TAADAS Supports President Bush’s Voucher Program

Access to Recovery

The Tennessee Association of Alcohol & Drug Abuse Services supports the key principles behind President Bush’s Access to Recovery program which would give persons in need of addiction treatment increased access to treatment through the use of vouchers. This increased capacity would be paid for by new federal funding that includes an expectation of results-oriented treatment.

We believe that the following principles would enhance the implementation of this program in Tennessee:

- Providers and other key community-based stakeholders need to be involved in the single state agency’s application process to ensure effective implementation of the voucher program at the local level.
- Increased treatment capacity can most effectively occur by using existing community-based treatment programs in partnership with the faith-based community and other social organizations that provide wrap-around support to increase treatment compliance and decrease recidivism. The development of new providers further increases administrative cost to the system, which ultimately decreases direct service access.
- All providers of treatment services will be licensed by the Tennessee Department of Health. TDH licensed treatment organizations could sub-contract with non-licensed community-based providers (including faith-based providers) for needed social case management and support services to include housing, medical, and child care services.
- Vouchers would best be used for comprehensive treatment programming that allows the client to engage in the treatment level of care that best suits his/her individual needs.
- The results-oriented treatment model is already in place in Tennessee, i.e., Tennessee Outcomes for Alcohol & Drug Services (TOADS), and the existing framework of TOADS needs to be used instead of creating another layer of evaluation reporting.
- Consideration needs to be given as to how the distribution of vouchers is implemented appropriately in urban settings with numerous addiction providers, versus rural settings with limited availability of addiction services.

Successful Rehab Leads to New York Prison Closures

Alternative programs such as placing nonviolent drug offenders in treatment rather than jail are enabling the state of New York to close prisons – a move that runs counter to national trends – the Associated Press reported January 23.

According to State Corrections Commissioner Glenn Goord, two minimum-security prisons and a work-release facility will be closed. In addition, 645 beds will be eliminated, and staff will be reduced in six medium-security prisons.

The prison closings are projected to save the state $18 million.

Goord says the state’s prison population declined from 71,898 inmates in December 1999 to 65,125 in January 2003. By March 31, 2005, the prison population is expected to fall to 64,400.

Since 1995, 56,000 nonviolent prisoners enrolled in addiction treatment or academic or vocational programs have been given early release.
SAMHSA ADDS SIXTH ACCREDITATION BODY FOR METHADONE PROGRAMS

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently announced the addition of the National Commission for Correctional Health Care as an approved accreditation body to conduct accreditation surveys for initiation, renewal and continued accreditation of opioid treatment programs in jails and corrections facilities that provide methadone to patients addicted to heroin or prescription pain medications.

SAMHSA regulations mandate that all methadone treatment centers be accredited by a SAMHSA-recognized accreditation body at least every three years. Accreditation bodies are required to notify SAMHSA within 48 hours after becoming aware of any practice or condition in an opioid treatment program that may pose a serious risk to public health or safety of patient care.

Other approved accreditation bodies include The Commission on Accreditation of Rehabilitation Facilities (CARF); the Council on Accreditation for Children and Family Services; the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); Division of Alcohol and Substance Abuse, Washington Department of Social and Health Services; and the Division of Alcohol and Drug Abuse, State of Missouri Department of Mental Health.

SAMHSA regulations mandate that all methadone treatment centers be accredited by a SAMHSA-recognized accreditation body at least every three years.

KENNESAW STATE UNIVERSITY

KENTUCKY SHIFTS FOCUS TO TREATMENT

Kentucky Gov. Ernie Fletcher plans to put more emphasis on drug treatment by expanding the state's treatment resources, opening more drug courts, and reducing the number of nonviolent drug offenders in prison, the Louisville Courier-Journal reported January 20.

Lawmakers and treatment advocates applauded Fletcher's plan, which was recently presented to the Kentucky Senate Judiciary Committee. Corrections Commissioner John Reese said treatment for nonviolent drug offenders would be cheaper and more effective than prison.

"I believe that if we have to take money from somewhere else and put it in treatment, we'll have to do that," said Lt. Gov. Steve Pence, who is also Fletcher's justice secretary.

Treatment officials said expanding the state's 11 regional community programs is long overdue. About 348,000 people in the state are addicted to alcohol and other drugs.

Treatment costs about $5,000 a year, much less than the annual cost of $72,200 per inmate.

However, only 22,000 people were able to receive treatment last year, according to Kentucky's Health and Family Services Cabinet.

"We're pretty busy trying to Band-Aid the system and deal with the lines of people at the door," said Karin Haschel, acting director of the state Division of Substance Abuse.

Fletcher's plan also calls for expanding the state's drug courts. Currently, drug courts are operating in Jefferson and several other counties.

The governor also plans a comprehensive review of the state's drug problem and the resources available to address it.

NATIONAL PANEL CHALLENGES PURCHASERS TO IMPROVE THE QUALITY OF ADDICTION TREATMENT

A national panel of experts has called for a fundamental change in the payment system for treating drug and alcohol disorders. The panel, chaired by Dr. Jerome Jaffe, the nation's first 'drug czar,' says that payment should be based on the results achieved.

Treatment programs that do a better job helping their patients improve would be paid more, while programs with poor results would be paid less and might be forced to change or close.

"Join Together, a project of the Boston University School of Public Health, convened the national, non-partisan panel to develop specific recommendations to improve the treatment of substance use disorders. The panel was composed of physicians, researchers, treatment providers and representatives from sectors that purchase treatment services, including employee assistance, managed care, and criminal justice.

Their recommendations urge employers, insurers and others to embrace the concepts of quality and outcomes in treatment for substance use disorders in the same manner that quality is being encouraged throughout the health care system. Unless there are real and continuing incentives to provide quality treatment, quality will always take second place to treatment program survival or expansion," said Dr. Jaffe. "What is needed to drive quality improvement is a commitment by those who pay for treatment to reward good outcomes."

Treatment programs that do a better job helping their patients improve would be paid more, while programs with poor results would be paid less and might be forced to change or close.

