The Substance Abuse and Mental Health Services Administration (SAMHSA) recently offered a first glimpse of what President Bush's addiction-treatment voucher program might look like in practice. But the Senate dealt the proposal a heavy blow when it refused to fund the program, citing tight budgets and concerns about implementation.

President Bush unveiled the $600-million voucher program, initially dubbed Recovery Now, during his State of the Union address in January. In its FY2004 budget, the administration proposed spending $200 million on the newly renamed Access to Recovery program, which would provide vouchers that clients with alcohol and other drug problems could redeem at their treatment center of choice, including faith-based programs.

The budget plan approved by the House of Representatives' Appropriations Committee during the last week of June expressed support for the voucher program and earmarked $100 million for the program. In its conference report, the appropriations committee said it expects that all addiction-treatment programs funded with federal dollars will be subject to performance measurement. The House also said that the money should be used by SAMHSA to fund a pilot study before full implementation of the Access to Recovery program.

The Senate took a dimmer view of the initiative, refusing to spend any money for treatment vouchers in 2004.

"The committee has noted with interest the administration's Access to Recovery initiative to provide vouchers to states for substance-abuse treatment services," the Senate appropriations committee said in the report accompanying the program could open up public funding to programs that don't meet current state certification and training standards, particularly faith-based programs.

In a pair of recent fact sheets on Access to Recovery, SAMHSA alludes to three guiding principles for the program, including consumer choice, results orientation, and increasing capacity. But while the SAMHSA document calls for linking provider payments to demonstration of treatment effectiveness and recovery, it is silent on the issue of certification.

States, SAMHSA says, will be responsible for establishing eligibility criteria for providers. But there is nothing prohibiting states from setting...
NASHVILLE AREA RECOVERY ALLIANCE

A grassroots coalition of supporters of people in recovery from alcohol and drug abuse will meet to gather community input on the first Thursday of every month from 6-7:30 p.m. at the Alcohol and Drug Council, located at 2612 Westwood Drive in Nashville. Interested community members are invited to voice their concerns and suggest activities that will help strengthen and support the Nashville area recovery community.

"This is an opportunity for you to share your talents, your energy, your good ideas, and your time to help make a difference in this community," says Pam Fairley, project coordinator for the Recovery Alliance.

People seeking or in active recovery, and the families and friends of those seeking or in recovery, whether or not they are involved in recovery activities, are welcome. The Alliance is seeking ideas that will help provide information and education useful in establishing and maintaining long-term recovery and to reduce stigmas about recovery.

The Recovery Alliance is an organization of people in recovery, their family members, as well as friends and allies of the recovery community.

It is estimated that there are tens of thousands of people in recovery in Middle Tennessee. A third of those report they have been in recovery for more than ten years, and half say they have been in recovery more than six years. The Recovery Alliance seeks to involve the input of concerned community members toward supporting the entire recovery community.

"This is a chance for people in recovery to be seen, something that will help dispel the myth that recovery from alcohol or drug addiction is difficult or impossible," says Fairley. "People do recover and lead productive lives, and we want to facilitate that process."

As President George W. Bush said, "The miracle of recovery is possible and it could be you."

For more information contact Pam Fairley at 615.269.0029 ext 137.

FEW STATES USE ALCOHOL TAXES TO FUND TREATMENT PROGRAMS

A new analysis has found that only nine states earmark excise tax revenues from alcohol sales to fund alcohol treatment programs, according to a press release from the research group Ensuring Solutions.

Due to budget constraints, many states are enacting or considering cuts to funding for treatment programs. But although all 50 states and the District of Columbia levy some type of tax on alcoholic beverages, very few - Arizona, Idaho, Kansas, Mississippi, Montana, New Jersey, Oregon, Tennessee and Utah - use the tax revenues or other income from alcohol sales to fund badly needed alcohol-treatment programs.

Fifteen states dedicate the revenues generated from alcohol sales to support programs in education, corrections, tourism promotion and other areas, or simply to supplement the budgets of the state, counties or municipalities.

"Our analysis shows that only nine states are taking advantage of the alcohol excise tax," said Eric Goplenre, PhD, director of Ensuring Solutions to Alcohol Problems at The George Washington University Medical Center. "Cutting funding for treatment doesn't make economic sense when untreated alcohol problems cost the country billions more in health care costs."

D.C.'S ADDICTION AND PREVENTION AGENCY CRITICIZED

District of Columbia Council members are questioning the management of services provided by the D.C. Health Department's Addiction Prevention and Recovery Administration (APRA), the Washington Post reported June 11.

Problems began to surface after APRA transitioned from providing drug treatment to 8,500 addicted individuals a year to overseeing a network of nonprofit groups that provide the same services and are paid by voucher.

During a hearing of the Human Services Committee, council members, along with treatment providers and city auditors, said APRA is behind in paying nonprofit groups, has no information about the effectiveness of its care, and is turning away people from its overcrowded detoxification unit.

"Every single day, there are 20 people making this extraordinary decision of their lives to put aside criminal behaviors - we're talking about felonies - and what they hear at the detox center is, "There's no room for you," said Councilman Jim Graham (D-Ward 1). "Until the city recognizes substance-abuse treatment as absolutely central to quality of life issues here, we're just whistling in the wind."

Health Department Director James A. Buford said he would implement an action plan to address the problems.
**FIRST-TIME OFFENDERS GET TREATMENT, NOT JAIL**

$30 MILLION TO BE SAVED

Beginning Sept. 1, first-time drug offenders in Texas will receive mandatory probation and addiction treatment instead of being sent to state jails, the Houston Chronicle reported June 27.

According to a Houston Chronicle report, 35,000 low-level drug offenders were sent to state jails or prisons in the past five years. The law is expected to reduce the state jail population by 2,500 and save $30 million over the next five years.

"You can save money, save lives, ensure public safety," said state Sen. John Whitmire (D-Houston). "It's a great investment and return on the dollar to keep people from becoming permanent problems for the state of Texas."

The law applies to first-time felons caught with less than a gram of illegal drugs. Currently, low-level drug offenders are given the option of six months in jail or a longer probation term. Judges said many take the jail time because its considered the easier way out.

State District Judge Michael T. McSpadden likes the new law, saying it gives judges the discretion to order tougher probation sentences which offenders can't refuse in lieu of jail time.

To prepare for the Sept. 1 effective date, officials are working to establish more treatment facilities. The governor's criminal-justice division anticipates using grant dollars from the federal level to fund substance-abuse treatment programs around the state, said Gene Acuna, a spokesman for Gov. Rick Perry. "There will be options."

"If enrollment rates go up and drug costs go up, then the only way to afford the program is to cover fewer people," Scheppach said. "For most governors, these difficult choices have become a daily reality."

**U.S. STATES FORCED TO MAKE TOUGH CUTS IN FISCAL CRISIS**

The budget crisis in states throughout the country has continued to grow in the past six months, requiring even deeper cuts to priority programs, the Washington Post reported June 27.

According to a survey released by the National Governors Association (NGA), the financial health of state governments has worsened in the past six months. As a result, programs like education, Medicaid, and aid to cities and towns risk being cut.

Climbing Medicaid costs and reduced state revenue are the main reasons for the states' fiscal problems, according to Ray Scheppach, executive director of the NGA and Scott Pattison, executive director of the National Association of State Budget Officers.

This year, Medicaid spending grew 8%, after 13% growth in 2002. Next year, Medicaid spending, which takes up 20% of state budgets, is expected to increase again, by 4.9%.

"Medicaid is becoming the Pac-Man of state government, eating up each additional dollar generated in revenue," Scheppach said.

