Over 1 Million People Receiving Addiction Treatment

Annual Survey of Substance Abuse Treatment Facilities Released

On any given day, approximately 1 million people are receiving treatment for drug or alcohol addiction, according to the 2000 National Survey of Substance Abuse Treatment Services released July 31st by the Substance Abuse and Mental Health Services Administration (SAMHSA). The large majority of these clients (89 percent) were enrolled in some type of outpatient care.

Nearly half (48 percent) of all clients were in treatment for both alcohol and drug abuse. Twenty-nine percent of clients were in treatment for drug abuse only, while the remaining 23 percent were in treatment for alcohol abuse only.

Nine percent of those in addiction treatment were in residential rehabilitation. The remaining three categories (residential detoxification, hospital inpatient rehabilitation, and hospital inpatient detoxification) together accounted for 2 percent of clients.

In 2000, private non-profit facilities made up the bulk of the system (60 percent), followed by private for profit (26 percent) and state/local government (11 percent). Outpatient rehabilitation was the most widely available type of care, with non-intensive outpatient rehabilitation offered by 78 percent of all facilities and intensive outpatient treatment offered by 46 percent. Residential rehabilitation was offered by 26 percent of all facilities. Partial hospitalization programs were offered by 16 percent of facilities, and outpatient detoxification by 13 percent.

The vast majority of facilities (95 percent) treated both alcohol and drug abuse. They also offered treatment programs designed to address the specific needs of certain groups. These groups include the dually diagnosed (persons with mental illness and co-occurring substance abuse), adolescents, persons with HIV/AIDS, older adults, and pregnant or postpartum women. Special programs may also be designed for groups of men or women (other than pregnant or postpartum women), or persons in the criminal justice system. Many facilities offered treatment for persons arrested while driving under the influence of alcohol or drugs (DUI) or driving while intoxicated (DWI).

Overall, half (50 percent) of all facilities provide programs for the dually diagnosed. About 37 percent of facilities offered programs for adolescents. About one-fifth (22 percent) of facilities offered programs for persons with HIV/AIDS. Programs for pregnant or postpartum women were offered by 21 percent of facilities. Programs for other women's groups were provided by 38 percent of facilities. Programs for men only were provided by 33 percent of all facilities. Eighteen percent of all facilities provided programs for seniors or older adults. Thirty-eight percent of all facilities offered programs for persons in the criminal justice system. Special programs for those arrested for DUI/DWI were offered by 36 percent of all facilities.

Methadone/LAAM was dispensed by 9 percent of all facilities. Facilities most likely to dispense methadone/LAAM were private for-profit facilities (14 percent) and federal government facilities (12 percent), including those operated by the Veterans Administration (22 percent). State government-owned facilities were also more likely than average to dispense methadone/LAAM (12 percent).
BREAKFAST CELEBRATING RECOVERY MONTH A HIT!

TAADAS's 1st annual Recovery Month breakfast at the Millennium Maxwell House Hotel was a great success," says TAADAS President Frank Kolinsky. The event, hosted by Xebec Management, Inc., brought together TAADAS members, Legislators, A&D Bureau officials, and others to hear Deputy Assistant Commissioner Rick Bradley present statewide treatment outcome results from the TOADS* project conducted by the University of Memphis. "The high success rates in the areas of abstinence, employment, and re-arrest rates clearly demonstrate that block grant funding for alcohol and drug treatment in Tennessee yields a huge return on the taxpayers investment," said Bradley.

Bradley reported that the results were based on responses from 1,350 clients who were contacted six months after being discharged from treatment. Of those, 63.3% reported total abstinence, the employment rate reflected a 225% increase, and the re-arrest rate was down by 75.3%. These are excellent outcomes and demonstrate without a doubt that TREATMENT WORKS!

The Recovery Month breakfast was one of many events scheduled across the state to celebrate National Recovery Month. Governor Don Sundquist and the mayors of many Tennessee cities signed proclamations designating September to be 'Recovery Month' in the state and in the local communities.

SUBSTANCE ABUSE TREATMENT EFFECTIVENESS IN TENNESSEE

By Dr. Satish Kedia

According to the findings of the Tennessee Outcomes for Alcohol and Drug Services (TOADS)* at The University of Memphis, substance abuse treatment does work. Since 1988, TOADS project has been measuring the effectiveness of public-funded substance abuse treatment facilities in Tennessee. Between 51.9% and 68.6% of those treated each year have abstained from substance abuse after receiving treatment.

The follow-up data are collected through telephone interviews conducted by TOADS staff six months after clients' admission to a treatment program. The results of the follow-up interviews are compared with the data collected at the time of admission by the treatment facilities. In addition, attempts are made to verify clients' information with their family members or acquaintances.

A recent TOADS report documents not only a 63.3% post-treatment abstinence rate but also a substantial reduction in the use of the three most frequently used substances. The alcohol use decreased by more than half, from 61.7% of clients before treatment to 26.8% at the time of follow-up. The use of cocaine reduced even more dramatically, while 43.7% of clients used cocaine before treatment, only 8.4% of clients reported using this drug at follow-up. Marijuana/hashish use also decreased, from 31.3% before treatment to 6.4% at the time of follow-up.

Benefits can be seen throughout the lives of individuals who have sought treatment. Among clients treated during 2000, the unemployment rate declined from 68.2% at admission to 32.8% at the follow-up. While 52.4% of clients had been arrested during the 2 years before treatment, only 13.0% had been arrested during the 6 months after admission. Substance abuse treatment also improves clients' relationships with their families. After treatment, 24.1% of clients were living with immediate family, up from only 9.7% of clients at admission.

Treatment also has a positive impact on clients' health. 81.1% of clients interviewed said that they had experienced better physical health since treatment, and 60.9% had not had any psychological or emotional problems in the 30 days before their follow-up interview. Clients also recognize the important role treatment plays in helping them achieve abstinence and improve their lives. The 70.4% of clients who rated treatment as very helpful made comments such as "It opened my eyes and saved my life" and "I got my life back."

Research has also shown that treatment is a cost-effective solution to the problem of substance abuse. While treating an individual for substance abuse problems in Tennessee costs less than $3000 per year, each untreated individual costs the State more than $40,000 in public programs such as the criminal justice system, health care services, and child and family assistance.

