If you want a difficult job, try to explain to people who pay taxes in this state why their money should be used to treat individuals who are addicted to drugs or alcohol. Many people still believe that enforced abstinence will cure an addict. While the American Medical Association has long recognized addiction as a disease, many taxpayers believe that an addict is a person who uses drugs for personal pleasure. Many still believe that they could quit with the use of will power. How do you explain to a person who has had their home burglarized that you are going to use their tax money to treat the person who stole their property?

The problem brings to mind a television commercial that aired several years ago. The auto repair man said “You can pay me now, or you can pay me later,” the implication being that, the longer you waited to repair the problem, the more expensive the repairs would be. Addiction is analogous to the repairs. Addiction is often described as a progressive disease. While the ingestion of the drug may be in remission, and the desire under temporary control, a person who relapses will have a stronger desire to use a larger amount.

Substance abuse plays havoc on a users health. The long-term effects can be both mental and physical. Usually, an addict will suppress all of these problems with substance-induced euphoria. However, the time will come when this can no longer be done. By that time, the body and mind are in terrible condition. Chances are, the person then will be destitute and unable to pay for the necessary medical treatment. At that point, the state will probably have to bear the burden of caring for the individual. If possible, the individual will be placed on the rolls of TennCare. If not eligible for TennCare, they are going to show up as a charity patient at an emergency room and the state is going to be obligated to pay this cost. If the individual is incarcerated and needs treatment, again, the state will probably have to bear the burden of caring for the individual. If possible, the individual will be placed on the rolls of TennCare. If not eligible for TennCare, they are going to show up as a charity patient at an emergency room and the state is going to be obligated to pay this cost. If the individual is incarcerated and needs treatment, again, the state will be required to pay the cost.

It is not feasible to say that the taxpayers should be made to pay for all treatment, regardless of a person’s position in life. Most people like to think that addiction only strikes those who are low-income brackets or those who are unemployed. That is just not true. This is a non-selective disease. It befalls all income levels and all classes of people. Fortunately, people in the higher income brackets have insurance or private resources that will pay for private treatment. It is the person without such resources who creates the dilemma.

Drug courts have been proven to be an effective method in fighting this problem. If a person with limited means and skills becomes addicted to drugs, they will, sooner or later, wind up in the criminal justice system. Normally, they are treated in one of two ways: (1) Incarcerated without treatment; (2) incarcerated with treatment. A recidivist is a person who has a tendency to return. The recidivism rate for persons who are incarcerated without treatment is acknowledged to be between 60% and 70%. The recidivism rate for persons who seek and complete a treatment program, while incarcerated, is about 20%.

Naturally, one would think that the cost of incarceration would increase if treatment were provided. Again, this is not necessarily true. You ask, how can you give more service for less money? Most criminals with problems of addiction are non-violent offenders. They are usually convicted of property crimes. Quite simply, they steal to support their habit.

In the early 1960’s, drug related crimes began to swell the dockets of the criminal courts in this county. The increased crime rate assumed epidemic proportions. To combat this problem, the legislatures of many states began to pass tougher laws relating to drugs, their sale and their usage. Prison began to be overcrowded with these offenders. Many states, including Tennessee, began prison expansion programs. They could not build facilities fast enough to house the ever growing population. Violent and non-violent offenders were often housed in the same facility. Because the institutions were bulging at the seams, many states, including Tennessee, began to let people out of prison early to make room for new prisoners. This release program included violent offenders.

If a penal facility houses violent offenders, it stands to reason that there must be walls, fences, guards and all types of security. This creates a tremendous cost. If you place non-violent offenders in a less restrictive facility, you obviously reduce cost. If you remove non-violent offenders from a maximum-security setting, this creates more room for dangerous offenders.

(Continued on page 5)
**IN ROGERS’ WORDS...**

In October 2001, during my presentation to the TennCare Partners Roundtable, I disclosed that one of my grandsons needed treatment for addiction to methamphetamines, but because TennCare insures him, appropriate treatment is not possible. (The flawed TennCare policy was a personal issue now.) I further stated, hypothetically, that my grandson possible could and predictably would be hospitalized as the result of addiction and that the MCO (Managed Care Organization) would pay $300,000 or more for his medical expenses on the “back end,” because the BHO (Behavioral Health Organization) would not approve $5,000 for treatment on the “front end.” My prediction became prophecy relative to someone else, a short time later.

In February 2002, I received a telephone call from a woman who had recently been released from a hospital in Tennessee, where she had been a patient for three months, three weeks of that time she was in a coma, and two months she was in intensive care. She told me that the reason for her hospitalization was addiction to methamphetamines. Prior to her hospitalization, she sought treatment for this addiction, but unsuccessfully, because TennCare insured her. Here’s the kicker. She said that so far, the MCO had paid $316,072 in TennCare taxpayer dollars, with more to come. The way I figure it, if the BHO had approved $5,000 for treatment, then the MCO would be $316,072 ahead. Overall, that would leave $311,072 in taxpayer’s dollars to be used for something else, like profit for the MCO. I wonder how many more folks there are like her? Would you believe thousands? Believe it!!!

And then there is the meth done TennCare rip-off, I mean loophole, that is currently being looked at very closely and will be tightened — guaranteed. Then we are going to get real about appropriate substance abuse (addiction) treatment. Won’t we guys????

If anyone is interested in a solution, I can be reached at 615.780.5901 or rogers@taadas.org. If that is of no interest, perhaps the MCO could interest the BHO in a profit sharing arrangement, to include rebates to the taxpayers, of course. In the meantime, I ask that you please pray for my grandson and others like him.