Governors are lobbying for the federal government to cover some of the $40 billion of their Medicaid budget that goes to the elderly and the disabled.

"If enrollment rates go up and drug costs go up, then the only way to afford the program is to cover fewer people," Scheppach said. "For most governors, these difficult choices have become a daily reality."

**VOUCHER PROGRAM CONTINUED...**

(Continued from page 1)

the eligibility criteria so low that programs that fail short of industry-standard training and staff education could still receive federal treatment funds.

Nonetheless, the SAMHSA fact sheets provide the first detailed peek at President's Bush's voucher plan. Citing vast unmet need for treatment, and stating that 'recovery is real,' SAMHSA said that treatment can cut drug use by half even among the toughest client populations, and reduces criminal activity by 80%.

"When tailored to the needs of the individual, addiction treatment is as effective as treatments for other illnesses, such as diabetes, hypertension, and asthma," the Bush administration states.

Major emphasis is placed on the fact that Access to Recovery would be a state-run program, with governors the conduit for funding. State governors would apply for voucher money through a competitive-grant process, and would be required to use Access to Recovery money to supplement, not supplant, current funding and existing programs - particularly the addiction block grant.

"Governor's offices will be eligible to apply because governors are key to assuring a coordinated approach among various state departments that come into contact with people with addictive disorders: state drug and alcohol authorities, mental-health authorities, departments of education, child welfare, Medicaid, and criminal-justice agencies," according to SAMHSA.

"States will have considerable flexibility in designing their approach, and may target efforts to areas of greatest need, to areas with a high degree of readiness, or to specific populations, including...

(Continued on page 12)
NEWS FROM CAPITOL HILL...

By: Nathan Ridley

I do not know Andre Rene Floyd of Bakersfield, California. He was arrested in April 2000 for possessing a quarter gram of cocaine. After his conviction, Floyd was sentenced in November, 2000 to 26 years to life under California’s “three strikes” sentencing law because of his prior felony convictions. Before his sentencing was final, California voters approved Proposition 36 that required nonviolent drug offenders to be given the option of going to treatment programs instead of jail. Floyd argued on his appeal that he was entitled to the benefits of the new law, because his conviction was not yet final while he was pursing his appeal. The California Supreme Court has just rejected that argument. So instead of being in a drug treatment program, the state of California will have the privilege of paying for Floyd’s housing for some $24,000 a year for the next 30 years.

Closer to home, Tennessee grapples with a similar issue. New prisons are on the drawing boards. We have a three strikes law. And yet, intuitively, we know it is cheaper to treat rather than to incarcerate. We know that many of our citizens confined to our corrections institutions suffer from substance abuse. We know that in difficult state budget times, the first programs cut are those within our corrections institutions. We know that 98% of persons sent to a corrections institution will get out some day. And yet, the inertia of just sending a person to jail rather than providing treatment goes on. Go figure.

September is Recovery Month. I encourage you to use our TAADAS materials to promote the reason for Recovery Month to our public officials on the federal, state, and local level. Encourage them to attend the events in your community, and explain to them why it is important. The Andre Rene Floyds of Tennessee and all Tennesseans deserve better.

Calendar Notes: State offices will be closed on Monday, September 1, 2003, for the Labor Day Holiday.

Nathan Ridley is an attorney with the Nashville firm, Boult Cummings, Conners & Berry, P.C. Recently, he has attended the annual meeting of the National Conference of State Legislatures in San Francisco, California. You may contact him by e-mail atridley@boultcummins.com.

SEIZED FUNDS SAVE FLORIDA DRUG PROGRAMS

Just as funding for anti-drug programs in Hollywood, Florida, appeared to be drying up, local police seized $2.5 million in a drug bust and said they would give the money to local alcohol and drug abuse prevention and treatment programs.

WPLG-TV of Florida reported July 21 that Hollywood Police Chief Jim Scarberry was prepared to tell groups like the local Boys and Girls Club and the Starting Place teen treatment program that the department’s anti-drug money would not be forthcoming in 2004.

But on June 10, the police seized $2.5 million in suspected drug money, and the department decided to give the money to the anti-drug programs.

HEART ACT WOULD PROVIDE TREATMENT PARITY UNDER GROUP PLANS

U.S. lawmakers are considering legislation that would provide addiction-treatment parity under group health plans and health insurance coverage, Alcoholism & Drug Abuse Weekly reported June 16.

The Help Expand Access to Recovery and Treatment (Heart) Act of 2003 is aimed specifically at employer-sponsored health insurance coverage.

Under the measure, introduced by Sen. Norman Coleman (R-Minn.) and Rep. Jim Ramstad (R-Minn.), health insurers would be required to offer addition treatment coverage in line with medical and surgical benefits. The bill extends to such areas as co-payments, deductibles, and treatment stays.

If a group health plan currently provides addiction-treatment benefits, the bill would prohibit treatment limitation or financial requirements unless similar limitations or requirements are imposed for medical and surgical benefits.

According to Ramstad, only 2 percent of the 16 million addicted individuals covered by health plans are able to obtain adequate treatment.

'The American Medical Association recognized alcoholism as a disease in 1956,' said Ramstad. "People living with chemical dependency have been discriminated against by our nation’s healthcare system for far too long. It’s time to knock down the barriers to chemical-dependency treatment and to end the discrimination against people with addiction.'

Dan Elling, a legislative assistant for Ramstad, said addiction parity legislation has strong support in the U.S. Senate, but could face challenges in the U.S. House of Representatives.

"I don’t think its passage is likely in the House, but it may pass the Senate," he said. "The legislation in the House is not as popular with the leadership.'

Memphis Products Co., Inc.

“Committed to the Recovery Community”

Wholesale Janitorial Paper Products and Cleaning Supplies

Free Evaluation

557 South Dudley Street
Memphis, TN 38104
Tel 901.274.7404
Fax 901.274.4373
We live in troubled times, a period of global uncertainty. We live in a nation transformed. While as a nation we are resilient and optimistic, it is understandable that many Americans feel anxious and unsure about a world that is increasingly unpredictable.

Our nation has a long history that tells us that, in times of stress and anxiety, drug and alcohol abuse may increase dramatically. Nowhere is this more true than among men, women, and youth who are addicted to drugs and/or alcohol and who also have a co-occurring mental disorder. In such cases, trauma can trigger an increase in substance abuse and stress-related episodes of a psychiatric problem. It is a small problem. Today, millions of people are in need of treatment, but too few receive it.

Unfortunately, as a nation we are ill-equipped to meet the needs of men and women with co-occurring substance abuse and mental disorders. In fact, we are unprepared to provide treatment for most people with substance abuse disorders. In 2001, 76% of people in need of treatment for a problem with illicit drugs did not seek or receive treatment. The problem is magnified among those with co-occurring disorders. Too often they are undiagnosed, misdiagnosed, or, like the homeless population, slip through the cracks entirely. Half the people living in our streets have co-occurring mental and substance abuse disorders. Their symptoms are often active and untreated, making it extremely difficult for them to meet their basic needs for food, shelter, and safety.

Because failure to diagnose substance abuse disorders is commonplace, it should come as no surprise that physicians might fail to detect it in a person presenting symptoms of a mental disorder. The problem of failure to diagnose substance abuse was vividly illustrated by a study of primary care physicians and patients with substance abuse. The study showed that 45% of patients said their primary care physician was unaware of their substance abuse. Studies show that physicians miss or misdiagnose substance abuse for a variety of reasons, ranging from lack of adequate training in medical school, to skepticism about treatment effectiveness, to discomfort about discussing substance abuse with patients.