According to "Rewarding Results," a new report released today by the panel (Continued on page 13)
The Tennessee Association of Alcohol and Drug Abuse Services presented the Voice of Recovery Award at their annual Holiday Open House on Thursday December 11th. The award is the highest honor bestowed by the statewide association. It is given annually to honor those who have made a significant impact in the battle against Tennessee's number one health problem - substance abuse. Nominations came in from across the state for this prestigious award. After careful review of the nominations, the TAADAS Board voted to have two winners this year. The winners were the Director of the Safe and Drug-Free Schools and Communities Program, Mike Herrmann and posthumously to the Executive Director of New Hope Recovery Center in Morristown, TN, Dee Francis.

"Mike's leadership over the many years has had a positive impact on reducing alcohol and drug use in the Tennessee school system. Mike is well respected by his peers and colleagues and is an expert in the field of addiction and recovery, especially as it related to the youth of our state", said Tim Diffenderfer, STARS Executive Director in his nomination for Mike Herrmann. Mike serves as the Director of the Safe and Drug-Free Schools and Communities Program within the Tennessee Department of Education. In that role he is responsible for the administration of state and federal funding to school- and community-based programs, as well as the development of training and support services under the umbrella of the Tennessee School Safety Center. Mike has been active at the state level in the drug and violence prevention field for the past eighteen years including serving as the coordinator of the Governor's Alliance for a Drug Free Tennessee from 1988 to 1992. Prior to joining state government he worked directly with troubled youth and their families in a variety of program settings. Mike is the proud parent of three children ages 10, 9 and 5.

"Dee's greatest achievement of the community is opening an alcohol and drug treatment center that addresses the needs of the Appalachian Culture. At New Hope Recovery Center, no one is turned away. Her responsibility is strong to both her employees and the clients," said Ray Morrison, of New Hope Recovery Center in his nomination of Dee. "Her ability to hone into people's personalities in order to select them for employment is extraordinary. Each one of us is different but together we make New Hope Recovery whole. When you work for Dee, you are family. The feeling of wholeness and family is imparted to the clients giving them a rock on which to start a foundation. She is inspiring to all with her hope when life seems to be hopeless and when love is lost. Dee has the tenacity to face a problem head on, challenge it, looks at its potential for the future. She creates dreams when money isn't there. The word no is not in her vocabulary when it comes to New Hope Recovery. Dee has been known to put New Hope Recovery before her own physical being her dreams become your dreams! With Dee people can believe and let the miracle happen!” Dee unexpectedly passed away on November 7, 2003. The award was presented posthumously in her honor. Dee's children, Labrini Francis, Michelle Griggs, and Mike Francis along with Interim Director Joyce Jones came in from Morristown to accept the award.

Past winners of the award include: Lieutenant Governor John Wilder; TN Department of Health Assistant Commissioner Bureau of Alcohol and Drug Abuse Services, Dr. Stephanie Perry; Director of Finance and Systems, Bureau of Alcohol and Drug Abuse Services, Julie Smith; State Senator Thelma Harper; and State Representative Rob Briley.

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**TAADAS Fast Facts on Co-Occurring Disorders Did you know...**

Nationally,
20.3% of adults with serious mental illness also have a substance abuse disorder (SAMSHA 2002 Report to Congress).

In Tennessee,
18.4% of those treated for substance abuse also had a mental disorder (TAADSFY 01/02 Report to TDOH)
NEWS FROM CAPITOL HILL...

By Nathan Ridley

The 2004 annual session of the 103rd General Assembly is now fully engaged. Each house will maintain its same committee structure from last year, and Governor Bredesen has delivered his budget blueprint for the 2004-2005 fiscal year and a proposal to reform the TennCare program. Speaking of TennCare...

As you have heard me say before, TennCare has been a health care success, but a political failure. In obtaining one of the first Section 1115 waivers from the Clinton Administration in 1993 to institute a managed care system, Tennessee cut a trail. Tennessee benefited from the shrewdness of maximizing state dollars to draw the largest possible federal funds match. The health care success came in providing coverage for persons who had previously been uninsurable or uninsured. While Tennessee has been successful at pumping dollars into the program and covering previously uncovered persons, Tennessee has not been successful at managing the program. The state has simply been a payer, not a purchaser. The Governor gave a helpful sense of perspective. The total cost of the pharmacy benefit alone in TennCare has become greater than the total cost of Tennessee’s higher education system. Just two drugs in TennCare, Zyprexa and Zocar, cost our state more than we appropriate to run the University of Tennessee Medical School.

While some opposition will inevitably surface, the Governor did remind folks that as presently structured, TennCare will gobble up 91% of all new tax dollars by 2008. Second, TennCare’s problems are structural and cannot be fixed by tinkering around the edges.

Governor Bredesen has four organizing principles in mind to deal with this complex program. First, fix the problem and not pass it off to someone else. Second, The state will continue to protect children, pregnant women and the disabled. Third, the state will work to eliminate fraud and abuse. Fourth, and most importantly, the state will change its benefit package to one that we can afford. In an unusually striking turn of the phrase for this reserved and thoughtful governor, Governor Bredesen says, “I want to do more than save the program. I want TennCare to become the model of how to provide excellent health care at a cost that we can afford.” I want people in every other state to look to Tennessee for how to do this right.” To review all the materials on this topic, take a look at the Governor’s website at: http://www.tennessee.gov/governor/tenncare.htm.

While we have a number of bills that we are tracking in the General Assembly, we will continue to work with the Alcoholic and Drug Bureau and the TennCare bureau and the vehicle of SB 2625 by Rusty Crowe / HB 2712 by Jerome Cochran to encourage a change in vocabulary and a change in treatment by discussing the topic of opioid detoxification and treatment rather than methadone treatment.

Election Note: Congratulations to Beverly Marrero who is the new State Representative for the 89th District in Memphis. Representative Marrero will fill the remainder of the unexpired term previously held by Carol Chumney who has resigned her legislative seat to concentrate on her new position on the Memphis City Council and her law practice. We welcome Representative Marrero and look forward to working with her in the future.