On a brighter note, I have another intuitive hit. I believe that people who are in recovery from addiction and their friends — those who ‘GET IT’ — hold the key to bringing about an enlightened public policy in Tennessee. I also believe that properly mobilized, recovering people, their families and friends will elect the next round of people willing to serve in public office (Bless their hearts). There is considerable evidence that the people who ‘GET IT’ constitute a majority, and we in the Community of Recovering People are leading a determined effort to prove it. Those who ‘GET IT’ in Tennessee, will no longer be quiet and invisible on election day or any other day. We may have found a way for recovering people of our state to safely surface. More to come on that.

While mental health advocates have their own hill to climb, (the Houston conviction of Andrea Yates, case in point), addiction recovery carries with it certain hazards when made public due to lack of enlightenment by the controlling minority. Shame, blame, guilt, the need for sick secret keeping, and that famous river in Egypt, still dominate the horizon. If recovering people suddenly turned purple, it would amaze us all to see just how many “Purple People” there would be. But to turn purple one at a time would be hazardous for some. It’s time to change all that, don’t you think? There are very few prominent people who feel comfortable about the public knowing of their experience with addiction. And for good reason. Not enough in the community who ‘GET IT’ have stepped up to make it safe and acceptable. But those who ‘GET IT’ are going to change all that, because we are going to make it safe to go public, in the light of the communities in which we live. The movement is under way already. Look what Betty Ford has done to change attitudes. Now it’s time for people in recovery, their families and their friends, to mold public attitudes and ultimately public policy in Tennessee. Let’s ‘GET IT’ done in Tennessee.

Blessings To All,

HRT

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**KENTUCKY’S PRESCRIPTION DRUG MONITORING SYSTEM A SUCCESS**

Thanks to the 1999 implementation of a prescription-tracking system, Kentucky officials now know who writes, dispenses, and receives prescriptions, the Associated Press reported February 4.

Danna Droz, who manages the drug-enforcement division of Kentucky’s state health agency, can now give doctors and police information on suspected prescription-drug abusers within 24 hours. Kentucky’s program, which is being used as a model for other states, has been successful because it includes privacy protections and tracks all drugs that can be addictive or misused.

"What it helps to do is to give us a summary of a particular person's history of receiving medications," said Lt. Col. Joe Williams, who runs the Kentucky State Police Drug Control Unit. "A lot of times they'll go on a doctor-shopping expedition. They'll go to several doctors in several different communities to get the drug."


The success that states are having with the tracking systems has lead advocates to push for a national system that would link together the states’ databases.

"A Virginia system would only monitor for Virginia. I can defeat the system by going to Tennessee and getting a Tennessee doctor to write me a prescription," said Tammy McElyea, a prosecutor in Southwest Virginia. "We greatly support a statewide program, but our dream would be a nationwide program."

Although the U.S. Congress has allocated $2 million this year for states to start prescription-drug monitoring systems, advocates say the funding isn't enough. According to Droz, Kentucky spent $415,000 to start its program and spends about $600,000 annually to operate it.

Rep. Hal Rogers (R-Ky.), a senior member of the U.S. House of Representatives Appropriations Committee, pledged his support for additional federal funds to create a national system. "Hopefully this money will elicit applications, which will give us a better handle on actually how much money is needed," he said.
HEPATITIS C: SILENT EPIDEMIC

By: Fred Lunce, RN, LADC

If your experience matches mine, you’ve seen a significant rise in the number of clients entering treatment who tell you “I’m Hepatitis C positive.” or have this disease diagnosed while in treatment. Many have little knowledge of what this means in terms of lifestyle changes, symptoms, and available treatment.

Hepatitis is a Latin derived word meaning “liver inflammation.” We’ve known about the virus that causes type A and type B for years. In the late 70’s and early 80’s the term Non-A Non B hepatitis came into use to describe a condition that clearly resembled hepatitis but wasn’t type A or B. It was 1990 before a test was developed that identified type C and about 1992 before it was being widely used. Hepatitis C remains a somewhat misunderstood and little discussed disease.

Estimates have as many as 4 million Americans infected with this potentially life threatening virus, compared to less than 1 million infected with HIV. There were more new cases of Hepatitis C last year than of HIV infection. Just as HIV was viewed as a gay men’s disease early, so HCV is often viewed as an intravenous drug user’s disease now.

HCV, as we understand it now, is a rather hardy RNA type virus, capable of living outside the body (i.e. Dried blood) for hours and capable of mutation, making it difficult to treat or to develop a vaccine for. There are 6 known genotypes and 50 subtypes. Genotype has no effect on the course of the disease and a major impact on treatment outcomes.

About 20% of persons infected clear the virus spontaneously within 6 months, but gain no immunity. Only 10% actually have an acute episode of hepatitis (jaundice, fever, flu-like symptoms) within 2 to 6 months. For most, the disease is asymptomatic for years, with the usual course of progression being deterioration in life quality due to worsening sub-acute symptoms. After 20 years of infection, about 15% progress to cirrhosis, 5% to chronic hepatitis and liver failure, and about 5% develop liver cancer.

The most frequent symptoms of chronic HCV are ongoing fatigue, muscle and joint pain often described in vague terms and most commonly occurring from the hips down, changes in appetite, and elevation in blood tests that commonly measure destructive processes in the liver.

Persons most at risk are those who received blood or blood products prior to 1992, health care workers (accidental needlesticks), and those who share needles or equipment (now or in the past) as in IV drug use, non-sterile tattoos, or body piercing. Any method of blood or serum sharing is high risk, such as “rough” sex, sharing “coke straws”, or exposure to blood or blood products in other ways. Keep in mind that this virus can live outside the body. The fact that HCV can be transmitted though there was no acute episode of illness and that the average length of time before symptoms appear is 20 years makes this a silent killer.