Even among those with co-occurring disorders who are properly diagnosed, treatment is often fragmented. In many locations there are two separate systems of treatment, one for those with substance abuse disorders and a different system for those with mental disorders. Yet, good medicine—and common sense—tell us that treatment is most effective when the needs of the whole person are addressed. The substance abuser whose mental disorder is untreated is at high risk for continued problems associated with both conditions. Similarly, a man or woman who is treated for a mental disorder, but whose drinking or drug use is unchecked, is unlikely to make much progress in his or her recovery. In fact, failure to treat both disorders may result in an exacerbation of health problems.

The U.S. Substance Abuse and Mental Health Services Administration’s Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders underscores this point: “If one of the co-occurring disorders goes untreated, both usually get worse and additional complications arise. The combination of disorders can result in poor response to traditional treatments, and increases the risk for other serious medical problems.” Therefore, the mental health, substance abuse, and physical health systems need to communicate with each other and work together for the good of the individual who has co-occurring disorders.

September marks the 14th annual observance of National Alcohol and Drug Addiction Recovery Month. The theme for 2003 is “Join the Voices for Recovery. Celebrating Health.” It is a fitting time to dedicate ourselves to encouraging alcohol and drug addiction treatment for all those in need, including the millions of Americans who have co-occurring disorders. And make no mistake: treatment is effective, and recovery is possible. A study reported in the Journal of the American Medical Association compared treatment for drug dependence, including alcohol, with type 2 diabetes mellitus, hypertension, and asthma. The study concluded that medical adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated just like other chronic illnesses.

Whether you are involved with the health care system or are simply a person who is concerned about this issue, we ask you to Join the Voices for Recovery. This is one problem we can do something about. By supporting treatment for those in need, we can help everyone in our own communities to find their way to recovery—and join the millions of others in recovery who are leading full, rich, productive, and rewarding lives.

Samaritan Recovery Community, Inc.

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

Partially Funded by Tennessee Department of Health
Bureau of Alcohol & Drug Abuse Services

Accredited

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

Partially Funded by Tennessee Department of Health
Bureau of Alcohol & Drug Abuse Services

Accredited
Many doctors are failing to follow recommended treatment guidelines for helping patients with alcohol addiction, the Associated Press reported June 26.

Elizabeth McGlynn, a researcher with the think tank Rand Corp., examined the medical records of 6,712 people in 12 cities. She reviewed how often doctors followed the latest treatment recommendations and guidelines for particular medical conditions.

McGlynn reported that individuals addicted to alcohol received the least standardized care of all the health conditions studied. The study found that doctors treating 260 alcoholics or possible alcoholics followed recommended procedures only 11 percent of the time.

Doctors were especially lax in suggesting specific treatment programs, following this procedure less than 5 percent of the time.

The findings are published in the June 26 issue of the New England Journal of Medicine.

A University of Tennessee study reveals extensive alcohol and other drug problems among emergency-room patients, but most go undiagnosed, the Associated Press reported June 7.

The study, led by Dr. Ian Rockett, included 1,502 adults seeking emergency care at seven hospitals throughout Tennessee from June 1996 to January 1997. Patients were interviewed and underwent saliva and urine screenings.

The research team found that 27 percent of the patients needed addiction treatment. However, a diagnosis of a drug-related problem was recorded in the charts of only 11 percent of the patients.

On a larger scale, the researchers determined that 22 million patients, or one in every four entering emergency rooms in Tennessee, are dependent on drugs.

"I think people who work in emergency rooms are well aware that many patients have drug problems," said Rockett, who is now with West Virginia University. "But I don't think they are truly aware of the extent of it."

The study is published in the June 2003 issue of the Annals of Emergency Medicine.
SAMHSA Releases Emergency Planning Grants to 35 States for Substance Abuse, Mental Health Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the release of nearly $3.5 million to help 35 state governments develop effective mental health and substance abuse response systems for use in response to both natural and man-made emergencies on Tuesday July 1st.

"These grants will help state governments prepare to meet these important needs before emergencies occur," Secretary Thompson said. "Disasters and other emergencies can leave deep scars and psychological trauma long after physical damage to buildings and other facilities have been repaired. Should an emergency strike, these grants will help assure that resources for counseling, support, and recovery are in place."

These funds will be integrated into other emergency program support to provide better, comprehensive responses to all foreseeable consequences of an emergency. This "All Hazards" planning anticipates a comprehensive approach addressing elements of administration, leadership, continuity of operations, public information, and resource management to address specific needs in an emergency.

"SAMHSA intends to provide assistance before disaster strikes, so states can implement well designed mental health and substance abuse response plans," SAMHSA Administrator Charles G. Curie explained. "This will allow mental health and substance abuse assistance to be integrated into state disaster relief plans, rather than come along later."

State governments or specified organizations in the following states will each receive slightly under $100,000 each to assist in this effort:


---

SAMHSA
Substance Abuse and Mental Health Services Administration

---

American Press & Label

For all your printing needs!

- Letterhead
- Yard Signs
- Envelopes
- Banners
- Business Cards
- Newsletters
- NCR Forms
- Design Work
- Labels
- Contract Books
- Silk Screening
- Folding
- Bumper Stickers
- Spiral Binding
- Lapel Stickers
- And much more!

2711-A Landers Avenue • Nashville, Tennessee 37211
615.726.2820 • Fax 615.242.2443

Serenity Recovery Centers

Alcohol & Drug Abuse Treatment

- No Insurance Required
- Long Term Care
- Gender Specific Treatment
- Preferential Admission Given to Patients Who are Pregnant, HIV Positive, or IV Drug Users

Residential • Halfway • Outpatient

901-521-1131 • fax 901-528-1272
Toll Free 888-521-1131
301 N. Bellevue • Memphis, TN

"Partially funded by Tennessee Department of Health"

---

JACOA

Residential Treatment
- Outpatient Counseling
- Detoxification
- Aftercare
- Training

Clinical Assessments
- Prevention Education
- Drug Screening
- DUI Offender Services
- Transitional Living

Serving West Tennessee One Individual at a Time Since 1964
900 East Chester Street, Jackson, TN 38301
731-423-3653
www.jacoa.org

Funded in part by the TN Department of Health & the United Way
Fighting Your Internal Demons

By Steve Wildsmith

My name is Steve, and I'm an addict.

That's the way we address the group, in the 12-step recovery program of which I am a member. That's our way of letting others know who we are, and a way of reaffirming to ourselves that we don't forget who we are or where we came from.

Drug addiction isn't exactly something I assiduously aspired to as a child. I considered a number of life paths before eventually choosing my career—pilot, policeman, and other forgotten vocations that fascinated me.

Needless to say, drug addict wasn't on the list.

In fact, I didn't take my first drink until I was 17. I didn't take my first illegal substance until I was 25. Ask my high school classmates, and I'm probably the last person they'd figure would turn out to be a heroin addict. I graduated fifth in my class, went to college on several scholarships and was a member of several extracurricular clubs. I come from a good family, and the one and only time I was sent to the principal's office—on the sixth grade—was enough to scare me so badly I never went back.

In the long run, none of that mattered. All of those things didn't address what was wrong on the inside—this gnawing black hole that seemed to eat away any sort of self-esteem or self-love that I had. I never felt good enough or worthy enough or popular enough or whatever. I could be in a room full of crowded people and still feel absolutely, terribly alone. For years, I was uncomfortable in my own skin.

Drugs— and I use that term to refer to any mind- or mood-altering substance, including alcohol—changed all of that. I think I became addicted from the first time I took a drink. For the first time, I felt different—more confident and more popular, for sure, but that black hole in the center of my chest didn't seem as big or as painful. It quieted the demons I struggled with and made it easier to feel accepted, both in my own mind and by others.