Other Legislative Topics of Discussion: Workers

(Continued on page 14)
NATION'S HEALTH PLANS NOW JUDGED ON QUALITY STANDARDS FOR TREATMENT OF ALCOHOLISM

New Performance measures may prompt renewed focus on treating an illness that affects 14 million Americans each year and accounts for $185 billion in costs.

Washington, DC - A tool that 90% of the nation's health plans already use to assess their performance in treating asthma, diabetes, and high blood pressure now includes new measures for how well plans do in treating patients who have been diagnosed with alcoholism and other drug disorders. According to a report released recently by Ensuring Solutions to Alcohol Problems, a George Washington University Program, holding plans accountable for timely and effective alcohol treatment should lead to improved service delivery and more informed health care contract negotiations.

The new primer, Using Performance Measurement to Improve the Quality of Addiction Treatment, focuses on the inclusion of leading addiction treatment indicators in a popular performance measurement tool called the Health Plan Employer Data and Information Set (HEDIS) as part of a broader explanation of how both the private and public sectors are using performance measurement to demand greater accountability from health care providers.

This information can help health plans improve the delivery of services during the critical 'front end of treatment,' said Eric Goplerud, PhD, Executive Director of Ensuring Solutions. 'It can enable private employers and government agencies—two groups with enormous purchasing power in the health care industry—to negotiate quality improvements in addiction treatment from health plans when their contracts to provide these services come up for renewal.'

The inclusion of these addiction treatment measures in HEDIS finally gives alcoholism a place on the nation's health care agenda that is commensurate with its devastating impact on individuals, families and communities.

The stakes are enormous. Although alcohol problems kill 100,000 Americans and cost the nation nearly $185 billion each year, treatment for alcoholism last year ranked dead last in a study that compared treatment quality for the 25 leading causes of death, injury, hospitalization and reasons for visiting a doctor's office. In fact, according to the authors of the same study, published in the New England Journal of Medicine, fewer than 10% of Americans being treated for alcoholism receive care based on established clinical guidelines, clinical evidence, and/or expert consensus.

With federal funding, the Washington Circle, a volunteer panel of experts, developed the new addiction treatment measures that are now included in HEDIS. The National Committee for Quality Assurance (NCQA), a non-profit accrediting organization with a mission to improve health care, developed and maintains the HEDIS tool.

'Alcoholism and drug addiction are among our nation's most serious health issues,' said NCQA President Margaret E. O'Kane. 'At the same time, there is enormous opportunity to improve health care quality in these areas. Adding the alcohol and other drug measures to HEDIS will encourage health plans to focus on getting people the care and support they need to get well again.'

'NCQA's remarkable success in stimulating quality improvement in treatment for asthma, diabetes and high blood pressure—all diseases which, like alcoholism, require behavior change—is indicative of what public reporting of HEDIS measures can accomplish,' added Goplerud. 'The inclusion of these addiction treatment measures in HEDIS finally gives alcoholism a place on the nation's health care agenda that is commensurate with its devastating impact on individuals, families and communities.'

Ensuring Solutions based Using Performance Measurement to Improve the Quality of Addiction Treatment on a review of research literature and interviews with academic researchers and health care professionals.

For more information, contact Ensuring Solutions to Alcohol Problems c/o George Washington University 2021 K Street NW, Suite 800 Washington, DC 20006 www.ensuringsolutions.org

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- Addiction Therapy for Pain Management Patients
- Extended Care
- Healthcare Professional Program
- Intensive Outpatient
- Continuing Care

尽管两年来彩票游戏在南卡罗来纳，赌博成瘾专家仍然不知道这些游戏正在影响哪些玩家。但在一年结束时，他们希望追查有多少人正在寻求治疗并拨打了一个赌博成瘾热线，说约翰·哈特，副州长和南卡罗来纳州酒精和药物滥用部的负责人。

南卡罗来纳州立法者去年设立了一项基金，以进行赌博成瘾治疗。今年，议员们已经讨论了使用从彩票基金中节省的1000万美元用于赌博成瘾治疗方案。

“在田纳西州，类似措施被讨论了早于去年，但没有被采纳，而且没有谈到赌博成瘾治疗方案。然而，‘负责任购票’已经出现在所有的彩票游戏中，旨在通过教育来减少博彩资金用于赌博成瘾治疗方案。”

虽然“负责任购票”已经出现在所有彩票游戏中，田纳西州彩票公司总裁和首席执行官丽贝卡·保罗说，如果一个赌徒被发现使用了赌博成瘾治疗方案，她会进行这方面的调查。她解释说：“赌博成瘾治疗方案是一个政策决定，留给立法者进行。不要做公共政策。这是我在我的工作职责中无法处理的。”她补充说，立法者应当考虑是否要把资金用于赌博成瘾治疗方案，而不是赌博活动。

“赌博成瘾治疗方案由塔尼卡赌场和那里的所有人所导致，”史蒂夫·科恩，赌场的负责人，说，他上任赌场后，他看到的赌场赌场在密西西比州的杰克逊南部。他补充说，为什么应该这样做（Continued on page 17）
Virginia County Jail Praised for Addiction Treatment Program

Graduates of the addiction-treatment program at Henrico County Jail say the effort "saved" and changed their lives. The program is also gaining national attention for a unique approach that continues postrelease, the Richmond Times-Dispatch reported January 25.

The program, started three years ago by Henrico Sheriff Mike Wade, is based on a social-recovery model. It combines military-style discipline with the ethics of Alcoholics Anonymous.

Inmates participating in the program are kept in a stand-alone cellblock. From listening to each other's experiences, they learn about the mistakes they made that led them to misuse alcohol and other drugs.

"We're the only jail with an alumni association," said Wade of the 24 former inmates who voluntarily return each week to the program. They attend the weekly meetings to avoid returning to the drug culture.

"You can do everything in this program, but there's no safe environment when they get out. That's when they fall back into it," said Wade.

Currently, the Henrico County program has a waiting list of prisoners who want to join. Wade said the program's $80,000 a year cost has saved the jail money.

