

# TAADAS TIMES

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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*

## Audit of Tennessee Carve-Out Finds Substance Abuse Treatment Comes Up Short

A recent performance audit of Tennessee's behavioral health carve-out, known as TennCare Partners reports that the program has not provided a full range of alcohol and drug treatment services for those diagnosed with co-occurring substance abuse and mental health disorders.

The audit, released in late March by the state comptroller's office evaluated the state Department of Mental Health and Mental Retardation's performance as supervising agency of the behavioral health carve-out. Its other main findings where that many people with serious mental illness must be cared for in state hospitals because of a lack of community services and that a significant number of people incarcerated in county jails have a mental illness.

The TennCare Partners program serves about 1.3 million Medicaid eligible and indigent residents. Since its inception in 1996, the program has been plagued by inadequate funding that has put pressure on the entire treatment system.

Substance abuse treatment benefits under TennCare Partners are not as comprehensive as those offered by the state's Bureau of Alcohol and Drug Abuse Services (BADAS). Most notably, the carve-out program's benefits exclude residential treatment. The two behavioral health organizations (BHOs) that manage the program are required to pay for residential treatment only when the treatment is deemed to be medically necessary and is deemed as a cost-effective alternative.

According to the audit, provider groups and state substance abuse officials are concerned that the TennCare Partners program doesn't adequately address the needs of people suffering from substance abuse problems. They say that the BHOs use a medical model for treating substance abuse problems, rather than a clinical model that emphasizes recovery and reha-

bilitation

The medical model, the program's critics says, ignores the environmental, emotional and social conditions affecting addiction.

The program operated by BADAS is a block grant program that serves people who aren't covered by the TennCare program, including people who have lost their TennCare benefits and those with insurance that doesn't pay for drug and alcohol treatment.

The audit recommended that the mental health department assume full responsibility for TennCare Partners' oversight, a duty currently shared with the state's TennCare Bureau. An integral part of that oversight should include developing treatment guidelines that integrate the carve-out's substance abuse services with those offered by BADAS, a division of the state's Department of Health.

The mental health department should work with the BHOs to ensure that the TennCare Partners program offers substance abuse treatment programs that are comparable to the block-grant program, the audit said.

If state officials determine that residential services should be offered solely through the block grant program, the audit said, state agencies will need to develop better communication between the two programs to ensure a continuum of care. The health department also would need to ensure that treatment of enrollees in the block grant program wasn't compromised by a sudden infusion of patients from the TennCare Partners program.

*The proceeding was reprinted with permission from Manisses Communications Group, Inc. 1.800.333.7771 as it appeared on page 4 of the April 30, 2001 edition of Alcoholism and Drug Abuse Weekly Volume 13, No 17.*



TAADAS Executive Director,  
H. Rogers Thomson

*"If we have the sense of a  
goose, we will stand by each  
other like that."*

*says H. Rogers Thomson,  
TAADAS Executive  
Director*

## IN ROGERS' WORDS...

When you see geese flying along in "V" formation, you might consider what science has discovered as to why they fly that way. As each bird flaps its wings, it creates uplift for the bird immediately following. By flying in "V" formation, the whole flock adds at least 71 percent greater flying range than if each bird flew on its own.

People who share a common direction and sense of community can get where they are going more quickly and easily because they are traveling on the thrust of one another.

When a goose falls out of formation, it suddenly feels the

drag and resistance of trying to go it alone—and quickly gets back into formation to take advantage of the lifting power of the bird in front.

**If we have as much sense as a goose, we will stay in formation with those people who are headed the same way we are.**

When the head goose gets tired, it rotates back in the wing and another goose flies point. It is sensible to take turns doing demanding jobs, whether with people or with geese flying south.

Geese honk from behind to encourage those up front to keep up their speed.

**What messages do we give when we honk from behind?**

Finally - and this is important—when a goose gets sick or is wounded by gunshot, and falls out of formation, two other geese fall out with that goose and follow it down to lend help and protection. They stay with the fallen goose until it is able to fly or until it dies, and only then do they launch out on their own, or with another formation to catch up with their group.

**If we have the sense of a goose, we will stand by each other like that.**

Blessings to all.

*HRT*

## TAADAS ANSWERS PUBLIC POLICY QUESTIONS...PART 3

We as an association want to make sure we are all on the same page. A series of questions on Alcohol and Drug Treatment and Prevention Policies were presented to candidates for national office to see where they stood on basic A & D issues. The questions and their suggested answers will appear here so that we can all be on the same page. President Bush demonstrated a very accurate understanding of the issues, so that means he "gets it." This is the third installment in this series.