Treatment at present has a low success rate for the genotype found most commonly in this country. The most commonly prescribed regimen is some form of injected interferon coupled with ribavarin, an oral medicine that seems to inhibit or kill this virus when given with interferon. For some, the side effects over the length of time required can be near intolerable and usually are described as “flu-like” with fever, chills, nausea, body aches, weakness and fatigue.

Information is becoming more available, especially via the internet. As clinicians in the chemical dependency field we must educate ourselves so we can educate our clients. One recommended book for client education is Living With Hepatitis C: A Survivors Guide by Gregory C. Everson.

Fred Lunce facilitates a one day workshop on Hepatitis. Fred can be contacted through Hope of East Tennessee in Oak Ridge at 865.482.4826 or via email director@hopeofet.org.
fying deadline will help legislators in making decisions, but at this writing, I am somewhat skeptical. Raiding existing state reserve funds and imposing significant cuts in state programs seem to be in our future.

Recently, political news has been more entertaining than the policymaking front. Several veteran state house members have recently announced that they will not seek reelection. The list now includes Jim Boyer of Knox County, Gene Caldwell of Anderson County, Ronnie Cole of Dyer County, Ken Givens of Hawkins County, Pete Phillips of Bedford County, Don Ridgeaway of Henry County, Bobby Sands of Maury County, who will seek election to a newly drawn senate district, and Larry Scroggs of Shelby County. Mark Goins of Campbell County is still pondering a run for a county office. In an unusually candid moment on the House Floor, Representative Frank Buck of DeKalb County said, “The only reason I keep on running, it grates against my soul to leave this place in such a sorry mess... Ladies and Gentlemen, we are headed for a train wreck, and it ain’t nobody’s fault but ours.”

In addition to changes in the state house, 2002 promises to be a rambunctious one on the political front. U. S. Senator Fred Thompson’s personal decision to step aside and not seek reelection has had a ripple effect in the pond of Tennessee politics. Ed Bryant and Lamar Alexander will seek the Republican nomination for that seat and U.S. Congressman Bob Clement will seek the Democratic nomination. Generally oblivious to the budgetary constraints facing the state, our gubernatorial candidates are busily criss-crossing the state in search of the office on the first floor of the State Capitol. The sole exception is Randy Nichols from Knox County who is seeking the Democratic nomination for governor. Mr. Nichols, who trails front-runner Phil Bredesen in most of the published polls, is the only candidate who has endorsed a flat rate income tax as a solution to the state’s budgetary woes.

With this next column, the qualifying and the withdrawal deadline will have passed for the upcoming elections, and you will receive an update on the highlights of the legislative contests. Hopefully, you may look forward to a review of the recently adjourned 2002 legislative session.

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

Currently, the annual budget for the Tennessee Department of Corrections is over $410,000,000.00. It is estimated that the cost of housing one inmate is $21,000.00 annually. There is very limited long-term treatment available to inmates housed in the Tennessee Department of Corrections. Those released without treatment are going to fall in the 60%-70% recidivism category.

The Davidson County Drug Court has a facility that houses and treats non-violent felony offenders. These offenders receive long-term treatment for their addiction. Most are there for 18 to 24 months. It is a voluntary program. In order to enter the program you must sign a contract agreeing to abide by all the rules and regulations of the program. If the individual does not live up to this agreement, the solution is simple. They are returned to the Department of Corrections to serve their sentence. The current cost to house, feed and treat a resident of this facility is $14,500.00 per year. This saves $6,500.00 per year, per individual. The facility can accommodate 60 males and 40 females.

The Drug Court operates, almost exclusively, on funds provided by federal grants. The program has been in operation for over three years, and is the only drug court in the United States that operates its own treatment facility. There are over 600 drug courts in operation in this country, at this time.

In the three years of operation it has become apparent that, once an individual begins to control his or her addiction and regains normal feelings, the physical and mental problems, which have long been suppressed, begin to appear. The program works, in conjunction with local hospitals and mental health organizations, to overcome these difficulties. Mental and physical disabilities can be the cause of, or the result of, prolonged use of drugs or alcohol. Regardless of the cause, the quicker the problem is addressed, the sooner treatment becomes effective. The sooner you treat, the lesser the cost will be. Introduction to the necessary treatment educates the sufferer and they become aware of what will be required of them, to prevent further illness.

Many of the graduates of the Drug Court program are now productive members of this community. They are employed, they are caring for their families and they are paying taxes. Instead of being a burden on this state by requiring medical attention, they are now taxpayers who are contributing to the money required to care for the untreated addict.

I ask you, does the non-treatment or the treatment approach to a serious problem make more sense?

Judge Seth Norman can be contacted at 615.862.5945 or via email at sethnorman@jis.nashville.org
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DIVERSION-TO-TREATMENT BALLOT INITIATIVES UNDERWAY

Efforts are underway in at least three U.S. states to get diversion-to-treatment initiatives on this fall’s ballot, Alcoholism & Drug Abuse Weekly reported Jan. 7.

Currently, campaigns have been implemented in Florida, Ohio and Michigan. Leading the effort is the Campaign for New Drug Policies (CNDP), a California-based drug-policy-reform group.

The diversion-to-treatment measures would require courts to send first and second-time drug offenders into treatment and rehabilitation programs rather than prison.

In 2000, CNDP was successful in its campaign to get a diversion-to-treatment ballot initiative passed in California. But CNDP officials expect much stronger opposition in the new states than they faced in California.

“There is much earlier and more forceful opposition from state officials and from drug courts who seem to be using their public offices to campaign against the reform initiatives we have underway,” said Bill Zimmerman, executive director of CNDP.

In Florida, the ballot initiative is pending review by the state Supreme Court, while in Ohio, the attorney general and the board of directors have approved the next step of gathering signatures. In Michigan, the measure has yet to be filed with state agencies.

In addition to these three states, Zimmerman said the CDNP may target Missouri and two other states.