The program has received state and national attention. Virginia Attorney General Jerry W. Kilgore recently toured Henrico Jail East and was impressed with what he saw.

"It's very different from some of the facilities I've toured around the commonwealth," Kilgore said. "It's orderly and it sounds like and it seems like these inmates want to succeed. The more former inmates that leave our facilities, pay taxes and get a job, the better off we are."

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"Partially funded by Tennessee Department of Health"
After 33 years of service in state government, the last 27 of which at the Bureau of Alcohol & Drug Abuse Services, Deputy Assistant Commissioner, Rick Bradley has hung up his boots. Rick's last official day at the Bureau was Tuesday January 20th.

TAADAS hosted a reception in Rick's honor on Monday evening January 12th. Providers and friends from across the state came to wish Rick a fond farewell.

Many of Rick's colleagues and friends got up at the microphone to share stories of how much he had done for the field of substance abuse services in Tennessee over the years.

"I have worked with Rick since 1981. He helped Grace House access the original state funds for our social setting detox program and continued to work with us to expand our program. He was extremely patient with us during our first site visit, when the concept of treatment plans was rather foreign! He was always positive, and would work to find ways to make things happen. When my patients would reach the breaking point with the bureaucracy, I knew that I could always vent to Rick. I will miss him," said Sharon Trammell, Executive Director, Grace House of Memphis.

"Rick has maintained his passion for the field for 33 years. He never took his eye off what was important - the client. He is a man of great integrity, who always took the time to listen, and share his experiences and learned wisdom. Rick is a serious man, with a ready sense of humor!" said Julie Smith Director of Finance and Systems at the Bureau of Alcohol and Drug Abuse Services of her buddy Rick.

TAADAS presented him with a plaque that seemed to sum up everyone's feelings for Rick. The plaque was presented "In Commemoration of your selfless commitment to the substance abuse treatment community and the people we serve. Because of your efforts over the years, untold numbers of people suffering from the disease of addiction are leading fruitful and productive lives."

Rick's immediate plans are to do a little R & R, "doing nothing but leaving nothing undone". He will live on the edge in April when he gets to attend a racing school and turn some hot laps on the high banks of the Nashville SuperSpeedway.

Rick will be missed by the substance abuse providers across the state. His hard work and dedication to those that they serve will never be forgotten. But after 33 years of service to the substance abuse field, it isn't likely that he will be completely gone.

TAADAS members wish Rick the very best in his retirement.

The theme of Rick's Retirement reception was R & R—Rest & Relaxation...

Rick took it literally with his grass skirt and lei!
The typical effects of smoking Fry range from visual and auditory hallucinations, euphoria, and a feeling of invincibility, to anger, paranoia and forgetfulness. In extreme situations, seizures, kidney failure, stroke, and coma also may occur.

Although users report that these super-joints taste like rubbing alcohol and smell like gasoline, the attraction is in the nature of the high, which can last from six to thirty hours. Also, the product is fairly inexpensive, generally $20 to $35 per cigarette, if purchased on the street.

Unfortunately, most young buyers are unaware the marijuana contains PCP, believing it is 'only' laced with embalming fluid. This is a critical oversight because sensory distortions and delusions fueled by PCP may have serious consequences.

One smoker experienced blurred vision and impaired depth perception so great that she walked into the path of an oncoming car. Another remembers a feeling of super-strength and paranoia after excessive Fry smoking, as well as how easily he was enraged.

A message on an Internet bulletin board from a self-admitted Fry user, says it best: "[Fry] is an embalming fluid that is used to preserve dead peoples' bodies. Why would you want that in your body? When you are on [Fry] you look like you are dead. Imagine what it is doing to your insides!"

Reports indicate an increase of smoking Fry on college campuses. It's only a matter of time before we see this practice mimicked by secondary school students. As parents, teachers and drug prevention specialists we must help teens and young adults choose not to experiment with this very dangerous chemical combination.

On a practical level, this means publicizing both the presence of PCP in Fry, and the dangerous nature of PCP itself. It means capitalizing on the repulsive nature of embalming fluid and the fact that even "druggies" do not like Fry.

It also means educating both lay people and medical/psychological professionals about the warning signs of Fry use in young people—unreasonable anger and frustration, depression, and physical violence.

Every generation has its signature rebellious style. In my youth it was loud rock-and-roll music and the protest folk music of the sixties. LSD and other consciousness-expanding hallucinogens became our signature drugs.

I have a great respect for outrageous and rebellious behavior that facilitate a healthy transition between adolescence and adulthood. The sometimes-shrieked statement that 'My values are different from yours' is a necessary and time-honored step in growing up.

But I believe that when a substance or practice is potentially life-threatening, this information needs to be well publicized.

I know that writing about a drug like Fry can be a double-edged sword; that even though it will dissuade some youngster from this dangerous practice, other risk-taking adolescents and young adults will be attracted to the drug flame because of what they are reading.

It is a chance I must take. My hope is that adults reading this article will talk about Fry to the young people in their lives in a calm and nonjudgmental fashion. I also hope they actively will listen to these young people when they share their thoughts on drugs, music, and the difficulties of growing up.

Judy Shepps Battle is a New Jersey resident, addictions specialist, consultant and freelance writer. She can be reached by e-mail at Judy@writeaction.com. Additional
WORKSHOPS & TRAININGS

Use and Usefulness of the Addiction Severity Index in Chemical Dependency Treatment
Facilitator: Helen Younts, Helen Ross McNabb Center, Knoxville, March 10, Contact Martha Culbertson, 865.329.9087

Preventing Adolescent Suicide
Facilitator: Rebekah Walker, A&D Council of Middle TN, Nashville, March 11, Contact Susan Young, 615.269.0029

Addiction Severity Index
Facilitator: Frances Clark, A&D Council of Middle TN, Nashville, March 13, Contact Susan Young, 615.269.0029

Meditation
Facilitator: Esther McCracken, HART Center, Memphis, March 19, Contact Jane Abraham, 901.828.1332

Psychopharmacology
Facilitator: Karen Dennis, HART Center, Memphis, March 20, Contact Jane Abraham, 901.828.1332

Helping People Change: Motivating, Engaging, and Attracting Clients into Treatment
Facilitator: David Mee-Lee, Helen Ross McNabb Center, Knoxville, March 30, Contact Martha Culbertson, 865.329.9087

Understanding and Using the ASAM PPC-2R
Facilitator: David Mee-Lee, Helen Ross McNabb Center, Knoxville, March 31, Contact Martha Culbertson, 865.329.9087

Changing Old Beliefs
Facilitator: Sharon Trammell, HART Center, Memphis, April 16, Contact Jane Abraham, 901.828.1332

FEATURED PUBLICATION:

Keep Kids Alcohol Free: Strategies for Action
The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This month’s feature is Keep Kids Alcohol Free: Strategies for Action.

