and protect his mother from her personal demons. It appears that he has taken back his own life from the snare of abuse and addiction and is committed to keeping her out of harms way. She said that she is terrified to leave her house alone even to go as far as her mailbox. "You don't have to look for Meth", she said. "It looks for you and it always finds you." She has moved three times in the past two years trying unsuccessfully to get away from "It." She used to drive a truck and when she was not on the road she could drink a case of beer a day, then after her divorce, the kids being gone, a great loneliness set in and it was at this time she was introduced to crank (methamphetamine) in 1999. She was immediately hooked and was using daily. At first she smoked it, then she started using "I.V."

In the spring of 2001 she realized that she had to get some kind of help for this thing that had taken over her life. She got very sick and went to her boss and told him the truth about what was happening. He took her to the hospital and she was admitted. The Doctor kept her there a week and tried to help her get into treatment. They found that her insurance did not pay for inpatient treatment, so they tried a halfway house. Due to being disabled from a previous accident, she would not be able to work, which was required by the halfway house to pay for her stay there, so she couldn't be admitted because TennCare does not pay for residential treatment for addiction or a half way house. She finally gave up and went home.

A few days later she returned to work and soon was using crank again. In August of 2001 she had "scored" some meth from a dealer and shot up. She started on a trip in her truck and about 20 minutes out began to experience an indescribable pain. It started in her chest, went through her lungs and down her spine. She stopped the truck and tried to get herself together enough to turn around and go home. She didn't' remember the trip, only the horrible pain, but she finally made it into the house. She felt paralyzed and couldn't call for help. Her boss who had come to find her and the truck discovered her the next morning.

She was rushed to a Hospital in Chattanooga, barely conscious or barely able to breathe. In the E.R, she was told that there was very little they could do. They put her to sleep to insert tubing and put her on life-support and she went into a coma. She remained that way for over six weeks and when she regained consciousness they told her that it was a miracle that she was alive. She remained in the hospital until the end of October. Before she was released she was told that the crank that she had injected was heavily laced with arsenic and should have killed her.

She is home now but continues to be treated medically for the damage that was done to all her vital organs. This past month she had been in Doctors' offices or the hospital for MRIs, blood work, and evaluation for the trauma that she has experienced. She is unable to work and currently is taking an inhaler, a breathalyzer, sleeping pills, an anti anxiety medication, two different antidepressants, an antihistamine, and an antibiotic daily. She has been diagnosed with severe depression, has poor memory, lung scarring and is phobic about going out of her house alone. She also experiences occasional flash backs and hears voices.

I could go on for hours about all the "what-ifs", but in this piece of the puzzle there is really only one. What if residential addiction treatment was a TennCare benefit and had paid for her to get appropriate treatment in a residential facility when she had reached out? The cost at that point would have been nominal. Instead, taxpayers have paid out more than $300,000 dollars in TennCare benefits for medical and hospital care, doctor's visits and medications, which continues even as you read this. GO FIGURE !!!! Pray that changes are on the way.

Blessings To All,  
HRT

Grace House of Memphis celebrated twenty five years of service to those women suffering from addictive disease with a dinner at the Botanical Gardens in Memphis on Friday night May 10th. Over 130 people were present when Joe Burch, a local news anchor for the NBC affiliate in Memphis, presented Grace House with a Proclamation from the Mayor of the city congratulating Grace House on having helped over 4500 women since its inception in 1976.

The speaker for the evening was Father Leo Booth who talked about the concept of Grace, and told his own story. Many of those in attendance had had their lives strongly affected by Grace House, and wanted to be part of the celebration.

In addition to the dinner presentation Father Leo presented a workshop, Saturday morning, on challenging unhealthy beliefs and attitudes. The workshop was co-sponsored by Synergy Foundation. Those attending the workshop were treated to a full day of Father Leo's unique insights and humor. The women and staff of Grace House greatly appreciated all of the support they received from the community in celebrating their 25th anniversary.

The TAADAS Membership would like to extend their heartfelt congratulations to Sharon Trammell and her staff for their hard work and dedication to the Grace House Program. We wish them another 25 years of Grace.
A Call to Action

By: Ann Evins-Doak, LADAC, NCA-CII, LEAP, CEAP, SAP

After more than 20 years of recovery it has occurred to me that I have enjoyed the great blessing and privileged of maintaining a sober life, and also the recipient of anonymity due to the 12 step recovery group which I continue to participate in and receive support from. For those of you who are also blessed to be a part of this program, I am asking for you to join me in responding to a great need in our community, our state, and in our country. This need is for those of us who are privileged to be sober, to surface without fear of prejudice, to be a voice for the alcoholic and addict who is still suffering. I do not ask that any one of you compromise your anonymity or the traditions of our program. I do ask that you believe that there is a tremendous need for all of us to make a stand for our fellows.