So I went through life from that point donning a chemical suit of armor to function. I continued to get good grades, graduating magna cum laude from college, leading the school newspaper to several awards and serving as an officer in a number of organizations. I went on to land good jobs, go out with decent girls and make some great friends.

And at the end of the day, when it was just me, and the sun had set on the world and in my troubled mind, I kept the darkness at bay with a bottle. Of liquor, of pills. Later, with a bag and a spoon and a needle. Until my life deteriorated, over time, into a smoldering wreck. That chemical suit of armor turned on me, and suddenly I found myself unable to control it. It controlled me, and that black hole suddenly collapsed in on itself, and I felt myself falling. I was drowning, and I was helpless to do anything to stop it. I was using against my own will, destroying my health, my relationships, my career.

That suicide mission came to an end when I found recovery. I learned that I suffered from a disease known as addiction, a cunning, baffling, powerful, destructive force that had a singular mission: To kill me. Slowly and painfully. It wasn't a moral deficiency or a weakness of will, despite the stigma put upon it by society. I was sick. And the 12-step program I found taught me a way to get better.

Drugs, you see, were just a symptom of my problem. What was wrong on the inside, the rotted-out places eaten up by the worms of fear and self-loathing, had to be fixed. But I had to get clean first in order to do that.

Through recovery and the God of my understanding, I've been able to do that. I'm blessed by understanding employers who have encouraged me to use the pages of their newspaper as a forum, to talk about my own problems in hopes that others who battle similar demons may read something that reaches them.

I'm not a counselor, or a psychiatrist, or a priest. I'm not a certified expert in the field of alcohol or drug addiction, and I don't have all of the answers. Most of what I write about simply tells my own story, and repeats some of the advice I've taken and words of wisdom I've heard from addicts with far more clean time than me. I hope that I can share a little bit of my own recovery to help others.

That recovery didn't come until I became ready and willing to admit that I needed help—that I couldn't do it on my own. I've simply surrendered to the fact that I am a drug addict—but today, I'm a drug addict in recovery. And just for today, I'm free of that demon that used to consume my every waking thought and action.

And just for today, I can look myself in the mirror and see a man. Not a perfect man, but a good man, long kept in bondage, who walks without the armor that eventually turned to chains. A man who hopes his experience, strength and hope can give back to others what was so freely given to him.

Because I can only keep what I have by giving it away. And so I say to you—those who suffer personally and those who suffer because of the addict in your life—that there is hope. There is no cure, but there is hope and faith. All that's needed is a little courage to reach out and ask for help.

This article first appeared in the Daily Times on July 15, 2003. Reprinted with permission. Steve Wildsmith is the weekend editor of The Daily Times in Maryville, TN. He is also a resident of the E. M. Jellinek Center in Knoxville. Contact him at stevewildsmith@thedailytimes.com
The Peninsula Lighthouse has always set itself apart from competitors by providing only the highest quality clinical care and customer service, without exception. Such efforts of service and professional development are exemplified by Gay Harrison, BSN, RN, BC, CARN, Peninsula Lighthouse Nurse. Gay is a member of Sigma Theta Tau International, Nursing Honor Society. His Nursing career has taken him through a vast variety of clinical and administrative positions, awards, and recognition; including 9 years in the U.S. Navy Nurse Corps. His professional and personal development for the last 13 years has been concentrated on broadening expertise in the clinical forum of psychiatric, mental health and addictions nursing. He is actively involved in the recovery community as an individual member of TAADAS and representing the Nursing profession at the Metropolitan Drug Commission in Knoxville.

Within the last year, Gay sat for two different National Board exams (within 3 weeks of each other!) to qualify as Board Certified in Psychiatry and Mental Health (BC) from the American Nurses Credentialing Center and Certified Addictions Registered Nurse (CARN) from the International Nurses Society on Addictions. Achievement of both these certifications is impressive; but the CARN is of particular significance, there are less than 1,000 worldwide, and, as far as Gay knows, he is the only nurse in Tennessee with this Board Credential.

After receiving his CARN, he was invited to be the Contributing Editor on Core Curriculum for Addictions Nursing, Second Edition published by the International Nurses Society (IntNSA) on Addictions and to review the chapter “Current Practice”. As well as being a textbook for Addictions Nursing, the Core Curriculum is the body of competency-based knowledge that every Addictions Nurse must know in order to be certified in this specialty. The IntNSA is the only international professional organization to offer certification in Addictions Nursing. As if this wasn’t enough, in his spare time Gay also maintains an active practice as a Legal Nurse Consultant (LNC) with leadership positions within the American Association of Legal Nurse Consultants.

Gay readily shares his own spiritual journey of recovery since arriving in East Tennessee. He came to Knoxville in 1989 as a patient in the “Impaired Professional Program” that was then offered at Peninsula Hospital. He was in treatment for over 4 months with doctors, other nurses, pharmacists and other professionals. Gay says the only reason he was discharged at that time was the program was cancelled and the Halfway Houses closed. His family followed a year later from Memphis and made Seymour their home. He has been very active in the recovering community ever since; holding Group, Local and National service positions in A.A. and N.A. while carefully attending to his own recovery program.

Gay exemplifies the phrase Professional Registered Nurse.

Gay is a nurse at Peninsula Lighthouse in Knoxville. He is also an Individual Member of TAADAS. Contact him at harrison@covhth.com.

Stay Tuned!!

Upcoming TAADAS Initiatives...

☆ Development of a statewide initiative to build capacity for educating the clergy on substance abuse issues.

☆ TAADAS partners with A&D Bureau to provide quarterly HIV/AIDS training.

☆ TAADAS to establish "Tennessee Institute on Compulsive Gambling" to be established by TAADAS with a mission of providing educational resources, prevention information, and treatment options for the compulsive gambler and clinicians who treat the disorder.

FindTreatment.com has compiled the most complete and detailed database for the treatment of Addictions and Compulsive Behaviors in Tennessee!

Log on www.findtreatment.com and in seconds FindTreatment.com will deliver to you the search results detailing the closest matching treatment options to your specific search criteria!

Use FindTreatment.com for referrals or to quickly identify the most appropriate treatment options for your clients.
WORKSHOPS & TRAININGS

Self Care
Facilitator: Jane Abraham, LeBonheur, Memphis, August 1, Contact Jane Abraham, 901.828.1332

Crisis Intervention
Facilitator: Jennifer King, LeBonheur, Memphis, August 2, Contact Jane Abraham, 901.828.1332

Primary Function #7: Case Management
Facilitator: Gene Marie Rutkauskas, Helen Ross McNabb Center, Knoxville, August 28-29, Contact Martha Culbertson, 865.637.9711

Primary Function #8: Crisis Intervention
Facilitator: Tammy McDaniel, Helen Ross McNabb Center, Knoxville, August 7-8, Contact Martha Culbertson, 865.637.9711

Professional Ethics: Do No Harm
Facilitator: Kathy Benson, A&D Council, Nashville, September 19, Contact Susan Young, 615.269.0029

Facilitator: Tammy Stone, A&D Council, Nashville, September 5, Contact Susan Young, 615.269.0029

Facilitator: Janet Abraham, LeBonheur, Memphis, August 1, Contact Jane Abraham, 901.828.1332

Facilitator: Jane Abraham, LeBonheur, Memphis, August 29, Contact Susan Young, 615.269.0029

Chemical Use, Abuse and Dependency
Facilitator: Millicent Meeks, LeBonheur, Memphis, September 20, Contact Jane Abraham, 901.828.1332

Eating Disorders
Facilitator: Anna Whalley, LeBonheur, Memphis, September 6, Contact Jane Abraham, 901.828.1332

Primary Function #9: Client Education
Facilitator: Tammy Pankey, Helen Ross McNabb Center, Knoxville, September 25-26, Contact Martha Culbertson, 865.637.9711

FEATURED PUBLICATIONS:
HOW TO TAKE CARE OF YOUR BABY BEFORE BIRTH & INNER VOICE POSTER

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 will feature two publications dealing with Pregnancy and Substance Abuse. The first is a brochure, How to Take Care of Your Baby Before Birth. The second is a Poster — Inner Voice Tells You Not to Drink or Use Other Drugs.