In the past few years, under the direction of Dr. Satish Kedia, an assistant professor of medical anthropology at The University of Memphis, TOADS has revised the evaluation questionnaire, increased the number of clients interviewed, developed an improved system of matching admission and follow-up data, and produced high quality evaluation reports.

TOADS continues to collect information from clients to assist the Bureau of Alcohol and Drug Abuse Services, Tennessee Department of Health and treatment facilities improve their policies and practices. In the future, TOADS hopes to reach even more clients and expand the analysis of its results to recommend specific improvements in treatment policy for underrepresented populations such as African Americans, women, and adolescents.

*NOTE: The treatment outcome results from the TOADS report mentioned in the above two articles do not reflect treatment provided by TennCare due to the fact that neither the TennCare Bureau nor the Behavioral Health Organizations conduct any follow-up studies to measure abstinence, employment, or re-arrest rates for the clients they serve. To obtain a free copy of the entire TOADS report, contact the TAADAS Statewide Clearinghouse at 615.780.5901.
People in recovery face discrimination in the workplace, health care, and everyday life, and litigation may be the only way to force changes in some cases, experts told a panel convened at the annual meeting of the American Bar Association (ABA) in Washington, D.C., in August.

"Where are the lawyers?" asked Deb Beck, president of the Drug and Alcohol Service Providers Organization of Pennsylvania, who charged that managed-care firms routinely violate the minimum insurance laws in 40 states, including Pennsylvania.

"Managed care has to be taken to task," Beck said. Pointing to efforts to pass laws requiring addiction to be treated on par with other health conditions, she added, "Parity won't solve that; it will be just another type of coverage to be denied ... We don't need parity, we need people to enforce the laws."

Beck was among more than a dozen advocates who presented testimony before Join Together's Policy Panel on Discrimination Against Individuals in Treatment and Recovery, cosponsored by the ABA.

"This is an issue I unfortunately have encountered from time to time, both personally and in my professional life," said Alfred P. Carlton, president-elect of the ABA. "We must work to end discrimination of any kind, but especially for people seeking treatment for addiction. It's a disease and should be treated as such."

Former First Lady Betty Ford said that while up to 80 percent of Betty Ford Center clients used to be able to pay for their treatment through insurance, today just 20 to 25 percent can access their insurance benefits. Not even lawyers are immune to addiction-related discrimination, she added.

When the Betty Ford Center recently tried to set up a residential treatment program for lawyers, doctors, and other professionals, nearby residents picketed and told clients to go home. "They threatened to videotape our patients going to and from the homes and make public their tapes," Ford testified. "The ignorance and hate were surreal. A few residents stood up and spoke in our support, but were shouted down. So, the Betty Ford Center, maybe the best-known treatment center in the world, has to find alternative housing for our patients.

"NIMBY is alive and well in 2002," said Ford.

Robert Newman, M.D., director of the Baron Edmond de Rothschild Chemical Dependency Institute at Beth Israel Medical Center in New York, said that people with addictions are "subjected to conditions that would be unthinkable in any other medical practice," such as having their medication levels capriciously reduced or eliminated, or being told to deal with their problems through behavior modification rather than medical intervention.

"You're talking about horrendous malpractice of medicine," said policy panel member Lisa Moy Torres, a New York attorney who represents clients with opiate addictions.

Brent Cole, the mayor of the city of Boise, Idaho, agreed. "When you have a 16-year-old with a chronic, acute disease, we would have to find her treatment if she had diabetes," he said. But 90 percent of Idaho cities offer residents no access to treatment, said Cole. Even Boise, with its 200,000 residents, does not have a single detoxification center, he said.

"Eighty-five percent of narcotics addicts in US have no access to methadone treatment," added Newman. "My doctor can treat a patient for pain relief with methadone, but if he does so for addiction, it is illegal.

Newman said that the only hope for fighting such discrimination is through litigation.

'Hysterical Terminations'

Having a drug arrest on your record or a history of addiction also dredges people in recovery in the workplace -- even after years of sobriety.
NEWS FROM CAPITOL HILL...

By: Nathan Ridley

In a remarkable show of candor, both gubernatorial candidates have clearly articulated and opposing positions on the lottery. Mayor Bredesen supports the lottery, and Congressman Hilleary opposes the lottery. By way of background, Article XI, Section 5, of the Tennessee Constitution, as it has done since 1834, prohibits the legislature from authorizing a lottery. After bingo scandals ravaged state government in the 1980’s, the Tennessee Supreme Court in a broadly worded 1989 opinion declared that bingo was a lottery and therefore illegal. The court’s decision effectively prohibited any sort of charitable gaming such as church bingo, PTA raffles, school carnivals and even rubber duck races.

In a time when new revenue sources are hard to find, 37 states starting with New Hampshire in 1964, have turned to a lottery to raise revenues. Proponents say the purchase of a lottery ticket is voluntary, and therefore no harm, no foul. Tennessee joins only Hawaii and Utah as states that prohibit any form of gambling. Closer to home, our neighboring states, Georgia, Kentucky, Missouri and Virginia offer a lottery. This geographical reality also leads proponents to say we already have a lottery in Tennessee, but we do not share in the proceeds. Other neighboring states offer pari-mutuel wagering on dog or horse racing and casino gambling. Lottery opponents wonder aloud why our state government should encourage its citizens to invest in an activity where the odds of winning are similar to those of being struck by lightning. Some even wonder aloud if a lottery is taxes for folks who are bad at math.

For a bit of constitutional trivia, for any question such as the lottery to be successful, the affirmative votes must be a majority of those who vote in the governor’s race. So if 500,000 folks vote for the lottery, and 400,000 vote against the lottery, and 1,100,000 vote in the governor’s race, the measure will fail.

Crystal Ball: Notwithstanding the intense passion of the opponents, the lottery will pass.

Oddly enough, another constitutional question will appear on the November ballot as Question 2. Since 1796, Article VI, Section 14, of our Tennessee Constitution has prohibited a judge from imposing a fine of more than $50 without a jury trial. City courts were considered exempt until last September when the Tennessee Supreme Court held that the right to have a jury assess a fine of over $50 applied in all courts. As you know, city courts hear such cases as illegal dumping and building code violations.