I strictly adhere to the principle of not aligning our selves at the level of radio, press or TV, and not aligning ourselves with any political endeavor. However, I know of so many people in our community who, when they finally reach some level of desperation and attempt to reach out for help, there are hundreds every day who are denied that help because of political uncaring or uninformed individuals who we have voted for to represent us in decision making. Particularly decisions that have to do with the availability ( or lack of ) for help when help is desperately needed. Managed Care and Insurance Companies are the perpetrators who dictate the "needs " of many , when they don’t even understand what those needs are, and the political clout that these people have over the decision makers is astronomical ( and again, these Are the people we voted into office, or we didn’t care enough to vote believing it wouldn’t make a difference.)

Well, let me tell you, and please know that I am speaking from my own personal knowledge and experience, you can make a BIG DIFFERENCE. A vote is not only a privilege it is a statement of how you feel and what you believe is right, and your right to express just that. I have learned that it is important to talk with those who are running for office and to really discern how they stand on the issues, especially about alcohol and drug addiction and how they prioritize its importance. I have found that many of them don’t see it as much of a priority or of great importance. I have been dismayed and decided that it is time for those of us that really understand addiction and the fatality of this disease to stand up and be "Called To Action."

Without realizing it we are a powerful number of people who are very intune with what we believe, and don’t have a problem letting others know. Therefore my message for your consideration is this , "I GET IT AND I VOTE IN THE STATE OF TENNESSEE."

Ann is a Corporate Member of TAADAS. She is also president of Ann Evins-Doak, Inc. Her office is located in Lebanon, TN. Contact her via email at aedinc@bellsouth.net.

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“Ordinary people believe only in the possible. Extraordinary people visualize not what is possible or probable, but rather what is impossible. And by visualizing the impossible, they begin to see it as possible.”

Cherie Carter-Scott
(American Author, Speaker, Trainer)

TAADAS Times
Page 3
General Assembly has continued an abbreviated schedule of limited floor sessions only on Wednesdays for the past several weeks. Now, the crystal ball gets murky. House Speaker Jimmy Naifeh has started a push for a House floor vote on a flat 4.5% personal income tax, but the counting is still difficult. The proposal includes the removal of the sales tax from grocery food items, clothing, and non-prescription drugs. The standard exemptions would be some of the highest in the country with the first $15,000 of an individual's income being exempt from the tax, and the first $30,000 of a joint return would be exempt. Each dependent would permit a person to exempt another $1,500 from his or her taxable base. The General Assembly’s adjournment date is still elusive.

By: Nathan Ridley

Congratulations and thanks are in order to our friends at Renewal House who have worked very hard to see SB 264 / HB 782 pass each house in the past three weeks. While passage was unanimous and debate was calm in the Senate, passage was by the slimmest of margins (51 - 36) and debate was heated in the House of Representatives. This is the bill that permits a person with a drug conviction to retain eligibility for the Families First program if the person is in treatment for alcohol or drug abuse. Unfortunately, Governor Don Sundquist does not share our enthusiasm for this bill, but he did not veto the legislation, and he has permitted the bill to become law without his signature.

With the adoption of a series of resolutions, the Tennessee General Assembly has continued an abbreviated schedule of limited floor sessions only on Wednesdays for the past several weeks. Now, the crystal ball gets murky. House Speaker Jimmy Naifeh has started a push for a House floor vote on a flat 4.5% personal income tax, but the counting is still difficult. The proposal includes the removal of the sales tax from grocery food items, clothing, and non-prescription drugs. The standard exemptions would be some of the highest in the country with the first $15,000 of an individual's income being exempt from the tax, and the first $30,000 of a joint return would be exempt. Each dependent would permit a person to exempt another $1,500 from his or her taxable base. The General Assembly’s adjournment date is still elusive.

The April 4 qualifying deadline has come and gone, as has the local May primary in many counties. Our legislative friends are now focusing on the most important election, which is the next one, or the August 1 primary for state offices. For the curious, take a look at the state’s Registry of Election Finance website for a current list of candidates. Here is the address: http://www.state.tn.us/tref/cam_fin/Candidates2002.htm

In the last column, cavalier, hopeful, maybe prayerful, comments were made about an imminent adjournment date for the 2002 session of the General Assembly. While I am cautiously optimistic about House action, the Senate does not seem to be fully engaged on the issue of revenues and expenditures. As a consequence, raiding existing state reserve funds to close out the current fiscal year and imposing significant cuts in state programs for the fiscal year beginning July 1 seem to be in our future. After that point, our newly elected governor may begin his term of office, and hopefully right the ship of state.

News from Capitol Hill comes from Attorney Nathan Ridley with the Nashville firm of Boult Cummings Conners & Berry, PLC. Contact him by e-mail nridley@boultcummings.com

“Pray like it all depends on God. Work like it all depends on you.”

—Nathan Ridley
**FORTUNE 500 ADDRESS EAP DEMAND AND POTENTIAL INCREASE IN SUBSTANCE ABUSE FOLLOWING 9/11**

Washington DC - "How have recent events changed the way employers use Employee Assistance Programs (EAP) to address anxiety and the potential increase in substance abuse in the workplace?" was the topic discussed among Fortune 500 Employee Assistance Executives gathered for a workshop conducted by the Washington Business Group on Health (The Business Group) as a part of its Working Solutions to Substance Abuse program. Directly involving senior managers to provide strong leadership and using the Internet to communicate frequently and effectively with employees were the main lessons shared among executives.