**Question:** *Most Children in the child welfare system have parents who abuse alcohol and (or) drugs and are themselves at high risk for these problems. Do you support increased treatment and prevention efforts targeting families involved in the child welfare system?*

**Suggested Answer:** The Adoption and Safe Families Act of 1997 (ASFA) set strict timelines for state child welfare agencies to determine whether children who come into the system can success-

fully stay with their parents or if parental rights are to be terminated. Evidence suggests that a majority of parents of children in the child welfare system are struggling with addiction. Some parents who are addicted to alcohol and drugs can turn their lives around and become good parents if they have access to treatment.

The ASFA deadlines do not leave time for parent (s) to wait on a waiting list for treatment, complete treatment and aftercare, and move through the social service and child welfare systems to make the case to retain parental rights. National child welfare and alcohol and drug treatment organizations have called for a federal response to this crisis that would specifically fund alcohol and drug treatment in the child welfare system and encourage the child welfare and addiction services agencies in states to establish partnerships to better address the coordination of services to meet ASFA deadlines.

## NEWS FROM CAPITOL HILL

*By Nathan Ridley*

In an unusually open budgeting process, House Speaker Jimmy Naifeh commissioned eleven study groups of House members to review the state's revenue and budget processes. The unusual move avoided the usual hierarchy of committee and subcommittee chairs and instead used the term facilitators for the study group leaders. This year, the sometimes complacently ignorant members would have no place to hide. Senate Speaker John Wilder was so taken by Naifeh's idea that he formed a similar set of study groups in the Senate. While no group has found a silver budget bullet that will painlessly create the dollars Governor Sundquist has requested, the process has been the most open one in years.

Legislative leaders hope to finish their business by the end of May to avoid last year's stalemate that kept the Legislature in session until June 28<sup>th</sup>. Session fatigue is beginning to take its toll on the members and the staff folks. The nature

of the legislative process is that difficult decisions are deferred until most viewpoints are discussed. This year's session is no different. Aside from the well publicized difficulties with the revenue and appropriations bills, the .08 blood alcohol content bill remains in the House Budget Subcommittee, as do other bills covering such topics as child abandonment, pawnshop regulation, HMO liability and local governmental tort liability limits. On a brighter note, the General Assembly with the support of the Sundquist Administration has dedicated some new temporary motor vehicle fees to the alcohol and drug addiction treatment fund. Representative Chris Newton (Rep. Cleveland) and Senator Jeff Miller (Rep. Cleveland) sponsored this legislation, House Bill 1409 / Senate Bill 1687. To review the complete text, go to the legislative web site at [www.legislature.state.tn.us](http://www.legislature.state.tn.us).

*Nathan Ridley is an attorney with the Nashville firm of Boulton Cummings Connors and Berry, PLC. Contact him by e-mail [nridley@boultoncumings.com](mailto:nridley@boultoncumings.com)*

## DARE TO DREAM

In 1962 a dream became a reality. In an old rambling house on Court Street in Memphis, Tennessee, a group of dedicated men led by Berton Davis opened their doors to alcoholics. It was their mission to help save lives for men who had the strength to ask for help. Harbor House became Tennessee's first nonprofit alcohol and drug treatment center. That dream is still being realized today. Harbor House, Inc. is Tennessee's oldest nonprofit alcohol and drug abuse rehabilitation center. We are no longer in that old house. We have continued to grow as the need has grown, and in 1975 moved to 8.5 acres at 1979 Alcy Road. We have a 33 bed capacity and have built a 1/2 way facility that becomes a temporary home to 15 men who have completed residen-

tial treatment.

Much has changed over the years, however, the one thing that remains steadfast is our mission to give every man a Harbor and the tools with which they can live a life free of alcohol and drugs. Through the direction and leadership of Jacques Tate, Executive Director, Harbor House continues to grow as one of Tennessee's most respected alcohol and drug treatment programs.

One of our goals is to have our counseling staff certified in choice theory, as we believe we always have choices in everything we do. This is one of our primary teaching tools with our clients. Under the guidance of Jim McClellan, Program Director, the 12 steps thru Recovery Dynamics, Choice Theory and

Reality Therapy, are used throughout a client's 28-day stay.

Another program is made available to our clients is the Job Survival Skills Training Program, in which its mission is to enhance the clients' ability to seek and keep gainful employment. Some of the classes taught by Connie Ellis, Program Coordinator, are GED, Anger Management, Healthy Relationships, Communication Skills, and Job Interview Skills. Also incorporated in this program are exposing the clients to cultural outings that they might not have taken advantage of. Examples are Opera Memphis, Ballet of Memphis, and Theater Memphis.