Before the court decision, the legislature, by law, had permitted city courts to impose a maximum penalty of $500 for most city ordinance violations. The proposed amendment would let the legislature set the maximum penalty that a court could impose without a jury just as the legislature had done prior to last year’s court ruling. Surely $500 today is more than equivalent to $50 in 1796.

Crystal Ball: Question 2 does not have the sex appeal of the lottery question. Common sense says it should pass, but the lack of awareness may lead to its failure.

On the alcohol and drug front, the Board for Licensing Health Care Facilities will conduct a public hearing on October 16, 2002 in Nashville for the rule changes that the Association and our friends at the Tennessee Association of Mental (Continued on page 14)
Discrimination Continued...

Susan Rook, director of communications and outreach for the advocacy group Faces and Voices of Recovery, said a recent Peter D. Hart survey found that one in four people in recovery have experienced discrimination in the workplace or in seeking health care, and one in five fear being fired if their employer finds out they are in recovery from addiction.

Citing a pattern of "systematic and illegal discrimination against people who are in recovery," Rook said, "When personal prejudices influence my ability to get a job, receive an earned promotion, get and keep health insurance, life insurance, housing and other basic benefits of being a member of a community — then someone else's opinion of me matters. And that personal prejudice is not merely stigma ... [it] discrimination."

Rook stressed that despite the risks, it is important for people in recovery to speak out against violations of their basic civil rights. "It's not just about what other people say, but what those of us in recovery don't say," Rook testified. "The public silence of people in recovery speaks volumes. Our silence says to others that we have something to be silent about. By our silence, we let others define us."

Adelle Rapaport, a lawyer in the Detroit office of the Equal Employment Opportunities Commission, said that people with addictions are frequently the target of "hysterical terminations." She told the story of a client who told his employer that he needed addiction treatment, and instead was fired for violating the company's zero-tolerance policy. "What kind of personnel decision is that?" she asked.

Unfortunately, the Americans with Disabilities Act (ADA), which ostensibly provides some protection for people with addictions, provides little help. Rapaport estimated that 95 percent of people with addictions fail to meet the ADA's standard for disability (e.g., impairment of a major life function), while others run a foul of the law's exclusion of coverage for current users of illicit drugs.

Nonetheless, addiction remains the most common personnel problem in most workplaces, accounting for 20 percent of voluntary, employee-terminated program referrals and 50 percent of supervisory referrals, according to Dorothy Blum, vice president of the Employee Assistance Professionals Association. Employers should be warned that discriminating against people with addictions not only will harm their bottom line in the long run, but also opens companies up to litigation, said Blum.

The workplace woes experienced by people with addictions are compounded in many cases by a criminal record, which makes finding a job even more difficult.

"Many ex-offenders with drug-related offenses are also currently in recovery or treatment. Logically, their ability to truly recover and move on in their lives is directly connected to their ability to obtain and maintain employment," said Robin Runge, coordinator of the program on women's employment rights at the D.C. Employment Justice Center, during her testimony before the policy panel.

But Runge, who works with ex-offenders trying to get jobs, said having a criminal record is often the primary barrier to employment for people in recovery — especially with the increase in the use of criminal background checks after 9/11.

"For example, I had a client who was a teaching assistant in the D.C. public schools for over a year when a background check showed that she had been arrested over 20 years ago for drug possession," said Runge. "Although the employer knew about this arrest when she was hired, they used this background check as a basis to fire her."

In a recent survey, 59 percent of California employers said they would never hire anyone with a felony drug conviction — even though such discrimination is illegal in most cases.

"We need to help employers understand that hiring someone with an arrest from 10 years ago is no more risky than hiring someone without a criminal record," said Runge. "In fact, they may find that the employee with the record is harder working and more committed."

This article is a reprint of the Feature Article written by Bob Curley for the Join Together News Service.

Pennsylvania Residents with Addiction Being Denied Treatment Coverage

Health-insurance companies throughout the state of Pennsylvania are denying coverage to people who want residential treatment for their alcohol or other drug addictions. KDFA-TV reported June 10.

According to treatment advocates, the practice of refusing coverage is widespread even though it's against the law. Under Pennsylvania law, insurance companies must provide 30 days of inpatient rehabilitation treatment per year, with a cap of 90 days per lifetime. They're breaking the law because Pennsylvania Act 106 of 1989 says any person in the state of Pennsylvania should be insured for addiction, said treatment advocate Karen Flavan.

Ken Ramsey of Gateway Rehabilitation Institute said that even if insurance companies fund the treatment, it's only for six days. "That law is pretty much ignored in Pennsylvania," he said. "We have to have enough time to make recovery work — to make a dent in the lives of folks who are addicted to heroin, alcohol or whatever. We just aren't given enough time."

Insurance companies claim that they are not required to give all addicted individuals residential treatment. "Current medical research supports the idea that effective [addiction] treatment can be provided by a wide variety of settings including outpatient, partial hospitalization, and inpatient programs," said a joint statement from Highmark and Magellan Behavioral Health, the largest third-party mental health and substance abuse administrator in the state.

Pennsylvania Attorney General Mike Fisher is considering punitive action against insurance companies that deny residential treatment. Among the options are levying stiff fines or prohibiting insurance companies from doing business in the state.

"There's a lot of legal nitpicking that they've engaged in in trying to defend their actions; but for the 17-year-old high school student who's become addicted to heroin — who needs to have that help — that student and their parents can't afford to have a lengthy dispute as to whether treatment is medically necessary," said Fisher.
CADA S, the Council for Alcohol and Drug Abuse Services, announced that Dr. Douglas S. Harr has been named executive director effective October 1, 2002. Harr, who is the former executive director of the Jackson Area Council on Alcoholism and Chemical Dependency, succeeds Terry Shapiro. Shapiro announced in May that he would return to his previous vocation as an Educational Administrator in Colombia, South America.

"Doug is the type of leader who will bring CADA S to the next level," said Shapiro. "His extensive management background in addiction medicine, public health, hospital administration, emergency medicine, home health, telemedicine, and medical informatics and his vision for the future of addiction treatment makes him the perfect choice to lead CADA S. He is a natural fit for our community and our corporate culture."