To get your free copy of either of these publications, call the Clearinghouse at 615.780.5901 ext 5 or order online at www.taadas.org.

"LEAK" GAINS POPULARITY IN SOME CITY NEIGHBORHOODS

‘Leak,’ a combination of embalming fluid and PCP, has gained popularity in some inner-city neighborhoods, the Newark Star-Ledger reported May 30.

PCP, an animal tranquilizer, was a popular street drug in the 1960s and 1970s. In humans, the drug can cause hallucinations, paranoia and, in some cases, has led to suicide or violent acts.

Addiction specialists said that PCP is making a comeback in a mix with embalming fluid soaked on either mint leaves or tobacco. In addition to 'leak,' the combination is referred to as "lilie," "wet," "amp," "fry," "dust," and "love boat."

'This is a horrible drug," said David Kerr, president of Integrity House, a drug-treatment facility in Newark and Secaucus, N.J. 'We've had people in here hallucinating and really out of control. Unfortunately, it seems to be an 'in' thing among some young people.'

Researchers are very concerned about the reemergence of PCP because studies have shown that 5 percent to 10 percent of users have violent reactions.

'This is a subset of users who, with minimal cues from the environment, can be provoked into a sort of rage that is extremely dangerous,' said Phil Brewer, an assistant professor of emergency medicine at Yale New Haven Hospital in Connecticut.

According to the Drug Abuse Warning Network, a federal agency that collects data on drug-related emergency-room visits, the number of emergency PCP cases reported by hospitals nationwide increased from 3,436 in 1998 to 6,102 in 2001.

'It is clearly an urban drug," said Brewer. 'I never see a suburban kid who is on PCP.'
FEATURED VIDEO:

LIVING SOBER SERIES:
Part N—Balanced Living

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 Living Sober Series: Part N—Balanced Living.

This 20 minute video shows us how healthy recovery means achieving a reasonable balance in several areas of life: physical health, emotional health, relationships, work and play. Early in recovery, it’s easy to focus on sobriety and neglect other important elements to a successful balanced life. Determining how to strike a harmony is the subject of this segment. Also, taking care of others; focusing on the external world rather than the inner self; and a tendency for many in recovery to overwork is presented. This is video is one of a series of 13 videos. It can stand alone or the whole series can be used as a tool.

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.

Recovery Month Events

The following events will take place in the month of September at TAADAS member agencies to celebrate Recovery Month.

Memphis Area Clergy Breakfast—Memphis Coalition
Place, Dates, and Time to be announced. Check the TAADAS website www.taadas.org for further information.

RecoveryFest 2003
Saturday, September 6, 12:00 Noon to 10:00 PM., Hall of Fame Park – Nashville, Demonbreun between 4th and 5th Avenues.
Fun, Food, Fellowship - Music featuring Local and National Artists Learning Circle Activities and Information Booths

Pathfinders—15 Year Anniversary Event & Recovery Month Barbeque
Wednesday September 10. Rain date September 24. Barbecue on the grounds of Pathfinders Residential Center at 875 Hwy 231 South, Castalian Springs (Facility is on Hwy 231 north of Lebanon 9.25 Miles North of I-40) RSVP to Pat at 615-452-5688

CADAS—Festival in the Courtyard
Thursday, September 18th from 3-7 PM, CADAS 207 Spears Ave, Chattanooga.
Several local musical groups performing their songs from the CADAS CD, "Chattanooga Area Distinguished Artist Series". Free food & entertainment for everyone.

Samaritan Recovery Community—Nashville
To celebrate Recovery Month, Samaritan has planned the following activities in September: Presentation to LPN students at Tennessee Tech on addiction, Month long display at a local hospital of information regarding addiction and treatment, and Alumni will participate in a Volleyball game including current clients and staff.
Voucher Program Concluded...

(Continued from page 3)

adolescents,' according to SAMHSA.

Grant applicants would have to provide SAMHSA with plans for screening, assessing, referring, and placing addicted individuals. Clients would need to be assessed wherever they present for treatment, and states would have to detail in their funding applications "how the provider base will be expanded and how a broad array of provider organizations will become eligible for voucher reimbursement."

An Access to Recovery workgroup within SAMHSA is currently drafting a Request for Applications (RFA) for the voucher program, looking at such issues as state standards, performance measurement, services cost ranges, and assessment and placement tools. The RFA would be released if Congress approves money for the program.

Rhetoric and Reality SAMHSA's three principles for the Access to Recovery program start with consumer choice. The agency notes that people with addictions can find many pathways to recovery, including physical, mental, emotional, and spiritual. "With a voucher, people in need of addiction treatment and recovery support will have the choice to select the programs and providers that will help them most. Increased choice protects individuals and encourages quality," according to SAMHSA.

SAMHSA also is proposing broad standards for measuring program effectiveness, including, but not limited to, abstinence from use of alcohol and other drugs. Other possible outcome measures would include involvement in the criminal-justice system, employment status, social supports, living situation, access to care, and retention in treatment. States would be required to develop a system for measuring these outcomes.

The Access to Recovery program also intends to increase overall treatment capacity by 100,000 clients annually and expand the variety of services available.

Officials and treatment providers in Milwaukee County, Wisc., have seen both the pros and cons of addiction-treatment vouchers since a local voucher program was established in the early 1990s. Paul Rodomski, director of adult community services at the Milwaukee County Behavioral Health Division, said the voucher system has succeeded in expanding the number of treatment choices available to clients. And Duncan Shroult, director of public policy and community programs for Impact Alcohol and Other Drug Abuse Services, Inc., says the program has increased competition and helped make programs more community-based.

But Rodomksi said that if vouchers do increase quality and competition, it is not due to market forces but because treatment programs are trying to qualify to get into the county's provider network. In Milwaukee, he said, providers must not only be state-certified but also meet a slew of county criteria if they want to join the voucher program, including having certified staff and insurance coverage, submitting to annual audits, and complying with other requirements typical of a services contract. (One local faith-based provider applied for the network, met the criteria, and is now part of the county voucher system, Rodomski noted.)

"The competition is not in the client choosing where to go; the competition is in the provider trying to get into the network," said Rodomski. "I am setting up the competitive process. If they can't meet the standards, they're not in the system.

"You're not going to get quality by somebody getting a voucher and choosing one program over another," he said. "It may just be that one's on the main bus line and the other isn't.'

Rodomski also cautioned that simply offering clients a choice is not enough: "Many clients are making choices, but they're not educated choices," he said. Intake services need to provide detailed descriptions of program modalities, specialties, and, as pertinent, religious orientation, said Rodomski.

Rodomski said some of the problems encountered in Milwaukee are not tied to the fundamental concept of vouchers. For example, he said, Milwaukee's "central" intake system has morphed into seven separate intake centers, which do not follow standardized assessment procedures - a situation the county is currently trying to change.

"I think vouchers, if done right, are fine," said Rodomski. "But I have to have a lot of control over them. I have to limit the size of the network, make sure there are good providers, make sure they're delivering quality services, and have good information systems.