This booklet is a play-by-play manual on how to create and maintain a stronghold prevention campaign against children drinking. It gives strategies for the home, school, and community; while providing education that the reader will find valuable in order to implement and be effective in their cause.

This wonderful booklet also contains some great information on how to find and contact resources in the community to further your campaign; as well as wonderful additional resources for development of prevention campaigns. This book is also available in Spanish.

Also, don’t forget that May is Hepatitis awareness month, as well as May 9th—15th being “Alcohol and Other Drug Related Birth Defects Week”. The Clearinghouse has several FREE publications that can be used for either of these topics as well. To get your free copy of the featured publications, or any of the hundreds of other prevention materials, call the Clearinghouse at 615.780.5901 ext 5 or order online at www.taadas.org.

FEATURED VIDEO:

Sudden Impact: Drunk Driving
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 Sudden Impact: Drunk Driving.

By Tom Brokaw, this revealing video looks at how far-reaching and devastating these crashes are for everyone involved. This story is a cautionary tale. There are more deaths from drunk driving crashes on New Year’s Day than on any other day of the year. When they are reported, the journalistic shorthand often goes something like this: “One dead, four injured in car crash. Drunk Driving Suspected.” And that’s the end of it, a story briefly reported and quickly forgotten.

What happens after the news coverage stops? How do the victims and their families fare? What is the emotional toll? What are their financial costs? Tom Brokaw says "a little more than two years ago, we started tracking one such case. As you’re about to see, ‘One dead, four injured’ doesn’t even begin to tell the story about the trauma to the victims, or as we discovered, to our surprise, how much all the rest of us pay.

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50. Call the Clearinghouse at 615.780.5901 ext 6 to check out this or one of the other videos in our collection. A complete video catalog is available online at www.taadas.org.
With all parents have to worry about with their kids, who would have thought that household products would be one of them. Yet kids, sometimes as young as 9 or 10, are getting high by using common items found around the house to sniff (through the nose) or huff (through the mouth). Airplane glue, rubber cement, paint thinner, nail polish remover, and bleach are just a few chemicals that become 'inhalants' when they are used to get high.

Inhalants, often called kids' drugs, are almost as prevalent as marijuana use among eighth graders. Because the products are legal, inexpensive, and readily available, kids often think sniffing them is harmless. But inhalants are dangerous on many levels.

Using inhalants even one time, whether it's the first time or the 10th, can cause hallucinations, suffocation, or death. 'Sudden Sniffing Death' can occur during or right after sniffing, when inhaled chemicals create...(Continued on page 12)
irregular heartbeats and lead to heart failure. Inhalants can also cause death by suffocation when fumes replace oxygen in the lungs. Although many products can be inhaled, nearly all have the same effects: Giddiness, gogginess, and intoxication. Using them over a long period of time can cause headaches, muscle weakness, abdominal pain, nausea, nosebleeds, hepatitis, violent behavior, irregular heartbeat, and brain damage.

Today, nearly 20 percent of all adolescents report using inhalants at least once in their lives. During the annual "National Inhalants and Poisons Awareness Week," held each spring, parents are urged to learn about the dangers of inhalants. Signs and symptoms that their kids may be using inhalants include unusual breath odor, slurred speech, "drunk" appearance, red eyes or nose, or lose of appetite. As evidence of inhalant use, parents should also look for chemical-soaked rags, bags, or socks, paint or stain marks on face, fingers, or clothing.

What can parents do about the growing problem of inhalants? Place household products in a safe place and clearly mark them as "poison." And talk to your kids about inhalants and other drugs, soon and often. For ways to help you talk to your kids about drugs, visit the TAADAS Web site, www.taadas.org. You may also order your free copy of Keeping Your Kids Drug-Free: A How-To Guide for Parents and Caregivers online at the TAADAS website.

CONTINUED FROM PAGE 11

The Summit: Tennessee’s Advanced School on Addictions
WORKING TOGETHER IN PARTNERSHIP

Now in its 27th year, The Summit, Tennessee Advanced School On Addiction, makes available an expert faculty to address cutting edges issues and techniques in the field of addictions. It brings societal issues into focus through workshops, such as, methamphetamine production and usage, building coalitions to help prevent addiction, and linking the faith community into partnership. This year’s theme, “Working Together In Partnership,” truly reflects the sponsored workshops and the open invitation to the community of our Wednesday evening activity with Claudia Black.

TAADAS is sponsoring the Summit’s first ever leadership track. Designed for Executive Directors, managers, and supervisors in the substance abuse field, the leadership track will address issues related to implementing and managing substance abuse policy and programs.

This year’s morning plenary topics include The Power of Prevention, Innovative Approaches in Substance Abuse Treatment, and Where We’ve Been, Where We are and Where We Might Be Going.

Thursday’s banquet speaker is Father Clements, whose presentation is entitled Partnering to Fight the Devil... Addiction.

Wednesday, June 2nd brings three daylong workshops with Claudia Black, Double Jeopardy: Addiction and Depression, Addiction: The Family Legacy, and Growing Up with Loss and Abandonment. The noted author and lecturer will also make a presentation on Wednesday evening at 7:00 PM. It is entitled Straight Talk: Recovering Parents Talking to Their Kids About Addiction, Alcohol and Drugs and is open to the community.