"In the wake of September 11, large employers, especially those in Washington, D.C. and New York, are concerned about stress, anxiety, and the possible increase in alcohol use, risky drinking and its impact on the workplace," said Helen Darling, president of the Washington Business Group on Health. "Employers are investing in cost-effective solutions to address their concerns and maintain employee productivity."

Employers are reexamining their Employee Assistance Programs to meet an anticipated upsurge in demand stemming from recent events. According to a study in the New England Journal of Medicine after September 11, an estimated 67,000 Manhattan residents had post-traumatic stress disorder and 87,000 had depression at the time of the survey. Researchers also found that drinking increased substantially after September 11. Due to the highly visible nature of the attacks, such effects may be felt nationwide.

"Because alcohol use is a common response to fear, grief, and depression, individuals who have suffered previous trauma face an even greater risk of substance abuse," said Workshop Panelist Dr. John Higgins-Biddle of the University of Connecticut Health Center. "The utilization of cost-effective screenings and brief interventions is vital to identifying and treating substance abuse."

In analyzing their employee assistance programs, Fortune 500 companies found that online screenings and interventions such as the Screening and Brief Intervention (SBI) were cost-effective and time-efficient mechanisms for addressing substance abuse, and employees can feel comfortable in utilizing these services because their privacy is assured. SBI is an interviewing technique that can be used by health care workers during routine medical or specialty care visits or by other trained individuals in the workplace or similar settings to determine if a person's substance/alcohol use poses potential overall health risks. Counseling can range from three to five minutes up to several counseling sessions, depending on the severity of the drinking risk. Though cost-effective, both SBI and online screenings are underutilized.

"Since the majority of our employees are familiar with the Internet, we have utilized this unique vehicle to successfully provide education, resources and online screenings in a confidential manner," said Tara Wooldridge, manager of Delta Air Lines' Employee Assistance Program. "This is the 5th year that we have provided assistance via the Company's intranet site to our employees."

"Employers are faced with the challenge of addressing employee expectations for EAP services and senior managers are not trained to meet the new need," said Kristen Apgar, director, The Business Group. "Employers are preparing their senior managers to play a heightened role in easing employee anxiety and to intervene early and appropriately in situations involving an often undiagnosed disease of substance abuse."

**MENTAL RETARDATION FOUND IN TODDLERS EXPOSED TO COCAINE**

Women who use cocaine during pregnancy put their children at risk for mental retardation and other developmental problems, Reuters reported April 19.

Researchers at Case Western Reserve University in Cleveland, Ohio, tracked the progress of 218 cocaine-exposed babies for two years. The results were compared to those of 197 unexposed youngsters. Both study groups were born at the same Cleveland hospital in the mid-1990s, and all of the mothers were from high-risk and low-socioeconomic-status backgrounds.

The researchers found that 14 percent of the cocaine-exposed children had mental development index scores in the mental-retardation range at age 2, double the rate of the unexposed children and five times the rate expected in the general population.

The study also found that 38 percent of the cocaine-exposed children had mild or greater mental delays, nearly double the rate of the unexposed group.

Dr. Lynn Singer, author of the study and a pediatrician and psychiatrist at the university, said the research shows that developing neural systems of the fetal brain may be directly and adversely affected by cocaine exposure. In addition, cocaine use during pregnancy may constrict the vascular system, thus decreasing blood flow through the placenta and causing low oxygen levels in the fetus.

"We hope that this study will convince public-policy and health providers that there needs to be a major emphasis on the provision of drug treatment, including smoking cessation, and mental health services for women - especially poor women who are currently underserved," said Singer.

The study is published in the April 17 Journal of the American Medical Association.
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N.H. Senate Approves Bill Mandating Addiction Treatment Coverage

The New Hampshire Senate approved a bill that would require health-insurance companies to offer some coverage for addiction treatment, the Nashua Telegraph reported April 24.

Under the measure, all health insurers would be required to offer some form of inpatient and outpatient treatment for alcohol and other drug addictions. Insurers would be allowed to set limits on the number of visits and annual charges they would cover.

"We've got a national problem here. Treatment saves money," said Sen. Katie Wheeler (D-Durham). She added that the bill would give insurers flexibility in coverage while raising annual premiums only $2.45 per person.

The Senate also narrowly approved an amendment to the bill that would require the same provision to be included in bargaining contracts for state employees. Some lawmakers said that the amendment was actually intended to sabotage the measure. The legislation approved in January by the New Hampshire House of Representatives included a special exemption for state workers.

As a result, the bill goes back to the House, where lawmakers will decide whether to accept the amendment, reject it, or ask that a negotiating committee be formed to work out the differences.

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N.H. Senate Approves Bill Mandating Addiction Treatment Coverage
By: Euel Mahoney

The “Ic” is inactive. It’s like withdrawal symptoms are treated, is over and the physical period. Once the detox period zures during a detoxification cations to prevent DT’s or sei-
takes is forced abstinence cured by human power. All it there is no defense.