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EAPs Demand Treatment In and Out of Workplace

On the relatively rare occasions when public officials talk about the need for increased addiction treatment services, they invariably refer to the needs of indigent clients who seek help from public agencies. In many communities, however, employed individuals covered by health insurance are even less likely to seek treatment for addiction services than those who are poor, jobless, or homeless.

Recognizing this problem, advocates for treatment services in Tucson, Ariz., applied for and won one of 15 Demand Treatment grants awarded by Join Together, a Boston-based national resource center for communities fighting alcohol and other drug addiction. Led by the Pima Prevention Partnership, the Tucson Demand Treatment project works to encourage insured individuals to demand treatment through their EAPs, HMOs, and other avenues.

To achieve this goal, the Tucson group publicizes National Alcohol Screening Day each spring, is developing Internet self-screening tools, and links to traditional and alternative treatment and recovery-support services. A speaker’s bureau also is used to encourage treatment demand.

One of the key partners in the Tucson Demand Treatment project is Don Jorgensen, Ph. D., CEAP, president-elect of the Employee Assistance Professionals Association (EAPA) and principal of The Jorgensen Group. Jorgensen says that EAPs can play a critical role in increasing the demand for, and accessibility of, high-quality addiction-treatment resources. "I think EAPs have a better handle on the private sector" than the community-based organizations typically involved in such advocacy efforts, he said. "At the same time, EAPs have a handle on the people who self-pay because of confidentiality fears.*

Understanding such nuances of treatment demand is especially important as Tucson officials embark on a project to determine the percentage of employees who have insurance coverage for addiction and how many are actually utilizing those services. "We want to get a snapshot of where things stand before we start to work to increase availability or access to treatment," said Jorgensen.

**EAPs Get Involved Nationally**

EAPA is one of the co-sponsors of the Demand Treatment project, and a number of the local Demand Treatment partnerships in cities around the nation (including Boise, Idaho, Chicago, Denver, Des Moines, Iowa, Houston, Indianapolis, Knoxville, Tenn., Manchester, N.H., Mobile, Ala., Nashville, Pittsburgh, San Antonio, San Francisco, and Trenton, N.J.) feature participation by EAP providers.

In Chicago, for example, Bill Hef-fernan, co-owner of Employee Resource Systems, is working with a Demand Treatment project that is seeking to increase addiction screening and brief interventions in the Cook County Hospital System. The City of Houston’s EAP program is involved in an advertising and educational project targeting EAP managers, primary-care providers, and clergy members to encourage people with insurance to demand treatment services. And in Des Moines, Employee and Family Resources employees are being trained to use in order to better identify EAP clients with addictions and refer them to needed services.

Some of the goals of the Des Moines Demand Treatment initiative, such as increasing primary-care physician screenings for addiction, may only be indirectly related to the day-to-day work of EAPs, Altmix admitted. But, she noted, "If our employees get the same questions from their personal physicians as we ask, we’re going to have a better chance of breaking through their denial of addiction problems."

**Accessing Corporate Decision-makers**

EAPs also can offer community-based efforts to increase treatment availability and quality invaluable access to key corporate decision-makers, particularly employee-benefits staff.

*Community groups don’t have connections to them, or even understand that that is where

(Continued on page 9)
the decisions [on employee health coverage] are made," said Altmix. "EAPs also can build knowledge of what employers cover, especially external EAPs that deal with many clients."

To make the case for greater addiction coverage, Heffernan said that advocates for treatment need to get cost-benefit data into the hands of human resources personnel and corporate financial officers – and in the simplest format possible. "Many benefits consultants know as little about addiction as other people," he noted. "They don't want to hear stories about recovery. They want to see a return on their investment."

Advocating for employees with addiction problems is one of the core values of EAPs, experts noted. "We advocate for individuals with addiction all the time, helping employers see addiction as a health issue and not a 'will' issue," said Altmix.

So, as some Demand Treatment projects move their advocacy efforts into the legislative arena, they have turned to EAPs as possible conduits to influential business leaders. "EAPs bring to the table the clout of corporations and the number of employees they represent, and who come to them for help," noted Bill Layfield, assistant director of the Drug Education Council, Inc., of Mobile, Ala.

Allies for Parity

Corporate support is especially important as advocates argue for parity insurance coverage for addictions, since insurers and business groups have traditionally been among the chief opponents of parity legislation. For example, Tara Wooldridge, EAP manager for Delta Airlines, testified before the U.S. Senate on behalf of parity last year. "We're not telling other companies what to do, but said this is what we're doing and why we think it makes sense for our employees," said Wooldridge, a member of Join Together's National Advisory Council.

Treatment advocacy by EAPs is neither unfettered or universal, however. Some insurers now offer EAP services as an add-on to their policies; such EAPs are unlikely to be strong advocates for issues like parity. And as one provider put it, EAPs that demand treatment too loudly without lining up support from their corporate clients first might "kiss their business goodbye." Agrees Heffernan: "I'm a strong proponent of treatment and Demand Treatment, but if I worked for a big EAP firm I would be hard-pressed to take such a strong position."

But, said Altmix, while "employers may not be fans of parity, [EAPs] can still talk to employers about how they cover this issue." Rich Barrett, director of the City of Houston's EAP, says EAPs have an obligation to hold health insurers accountable for providing adequate treatment. "Many EAPs can be and are involved in ensuring that clients are not just getting the services that are the cheapest," he said.

In addition to providing access to addiction-screening tools, outcomes data, and local treatment resources, EAP leaders say that partnerships with community-based initiatives like Demand Treatment also can help convince employers to adopt EAPs that fulfill the core competencies outlined by EAPA.

As EAPs have broadened their focus to addressing an array of work/life issues, experts said, some have lost their focus on confronting the addiction problems that gave rise to the EAP movement in the first place. "Many EAPs have moved away from even screening for substance abuse," said Altmix. "EAP personnel need to be trained in that, and they're not."