Dr. Harr is a health care executive with fifteen years experience. Prior to his work in Jackson, Harr served as CEO of the County Health Department of Greene County, North Carolina where he developed an information automation plan for the new millennium and received a departmental commendation for exceeding immunization rates. Before entering the civilian health care profession, Dr. Harr was a Captain in the U.S. Army Medical Service Corps. He served as officer in charge of the largest US Army Health Clinic in Schofield Barracks, Hawaii, providing complete medical care to 5,000 military personnel and their families. He was awarded numerous military honors to include the Meritorious Services Medal, Army Commendation Medal, and the National Defense Medal for service during Desert Storm.

Dr. Harr has a Ph.D in Higher and Adult Education from the University of Missouri-Columbia. His doctoral training combined the fields of Adult Education, Healthcare Management, and Health Information Management.

The Council for Alcohol and Drug Abuse Services, Inc., CADA S, was established in 1964 as a private, not-for-profit agency that specializes in the treatment of chemical dependency, both adults and adolescents. CADA S provides the community with a complete continuum of chemical dependency services at several locations in the greater Chattanooga metropolitan area.

The CADA S Mission is to deliver the highest quality treatment, prevention and educational services to the chemically dependent, their families, and the community at large regardless of ability to pay.
1 Million Receiving Addiction Treatment Continued...

(Continued from page 1)

The number of facilities that had managed care contracts continued to increase. Over half (54 percent) of all facilities had managed care contracts in 2000, as compared to 42 percent in 1996.

The purpose of the annual National Survey of Substance Abuse Treatment Services (N-SSATS) is to collect data on the location, characteristics, and use of alcoholism and drug treatment facilities and services throughout the 50 States, the District of Columbia, and other U.S. jurisdictions. In 2000, a total of 13,428 facilities, 94 percent of eligible facilities, participated in the survey. The survey was conducted on October 1, 2000.

N-SSATS is also used to update SAMHSA’s Substance Abuse Treatment Facility Locator, available at findtreatments.samhsa.gov. The locator service provides the phone numbers and locations of the nearest state approved treatment facilities.

For more information about the study log onto the SAMHSA website www.samhsa.gov.
"DATE RAPE" DRUG SOLD OVER THE INTERNET

More than 80 U.S. Cities Targeted by International Operation

On September 19th, Attorney General John Ashcroft joined DEA Director Asa Hutchinson to unveil an unprecedented takedown of Internet-based drug-trafficking operations. Operation Webslinger, a multi-jurisdictional investigation, targeted the illegal internet trafficking of "date rape" drugs such as GHB and its derivatives, GBL and 1,4 Butanediol (1,4 BD).

The Drug Enforcement Administration, together with the U.S. Postal Inspection Service, U.S. Customs Service, Internal Revenue Service, Federal Bureau of Investigation, the Royal Canadian Mounted Police, and the Ontario Police Department, announced the arrest of 115 individuals in 84 cities across the United States and Canada.

GHB, GBL, and 1, 4 Butanediol (1,4 BD) are abused to produce euphoria, intoxication, and hallucinogenic states, and for their alleged role as a muscle growth hormone. They are also used as "date rape" drugs, acting as central nervous system depressants. Odorless and colorless, the drugs cause drowsiness, dizziness, loss of consciousness, and loss of inhibition, as well as memory impairment—which can make the prosecution of rape cases difficult when victims are given these drugs. Higher doses of these substances will cause unconsciousness, seizures, severe respiratory depression, coma, and even death.

"This takedown is a dose of harsh reality for drug traffickers who seek to exploit the vast markets and anonymity of cyberspace," said Attorney General Ashcroft. "Our campuses, our neighborhoods, and our communities are safer places for young women today because cyberspace just got more dangerous for drug traffickers."

DEA Director Asa Hutchinson added, "With millions of people having quick and easy access to the internet, the buying and selling of deadly drugs and chemicals from the web should not, and will not, be as simple as point-and-click. E-traffickers can expect to face the same justice the old-fashioned drug dealers face."

This two-year investigation began as a result of increasing seizures of GBL and 1,4 BD. It represents law enforcement's most significant national operation targeting organizations trafficking in GHB, GBL, and 1,4 BD. Operation Webslinger is also the most significant enforcement effort targeting drug traffickers using the internet to buy and sell dangerous drugs and chemicals. Operation Webslinger encompasses four primary investigations in St. Louis, MO; Detroit, MI and San Diego, CA; Mobile, AL and Sparta, TN; and Buffalo, NY and Quebec City, Canada. These investigations targeted individuals and organizations supplying large quantities of GHB, GBL, and/or 1,4 BD ordered over the internet and delivered by the mail. From these four investigations, agents developed leads that led to the identification and arrest of individuals across the country involved in buying and selling these drugs. All totaled, agents conducted enforcement operations in over 80 U.S. cities with drug seizures that could have yielded more than 25 million dosage units.

Chief U.S. Postal Inspector Lee Heath added, "The nationwide sweep to apprehend the customers of Pelchat Labs began yesterday and is continuing. Postal Inspectors have made controlled deliveries in locations all over the country and more arrests are expected."

U.S. Customs Assistant Commissioner for Investigations John Varrone said, "Operation Webslinger was unprecedented in that it combined the best investigative techniques of numerous federal agencies."

(Continued on page 12)
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The Wellpath House Recovery Residence • Cookeville, TN

Mike Southerland, Michaels Overcash, Marketing/ Sales, Pat Billney, Adolescent Services
WORKSHOPS & TRAININGS

**Issues in Providing Alcohol and Other Drug Services for Pregnant Substance Abusing Women**
Facilitator: Gene Marie Rutkauskas, Takoma Church of God, Johnson City, October 3, Contact Louise Verran 423.639.7777

**Diagnosing Addiction**
Facilitator: Karen Dennis, JACOA, Jackson, October 4, Contact Bob Burr 423.756.7644

**Healing the Trauma that Binds**
Facilitator: Kathy Benson, Helen Ross McNabb Center, Knoxville, October 4, Contact Martha Culbertson 865.541.6676

**Use of Metaphors & Experiential Techniques with Basic Addictions Treatment Issues**
Facilitator: Bobby Chapman, Takoma Church of God, Johnson City, October 7 & 8, Contact Louise Verran 423.639.7777

**Forgiveness: Clearing Old Shame & Blame**
Facilitator: Sharon Tramell, CADAS, Chattanooga, October 11, Contact Bob Burr 423.756.7644