The “Ic” can be treated and/or addict to lose control and creates a physical craving to alcohol or drugs for which there is no defense.

The “Ic” is the physical part of our disease. It is the difference between being addicted to alcohol and drugs and being addicted to sex, nicotine or food, etc. It is the physical allergy that causes the alcohol and/or addict to lose control and experience lived.

When I entered the treatment field in 1972 we were seeing only alcoholics. Drug abuse from the sixties was just catching up with the drug abusers and becoming a treatment problem. Focus on the drug problem had been provided mainly by mental health facili-
ties.

I remember a board member during those days who would ask at every board meeting, “Are we treating the “Ic” or the “Ism”?” In fact, he asked the question so often it became irritat-
ing. But then one day I took the time to consider what he meant.

The “Ism” is the mental and spiritual part of the disease. It’s the mental obsession that drives us to return to our drug of choice even though we know it will be fatal. It is caused by perpetuated defects of character, such as selfishness, pride and ego. These defects are caused by a lack of practicing spiritual principles in our life, such as faith, hope and love. There is no human power to overcome the “Ism”. It requires a spiritual remedy.

We had been focused on alcoholics. Alcohol and alcoholics were our specialty. People who considered themselves addicted more to drugs than to alcohol began to complain about feeling like outsiders. They couldn’t relate to all the talk about alcohol. They felt like they were being shortchanged. And rightly so. That’s all we knew to talk about. That’s where our training and experience lived.

Then I began to do a little research. And I discovered we had been placing much too much emphasis on the substance rather than the disease. I discovered that, once the substance is removed from the system and the physical symptoms of acute and post acute withdrawal symptoms are past, it’s all the same disease.

The “isms” are indiscriminate. They are the defects of resent-
ments, fear, pride, self-centeredness, etc., which make us so miserable that we cannot deal with our lives without some form of relief. And it doesn’t matter what the drug of choice may be. The chemical is only a symptom. It is not a disease.

Here at Discovery Place our aim is to treat the “ism”. We try and help the “ic” to discov-
er how to live a happy and productive life through the practice of 12 basic spiritual principles in their daily lives.

Among these principles are surrender, honesty, hope, faith, courage, integrity, willingness, humility, brotherly love, self-discipline, perseverance, awareness of God and service. We’re talking about God here. And the practice of these principles on a daily basis to the best of our ability, the “isms” go into remission and will remain so as long as the principles are practiced.

But it is important to remem-
ber that the “Ic” is still lurking in the background and will instantly reac-
tivate if we falter in our practice of spiritual prin-
ciples. And the “ic” can be deadly.

Euel Mahoney is the Executive Director of Discovery Place in Burns, TN. He may be contacted at 615.740.8600 or via email kpdanhlbu@aol.com. Discovery Place is a Corporate Member of TAADAS.

"I have not failed. I've just found 10,000 ways that won't work."

- Thomas Alva Edison
Parents are being warned about "Zippers," packaged cups of fruit-flavored gelatin containing 12 percent alcohol, USA Today reported April 29.

Zippers, marketed with bright colors and cheery labels, look like the gelatin dessert packs that thousands of youngsters take to school every day, critics say.

"Zippers may be dangerous because they come packaged in containers that look like any other snack pack or after-school snack a child may put in their lunch box," Community Anti-Drug Coalitions of America (CADCA) said in a recent alert.

Marketed by BPNC, a small Ohio company, Zippers are the first commercially produced version of "Jell-O shots," the sweet, chilled alcoholic drinks that are popular at beach bars and college parties.

According to CADCA, "Zippers are being marketed in ways that appeal to an underage audience."

The claim is denied by Burt Brooks, who started BPNC with several friends. He said Zippers are being marketed to 24- to 44-year-old women who like "entertaining, nights out with friends, and fun with no regrets."

"We went above and beyond what the states and federal government require," said Brooks. He said that Zippers' packaging is clearly marked with a government alcohol warning and a picture of a baby with a red slash through it to indicate that the product isn't for children.

"If you leave a rum and Coke on your table, a kid will drink that and mistake it for a Coke just like they might mistake our product for regular Jell-O," he said. "You have to supervise your children."

Zippers are sold in bars, liquor stores, and grocery stores in 26 states, including Tennessee.

"I have five people at least on a busy night doing nothing but selling these things," says Gigi Bakri, who owns Cotton Eyed Joes, a 30,000 square-foot country music bar in Knoxville, Tenn. He says he sells about 10,000 Zippers a month at his bar for $2 or $3 each.

A new study shows that family-intervention programs are both beneficial and cost-effective in discouraging teen drinking, according to the National Institute on Drug Abuse (NIDA).

Researchers at Iowa State University found that every dollar spent on intervention programs for adolescents was returned many times over in savings accrued through prevention of future costs associated with alcohol problems.

For the study, researchers used data from a longitudinal prevention trial with families of sixth graders from 33 rural schools in a Midwestern state. The 478 families were randomly assigned to either the seven-session Iowa Strengthening Families Program (ISFP), the five-session Preparing for the Drug Free Years (PDFY), or a control group.