Jorgensen, the EAPA president-elect, said that addiction can get overlooked when EAPs focus too much on the clinical aspects of employee assistance, and only deal with employees who voluntarily seek assistance. He argues that an effective EAP needs to maintain a strong presence in the workplace.

"You need supervisors and managers to be trained to identify employees with problems and refer them to treatment," said Jorgensen. "The farther away the focus is from the workplace, the less impact the EAP will have on addiction."

Jorgensen said one role that Demand Treatment can play is to educate employers about what a good EAP is. "We don't have to focus on one area at expense of another," he said. "From the start, addiction has been the most prominent problem that employees and their families face. We do have to maintain that role, and I think collaborating with Join Together and Demand Treatment is an excellent way to restate our commitment in that area."

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**WORKSHOPS & TRAININGS**

**Tobacco 101**
Facilitators: TN Dept of Health Tobacco Prevention Program Staff, CADAS, Chattanooga, April 5, Contact Bob Burr 423.756.7644

**Compassion Fatigue**
Facilitators: Karen Dennis, JACOA, Jackson, April 5, Contact Amanda Hopkins, 731.423.3653

**Risk Criteria and Effective Programming**
Facilitators: Donna Coward & Darren Anderson, Purdue Center of Hope, Memphis, April 10, Contact Jane Abraham 901.272.1657

**ASI**
Facilitator: Frances Clark, Nashville, April 11-12, Contact Susan Young, 615.269.0029

**Community Relations**
Facilitator: Jane Abraham, Purdue Center of Hope, Memphis, April 13, Contact Jane Abraham 901.272.1657

**Co-Occurring**
Facilitator: John Dennis, JACOA, Jackson, April 19, Contact Amanda Hopkins 731.423.3653

**ASI**
Facilitator: Frances Clark, JACOA, Jackson, April 25, Contact Amanda Hopkins 731.423.3653

**ASAM PPC-2R**
Facilitator: Frances Clark, JACOA, Jackson, April 26, Contact Amanda Hopkins 731.423.3653

**Co-Occurring Disorders**
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**VOLUNTEERS**

TAADAS is looking for a few volunteers to assist on an as needed basis. From time to time, additional help is needed with special projects such as typing/data entry, phone answering, etc., library services, as well as staffing the TAADAS

**FEATURED PUBLICATION:**

**PREVENTING PROBLEMS RELATED TO ALCOHOL AVAILABILITY**

The TAADAS 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 resource center. This edition’s Feature is: Prevention Enhancement Protocols System (PEPS): Preventing Problems Related to Alcohol Availability: Environmental Approaches - Reference Guide.

This 171 page guideline summarizes state of the art approaches and interventions designed to strengthen the role of communities in preventing substance abuse and other alcohol-related problems. There is also a Parent & Community Guide (12 page book) available.

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

**AA REVISES BIG BOOK**

For just the third time in 62 years, Alcoholics Anonymous (AA) has revised its members’ guide, known as the Big Book, to better reflect stories of individuals fighting alcohol addiction, the Boston Globe reported Dec. 26.

Officially entitled "Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism," the Big Book was originally written by the organization’s founding members and published in 1939. It was revised in 1955 and 1976. While the Big Book outlines AA’s philosophy, principles and methods, it also contains personal testimonies of recovering alcoholics.

The new edition retains 16 personal stories from the previous editions, but adds 24 new ones to reflect the diversity of AA’s members. "AA today is younger, more female, more brown and black, more gay," said Richard of Chicago, a trained historian who chaired the revision committee and -- adhering to AA’s tradition of anonymity -- identified himself only by his first name.

The new additions were selected from more than 1,200 personal testimonials that came in from AA members throughout the United States and Canada.

"AA is meant to be for human-kind, but not bounded by people in New York or Akron," Richard noted. "In the last 20 years, it has spread quickly in cultures very different from our own. In India, AA is poised to become a huge phenomenon. In the next few years, the majority of AAs may be Asian."

The Big Book and other publications can be ordered from Recovery Books and Things. Call 1.800.889.9789 or log on to www.taadas.org to order.
**FEATURED VIDEO:**
**In the Mix: Alcohol—What You Don’t Know Can Hurt You**

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 In the Mix: Alcohol—What You Don’t Know Can Hurt You.

It’s true: What you don’t know CAN hurt you! With the highest incidence of drunk driving accidents in teens occurring around graduation, In the Mix takes a hard look at drinking. We meet some teens who are recovering alcoholics and a guy who paid a high price for drinking and driving: he was left partially brain damaged from an accident. We take a look at a high school program where upperclassmen hold workshops on drinking for younger students and what really goes on at a police sobriety checkpoint. Plus, find out what’s myth and what’s truth about alcohol and ways to sober up.

Videos can be checked out from the Clearinghouse free of charge for three (3) business days. UPS shipping is available for those wanting to check out videos outside the Nashville area for $13.00 Call the Clearinghouse at 615.780.5901 to check out this or one of the other videos in our collection. The complete video catalog is available online at the TAADAS website, www.taadas.org.

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**WORKSHOPS & TRAININGS**

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SOME GOVERNORS SEE ADDICTION AS BUDGET PRIORITY

Several governors are committed to making drug addiction a top budget priority in 2003, despite the impact of state funding deficits, Substance Abuse Funding News reported Jan. 29.

In their state-of-the-state addresses, governors from Arizona, Idaho, Iowa, North Dakota, New Mexico, New York, Virginia, and West Virginia pledged to support mental-health parity, tobacco prevention and cessation funding, underage drinking initiatives, and treatment programs.

For instance, Arizona Republican Gov. Jane Dee Hull credited alcohol and other drug related initiatives for improved safety on the highways. The state has some of the toughest drunk-driving laws in the country.