"Having vouchers that just let clients go wherever they want I would never support; I can't measure that," he said, adding: "I'm going to try to get a good mix of providers, but I'm also going to ensure that the accountability is there."
Alcohol Increases Hepatitis C Virus In Human Cells

A team of NIH-supported researchers reported in June that alcohol increases replication of the hepatitis C virus (HCV) in human cells and, by so doing, may contribute to the rapid course of HCV infection. The researchers tested the actions of alcohol in HCV replicon - viral HCV-ribonucleic acid or HCV-RNAs that, when introduced into human liver cell lines, replicate to high levels. In separate laboratory experiments they showed that:

- alcohol increases HCV replication at least in part by upregulating a key cellular regulator of immune pathways and function known as nuclear factor kappa B;
- alcohol inhibits the anti-HCV effect of interferon-alpha therapy; and
- treatment with the opioid antagonist naltrexone abolishes alcohol actions.

Wenzhe Ho, M.D., and Steven D. Douglas, M.D., Department of Pediatrics, University of Pennsylvania, and the Joseph Stokes, Jr. Research Institute at The Children's Hospital of Philadelphia, and colleagues in the Department of Psychiatry, University of Pennsylvania School of Medicine report their results in the July 2003 issue of Hepatology." (Volume 38, Number 1, pages 57-65).

Speculating that alcohol somehow promotes HCV expression, the researchers relied on a recently available cellular system for studying the dynamics of virus replication (developed and provided to the investigators by Drs. C. M. Rice, The Rockefeller University, and Christoph Seeger, Fox Chase Cancer Center) to demonstrate for the first time that alcohol enhances HCV replicon expression at both the messenger RNA and protein levels. In the cell lines used for the study, the research team also showed that alcohol activation of nuclear factor kappa B was responsible for increasing HCV expression. "Although the replicon system mimics only some aspects of HCV replication, we have identified at least a likely mechanism whereby alcohol increases viral load and thus may become an important cofactor in HCV severity," Dr. Douglas said.

"These findings are immediately useful to clinicians for counseling HCV-positive patients about alcohol use," said Ting-Kai Li, M.D., Director, National Institute on Alcohol Abuse and Alcoholism (NIAAA). "For clinical and basic scientists, they raise new research questions, many of which no doubt will be explored using the model and methods introduced today. NIAAA supported the experiments through a grant to Dr. Douglas, whose work also was supported by the National Institute of Mental Health and the National Institute on Drug Abuse (NIDA). The NIAAA and NIDA supported Dr. Ho's work on the study.

HCV is an RNA virus of the flavivirus family that infects about 4 million U.S. residents and produces some 30,000 new infections each year. HCV typically escapes clearance by the immune system and leads to persistent, chronic infection in 70 to 85 percent of infected individuals, of whom fewer than 50 percent respond to interferon-alpha, the HCV therapy of choice. Over the long term, HCV infection can lead to cirrhosis, liver failure, and liver cancer. As a group, HCV-infected individuals are the major recipients of liver transplantation.

Clinicians have long observed a high incidence of HCV infection in heavy drinkers, including those without other risk factors such as intravenous drug abuse or history of blood transfusions. In addition, the virus is more likely to persist in heavy drinkers and to lead to such complications as cirrhosis and liver cancer. Suspected mechanisms for the latter effects include alcohol's capacity to compromise immune function and enhance oxidative stress. The role of alcohol use in HCV acquisition has been more of a mystery.

During the 1990s, several studies reported higher blood levels of HCV in drinkers than abstainers and in habitual than infrequent drinkers. Further, drinking reduction was shown to diminish the number of virus particles in the blood. These observations led Dr. Douglas and his colleagues to pursue the role of alcohol in HCV replication.

Using the same replicon, Drs. Ho, Douglas and their colleagues also demonstrated that alcohol compromises interferon-alpha action against HCV and explored a plausible mechanism for alcohol's role in HCV expression. Alcohol interferes with endogenous opiates, which have a key role in its addictive properties. The researchers found that the opiate receptor antagonist naltrexone, better known for its utility in helping alcoholism treatment patients to avoid relapse, not only blocked the promoting effect of alcohol on HCV expression but also diminished alcohol activation of nuclear factor kappa B in these cells. These data strongly suggest that activation of the endogenous opioid system is implicated in alcohol-induced HCV expression," the authors conclude.

Supportive Housing Systems *

- Sierra House
- Heartland Place
- Cypress House
- Sunshine House

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

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

For a free, confidential screening, call

615-383-4093

*A Program of Samaritan Recovery Community
Grace House of Memphis
Treatment Center for Women
State Licensed through TN Department of Health
Non-Profit
12 Step Based
Residential Programs for women including:
Detoxification • Rehabilitation • Extended Care

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

329 N. Bellevue • Memphis, TN 38105 • 901.722.8460

Grace House Awarded
3 YEAR CARF
ACCREDITATION

Grace House of Memphis was awarded a three-year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) in June. This accreditation outcome represents the highest level of accreditation that can be awarded to an organization and shows the organization’s substantial conformance to the standards established by CARF. An organization receiving a three-year accreditation outcome has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its programs and services are of the highest quality, measurable, and accountable.

Grace House offers a variety of treatment services to women including detoxification, rehabilitation, and half-way house programs regardless of ability to pay.

CARF is a not-for-profit organization founded in 1966 that accredits behavioral health programs, adult day services, assisted living services, employment and community living services, and medical rehabilitation programs. The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served.

TAADAS salutes Grace House for their achievement!

Hope of East Tennessee, Inc.

Founded in 1976 as a non-profit organization

- Long term treatment for both men and women
- No insurance required
- Intensive Outpatient available
- Priority services given to clients who are pregnant, IV drug users, or HIV positive

865.482.4826 office
865.481.0503 fax
www.hopeofet.org

Partially funded by the
Tennessee Department of Health and United Way
New Report Identifies "Active Ingredients" of Alcohol Treatment

Ensuring Solutions to Alcohol Problems (ESAP), a research-based project at George Washington University Medical Center, has identified 13 active ingredients of effective alcohol treatment. The findings are included in its latest educational primer, released in June and available at its website: www.ensuringsolutions.org.

The nation's system for treating alcohol problems continues to fall short of the comprehensive model envisioned more than 10 years ago by the Institute of Medicine (IOM). While several of the active ingredients identified by ESAP have long been prescribed for treating alcohol-dependent individuals, many, including the use of prescribed medications to support clinically-proven psychosocial therapies, are not widely found in clinical practice.

"Alcohol use disorders can be treated as effectively as chronic diseases such as asthma, diabetes and hypertension," said ESAP Executive Director Eric Goplerud, PhD. "Unfortunately, most people enter alcohol treatment only when their illness reaches a critical stage. Their treatment typically ends after an intervention of limited duration because they stop coming, their insurance coverage runs out, or because treatment ends. This acute care model may work for treating broken bones but it fails as a treatment strategy for the chronic disease of alcoholism."

In a 1990 congressionally-mandated report, Broadening the Base for the Treatment of Alcoholism, the Institute of Medicine (IOM) found that people who used alcohol in harmful or risky ways, but who were not dependent on alcohol, could benefit from early detection and brief treatments. Neither was common when the IOM released its report, and neither is widely practiced today.

Since the IOM report, advances in pharmacology and rigorous research trials have proven the effectiveness of several medications and psychosocial therapies that can help people with more severe alcohol problems. The IOM recommended continuing care as a critical ingredient of alcohol treatment for such chronically-ill individuals. Now, even more clinically-proven active ingredients have become available that have the potential to improve recovery rates substantially.

"The philosophical orientation of many programs and individuals who work in the treatment field has focused more on participation in support groups to prevent relapse than the use of prescription medications such as disulfiram and naltrexone for this purpose," observed Goplerud.