**Addiction Severity Index**
Facilitator: Frances Clark, A&D Council of Middle TN, Nashville, October 17 & 18, Contact Susan Young 615.269.0029

**SASSI Training**
Facilitator: Jack Freckman, CADAS, Chattanooga, October 18, Contact Bob Burr 423.756.7644

**Drug Addiction & Families**
One Day Conference, JACOA, Jackson, October 18, Contact Amanda Hopkins 731.423.3653

**Eating Disorders from a Practical Psychiatric Perspective**
Facilitator: Dr. Shelley Doumani, Holiday Inn Select, Nashville, October 19, Contact Amanda Hopkins 731.423.3653

**How the Belief System Effects One's Recovery**
Facilitator: Jackie Jefferson, A&D Council of Middle TN, Nashville, October 25, Contact Susan Young 615.269.0029

**Stopping to Think About the Unthinkable: Sexual Victimization**
Facilitator: Barb Conforti, CADAS, Chattanooga, October 25, Contact Bob Burr 423.756.7644

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**FEATURED PUBLICATION:**

**RETROSPECTIVE**

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 27 page book is an excellent tool for Parents, Teachers, and Caregivers. Recalling the events, values, and icons of the 1960's through the present, RETROspective reminds parents of their own youthful experiences to help them relate to today's youth culture. It offers insight to youth values and the effects media, society, and popular culture have on teens' attitudes, behaviors, and perceptions, especially as they relate to alcohol, tobacco, and illicit drugs.

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

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**RED RIBBON WEEK**
**October 23-31**

It starts with the smallest gesture: a child pinning a red ribbon to his shirt, a girl wearing a red ribbon wristband, a classroom planting red tulips, a business displaying a red ribbon banner, a community hosting a red ribbon family event. Though these acts are simple, their significance is tremendous. Each red ribbon has the potential to reach a boy, a girl, a caring adult or a family in a profound way. The red ribbon is a catalyst and symbol for millions of Americans who show that ribbon by ribbon, neighbor by neighbor, they are united for drug-free youth.

Since its beginning in 1986, the Red Ribbon Celebration had touched the lives of more and more people each year. It all began with the brutal murder of Enrique 'Kiki' Camarena, a Drug Enforcement Agent assigned to a case in Mexico. Enrique was shockingly close to uncovering the identities of key members of a Mexican drug cartel. He was kidnapped, brutally tortured and killed just days before he was to identify kingpins of the illegal business in Mexico.

Angered by Kiki's death and the destruction caused by drug and alcohol use in America, the young people of Kiki's hometown in Calexico, California began wearing Red Ribbons in honor of the fallen hero. The National Family Partnership (NFP) and its affiliated organizations soon began to wear Red Ribbons as a symbol of their commitment to fight the illegal use of drugs. Today, the red ribbon is the symbol for drug, alcohol and tobacco prevention across America. The Theme for Red Ribbon Week 2001 is "Plant the Promise to Keep Kids Drug-Free"

Annually, every October 23rd - 31st more than 80 million young people and adults show their commitment to a healthy, drug-free life by wearing or displaying the red ribbon. Since 1988, the NFP has provided national leadership for this exciting event. This nationwide celebration has become a major force for raising public awareness and mobilizing communities to combat alcohol and drug use among youth. The TAADAS Clearinghouse has materials appropriate for any Red Ribbon activity. Order your free materials for your Red Ribbon Week Celebrations online at www.taadas.org or call 615.780.5901.
FEATURED VIDEO:

**Drug Wars: The High Times**

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 *Drug Wars: The High Times.*

This video attacks today’s #1 killer of young people – alcohol. Aimed at teens, this engaging story teaches the dangers of underage drinking. This important, yet sometimes lighthearted program focuses on the choices that face our kids today. In addition to health issues, the audience also finds out about alcohol’s addictive properties, and why kids can and do die from alcohol poisoning. Viewers witness the consequences of drinking and driving and about issues of trust with their parents. As well as discovering how alcohol changes personalities and not always in a good way. They see that being clean and sober is really the cool choice. They learn that inhibitions are necessary survival skills and that alcohol is the number one date-rape drug. 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 $13.00. 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 www.taadas.org.

**WORKSHOPS & TRAININGS**

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<th>Spiritual Issues in Early Recovery</th>
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<th>Behaviors Behind and Beyond the Signs/Symptoms of Addiction</th>
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<tr>
<td>Facilitators: Fred Lunce &amp; Sue Coffey-Ramsey, Takoma Church of God, Johnson City, November 4 &amp; 5, Contact Louise Verran 423.639.7777</td>
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<th>Rights and Responsibilities of Reporting</th>
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<td>Facilitator: Melvin Taylor, JACOA, Jackson, November 8, Contact Amanda Hopkins 731.423.3653</td>
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<th>Federal Drug Testing Laws</th>
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<td>Facilitator: Daniel Taylor, JACOA, Jackson, November 8, Contact Amanda Hopkins 731.423.3653</td>
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<th>Spirituality: Life Outside the Box</th>
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<td>Facilitator: Jane Abraham, LeBonheur, Memphis, November 8, Contact Jane Abraham 901.272.1657</td>
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<th>Addiction Severity Index (ASI)</th>
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<td>Facilitator: Karen Dennis, LeBonheur, Memphis, November 9, Contact Jane Abraham 901.272.1657</td>
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<th>Art Therapy and Addiction</th>
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<td>Facilitator: Brook Montague, CADAS, Chattanooga, November 15, Contact Bob Burr 423.756.7644</td>
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<td>Facilitator: Brook Montague, Plateau Mental Health Center, Cookeville, November 18, Contact Bob Burr 423.756.7644</td>
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<th>Eating Disorders</th>
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<td>Facilitator: George Bougher, CADAS, Chattanooga, November 22, Contact Bob Burr 423.756.7644</td>
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DATE RAPE DRUG SOLD OVER THE INTERNET CONTINUED...

and Canadian authorities. I am especially proud of the U.S. Customs agents in Buffalo who played a major role in this investigation. Customs agents seized more than 750 packages containing GBL, helped shut down an internet site selling this substance, seized three labs, and arrested 35 individuals."

FBI Director Robert S. Mueller, III stated, "This investigation strikes a blow to those who deal these drugs, which pose a danger to young people across the nation. Like any illicit drug, a consequence of use is death, and we will continue to work together with our law enforcement partners to combat this problem."