The Central East Addiction Technology Transfer Center is serving as sponsor to several workshops including Working with the Latino/Hispanic Population, Pierluigi Mancini, Ph. D.; Innovative Approaches in Substance Abuse Treatment, Norma Bartholomew, Ph.D.; Clinical Supervision, Tom Durham, Ph.D.; and Conflict Resolution, Cynthia Moreno-Duhey, M.A., NCAC.

For more information about the Summit contact Jay Jana at 615-741-8520 or jay.jana@state.tn.us.
The Renewal House Board of Directors has named Jude A. White the agency's new executive director. Jude brings intelligence, enthusiasm, and leadership qualities exhibited in both her professional work and community service to her new position. Most importantly she has a great knowledge of and passion for the Renewal House mission to help addicted women and their children begin new lives in recovery.

Jude first came to the agency through a Nashville Bar Association, Young Lawyers Division community outreach committee she initiated to engage members in contributing to the community through volunteer projects and through service on nonprofit boards. She became a member of the Renewal House board in 2000 and served through 2003. At the time Jude joined the Renewal House board, she was a successful attorney with a private law firm. She found her involvement with the agency so rewarding that she decided to make a career change. In 2001, she joined the Tennessee Department of Children's Services (DCS) so that assisting disadvantaged families would be at the heart of her professional life. She comes to her new role at Renewal House from her position as Assistant General Counsel for DCS.

Jude was selected by a search committee that considered 43 applicants. In recommending her for the position to the Board of Directors, the committee members cited their belief in Jude's ability to continue the outstanding work of Renewal House, to serve as an effective ambassador for the agency, and to lead its mission into new and exciting arenas.

Jude's first day at Renewal House will be Wednesday, March 24, 2004. Until that time, Kaki Friskias-Warren will remain the Executive Director of the agency.

Quality of Treatment Continued...

(Continued from page 2)

- The federal government, as the single largest purchaser of treatment services, should drive the expansion of systems for measuring performance and outcomes of individual treatment programs.
- Other purchasers – such as state and local governments, public welfare agencies, the criminal justice system, and employers – should start to use the tools they already have to manage for results. They should examine existing performance data, and use external care management to increase the availability of such data.
- Community leaders should advocate for the development of comprehensive results-oriented treatment systems by holding institutions accountable for assuring collection of local data to feed the results management systems and for improving treatment quality.

The report is also being submitted to the House Subcommittee on Criminal Justice, Drug Policy and Human Resources as part of Dr. Jaffe's testimony before an upcoming Congressional oversight hearing on measuring the effectiveness of drug addiction treatment.

Copies of 'Rewarding Results: Improving the Quality of Treatment for People with Alcohol and Drug Problems' are available online at www.jointogether.org/quality.
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News from Capitol Hill Continued...

(Continued from page 4)

Compensation... To get a feel for this issue, review the website of the Tennessee Chamber of Commerce and Industry at http://www.tnchamber.org/. Proponents continue to say our present system makes us uncompetitive in recruiting new manufacturing jobs and in keeping the ones that we have. Lottery of sorts... Part of the lottery constitutional amendment approved last November permitted nonprofit groups to conduct an annual event gambling event such as the infamous East Tennessee duck races or the more mundane cakewalks or raffles. For the curious, take a look at SB 3250 by Jim Kyle or HB 3212 by Harry Tindell.

Calendar Notes: State offices will be closed Friday, April 9 for the Good Friday holiday. Please also note the following dates on your 2004 calendars:
Noon on Thursday, April 1, 2004, is the filing deadline to be candidate for the General Assembly in the upcoming 2004 elections. Thursday, August 5, is the State Primary Election, and Tuesday, November 2 is the State and Federal General Election.

Nathan Ridley is an attorney with the Nashville firm, Boul Cummings, Conners & Berry, PLC. You may contact him by e-mail at nridley@boultcummings.com.

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MORE YOUTH ENTERED SUBSTANCE ABUSE TREATMENT IN 2001

More youth entered substance abuse treatment facilities in 2001, with most of the increase due to abuse of marijuana, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced recently. The data is part of the Treatment Episode Data Set (TEDS) for 2001, the most recent complete year of data on admissions to substance abuse treatment at facilities that receive public funding.

There was a 49 percent increase in adolescent admissions to treatment between 1992 and 2001, with 141,403 children aged 12-17 admitted to treatment in 2001 compared to 95,000 in 1992.

Marijuana abuse was responsible for 23 percent of adolescent admissions in 1992. This rose to 62 percent in 2001 and largely accounted for the total increase of adolescents in treatment between 1992 and 2001.

Fifty-two percent of adolescent admissions for all substances were referred from the juvenile justice system in 2001, and 54 percent of adolescent marijuana admissions were referred through juvenile justice.

Total admissions to substance abuse treatment increased from 1.5 million in 1992 to 1.7 million in 2001.

Charles Curie said: "The increase in youth admissions to drug treatment is the continued fallout from the rise in marijuana use by young people in the 1990's.

Unfortunately, many of these young people are not getting help until they become entangled in the criminal justice system. All Americans must begin to confront drug use B and drug users B honestly and directly. We must provide people in need an opportunity for recovery by encouraging them to enter and remain in drug treatment. To get them that help, the President has committed to supporting a $1.6 billion expansion in federal treatment aid over 5 years."

John Walters, Director of the White House Office of National Drug Control Policy, stated: "This report shows us yet again that we must not let our guard down when it comes to educating teens and parents about the dangers of marijuana. Many people will no doubt be surprised to learn how large a role marijuana plays in the demand for drug treatment for teens. It is time for the rest of America to catch up with what experts have now known for the past few years. Marijuana is a serious source of dependency and harm. While treatment is key to helping addicted youth get off of drugs, we all have a responsibility to reach out to those who are experimenting with drugs of alcohol before it becomes a problem. Encouraging parents and teens to use the power of their influence is crucial if we are to continue our progress in reducing underage drinking and illicit drug use in America.'