The researchers found that families in the ISFP intervention program saved $9.60 in future costs for each dollar invested, while the PDFY intervention yielded a benefit-cost ratio of $5.85 for each dollar invested. "Family skills-training interventions designed for general populations have the potential to delay the onset of alcohol use, thereby avoiding the substantial costs to society at a proportionally small intervention cost," said Dr. Richard L. Spoth, lead investigator of the study.

The most recent statistics from the National Institute on Alcohol Abuse and Alcoholism show that the annual economic costs of alcohol dependency in 1998 were $185 billion.

"This study demonstrates that investing dollars in preventive-intervention programs is not only a good public-health practice, but it is a good economic practice as well. The personal and public health benefits of preventing teen drinking and adult alcohol abuse are well known. Less well known by the public are the costs of these problems," said Dr. Glen R. Hanson, acting director of NIDA, which helped fund the study. The study is published in the Journal of Studies on Alcohol.
WORKSHOPS & TRAININGS

Stages of Readiness For Change
Facilitators: Donna McConnico, CADAS, Chattanooga, June 7, Contact Bob Burr 423.756.7644

Beyond the Rules:
Advanced Professional Ethics
Facilitator: Kathryn Benson, Plateau Mental Health Center, Cookeville, June 3, Contact Bob Burr 423.756.7644

Complimentary Care
Facilitator: Jane Abraham, Purdue Center of Hope, Memphis, June 12, Contact Jane Abraham 901.272.1657

Psychopharmacology of Abused Drugs: How Dope Works
Facilitators: Karen Dennis, JACOA, Jackson, June 14, Contact Amanda Hopkins, 731.423.3653

Domestic Violence & Substance Abuse
Facilitators: Keith Henderson, Purdue Center of Hope, Memphis, June 15, Contact Jane Abraham 901.272.1657

FEATURED PUBLICATION:
Reach Out Now: Talk with Your Fifth Grader About Underage Drinking

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 edition’s Feature is: Reach Out Now: Talk with Your Fifth Grader about Underage Drinking.

This two-part set of underage drinking-related materials designed especially for use by fifth-grade students, their families, and teachers. Reach Out Now: Talk with Your Fifth Graders about Underage Drinking, a four-page set of lessons and in-class activities for teachers can be used as part of classroom instruction.

Also included is a take-home packet for students and their parents: Talk with Your Fifth Grader about Underage Drinking.

To get your free copy of this publication, call the Clearinghouse at 615.780.5901 or order online at www.taadas.org.

ORDER FREE MATERIALS FROM THE CLEARINGHOUSE ONLINE!

The TAADAS Statewide Clearinghouse has distributed free pamphlets, posters and other Substance Abuse and Related literature across the state for over twenty years. The materials have been invaluable aids in personal and public education, professional development, and in school programs.

People in the Middle Tennessee area visit the Clearinghouse regularly for all of their literature needs. But those outside the Middle Tennessee area found it more difficult to take time out of their busy schedules to plan a trip to the Clearinghouse. In today’s age of technology, the problem has been solved! The Clearinghouse is now available online at www.taadas.org 24 hours a day, 7 days a week from the comforts of your home or office.

You may browse the catalog, complete with descriptions and pictures of our materials, then place your order using our new on line order form. A link has been set up on the main page of the TAADAS website to assist you in finding our publications easily.

Because of funding cuts on a federal level, most of our literature sources have put strict limitations on distribution. Therefore, some of the items available through the Clearinghouse are available in single copy or limited quantities. But that doesn’t mean that publications are not available. Several of the items are available in an electronic format so that you download and print them directly from our website and reproduced them as needed as well as ordering a limited number of hard copies.

We hope you will find this service helpful and convenient. Maybe it will free up a couple of minutes in all of our busy work schedules!
**Featured Video:**

**Relapse Prevention (For Professionals)**

The Clearinghouse has over 700 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 *Relapse Prevention (For Professionals)*.

This 24 minute tape encourages the use of relapse prevention as part of a multi-faceted approach to the recovery process. It encourages treatment providers to help their clients understand the cues that stimulate their craving for alcohol and drugs, and to provide them with techniques to cope with craving and ultimately avoid relapse.

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

A complete video catalog is available online at the TAADAS website, www.taadas.org.

**Workshops & Trainings**

**Science Based Prevention Workshop**
Facilitator: Bette Breland, Comfort Inn of Jackson, Jackson, June 20, Contact Amanda Hopkins 731.423.3653

**Working With Families**
Facilitator: Sherry Gray, Nashville, June 20, Contact Susan Young, 615.269.0029

**Spiritual Issues in Early Recovery**
Facilitator: Dorothy Gager, Nashville, June 27, Contact Susan Young, 615.269.0029

**Psychopharmacology of Prescribed Medication**
Facilitator: Fred Lunce, JACOA, Jackson, June 28, Contact Amanda Hopkins 731.423.3653

**Recovery Books & Things**

For all of your Recovery Gift Needs

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**Featured Items for June & July:**
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The Pathfinders, Inc
News

The Pathfinders Inc. is expanding, opening offices in Springfield and Ashland City. The Nonresidential Treatment Centers should be operational by July 1, 2002. They are currently selecting staff for these facilities. Anyone interested in employment at these new facilities is asked to contact The Pathfinders, Inc. administrative offices at 615.452.5688.