"This, coupled with many physicians' misunderstanding of alcoholism, has meant that people with alcoholism have been denied medication to support psychosocial therapy for behavior change, a combination of active ingredients that has proven necessary for the effective treatment of chronic illnesses such as asthma, diabetes and hypertension."

Ensuring Solutions to Alcohol Problems identified these and other active ingredients of alcohol treatment (see below) after a review of research literature and consultation with a variety of treatment professionals. The Active Ingredients of Effective Alcohol Treatment is available online at www.ensuringsolutions.org. It is the fourth in a series of educational primers developed by ESAP to inform business leaders and policymakers about a drug problem that directly affects an estimated 14 million Americans as well as their families, workplaces and communities. In April, ESAP released The Alcohol Cost Calculator, a Web-based tool for U.S. businesses.

**ACTIVE INGREDIENTS OF EFFECTIVE ALCOHOL TREATMENT**

- Early detection, including screening and brief interventions (for non-dependent problem drinkers)
- Comprehensive assessment and individualized treatment plan
- Educational interventions
- Care management
- Individually delivered, proven professional interventions
- Contracting with patients
- Social skills training
- Medications
- Specialized services for medical, psychiatric, employment or family problems
- Continuing care
- Strong bond with therapist or counselor
- Longer duration (for alcohol dependent persons)
- Participation in support groups
- Strong patient motivation

---

**SAP Qualification Training**

**2 Day Training Event**

**September 17 & 18**

**Holiday Inn Select Vanderbilt / Nashville**

**eight other dates and locations are available**

This two day qualification training course is designed to provide participants with a comprehensive understanding of the DOT's revised alcohol and drug testing procedures and to clearly define the role and responsibilities of the substance abuse professional (SAP). The training includes the nine (9) domains of education required by the DOT in order to initially qualify or maintain qualification as a SAP. The workshop is designed to prepare the individual for the IC&RC DOT / SAP qualification written examination.

**Registration Fee: $295.00**

Includes: Training Manual and Study Guide
Continental Breakfast / Refreshments
12 CEU's IC&RC & NAADAC Counselors
12 CEU's counselors & social workers
12 PDH's EAP's / EACC Approved

For registration information contact

**Professional Training Center, Inc.**

810 - 984 - 3400
888 - 876 - 7770

or visit our website

www.professionaltrainingcenter.com
Fetal Alcohol Syndrome: Incurable and Preventable

Even under the most ideal circumstances it is a difficult 9 months leading to birth. When alcohol is in the picture, the odds increase that a baby will have long-lasting health complications. For this reason, it is important for parents-to-be to remember that caring for a baby and planning for his or her future begin with making healthy lifestyle choices prior to and during the mother's pregnancy.

According to the Centers for Disease Control and Prevention, approximately 60,000 babies are born every year with incurable alcohol-related birth defects. Drinking during pregnancy can result in a child developing facial deformities and learning disabilities and can also cause Fetal Alcohol Syndrome (FAS), the leading known cause of infant mental retardation.

FAS and other alcohol-related birth defects are 100 percent preventable. For prevention efforts to reach families and communities, we must work together to raise awareness and educate parents-to-be about the lifelong impact that alcohol use during pregnancy can have on children. With the goal of providing parents, caregivers, healthcare professionals and community prevention organizations with science-based and practical information on FAS, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention recently launched a Web site at http://prevention.samhsa.gov/faspartners.

The Web site features many helpful resources including:
- Facts on FAS and other alcohol-related birth defects.
- A directory of prevention service sites and their locations.
- Information and research materials to assist families, healthcare providers and service providers in the prevention of FAS.
- FAS informational PowerPoint presentations for communities and partners.
- Links to reputable FAS prevention organizations.

In addition to providing resource information, the Web site serves as a hub for the Partnership to Prevent Fetal Alcohol Syndrome. This multistate collaboration is designed to encourage women to deliver healthy babies by avoiding alcohol during pregnancy. The Web site also focuses on helping communities to involve and encourage partners of women who are pregnant or who are planning a pregnancy to play an active role in preventing FAS. In fact, research shows that partners who proactively support their loved one's decision to not use alcohol during pregnancy are crucial in helping prevent FAS.

The effects of FAS impact all of us. Every day, in every state, babies are born with FAS. Working together, we can make a difference by helping parents give their children a healthy start in life. If someone you know is pregnant and drinking, talk to them about FAS. If you are pregnant and drinking, stop. The sooner you stop drinking, the better your chances are of having a healthy baby.

For more information about FAS or substance abuse, call the TAADAS Statewide Clearinghouse at 1.800.889.9789 or visit them on the web at www.taadas.org. September 9th is International FAS Awareness Day. For more information on FAS Awareness Day log onto www.fasworld.com.
Renewal House Opening Women's Intensive Outpatient Program

An intensive outpatient treatment program offering gender-specific services for women is opening at Renewal House in Nashville. The IOP represents a significant expansion of services at the agency, which has provided a long-term residential recovery program for addicted women and their children since 1996.

"Renewal House is uniquely positioned to offer women's intensive outpatient treatment services," says agency director, The Rev. Mary K. Friskios-Warren. "We have offered a successful and respected residential women's program for seven years. During that time, we have learned how to serve the requirements of addicted women. We are now ready to reach out to more addicted women in the Nashville community.'

The IOP will serve low-income and homeless women who are Davidson County residents that meet the criteria for level II.1 alcohol and drug abuse treatment. Women with or without children are eligible for treatment through the IOP. Insurance is not a requirement for admission. Any woman who comes to the program without a case manager will be provided with one.

Referrals may be made beginning July 23, and services will be offered starting August 18, 2003.

"The Renewal House IOP will operate under the philosophy that women who are impacted by substance abuse need specific treatment provided by a program tailored to their needs" said Beth Bollott, NCAC, program director. "Our therapeutic approach will be holistic. We will identify a woman's strengths and ad dress the barriers that affect her life.'

Prior to admission to the program, a woman's needs will be assessed, appropriate referrals made and emotional support provided. The Addiction Severity Index will be used for the assessments, and placement will be based on ASAM criteria.

Program phases will include treatment readiness over a period of two weeks (motivational interviewing and stages of change); intensive outpatient treatment of approximately four to six weeks, with completion based on ASAM criteria; and, six weeks of aftercare, including case management. Ongoing treatment needs and referrals will be assessed through continuing case reviews. All treatment modalities used in the program will be those proven effective in serving women (e.g., Covington, Najavits).

The services of the new IOP will be provided at the Renewal House campus in North Nashville. Transportation to and from the program will be offered for participants in the metropolitan area.

The Renewal House Women's Intensive Outpatient Program will be open Monday through Thursday, from 9:30 a.m. to 2:30 p.m. Referrals may be made by calling (615) 255-5222, ext. 128 for Laura Christiansen, or ext. 127 for Michele Bowdoin.

To find out about other Renewal House Programs, log on to their website at www.renewalhouse.org. Renewal House is a Sustaining Member of TAADAS.

Programs for Men Including

♦ Social Detox ♦
♦ Residential Rehabilitation ♦
♦ Halfway House ♦

Funded in part under an agreement with the Tennessee Department of Health
TENNESSEE STUDY FINDS IGNORANCE OF SECONDHAND-SMOKE DANGERS

According to a new survey by the Tennessee Department of Health, 36% of households in Tennessee allow smoking in the home and 22% approve of smoking anywhere in the entire house. The presence or absence of children under age 18 did not have an impact on household smoking rules when at least one adult smoker lived in the residence.