Through all these Programs and classes, our number one concern is the health and wel-

fare of our clients. As we enter the new millennium it is the mission of Harbor House to provide quality residential and halfway chemical dependency treatment for alcohol and drug-abusing males without regard for race, religion, economic or social background. The staff at Harbor House is one of passion, dedication, and pride. We know dreams come true. Harbor House is proof. In June of 2002, Harbor House will celebrate our 40th birthday. However, the true celebration is for the men who have come through the doors of Harbor House. Many now, not only dare to dream, but see their dreams come true. If a man knows that sobriety is the harbor he is seeking, the light of Harbor House will be enough to guide him.



**HARBOR HOUSE**

*Every Man Needs A Harbor*

**Jacques A. Tate, LADAC, NCAC1, RTC  
Executive Director**

**1979 Alcy Road  
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# EXPLODING MYTHS ABOUT DRUG ABUSE

By Alan I. Leshner, PhD, Director,  
National Institute on Drug Abuse,  
National Institutes of Health

**Myth: Drug addiction is voluntary behavior.** A person starts out as an occasional drug user, and that is a voluntary decision. But as times passes, something happens, and that person goes from being a voluntary drug user to being a compulsive drug user. Why? Because over time, continued use of addictive drugs changes your brain – at times in dramatic, toxic ways, at others in more subtle ways, but virtually always in ways that result in compulsive and even uncontrollable drug use.

**Myth: More than anything else, drug addiction is a character flaw.** Drug addiction is a brain disease. Every type of

drug of abuse has its own individual mechanism for changing how the brain functions. But regardless of which drug a person is addicted to, many of the effects it has on the brain are similar: they range from changes in the molecules and cells that make up the brain, to mood changes, to changes in memory processes and in such motor skills as walking and talking. And these changes have a huge influence on all aspects of a person's behavior. The drug becomes the single most powerful motivator in a drug abuser's existence. He or she will do almost anything for the drug. This comes about because drug use has changed the individual's brain and its functioning in critical ways.

**Myth: You have to want drug**

**treatment for it to be effective.**

Virtually no one wants drug treatment. Two of the primary reasons people seek drug treatment are because the court ordered them to do so, or because loved ones urged them to seek treatment. Many scientific studies have shown convincingly that those who enter drug treatment programs in which they face "high pressure" to confront and attempt to surmount their addiction do comparatively better in treatment, regardless of the reason they sought treatment in the first place.

**Myth: Treatment for drug addiction should be a one-shot deal.** Like many other illnesses, drug addiction typically is a chronic disorder. To be sure, some people can quit drug use "cold turkey," or they

can quit after receiving treatment just one time at a rehabilitation facility. But most of those who abuse drugs require longer-term treatment and, in many instances, repeated treatments.

**Myth: We should strive to find a "magic bullet" to treat all forms of drug abuse.** There is no "one size fits all" form of drug treatment, much less a magic bullet that suddenly will cure addiction. Different people have different drug abuse-related problems. And they respond very differently to similar forms of treatment, even when they're abusing the same drug. As a result, drug addicts need an array of treatments and services tailored to address their unique needs.



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# The New DOT Substance Abuse Professional Requirements

*Kathryn Benson, LADC, NCAC II  
TAADAC President  
Nashville, TN*

In the six years since the drug-testing regulations became such a prominent part of our workplace standards the Department of Transportation has made great strides to revise and improve the standards.

DOT has again updated the regulations in a way that I believe was desperately needed: they now have implemented training/certification standards for the Substance Abuse Professional (SAP). Initially they specified eligibility criteria for professionals (national addiction counselor certification) seeking to provide SAP services, scope of practice for the SAP, and limitations to services provided to the individual (SAP could not both evaluate and treat same person). Now they have formalized the training and certification process for professionals seeking to be recognized as a DOT-qualified SAP. The new SAP requirements, as listed by DOT, are listed below in a **very abbreviated** form :

(a) **Qualification training.** You must receive qualification training meeting the requirements of this paragraph including, but not limited to: DOT drug testing requirements, SAP qualifications and prohibitions, return-to-duty process, SAP consultation and communication with employers, MROs, and treatment providers, and reporting and record keeping requirements.

(b) Following your completion of qualification training under this section, you must satisfactorily complete an examination administered by a nationally-recognized professional or training organization. The examination must comprehensively cover all the elements of qualification training as listed.