Programs offered at these facilities will include Adolescent Intensive Outpatient, Adult Intensive Outpatient, Low Intensive Level 2 DUI programs, Domestic Violence programs for perpetrators of Domestic Violence. Family programs will also be offered.

This regional Alcohol and Drug Treatment Organization is expanding with assistance from the Middle Tennessee Regional Health Council. The regional Health Council identified the community need in Robertson and Cheatham Counties for alcoholism/drug addiction treatment services. The Pathfinders, Inc is funded in part from a grant from the Department of Health, Bureau of Alcohol and Drug services.

The Pathfinders Inc is a Sustaining member of TAADAS with some programs CARF Accredited. The administrative offices are located in Gallatin, with Outpatient Programs in Gallatin, Madison, and Murfreesboro as well as a residential center in Castalian Springs. For more information about The Pathfinders, Inc. and their programs, log onto WWW.PATHFINDERSTN.ORG

Samaritan
Recovery Community, Inc.
Founded 1964

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

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

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

CADAS
The Council for Alcohol and Drug Abuse Services, Inc.

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

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Extended Care Living

Intensive Outpatient
Community Services

CADAS
PO Box 4797, Chattanooga, TN 37405
Phone: 1-877-282-2327, Fax: 423-756-7646
www.cadas.org
Samaritan Recovery Community is a not-for-profit United Way member agency that has provided alcohol and drug abuse treatment in Nashville and the Middle Tennessee area for over 30 years. SRC is professionally managed by Managed Care Associates, Inc. of Nashville, Tennessee and is funded in part by the Tennessee Department of Health Bureau of Alcohol and Drugs Abuse Services, Tennessee Department of Human Services, Division of Rehabilitation Services, The United Way and private contributions.

Over the years, Samaritan Recovery Community has become a recognized leader in the field of chemical dependency by offering quality treatment programs to men and women in need, regardless of their ability to pay. Samaritan Recovery Community is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

The philosophy of SRC is that chemical dependency is a progressive family disease identifiable by a specific set of symptoms. It is a chronic, but treatable disease that negatively affects the sufferer in every major life area. The primary symptom of the disease is permanent loss of the ability to control the use of other drugs and a primary goal of treatment must be total abstinence. The treatment programs are staffed with highly qualified professionals dedicated to providing excellence in all aspects of care. The treatment team includes licensed substance abuse counselors, a clinical program director, nurse, family counselor, psychologist and physician.

Samaritan’s inpatient, outpatient, and transitional living programs offer structured, disease concept approach to treatment of alcohol and drug dependency. Program components are based upon a 12-step foundation and designed to meet the individual’s physical, psychological, social, and spiritual needs. Because chemical dependency is a family disease, it is essential that family members understand the nature of the disease and how family interaction affects the recovery process. For this reason, family members are required to attend an orientation session just before their first visit with the patient and are strongly encouraged to participate in the structured family program. With family support and involvement, the patient’s chance for long-term recovery greatly increased.

Patient care does not end when an individual completes the treatment programs. Each client develops, with staff assistance, and individualized recovery program that includes participation in the continuing care recovery group, as well as AA and NA meetings in the community.

Samaritan Recovery Community has the only accredited dual-diagnoses program in the State of Tennessee. The dual-diagnoses program is a structured residential program targeted to serve men and women who have a mental illness with a coexisting substance dependence disorder, and are having difficulty managing both disorders simultaneously while in the community.

The emphasis of the program is to treat individuals who are dually diagnosed using an integrated approach. This approach allows the client to become aware of why they choose certain harmful substances and how these substances may interact with their mental illness. Likewise, they also learn and understand that certain prescribed medications are acceptable and useful in achieving a successful recovery. In addition, SRC has supportive housing systems and halfway house programs.

The admissions office is open Monday through Friday 8:00 A.M. to 4:30 P.M. However, staff is available 24 hours a day to handle emergency calls and inquiries and admissions. Because of the impact alcohol and other drug use has upon the fetus, pregnant women will receive preference for admission. For more information, call 615.244.4802.

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

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

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*A Program of Samaritan Recovery Community
A report from the American Legacy Foundation shows that U.S. states can save taxpayer dollars by funding tobacco-prevention programs, Substance Abuse Funding News reported April 9.

According to the study, "Saving Lives, Saving Money: Why States Should Invest in a Tobacco-Free Future," smoking-related Medicaid costs more than doubled from 1993-2001. But the report also showed that by decreasing smoking rates by 25 percent through prevention programs, states would reduce Medicaid costs connected to smoking-related healthcare expenses by $552 million a year.