These survey results reinforce the need to educate Tennesseans, and especially those who are parents, on the dangers of secondhand smoke. Environmental tobacco smoke contains at least 250 chemicals known to be toxic or cause cancer," said Joan Sarlin, Director of the State Tobacco Control Program. "Secondhand smoke puts children in danger of severe respiratory diseases and can have effects that last a lifetime.'

According to the survey, 83% of current smokers who live with children reported that smoking is allowed anywhere, compared to only 17% of former smokers. About half of all those surveyed did not know that secondhand smoke is associated with Sudden Infant Death Syndrome, and about 38% did not know that breathing secondhand smoke causes heart disease in adults.

The survey results also show that workplace respondents who work indoors report that smoking still occurs in some or all common areas, and about 66% said there was no official smoking policy.

Six out of ten of those surveyed said they would support a full ban of smoking in the workplace, while 46% believe smoking should be prohibited in indoor restaurant dining areas and 61% think it should be banned in indoor shopping malls. A higher percentage of blacks and Hispanics were supportive of smoking bans than whites, who have higher tobacco use rates than other races.

Tennessee is one of the states that received funding from the Centers for Disease Control and Prevention to conduct the first comprehensive statewide adult survey on tobacco use and attitudes, beliefs and social influences regarding smoking. Almost 2,500 adults participated in the random telephone survey, and the results were weighted to reflect the age, sex, and race of Tennessee's adult population.

According to Sarlin, the survey data will assist the Department of Health in developing and evaluating programs and policies to reduce tobacco use in Tennessee. Other findings include:

- Almost half of Tennesseans surveyed had smoked at least 100 cigarettes in their lifetime, while 1/4 still smoke cigarettes on a regular basis.
- More than 60% of former smokers have not smoked for at least ten years.
- About 1/2 of current smokers have tried at least once during the past year to quit. Women reported higher failure rates than men.
- The age group from 25 to 54 has the highest rate of current smoking.
- About 22% incorrectly believe there is little health benefit to quitting smoking.
- About 12% of former smokers said they would support a full ban of tobacco use in the workplace.

Research findings include:

- About 2/4 correctly identified that smoking is a health risk.
- About 2/5 correctly know that children can have long-term effects from secondhand smoke.
- About 1/4 correctly know that smoking is a risk factor for heart disease.
- About 1/4 correctly know that smoking can cause cancer.
- About 2/4 correctly know that smoking costs the United States $72 billion a year in health care expenses.
- About 1/4 correctly know that smoking causes respiratory diseases.
- About 1/4 correctly know that smoking causes children to learn poorly.
- About 1/4 correctly know that smoking causes fatigue.

About 22% in correctly believe there is little health benefit to quitting smoking after smoking a pack of cigarettes a day for more than 20 years.

RESEARCHERS SEE STRONGER GENETIC LINKS TO ADDICTION

Genetics may play a stronger role in behaviors like smoking and other drug use than previously believed, new research indicates.

The Independent reported June 18 that researchers from Oxford University studied more than 20,000 people and found that a particular version of the human serotonin-transporter gene is strongly related to anxious personalities. People with this gene variant may be more likely to find social interaction stressful and use alcohol and other drugs to calm their anxiety.

Further, scientists said a weaker link exists between the dopamine D4 receptor gene and extroverted personality types – the kinds of people who are novelty seekers and perhaps more likely to smoke, take drugs, gamble, or take other risks.

'Our study suggests that there's a genetic basis to certain kinds of personality trait, which may be important in influencing whether people take up habits like smoking or whether they can subsequently give them up,' said lead researcher Dr. Marcus Munafo. 'Understanding genetic influences on personality is important if we are to design health campaigns that are effective for the widest possible range of people.'

The study was published in the latest issue of the journal Molecular Psychiatry (2003, Volume 8, Number 5).
**What is TAADAS?**

TAADAS, the Tennessee Association of Alcohol and Drug Abuse Services, Inc., 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 the Statewide Clearinghouse and the Tennessee REDLINE. The Clearinghouse is a resource center for substance abuse related materials. The Clearinghouse includes a lending library of both books and videos, free literature for the general public as well as clinicians, and a research area. The Tennessee REDLINE is a confidential information line to help people find available substance abuse services in their area. TAADAS also 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 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 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 bimonthly 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 allies statewide.

---

**TAADAS Members**

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

**Sustaining Members**

- Agape, Inc—Knoxville
- Alcohol & Drug Council of Middle TN—Nashville
- Angel Recovery Center, Jack son
- Buffalo Valley, Inc., Hohenwald
- CADDAS, Chattanooga
- Cocaine & Alcohol Awareness Program, Memphis
- 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 Cram Stiebert, Savannah
- Memphis Recovery Center, Memphis
- 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

**Corporate Members**

- Book, Cummings, Cooper & Berry, PLC
- Discovery Place, Inc.
- Lloyd C. Elman Mental Health Center
- Florence Crittenton Agency
- The Guidance Center
- Harbor House, Inc.—Board of Directors
- Kepstone Recovery Center, Inc.
- Nashville Drug Court Support Foundation
- Operation Stand Down Nashville
- Samaritan Recovery Community, Inc.—Board of Trustees
- The Father's Home
- TN Dental Association—Concerned Dental Professionals
- TN Professional Assistance Program
- TN Professional Assistance Program—Tennessee Management, Inc.

**Student Members**

- Deborah Adams
- Elizabeth Andrews
- J. Kevin Johnson
- Gregory Gray
- Sheryl Powell

**Individual Members**

- Becky Allen
- Marvin Abbott
- Sandra Ashley
- Thomas Bainbridge

---
A d d r e s s  o r  N a m e  C h a n g e s  ? ?   F o r w a r d  t h e m  t o  t h e  T A A D A S  o f f i c e  v i a  p h o n e  6 1 5 . 7 8 0 . 5 9 0 1 ,  f a x  6 1 5 . 7 8 0 . 5 9 0 5 ,  o r  e m a i l  t h e m  t o  t a a d a s t i m e s @ t a a d a s . o r g

T A A D A S  B oard  O f f i c e r s
Frank K o l i n s k y ,  P r e s i d e n t
A l l e n  R i c h a r d s o n ,  V i c e  P r e s i d e n t
J a c q u e s  T a t e ,  S e c r e t a r y / T r e a s u r e r

The T e n n e s s e e  A s s o c i a t i o n  o f A l c o h o l  a n d D r u g  A b u s e  S e r v i c e s ( T A A D A S )  b e g a n  M a r c h  2 6 , 1 9 7 6  w h e n  a  g r o u p  o f  c o n c e r n e d  T e n n e s s e e a n s j o i n e d  t o g e t h e r  i n  C h a t t a n o o g a  f o r  t h e  p u r p o s e  o f  " c r e a t i n g  a n d  f o r t h s e e n  t h e  s t a t e w i d e  a s s o c i a t i o n  t o  p r o m o t e  c o m m o n  i n t e r e s t  i n  p r e v e n t i o n ,  c o n t r o l ,  a n d  e r a d i c a t i o n  o f  a l c o h o l i s m  a n d  o t h e r  d r u g  d e p e n d e n c y . "

TAA DAS programs are funded in part by a grant from the Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services. For more information about becoming a member of TAADAS, contact the association at:

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

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

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

The Tennessee Association of Alcohol and Drug Abuse Services, Inc
One Vantage Way, Suite B-240
Nashville, TN 37228-1562
Phone: 615.780.5901
Fax: 615.780.5905
Email: taadastimes@taadas.org

Address Service Requested

C h e c k  o u t  T A A D A S  O n l i n e !
W W W .  T A A D A S .  O R G

T A A D A S '  M i s s i o n

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.