Hull added that the Arizona Criminal Justice Commission is working on recommendations on how best to rid youth venues of ecstasy and other club drugs.

In Idaho, Republican Gov. Dirk Kempthorne said the state would expand adult and youth addiction treatment and education programs in prisons and communities. Kempthorne vowed to expand drug courts statewide starting in 2003.

Other governors said they would implement public health initiatives to discourage the use of tobacco, alcohol and other drugs.

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MEMBER AGENCY SPOTLIGHT:
COUNCIL FOR ALCOHOL & DRUG ABUSE SERVICES

CADAS, the Council for Alcohol and Drug Abuse Services, has achieved accreditation from the Joint Commission on Accreditation of Healthcare Organizations.

CADAS was founded in 1964 by a small group of Chattanooga businessmen and clergy who felt a communal calling to help those afflicted with the disease of addiction. For years CADAS has flourished and its reputation has grown as it has helped grow the community’s awareness of chemical dependency as a treatable disease.

CADAS is one of the few nonprofit alcohol and drug treatment facilities in the state of Tennessee that has Joint Commission accreditation. By asking for accreditation, an organization like CADAS agrees to be measured against national standards set by health care professionals.

In becoming accredited CADAS was evaluated against a set of national standards by a Joint Commission surveyor experienced in the delivery of behavioral health care services, says Mary Cesare-Murphy, Ph.D., executive director, Behavioral Health Care Program, Joint Commission. “Achieving accreditation demonstrates CADAS’s commitment to provide high quality care.”

Terry Shapiro, Executive Director, says that accreditation shows that “we make a significant investment in quality on a day-to-day basis from the top down. We seek accreditation for our organization because we want to be the best and we view obtaining Joint Commission accreditation as another step toward excellence.”

The CADAS mission is to deliver the highest quality treatment, prevention and education services to the chemically dependent, their families, and the community at large. The CADAS philosophy is committed to providing quality services consistent with sound clinical practices. CADAS is one of the few alcohol and substance abuse treatment facilities that provide a complete continuum of care. Separate programs are offered for adults and adolescents and services for every stage of the recovery process are available on an outpatient as well as residential basis.

CADAS offers more treatment choices than many of the nation’s high profile, and far more expensive chemical dependency treatment programs. Their Residential Program provides the ideal environment for clients who need intensive treatment services. The Oasis Extended Care Program offers stays of up to six months, steadily addressing the issues of a patient’s return to everyday life. The Day Treatment Program allows clients to participate in daily Residential Program activities while returning home at night. Intensive Outpatient Programs are available both morning and evening hours.

Job Announcement: Assistant Director
Assistant Director for statewide addiction services association. To provide association leadership and management, as well as advocacy with state legislature and state agencies. Requires strong management, organizational and communication skills, as well as public policy experience. Knowledge of addictions services theory/state systems experience highly desirable. Association management experience a plus. Bachelor’s degree in related area required, master’s degree preferred. Starting salary: up to $50,000. Call Florida Alcohol & Drug Abuse Association at 850-878-2196 or email carlab@fadaa.org to request an application package. FADA is an Equal Opportunity Employer M/F. FADA is a Drug-Free Workplace and screening tests for illegal drug use are required as a condition of employment.

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- Heartland Place
- Cypress House
- Sunshine House

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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
Supportive Housing Systems announces the opening of “Sunshine House,” its first female recovery home in Nashville. Sunshine House offers housing, counseling, support meetings and other structured activities to women 18 years and older who are in early recovery. Like all SHS recovery homes, Sunshine House is attractively furnished, immaculately maintained, and is located in a stable, residential neighborhood. Conveniently located on bus lines, it offers services in a safe and serene environment designed to preserve and promote the dignity of the persons served.

“We have operated recovery homes for men in the Nashville area since 1998 and are excited about expanding services to include women” says SHS Director Debra Roberson, “With Sunshine House, Sierra House, Heartland Place and Cypress House, we now have a total of thirty-two beds at four locations.” Resident Manager Deborah Watson adds, “We want Sunshine House to be a place where women can find the support, encouragement, and friendship that is so important in early recovery.”

For more information or to make referrals to any SHS recovery home, call (615) 383-4093 or pager # (615) 407-4211.

Supportive Housing Systems is a program of Samaritan Recovery Community.

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Partially funded by the Tennessee Department of Health and United Way
The Breath of Life

by Jane Abraham, LCSW, C-CATODSW, LADAC

In these changing times we are faced with an unprecedented need to address the nicotine addiction that permeates the recovering community. Last year NAADAC came out with a position statement advocating for addiction professionals to stop using nicotine. This statement resulted in Grace House of Memphis taking the first step toward identifying nicotine as a primary addiction. Grace House began to address this issue with staff and clients alike. The smoking area was immediately moved to a back portion of the lot. A decision was made to go nicotine free and January 16, 2002, Grace House did exactly that.

Because Grace House was aware that simply stopping the use of nicotine on grounds was not actually the most professional method of addressing the issue, Grace House employed The Healing Arts, Research, and Training Center (The HART Center) to modify The Breath of Life Process to meet the needs of treatment residents. The result was that Grace House did not lose any residents during the transition from smoking to non-smoking.

The Breath of Life Process consists of specific actions that the addict must commit to do in order to be assessed as eligible for the intervention. There are several modalities involved that address the emotional, spiritual, and physical aspects of the personality toward recovery for nicotine addiction. However, this process works with any addictions. We utilize Imprint Shifting®, Acupuncture Detoxification, Reiki and Process Work to help the participant lay down the habit of a lifetime.

◊ Imprint Shifting® is a method that allows the participant to consciously change the manner in which they have related to the old habits of their addiction.