The report does not include additional taxpayer savings from other smoking-related spending decreases, such as Medicare, Medicaid costs paid by the federal government, or government-paid health insurance.
occurring disorders is the need for additional knowledge and research regarding the effective and efficient delivery of services to people who have co-occurring disorders but do not have both a serious mental illness and a severe substance abuse disorder. The State Directors’ framework identifies consultation and collaboration as two potential approaches to coordinating care for these individuals.

**Consultative Approach**

A consultative approach involves informal relationships among providers that ensure both mental illness and substance abuse problems are addressed, especially with regard to identification, engagement, prevention and early intervention. This approach may be most appropriate for individuals with less severe substance abuse disorders as well as less severe mental disorders. A consultative approach would also be appropriate for those who do not have, but may be at risk for, substance abuse and/or mental disorders. An example of the consultative approach to coordination of care might include a telephone request for information or advice regarding the etiology and clinical course of depression in a person abusing alcohol or drugs.

**Collaborative Approach**

The collaborative approach involves more formal relationships among providers that ensure both mental illness and substance abuse problems are addressed in the treatment regimen. The State Directors envision this approach as being most appropriate for individuals with either a severe substance abuse disorder or a serious mental illness who have a co-occurring, but less severe, mental illness or substance abuse disorder. An example of the collaborative approach to coordination of care is the use of interagency staffing conferences where representatives of both substance abuse and mental health agencies specifically contribute to the design of a treatment program for individuals with co-occurring disorders and contribute to service delivery.

**Integrated Treatment Approach**

With regard to integrated treatment, SAMHSA agrees that, as depicted in the framework developed by the State Directors of mental health and substance abuse services, individuals with two or more severe, independent but co-occurring addictive and mental disorders, may best be served through an integrated approach to treatment. SAMHSA encourages and supports the development, delivery and evaluation of integrated service models for the treatment of people with severe co-occurring disorders as described in the framework developed by the State Directors. In making this statement, SAMHSA strongly emphasizes the need to be clear about what constitutes “integrated treatment.”

There is no single set of treatment interventions that constitute integrated treatment for people with severe co-occurring addictive and mental disorders. Integrated treatment includes an array of appropriate substance abuse and mental health interventions identified in a single treatment plan based on individual needs and appropriate clinical standards and provided or coordinated by a single treatment team. Integrated treatment embodies several key principles in the delivery of services to people with co-occurring disorders. These principles include the following:

- Integrated services for people with co-occurring disorders should take a “no wrong door approach” to services. That is, services must be available and accessible no matter how or where an individual enters the system.

- Individuals should have access to a comprehensive array of services appropriate to their needs. Treatment for co-occurring disorders should be individualized to accommodate the specific needs of different subtypes and different phases of treatment for all established diagnoses. Recent scientific evidence suggests that assertive outreach and motivational interventions (i.e., to engage people in treatment and keep them in treatment) for substance abuse are necessary components of effective integrated treatment programs for individuals with co-occurring disorders. (1)

(Continued on page 16)
• Services should be consumer-focused and consumer-family centered. Services should be provided in a manner that welcomes individuals with co-occurring disorders and their families at every level.

• Staff in settings providing integrated treatment should be fully oriented in each other's disciplines. Individuals with co-occurring disorders should be able to receive services from primary providers and case managers who are cross-trained and able to provide integrated treatment themselves.

• Administrative functions should not become a barrier to the integration of treatment.

The approaches to providing integrated treatment will of necessity be varied due to the diversity of clients who need services and the unique characteristics of the communities in which they are delivered.

The dialogue currently taking place regarding treatment for people with co-occurring disorders exists within a context of many factors which affect services delivery. A major concern in achieving improvement in the treatment of co-occurring disorders (and indeed improving substance abuse and mental health services generally) is the severe lack of resources for both substance abuse and mental health services. Improving access to adequate funding, including third party insurance, Medicaid, Medicare and other Federal and State fiscal resources, is a necessary aspect of the drive to improve the services that are delivered. The many service delivery systems which are affected by and involved in the delivery of services to people with co-occurring disorders must work together, in respectful partnership, to achieve the changes that are needed. Improvements will not be achieved without recognition of the strengths each sector brings to the table and respect for the values, professional standards and achievements each sector has developed.

A second issue relating to the delivery of services to this population is the perception by some that the separate reporting requirements for various sources of funding (e.g., Medicaid, State funding, Federal mental health and substance abuse block grant funds, Federal discretionary funds) are burdensome and may inhibit the delivery of services. Particular concerns have been expressed about the reporting requirements associated with Federal block grant programs. SAMHSA issued a position statement in February 1999 that clarifies that, specifically the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Community Mental Health Services Block Grant (CMHDBG) funds may be used to provide services for people with co-occurring disorders as long as those funds are used for the purposes for which they are authorized by law and can be appropriately tracked for accounting purposes. SAMHSA is working with States and providers to ensure that the reporting requirements associated with SAMHSA funds do not present an undue barrier to providing services, including integrated treatment, for people with co-occurring disorders. Technical assistance is available through the Block Grant programs for States that need help in using Block Grant funds effectively to provide services for individuals with co-occurring substance abuse and mental health disorders, including integrated treatment.