Operation Webslinger was coordinated by the Drug Enforcement Administration's joint law enforcement program called the Special Operations Division, which is comprised of agents and analysts from the DEA, FBI, USCS, and IRS, as well as attorneys from the Department of Justice's Criminal Division. Additionally, numerous state and local agencies across the United States provided invaluable service leading to the successful outcome of this operation.

For additional information, please contact Special Agents Will Glaspy or Thomas Hinojosa at DEA's Office of Public Affairs at (202) 307-7977.

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www.cadas.org
CARF announced in July that The Pathfinders, Inc. at 815 South Church Street, Suite 100 Murfreesboro has been accredited for a period of three years for its Outpatient Treatment services for adults, children, and adolescents. This is the first accreditation that the international accrediting commission has awarded The Pathfinders, Inc. Outpatient Adolescent and Adult Treatment Services. The Pathfinders, Inc. also received a renewed three year accreditation for its Residential Treatment and Residential Social Model Detoxification Services. The Pathfinders, Inc. Residential Services have been accredited since 1998, and are located on Highway 231, north of Lebanon, Tennessee.

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.

The Pathfinders, Inc. is a non-profit organization with Administration Offices at 432 East Main Street in Gallatin. It has been providing alcoholism/drug addiction treatment services in Gallatin, Castalian Springs, Murfreesboro, and the Madison areas since 1989. The Pathfinders, Inc. has recently opened a new alcoholism/drug addiction treatment facility in Springfield Tennessee that will serve adolescents and adults in the outpatient setting.

CARF is an independent, not-for-profit accrediting body whose mission 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. Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, and now known as CARF, the accrediting body establishes consumer-focused standards to help organizations measure and improve the quality of their programs and services.

The Pathfinders, Inc. is a Sustaining Member of TAADAS. For additional information on The Pathfinders, Inc. or any of their programs, please contact Daniel S. Hoyle at 615.452.5688 or check out the Pathfinders, Inc. web page at www.pathfindersin.org.

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**DANGEROUS NEW MIX OF DRUGS**

There's a new mix of drugs being used by young Americans. The club drug Ecstasy is being mixed with the anti-impotency drug Viagra. Users say the combination fuels all-night dancing and marathon sex.

A fad among youths in England and Australia began being reported in the United States about a year ago by DEA officials. The youths were combining the drugs Ecstasy and Viagra, known in the club scene as 'Sextasy'.

Sextasy has become one of the most recent products of a dangerous trend so says drug abuse analysts. Young club goers are taking ‘cocktail pills’ that can include as many as a half-dozen different drugs.

Ecstasy, also known as MDMA, is a stimulant with hallucinogenic properties. Users in the club and rave scenes say it gives them the energy to dance all night and enhances their senses. But Ecstasy also hinders sexual function. To compensate, some young men take Viagra, a prescription drug normally used to treat men who have decreased sexual function or who are recovering from prostate cancer.

Doctors warn that combining the two drugs can cause a number of health concerns including heart problems or erections that don’t subside for more than four hours, possibly leading to anatomical damage. Officials say that there have been scattered reports of such injuries across the country. As well as the hazards of risky sexual behavior.

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*A Program of Samaritan Recovery Community*
Health Organizations have suggested. The implementation for Chapter 855 of the Public Acts of 2002 is still rippling through the Bureau of Alcohol and Drug Abuse Services. Ms. Pat Wilson with the Bureau has been working relentlessly to be ready to implement the portions of the statute that require an alcohol and drug assessment and the use of ignition interlock device for a second or subsequent violation that go into effect on October 1, 2002. Part of that implementation will also include a significant increase in the amount of funding available for grants under the Alcohol and Drug Abuse Treatment (ADAT) fund.

Reminders: The last day to register to vote in the November 5, 2002 General Election is October 5, 2002. Everyone who is a resident of Tennessee and over 18 years of age is eligible to register. Simply put, be sure to vote. Early voting starts October 16 and runs through Halloween.

In Memoriam: Let us pause to remember a life well lived. Before dawn on September 39, 2002, Representative Shelby Rhinehart died. Representative Rhinehart, 75, served for 36 years in the State House of Representatives. A pharmacist by trade and a natural politician by birth, Representative Rhinehart was one of our state’s most colorful characters, and a master of the House’s parliamentary procedures. He courageously supported our state’s public education system and the funding to pay for it. With his bright blue eyes blazing, his silver hair shining, and smoking his ever-present cigarette, Shelby served his constituents tirelessly. Shelby, we will miss you.

News from Capitol Hill comes from Attorney Nathan Ridley with the Nashville firm of Bout Cummings Connors & Berry, P.C. Contact him by e-mail nridley@boutcummings.com

Grace House of Memphis
Treatment Center for Women
State Licensed through TN Department of Health
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Residential Programs for women including:
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Partially funded by the
Tennessee Department of Health and United Way
SURPRISED BY RAGE

By Mike O’Neil, NCAC I, LADAC

When my wife and family confronted me about my rage I was shocked and devastated. “I had no idea I affected you all that way,” I said to them. Resolved to deal with the problem, I then spent about 10 years participating in a Twelve Steps program and getting rid of my resentments. So imagine my surprise one day when my anger was triggered and I went off into a blind rage again.

My rage took various forms. The classic rage, where I yelled, and the control, where I manipulated, were obvious. The sulking when I tried to get my way, the self-pity designed to justify my resentments, the silent treatments, the all-or-nothing attitudes, were all faces that my rage took on. The people around me wound up with basically two feelings: fear and pain.

When I recognized that my rage had never left, I had just finished working through the steps again, spending considerable time making another moral inventory of myself (Step 4) and acknowledging to others the wrongs I realized I had done (Step 5). To make matters worse, I couldn’t identify what I was raging about. So off I went to work through Steps 4 & 5 again, this time focusing more on my anger and resentment.

After working through those steps, I was even more confused, because there really wasn’t anyone I resented. All I could do was watch for the triggers to my rage. Each time my rage was triggered, the same feelings were attached to it: feelings of betrayal. When I began to examine what it was about betrayal that seemed to trigger my rage, I found that it was my pain related to unresolved loss. The fact that my father was an alcoholic and unavailable to me both physically and emotionally and the fact that I became preoccupied with taking care of my mother, had set me up for losing myself in others and denying my own needs. These facts, combined with strict religious upbringing that taught me to place the needs of others above my own, had been a breeding ground for multiple losses.