TEDS showed that:

- Marijuana use began at an early age among primary marijuana admissions - 26 percent had first used marijuana by the age of 12 and 56 percent by the age of 14. More than half of marijuana admissions of all ages (57 percent) were referred to treatment through the criminal justice system.

- TEDS admissions for primary opiate abuse (heroin or narcotic pain medications) increased from 12 percent of admissions in 1992 to 18 percent in 2001.

- In 2001, 88 percent of admissions for primary opiate abuse were for abuse of heroin and 12 percent for abuse of other opiates, primarily prescription painkillers.

- There were 45,060 young adults 18-24 admitted for heroin and other opioid abuse. Of these, 39,685 were admitted for heroin abuse and 5,375 were admitted for abuse of narcotic pain medications.

- Five substances accounted for 96 percent of admissions in 2001 – alcohol, opiates including heroin and prescription drugs, marijuana/hashish, cocaine and stimulants, primarily methamphetamine.

- More than one drug of abuse was reported by 54 percent of all TEDS admissions.

- Admissions for alcohol abuse, while still 44 percent of admissions, were down from 59 percent in 1992. Of these alcohol admissions, 45 percent reported secondary drug abuse, as well.

- Cocaine admissions declined from 18 percent of admissions in 1992 to 13 percent in 2001.

- Admissions for methamphetamine/amphetamine and other stimulants increased from 2 percent of admissions to 6 percent between 1992 and 2001.

- About half of discharges represented positive treatment outcomes, defined as completed treatment (39 percent) or transferred to another level of treatment program (11 percent). One in four (24 percent) left treatment against professional advice, and 19 percent were terminated by facilities.

In Tennessee, admissions of youth accessing SAPT block grant funds went from 982 in 1998 to 1116 in 2001

— Bureau of Alcohol & Drug Abuse Services
Substance Abuse Treatment is Cost Effective and Reduces Reincarceration among Drug Offenders

Studies in Delaware and Southern California Show Benefits of Providing Treatment

Miami, FL - Public opinion on ways to deal with drug abusing criminal offenders appears to be shifting from just delivering punishment to also providing job training and substance abuse treatment as a part of the prison release process. The shift in public opinion is also reinforced by a growing number of studies that are documenting the benefits of providing some form of employment training and substance abuse treatment to drug offenders.

A recent study by Kathryn E. McCollister, Ph.D., of the University of Miami's Health Services Research Center, shows that within criminal justice settings, treatment for substance abuse may not only reduce reincarceration rates, but it may also be cost-effective.

That conclusion, published in the December issue of the Journal of Quantitative Criminology, was based on McCollister's study of a work release program and an aftercare treatment program offered in Delaware. Previous work by McCollister and her colleagues on prison based treatment and aftercare in California also came to similar conclusions.

These two studies should encourage correctional facilities to examine the potential of in-prison, work release, and aftercare substance abuse treatment as a cost-effective way of reducing reincarceration rates among drug abusing criminal offenders,” McCollister said.

'The Delaware study shows that offenders receiving substance abuse treatment in a work release setting spend 49 fewer days in reincarceration, compared to those who only receive standard work release,' according to McCollister. Reincarceration is a persistent problem among drug offenders, mainly due to parole violations for repeated drug-related activity.

'Based on the total cost of providing job training and substance abuse care, it costs the State of Delaware about $65 to avoid one day of reincarceration per offender. On the other hand, the daily cost of incarceration in Delaware is about $57. Those numbers may suggest that it is cheaper to spend $57 per day on reincarcerating a drug offender than to spend $65 to avoid a day of reincarceration by providing substance abuse treatment.

'But that does not take into account any of the other economic benefits, such as employment, reduced dependence on social welfare programs, costs of health consequences of drug use, and reduced cost of repeat offenses in criminal justice expenses associated with reincarceration,' McCollister said.

The University of Miami researcher said other studies have shown that in-prison treatment also results in fewer inmate infractions, reduced inmate drug use, and reduced absenteeism among correctional staff.

The California study, conducted at the RJ Donovan prison near San Diego, showed that it costs $4,112 to send an offender to substance abuse treatment, which can lead to 51 fewer days reincarcerated (36%) than the no-prison-treatment group.

'This translates to a cost per avoided incarceration day of (Continued on page 18)
(Continued from page 6)

problems that Tunica is creating. Gambling addiction is not caused by lotteries but by casinos that are in North Carolina, Tunica, and Illinois," he said.

For the nearly two years that South Carolina has had a lottery, there was little focus on problem gambling because of the time it took for bids to go out on two programs that lawmakers wanted. Both were awarded to the state Alcohol and Drug Abuse Department: a statewide gambling-counseling network and a 24-hour hotline.

Most South Carolina lottery tickets give a toll-free hotline to call "If you or someone you know has a gambling problem." The number connects callers to an automated message that gives options to obtain a booklet or get contact information for a help agency in the caller’s county. The hotline is manned by "live counselors," trained to deal with gambling problems and is available 24 hours a day 7 days a week.

In other state’s, Hart said, estimates range from 13% of players who are pathological gamblers. Based on a survey of alcohol and drug abusers 3 years ago, before the lottery started, South Carolina officials estimated that 6% of abusers had pathological gambling problems. Based on the survey, officials predicted that 3400 clients with gambling problems would be served. Only 60 people with gambling problems were seen last year. It’s unclear whether the "play responsibly" message that is part of the lottery’s marketing campaign is effective, says Hart.


While some businesses purchase insurance plans that include addiction treatment, often they select a one-size-fits-all plan rather than covering all treatment options, such as outreach services.

"We know a lot about what works," said Michael Raherty, executive director of the Institute for Research, Education and Training in Addictions in Pittsburgh, Pennsylvania "The science is 10 years ahead of practice and 15 years ahead of most policy."

Addiction coverage for businesses generally has limits on dollar reimbursement and time in treatment. A study by Eric Goplerud of Ensuring Solutions to Alcohol Problems at the George Washington University Medical Center found that 18 states limit coverage, while only seven require that alcohol treatment be covered at the same level as other diseases.