SAMHSA's activity with regard to co-occurring disorders is extensive and varied. SAMHSA has funded a range of discretionary grant programs to identify and evaluate models of services delivery for a variety of populations with or at risk for co-occurring disorders. Some of these projects have been focused exclusively on co-occurring disorders, while others include co-occurring disorders within the context of a broader set of issues. SAMHSA's block grant funds have been utilized by several States to provide services to individuals with co-occurring disorders. SAMHSA has also engaged in an array of policy-related activities intended to advance the development of services for people with co-occurring disorders, including extensive consultation with SAMHSA and Center Advisory Councils.

SAMHSA recognizes that much remains to be done to achieve the systems changes that are needed to adequately serve individuals with co-occurring disorders. SAMHSA is committed to working collaboratively with the substance abuse and mental health fields to effect these changes. SAMHSA will continue to foster further discussion among all involved stakeholders on the organization, provision and funding of treatment for co-occurring disorders; fund research and evaluation on co-occurring disorders and appropriate treatment methods, including integrated treatment; support training and technical assistance initiatives to improve service system capabilities; and work with States and all other interested parties to develop best practices and guidelines to improve the care of individuals with substance abuse and mental disorders.

June 16, 1999


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

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

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

Please direct inquiries to:

Joe Morgan
President

Euel B. Mahoney
Executive Director

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

Telephone: 615-740-8600  Toll Free: 888-749-8600  Fax: 615-740-8606
Website: www.discoveryplace.info/
E-mail Address: DPKANHLPU@aol.com
President Bush talked about his personal experience with alcohol dependency and how faith helped turn his life around as he urged Congress to pass his controversial faith-based initiative, Reuters reported April 29.

Under the initiative, religious groups would be allowed to apply for federal funds to administer social services.

"Now, I don't want government to be the church and I don't want the church to be the government, but the government should not fear faith and faith-based programs," said Bush. "When we fund programs we ought not to discriminate against faith-based programs or cause the faith-based program to have to change its mission in order to receive any money."

Bush said he found God and stopped drinking 15 years ago on his 40th birthday. "Faith is a powerful motivator. I know firsthand what faith can mean in somebody's life, so I remind people I am just a humble sinner who saw redemption," he said.

The Rev. Mary K. Friskics-Warren, director of Renewal House, a recovery community for mothers with addictions and their children, worked with legislators for months to get this amendment passed. Renewal House was formed in 1996 as a Governor's Pilot Project to serve addicted Families First recipients. She is pleased that Renewal House residents who were once cut off from state assistance, will again be eligible.

"People need to eat while they are in treatment," says Friskics-Warren.

Stephanie Vance is the Development Director for Renewal House in Nashville, TN. She may be contacted at 615.255.5222 ext 106 or via email svance@renewalhouse.org Renewal House is a Sustaining Member of TAADAS.

Bush reflects on alcohol problem in push for faith-based initiative

Bush urges Congress to approve mental-health parity bill

President Bush has called on the U.S. Congress to send him a bill that would require health insurers to cover mental-health disorders as comprehensively as other illnesses, the Associated Press reported April 29.

"Remarkable treatments exist and that's good, yet many people, too many people, remain untreated," Bush said. "Our country must make a commitment: Americans with mental illness deserve our understanding and they deserve excellent care; they deserve a health-care system that treats their illness with the same urgency as a physical illness."

Congress is currently considering legislation that would require health plans to grant mental-health parity in coverage. The bill, however, does not include parity for addictive diseases.

The measure is opposed by many business leaders who claim that better mental-health coverage would significantly increase the cost of health insurance.
What is TAADAS?
TAADAS is the Tennessee Association of Alcohol and Drug Abuse Services, Inc. It is a statewide advocacy association whose mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.

How long has TAADAS been in existence?
March of 2001 marked TAADAS’ 25th anniversary. TAADAS began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.

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

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

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

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

There truly is “strength in numbers”!!

What are some of the benefits of Membership in TAADAS?
- Advocacy
- First Generation Information on policy issues
- Strong voice for parity issues
- Unparalleled Networking opportunities with others in the Substance Abuse Community across the state
- Monthly meetings to network and join forces with others in the field. Quarterly Regional meetings

- Free Subscription to the TAADAS Times, which is a bi-monthly newsletter bringing the latest news, agency profiles, training, and conference information
- Special discounted hotel rates in Nashville
- Discounts at Recovery Books & Things
- Job Postings
- Web Design Consulting
- Grant Consulting
- Membership certificate suitable for framing

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

TAADAS Members 2001-2002
TAADAS would like to thank each of the following members for their support and involvement in Championing work and join forces with others in the field. Quarterly Regional meetings

- Free Subscription to the TAADAS Times, which is a bi-monthly newsletter bringing the latest news, agency profiles, training, and conference information
- Special discounted hotel rates in Nashville
- Discounts at Recovery Books & Things
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The Tennessee Association of Alcohol and Drug Abuse Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of "creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency." For more information about becoming a member of TAADAS, contact Rogers at:

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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.

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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.