As I dug deeper into my feelings I found more pain than I first knew was there. So I recommitted myself to therapy. My therapist recommended anger work, and we began working in an anger management workbook that he had suggested. After a few weeks, however, I took the book back to him and explained that it was for people who didn’t suffer from the level of rage that I had, “You don’t understand,” I said “When my rage hits there is no count-to-10 or deep breathing exercise that will stop me. I see red and I’m gone.” From there we did some classic anger work, with role playing and beating the mattress which gave me some mild relief. I was able to deal more directly with anger over current situations as long as they didn’t feel like betrayal to me. Yet whenever I felt betrayed, I went back into the same blind rage.

Since that time, I have done much work on my unresolved losses, and that work has climaxed my need for self-protective rage. I have used those loss-resolving techniques with my own clients who also have gained relief from rage when other methods have failed them.

David Damico in his book Faces of Rage, describes rage as a self-protective mechanism that we use to keep ourselves safe from the pain of unresolved losses and the occurrences of new losses. We take vows of performance and control in order to keep losses at bay. Because rage and the many forms it takes is how we stay safe, our instinct for survival will not allow rage to leave until we have no more use for it. The solution is to resolve our unresolved losses of safety, power, significance, authenticity, hope, dignity, eligibility, and purpose. We do this by identifying the existential loss and the pain that it carries and then bringing healing into that wound. A good therapist can help with that process. If you are in a group with recovering people, you might use my book Boundary Power to identify and categorize those losses. Boundary Power includes charts for achieving the goals mentioned.

(Continued on page 16)
SURPRISED CONTINUED...

here. Resolving our unresolved
losses enables us to truly live in
the present and not allow the
pain of those losses to rule our
lives.

Today I am happy to report that
rage does not rule my life. I still
deal with losses, both current
and past. Occasionally it takes
some time and some help to
see where the pain is coming
from, but God is good to lead
me there when I sincerely ask.
Now that I know how rage
works and where it comes from,
it no longer victimizes me and
other people in my life.

If you or others around you suf-
f er from rage, I encourage you to
embrace the journey I have
suggested, remembering that
recovery and healing is a pro-
ess and a journey, not a destina-
tion.

Mike O’Neil is an author and therapist in
private practice at Power Life Resources
by calling 615.331.0691 or online at www.powerliferesources.com.
Mike is also an Individual Member of
TAADAS.

TAADAS ELECTS 02/03
BOARD OFFICERS

The TAADAS Board of Directors
has elected the 2002-2003
Board Officers. Reve McDavid,
Chairman of the Nominating
Committee, asked that current
TAADAS President and Vice
President, Frank Kolinsky and
Allen Richardson, remain in their
current roles for another term in
order to continue doing the ex-
cellent work that they have
started for the Association. The
team of officer’s will guide
TAADAS into the next level of
commitment and service.

The Board accepted the nomina-
tions and unanimously re-
elected Kolinsky and Richard-
son as well as electing Jacques
Tate as the Secretary/Treasurer.
The office of Secretary/
Treasurer will be the first office
held by Tate.

With over 50 years in the Alco-
hol and Drug Abuse Services
Field, this team looks forward to
bringing the TAADAS Associa-
tion and its membership back to the
forefront for Alcohol and Drug
Abuse issues and Services in
Tennessee.

Kolinsky, Executive Director of
the E. M. Jellinek Center in
Knoxville, accepted so that he
could continue his tenure as the
"Working President" of TAADAS.
"We have come a long way and
there is still more work to be
done," commented Kolinsky on
his re-election to the Presi-
dency. "We need to document
where we stand as an associa-
tion with Nicotine and Preven-
tion like we have with Title 33
and Co-Occurring Disorders.

Richardson said, "I am honored
and appreciative of my col-
leagues’ vote of confidence
and acceptance. I will continue
to support our President and
the agendas and goals of the
rest of the board members.
TAADAS is a vitally needed or-
ganization for the state of Ten-
nessee and its citizens that we
serve. We have the best board
of directors that we have ever
had in my 19 years in the A & D
field." Richardson is the Execu-
tive Director of Serenity Recov-
ery Centers in Memphis.

'I am fortunate to be able to
lend my support by way of serv-
ing as Secretary/Treasurer for
TAADAS. The upcoming year
forwards me an opportunity to
continue the great work already
underway. This should be an
outstanding year," notes
Jacques Tate, Secretary/
Treasurer elect. Tate is the
Executive Director of Harbor
House in Memphis.
Discovery Place, Inc. is not a treatment center. It is a Spiritual Retreat for men who need Spiritual help in order to recover from addiction to alcohol or other drugs. We provide a 30-day stay that emphasizes the 12 suggested Steps to recovery of Alcoholics Anonymous.

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

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

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

Please direct inquiries to:

Joe Morgan
President

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: DPKANHLP4@aol.com
**Marijuana Growers Turning to Meth Production**

Law-enforcement officials in Tennessee are seeing a significant drop in marijuana cultivation and a sharp increase in illegal methamphetamine production in the southern part of the state, the Tennessee Herald-Chronicle reported Aug. 30.

"Meth production is way up. A lot of people used to raise marijuana, but now they are cooking meth," said Winchester Public Safety Director Dennis Young.

Mark Hutchins of the governor's Task Force on Marijuana Eradication found little marijuana cultivation in Franklin and Grundy counties, once known as major marijuana growing areas. Last year, 18,000 marijuana plants were confiscated in Franklin County, compared to the 80,000 seized in 1997.

"Marijuana used to be the most common drug we prosecuted on, but that's changed," said District Attorney Mike Taylor of the 12th Judicial District. "Meth has surpassed marijuana."

Greg Sullivan of the U.S. Attorney's Office in Chattanooga said marijuana growers are shifting to meth because meth labs are easy to conceal and move. In addition, the drug is easier to produce.

"Meth can be made in a matter of hours, where with growing marijuana you're talking months," Sullivan said. "Also, one ounce of meth can fetch a dealer $1,000, and one ounce of marijuana is only worth about $100."