In much of the country, said Goplerud, "insurance either doesn’t cover the treatment, or it doesn’t cover the right things, or it doesn’t cover enough of it."

Despite the high costs linked to alcohol misuse, many businesses believe that it may not be financially prudent to cover treatment.

"Employee replacement costs can vary from $25 to $150,000," said psychologist Norman Hoffmann of Brown University in Providence, Rhode Island "If it’s going to cost you $150,000 to replace somebody who runs a train or fixes an airplane, you can afford to spend some money to keep that person well and on the job."

On the other hand, Hoffman added, a fast-food chain could replace an employee with alcohol problems for the cost of a newspaper ad.
Despite warning labels, people who take narcotic pain relievers continue to consume alcohol, often heavily, Newswise reported January 15.

A University of Michigan Health System (UMHS) study examining the relationship between drinking and chronic back pain found that most users of narcotic pain relievers failed to heed drug manufacturers' warnings against mixing alcohol and narcotics.

The study involved 283 patients who had debilitating back pain for three months or more. They were classified as being heavy drinkers, light drinkers, or abstainers. The participants were given questionnaires about their alcohol use. Of the 137 men who responded, 85 percent said they drank five or less alcoholic beverages weekly. Of the 132 women, more than three-quarters said they didn’t use alcohol. However, researchers believe some women may not have reported their actual alcohol use in the questionnaire.

"The combination of alcohol and narcotics increases the sedative effect of both, probably the desired effect amongst people with pain, but in significant quantities the combination could lead to respiratory depression," said study co-author Ethan Booker, M.D., an emergency medicine resident at the University of Chicago.

The study’s other co-author, Andrew Haig, M.D., associate professor of Physical Medicine and Rehabilitation at the University of Michigan Medical School and director of the Spine Program at UMHS, added that doctors are less likely to go beyond the general question about alcohol use to determine interactions between alcohol and physical disability in their patients.

"Be careful if you’re a heavy drinker with pain, because doctors don’t seem to pay attention to the interaction between alcohol and drugs," he said.

The study found that heavy drinkers displayed greater physical ability than light drinkers on functional tests. While previous studies have found that alcohol impairs physical performance, researchers determined that heavy drinkers with chronic back pain might be partly disabled because of the alcohol.

"I’ve had many patients tell me that they drink more because of pain. Since chronic alcohol use doesn’t decrease pain, I suspect an increase in drinking is a coping mechanism for the stresses involved in having a disability," said Haig.

The study is published in the December 2003 issue of the journal Disability and Rehabilitation.

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**PAIN MEDICATION, ALCOHOL DON'T MIX**

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**GREENE COUNTY DUI TREATMENT COURT**

(Continued from page 16)

Greene County DUI Treatment Court.

After long hours of planning and implementation, the Greene County DUI Treatment Court team watched as the first participant received an award from Judge Wright.

"I am very proud of all the DUI Treatment Court participants. I am especially proud that we have now seen our hard work and dedication pay off. This confirms what we all know and realize that is that Treatment Works" said David Crum, Comprehensive Community Services program coordinator.

Greene County will continue to benefit from the success of the DUI Treatment Court.

For information about Drug Court call David Crum at Comprehensive Community Services 423-639-7777.

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**TREATMENT IS COST EFFECTIVE CONTINUED...**

The sample for the Delaware cost-effectiveness analysis included 836 criminal offenders who were tracked for 18 months following their release. The work release therapeutic community (TC) program is called CREST and includes an aftercare component for graduates of the CREST work release program. The sample for the analysis included 578 participants in CREST and 249 participants in the standard work release program. Within the CREST sample, 387 attended only the CREST work release component and 209 graduated from CREST and continued treatment in the aftercare program.

The California study at the Amity prison was published in the journal Law & Policy in January 2003. The in-prison treatment was provided to 335 inmates, of which 110 went to the after-care treatment program.

Michael T. French, Ph.D., of the University of Miami, Department of Sociology, also worked with McCollister on the two studies. James A. Inciardi, Ph.D., of the University of Delaware's Center for Drug and Alcohol Studies was a co-author on the Delaware study.

Substance Abuse Policy Research Program
Center for Creative Leadership
One Leadership Place
Greensboro, NC 27438
What is TAADAS?

TAADAS, the Tennessee Association of Alcohol and Drug Abuse Services, Inc, is a statewide advocacy association whose mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.

How long has TAADAS been in existence?

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

Does TAADAS have any programs?

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

What does TAADAS do?

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

Who can join TAADAS?

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

Students, Individuals, Corporate and Sustaining

Why should I join TAADAS?

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

There truly is “strength in numbers”!

What are some of the benefits of Membership in TAADAS?

✓ Advocacy
✓ First Generation Information on policy issues
✓ Strong voice for parity issues
✓ Unparalleled Networking opportunities with others in the Substance Abuse Community across the state
✓ Free Subscription to the TAADAS Times, which is a bimonthly newsletter bringing the latest news, agency profiles, training, and conference information
✓ Special discounted hotel rates in Nashville
✓ Discounts at Recovery Books & Things
✓ Job Postings
✓ Membership certificate suitable for framing

How do I join TAADAS?

To join TAADAS and influence the future of alcohol and drug services in Tennessee, simply fill out the Membership Application on the back page and return it to the TAADAS office.

“fresh approach” dealing with the issues that affect service providers, substance abuse professionals, the recovery community, their families, and alike statewide.

TAADAS Members

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

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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
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Nashville, TN 37228-1562
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membership@taadas.org

The TAADAS Times Newsletter is a Bi-Monthly publication edited and produced by TAADAS staff. It is distributed to over 2800 substance abuse professionals, Business Leaders, Legislators, and Concerned Citizens across Tennessee and published on the Internet, www.taadas.org. TAADAS accepts paid advertising for inclusion in the TAADAS Times and reserves the right to reject advertising that does not reflect our mission and purpose. 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:

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APPLICATION FOR MEMBERSHIP IN TAADAS

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

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TAADAS' Mission

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