◊ Acupuncture Detoxification is the auricular method of inserting minute filaments in five points in the ear to align the physical body into balance.

◊ Reiki is a hands-on energy manipulation that allows the practitioner to adjust the participant’s energy body and align it to the highest focus for healing.

◊ Process Work is used to assist the participant in learning to recognize the lifestyle inadequacies that have kept the old behaviors alive and functioning.

This two-week process requires commitment from the participant to have the procedures done at the appropriate times in the appropriate manner. Initiation into the process takes 3 hours. Acupuncture and Reiki is every other day for two weeks for a one-hour session. Process is every other day for 30 minutes. A one-hour follow up session is one week after initiation. We will spend approximately 10 hours together to carry a participant from a lifestyle of using nicotine to a lifestyle of abstaining from nicotine addiction.

Let’s make TN the first state to address nicotine addiction across the board. If you are personally interested in laying down the addiction of a lifetime or if your facility is interested in becoming a nicotine free agency, give me a call at 901.272.1657. I shall be available to come to your location for the necessary two-week period beginning June 2002. The HART Center will implement a training process for addiction professionals with your agencies who hold a master’s degree or higher, as soon as possible. The training protocol is in process of being formulated at this time.

NAADAC and the Association of Social Work Boards, (ASWB) have approved The HART Center as national continuing education providers. We are establishing our continuing education events for the rest of the year. We have been asked to provide a twelve-week process on the Twelve Primary Functions of Counseling and will do so if there is enough interest generated. Get in touch with us if you are interested in this particular course of study. The cost will be $30 per event or $325 for all twelve weeks, if paid up front.

Jane can be contacted through the HART Center at 901.272.1657 or via email at qjaneabraham@cs.com
From prohibition, moonshine running, and multimillion dollar alcohol advertising campaigns, to the formation of groups like Mothers Against Drunk Driving (MADD), alcohol has always had a formidable presence in American culture. Some argue that for many American youth, this presence makes the initiation to alcohol use an inevitable part of adolescence.

**Sobering Statistics**

Alcohol is the primary drug of abuse for youth. Research shows that about 10 million Americans between ages 12 to 20 years had at least one drink last month. These numbers fuel alcohol’s association with the leading causes of death and injuries among teenagers and young adults. For example, alcohol-related traffic accidents are the second leading cause of teen deaths. During a typical weekend, an average of one teenager dies each hour in a car crash. Nearly 50 percent of these crashes involve alcohol. Moreover, alcohol use is also often linked with teen deaths by drowning, fires, suicide, and homicide.

**The Good News Is...**

As a parent, you have tremendous influence over your teen’s decision whether or not to drink alcohol. Studies show that parental attitudes and practices related to alcohol are the strongest social influence on children’s use of alcohol and other drugs. That’s why it is important not to send mixed messages. According to a 1998 survey by the Hazelden Foundation, 92 percent of parents said they would not allow their teens to drink on prom night. However, 32.9 percent said they would allow their children to stay out on prom night even though they knew alcohol would be present. And while 60 percent of parents tell their children not to drink, most parents encourage their children to call home for a ride if they do become intoxicated. When parents “bargain” with youth—i.e., allow them to drink as long as they promise not to drive—the more likely they are to drive after drinking or to be in a car with someone drinking. A more effective message from parents would be, “I do not want you to use alcohol. It is illegal, it is unhealthy, and it is unsafe for you to use alcohol before you are 21.”

**The Bad News Is...**

Each year, a typical young person in the United States is inundated with more than 1,000 commercials for beer and wine coolers and several thousand fictional drinking incidents on television. Alcohol ads also appear on the World Wide Web. In a 1998 survey by the Center for Media Education (CME), 82 percent of the 28 beer sites examined made some appeal to youth. Similarly, out of the 29 spirits sites examined, 72 percent made some appeal to young consumers.

**Continue the Conversation**

Really address the issue of alcohol use with your teen. Ask him why he thinks it is considered a drug. Has he ever been around anyone who had too much to drink? How did that person act? Why does he think some teenagers drink alcohol? Remind him that it is illegal for anyone under 21 to buy or drink alcohol and that you do not condone breaking the law. Make your expectations clear.

**Celebrate!**

Historically, teen alcohol use has gone hand-in-hand with many high school events such as proms and graduation. Ask your teen how prevalent alcohol is at her high school-related functions. Many high schools and parents groups have started sponsoring alcohol- and drug-free activities on prom and graduation nights. All-night activities include dance marathons, “mocktail” parties featuring nonalcoholic drinks, and parent-sponsored sunrise breakfasts. Is there such a program at your teen’s school? If there is, ask your teen if she is interested in volunteering with you on an organizing committee. If there are no such programs, ask your teen about starting one. Does she think it is a good idea? Is it needed? Why or why not?

**Alcohol and Youth**

- One study found that when school-age youth are allowed to drink at home, they not only are more likely to use alcohol and other drugs outside the home, but also are more likely to develop serious behavioral and health problems related to substance use. The survey indicated that most parents allow for “supervised” underage drinking, which is a bigger factor in use and abuse than peer pressure.
- For boys, alcohol use is the precursor to marijuana use and marijuana use is followed by the use of other illegal drugs. For girls, tobacco smoking along with alcohol use is the precursor to marijuana use.
- Youth who drank alcohol in the past month are five times more likely to smoke cigarettes, four times more likely to smoke marijuana, and three times more likely to use another illicit drug.
- Marijuana and alcohol are frequently used together.

This information comes from the publication: Keeping Teens Drug Free Monthly Planner. To order your free copy, contact the TAADAS Statewide Clearinghouse at 615.780.5901.

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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.