**Alcohol Problems Widespread in Workforce**

A new study shows that alcohol dependency, major depression, and social phobia are widespread in the U.S. workforce, HealthScout News reported July 29.

According to the report, 25 percent of American workers experience at least one mental or addictive disorder each year.

"The rates are extremely high," said Robin Hertz, study author and a senior director of population studies at Pfizer Pharmaceuticals Group, which paid for the research. "As a nation, we have to be more attentive to these types of problems. There is a mythology out there that if you are at work you are healthy. That is not really true."

The report found that companies pay more than $17 billion a year in 'unproductive' wages to workers with mental disorders. Of that, $5 billion is paid to workers who miss workdays because of their alcohol or other drug addiction.

Researchers said the number of employees with addiction or mental-health problems is so high because people are not getting the treatment they need.

"It tells me people aren't seeking treatment. It's also possible when they go to a healthcare provider, there is a lack of attention to their problem," said Hertz. "Many people don't realize they can be helped. Or perhaps it's a matter of stigma. There is still a lot of misperception and shame around having a mental illness or a substance-abuse disorder. As a result, people hide it and don't seek care."

The study was based on data from the National Comorbidity Survey and the National Mortality Followback Survey.

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**Hollywood Gets Briefed on 'The Hard Stuff'**

**Experts Come Together to Give Methamphetamine and Meth Lab Information to Hollywood Creative Community**

A mother and a young raver, both meth users, shared eye-opening testimonial and, along with public health experts, briefed Hollywood's creative community on the growing epidemic of methamphetamines and how accurate information about the issue could serve storylines and character depictions. The Entertainment Industries Council, Inc. (EIC) in partnership with the National Institute on Drug Abuse (NIDA), presented the briefing called Methamphetamine and Meth Labs, which was held in September in West Hollywood. Anand Lewis, television host and MTV personality, moderated the event that attracted producers, writers, and research assistants from around 20 different television productions including "ER," "Third Watch," "CSI," "E! True Hollywood Story," "Judging Amy," "JAG," "Strong Medicine" and "The Practice."

"California leads the nation in Methamphetamine production," said Walt Allen, Senior Special Agent-in-Charge, California Dept. of Justice, Bureau of Narcotic Enforcement. "There is more here than anywhere else in the country - and most of it is concentrated in the Los Angeles area. The Los Angeles area represents 53% of the production in California, which is 8% of the entire country."

Children are perhaps the most tragic victims of Methamphetamine use and production. "40% of Meth labs are in homes where children are present," said Emilio Mendoza, Dept. of Children & Family Services, Bureau of Child Protection, L.A. County. "And 35% of the children taken from Meth labs test positive for the drug. In most cases, these parents cannot function and they often keep chemicals in close proximity to children."

"Meth can impact children in numerous ways, including caustic burns, ingestion, poisoning, house fires/explosions, neglect, physical and sexual abuse, increased risk of accidents and increased risk of death," added Angela Rosas, M.D., Associate Medical Director, CAARE Center, UC Davis. "Children who are exposed can have worse toxicity levels than adults because of their small size."

EIC has been providing scientific information to creators for nearly 20 years through a special technical assistance program. The service, First Draft, also provides occasional briefings, such as this one, highlighting a specific health or social issue. EIC Director of Outreach and Education Services, Rachel Flores, felt it was important to hold this briefing for industry creators because, 'methamphetamine is the fastest growing illicit drug of choice in the United States.'

"A recent study showed that many people get their information about health issues from watching television," said Larry Deutchman, Sr. VP of Marketing and Industry Relations for EIC. "So the more accurate information we can provide to the creative community, the more likely it is that viewers will be exposed to and absorb useful and potentially lifesaving information,' he continued."
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 drug dependency.

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

What does TAADAS do?
TAADAS’ purpose is to promote the common interest in the prevention, control, and eradication of alcoholism and drug dependency and to promote such other programs as approved by the Association to work in close cooperation with agencies interested in alcohol and drug problems, to further a sense of fellowship and helpful relationships among members of the Association; to facilitate cooperation with all agencies interested in the health and welfare of the community, to impact legislation regarding alcohol and drug abuse, to 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 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
✓ Web Design 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 office. Be part of a “fresh approach” dealing with the issues that affect service providers, substance abuse professionals, the recovery community, their families, friends, and others statewide.

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

Sustaining Members
A&D Council of Middle TN, Nashville
Agape, Inc., Knoxville
Arapahoe Recovery Center, Jackson
Buffalo Valley, Inc., Hohenwald
CADDAS, Chattanooga
Cocaine & Alcohol Awareness Program, Memphis
Comprehensive Community Services, Johnson City
E.M. Jellinek Center, Knoxville
Elam Mental Health Center
Grace House, Memphis
Harbor House of Memphis, Memphis
Hope of East Tennessee, Oak Ridge
JACOA, Jackson
Jackie Bloom, Shelby, Savannah
Memphis Recovery Center, Memphis
The Pathfinders, Inc., Gallatin
Place of Hope, Columbus
Renewal House, Inc., Nashville
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Serenity Recovery Center, Memphis
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James McCollum
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James Phillips
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Deborah Ray
Tom Rhoton
Debra Robertson
ReChandra Ross
Green & Branch
Constance Smith
Patricia Spence
Bob Stablerfeld
Sharon Tamme
Stom White
Tammy Williams
John York

Student Members
Deborah Adams
Elizabeth Andrews
Sheryl Powell
Judy Matthew Taylor
Dennis Thatcher

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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." TAADAS 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
Phone: 615.780.5901
Fax: 615.780.5905
Email: taadastimes@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
Phone: 615.780.5901
Fax: 615.780.5905
Email: taadastimes@taadas.org

APPLICATION FOR MEMBERSHIP IN TAADAS

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

Date: ___________________________  Referring Member: (If Applicable) __________________________

Level of Involvement:

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

Name: __________________________________________________________

Agency: _________________________________________________________

Address: __________________________________________________________________

City: ___________________  State: ___________  Zip Code: ___________

Phone: ___________________ Toll Free: ___________________ Fax: ___________

Website: __________________________________________________________

Email address: _____________________________________________________

Card Holder's Name: ____________________________________________

Visa/Mastercard #: _____________________________________________

Card Holder's Signature: __________________________________________

Exp Date: ___________

TAADAS' Mission

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