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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:

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President

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

Euel B. Mahoney
Executive Director

Telephone: 615-740-8600 Toll Free: 888-749-8600 Fax: 615-740-8606
Website: www.discoveryplace.info/ E-mail Address: DPKANHLPU@aol.com
Karen Starr Selected for National Certification Commission

Tennessean Karen Starr has been selected to be a Commissioner on the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NCC). Ms. Starr was nominated by NAADAC President Bill Burnette and approved by the NAADAC Board of Directors to serve a three-year term on the 13 member Commission.

The NCC, established in 1990, functions within NAADAC as an autonomous body in matters pertaining to certification. The NCC currently administers the National Certified Addictions Counselor and Master Addictions Counselors credentials. Over 8,000 addiction treatment professionals hold these credentials.

The mission of the NCC is to develop national standards of requisite knowledge in alcoholism and drug abuse counseling, provide evaluation mechanisms for measuring and monitoring the level of knowledge required for credible national certification, provide formal recognition to those who meet the standards, and establish policy for acquiring and maintaining the national certification.

Karen is a licensed alcohol and drug abuse counselor (LADAC) and Secretary, Tennessee State Regulating Board for LADACs. She is nationally certified as a Master's Addiction Counselor. Karen is also a psychiatric nurse practitioner with faculty appointments in the School of Medicine and the School of Nursing. She is the Director of Transplant Psychiatry at Vanderbilt University Hospital Transplant Center. Karen is nationally recognized as an authority on addiction and has authored several publications on psychiatric topics as well. She received her B.A. from William Woods College, her B.S.N. from the University of Missouri, and her M.S.N. in psychiatric-mental health nursing from Vanderbilt University School of Nursing. She has served as consultant to several federal, state, and educational agencies, and has taught addiction studies internationally (Russia, Australia, and South Africa).

Karen is married to Mark Myers, a CPA for Barge, Waggoner, Sumner, and Cannon, and has two married daughters and two granddaughters (and a grandchild on the way). She is a Lieutenant Colonel in the U.S. Army Nurse Corps Reserve with over 24 years of service, four of which were active duty. She was recently noted as one of the University of Missouri School of Nursing’s "Distinguished Alumni." In her spare time, she enjoys snow skiing, ballroom dancing, painting, and hiking.

By Jerry Jenkins, M.Ed., LADAC, MAC

The Silver Summit—Climbing to the Top
25 Years of Education, Opportunity & Excellence

This year The Summit, the Tennessee School on Alcohol and Other Drug Studies, is celebrating its 25th anniversary at Belmont University from May 26 through May 31, 2002. It has scheduled two-day workshops (Monday & Tuesday) and three-day workshops (Wednesday, Thursday, and Friday). So, whether you decide to attend all week or come just for a two or three-day experience, come and celebrate with us!

This year our breakfast plenary speakers are:

Greg Boothroyd, Ph.D., author of Goin’ Home: A Therapeutic and Spiritual Guide Toward Eliminating Self-Defeating Behaviors; Robert J. Ackerman, Ph.D., Professor of Sociology and Director of the Mid-Atlantic Addiction Training Institute at Indiana University of Pennsylvania, author and co-founder of the National Association for Children of Alcoholics. Rokelle Lerner, BS and author of Living in the Comfort Zone: The Gift of Boundaries in Relationships, Affirmations for Adult Children of Alcoholics, and Affirmations for the Inner Child; Jeffrey M. Georgi, M.Div., CCAS, LPC, CGP, clinical director of the Duke Addictions Program, and a major contributor to three of the Treatment Improvement Protocols (TIPS) published by the Center for Substance Abuse Treatment.

Some of our other workshop faculty are: C.C. Nuckols, Merrill Morton, Helen Romfh, Eddie Woods, Judi Harrick, Susan Hammond-White, Delbert Boone, Karen Hascal, Mark Petersen, John Cooke, Sharon Trammell, John Charping, David Mee-Lee, Thurman Owens, Val Robinson, Brian Garrett, & Sheila Peters.

For further information or if you would like to receive a brochure, please call Susan Young at (615) 269-0029 or go to http://www.state.tn.us/health/summit

Bush Offers Strong Endorsement for Drug Treatment

As part of his national strategy to fight illegal drug use, President Bush strongly endorsed an increase in drug-treatment funding, the Christian Science Monitor reported Feb. 14.

"The best way to affect supply is to reduce demand for drugs," Bush said. "We can work as hard as we possibly want on interdiction, but so long as there is the demand for drugs in this country, some crook is going to figure out how to get him here."

In Bush’s proposed budget, drug treatment and defense were the only two items that were given increases. The 6 percent increase brings the total drug treatment budget to $3.8 billion. The additional funding means that about 550,000 people would be helped, about 50,000 more than last year.

While treatment advocates commend Bush’s stance on treatment, they said the budget proposal falls short of how much funding is needed. According to a 2000 National Household Survey on Drug Abuse, 3.9 million people who needed treatment did not get it.

"I see too many people who suffer because they can’t get it, and it goes far beyond the individual. The families suffer as well,” said Terry Horton, medical director of Phoenix House, one of the country’s largest addiction-treatment organizations.

"The first step toward change is acceptance. Once you accept yourself, you open the door to change. That’s all you have to do. Change is not something you do, it’s something you allow.”
What is TAADAS?
TAADAS is the Tennessee Association of Alcohol and Drug Abuse Services, Inc. It is a statewide advocacy association whose mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.

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

Does TAADAS have any programs?
Yes. Through a grant from the Tennessee Department of Health, TAADAS operates two programs—The Statewide Clearinghouse and the Tennessee 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 serves as the host organization for the Partnership for a Drug-Free Tennessee, the Tennessee state alliance for the Partnership for a Drug-Free America. TAADAS also is the home of Recovery Books & Things—A store featuring self help and recovery oriented books as well as recovery gift and novelty items.

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

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

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

There truly is “strength in numbers”!!

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

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

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

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

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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.