(c) The schedule for qualification training you must meet ranges from August 1, 2001 to January 1, 2004 depending on your entry into the SAP field.

(d) **Continuing education.** During each three-year period from the date on which you satisfactorily complete the examination under this section,

you must complete continuing education consisting of at least 12 professional development hours relevant to performing SAP functions.

(e) **Documentation.** You must maintain documentation showing that you currently meet all SAP qualification requirements of this section and provide this documentation on request to DOT agency representatives and to employers who are using or contemplating using your services.

In order for us to meet this professional challenge it is imperative that we be as educated, trained, skilled and resourceful as possible. I am grateful that DOT has now established formal guidelines for the SAP. I am grateful that individuals and employers receiving services from a professional calling themselves a DOT SAP will be assured some measure of consistency and expertise. I advocate for the impaired employee and the confused and frustrated employer who need and deserve the best professional care available. They deserve this. We owe this to them and to ourselves.

TAADAC IN THE TIMES

## TAADAC MIDDLE TN CHAPTER EDUCATIONAL CALENDAR

**June 19, 2001**

10:30 Membership / Business Meeting

11:30 Eating Disorders  
Lee Tucker, MD

TAADAC Member \$5  
Non-member \$10

Please note that all meetings are held at the Alcohol and Drug Council of Middle TN 2612 Westwood, Nashville. For information about Middle Tennessee Chapter activities please call Randy Lea 862.6432 or Phil Guinsburg 386.3333.

## JOURNEY TOGETHER

*The Conference for Addiction Professionals*

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*For more info on Sponsorship Opportunities contact Kathy Benson at 615.885.3615*

*Limited Scholarships, write Phil Guinsburg at 2313 21st Ave S, Nashville, TN 37212*

## ETAADAC CHAPTER EDUCATIONAL CALENDAR

**Equine Therapy**

Dr. Angela Masini June 30th

**Avoiding Burnout for Health Care Professionals**

Sharon Trammell October 27th

For more information about ETAADAC contact: David Cunningham, ETAADAC President at the Metro Drug Commission 865.588.5550

## RESEARCHERS GAIN INSIGHT ON BLOCKING COCAINE 'HIGH'

Researchers think they have found the missing clue to cocaine addiction.

For more than 30 years, scientists have thought dopamine, a potent biochemical that can produce euphoria, was the key to how cocaine did its damage. But now researchers say more than dopamine might be at work.

Researchers have determined how to block the pleasurable effects of cocaine in mice, thus setting a course for medications to treat cocaine addiction in humans, Reuters reported April 26.

"We now know how cocaine produces its euphoria, something that previous studies have not been able to identify correctly," said Dr. George Uhl chief of the molecular neurobi-

ology branch of NIDA, who led the study.

To determine how cocaine causes euphoria, researchers blocked certain types of "transporters" in the brain of genetically engineered rats. According to Uhl, transporters limit the cells' exposure to chemical messengers, and, consequently, limit the neurotransmitters' effects. Cocaine has been found to block transporters for the neurotransmitters dopamine, serotonin and norepinephrine, thus increasing the brain's exposure to these chemicals.

In the study, mice that had no dopamine transporters appeared to become addicted to the cocaine. The same thing happened in mice that lacked serotonin transporters. But when the mice lacked dopa-

mine transporters and at least 50 percent or more of the serotonin transporters, they did not choose the cage where cocaine was available.

Currently, there is no medication that effectively blocks the brain's reward response to cocaine or that substantially relieves cocaine addiction, "says NIDA director Dr. Alan I. Leshner. "The finding that serotonin as well as dopamine plays a critical role in the development of cocaine addiction suggests a new biological target and approaches for developing such medications."

"Many brain processes have redundancy, so that they can continue even if part of the brain is damaged or blocked by drugs. Cocaine may be so rewarding because it works on two circuits that both can pro-

vide drug reward signals," Uhl explained.

"These findings are important for treatment since no effective cocaine treatment now exists," he added. "Many of the attempts at cocaine treatments to date have focused on the dopamine transporter alone. We now know that this is not enough. Effective treatments are likely to have to influence both the dopamine and serotonin reward circuits in the brain in order to be effective. Making drugs that could do this is feasible, but a bit tricky."

The study's findings are published in the April 24th issue of the Proceedings of the National Academy of Sciences

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# ANNUAL SURVEY OF SUBSTANCE ABUSE TREATMENT FACILITIES RELEASED

## Reliance on Managed Care Contracts Increases System Structure Remains Stable

The Substance Abuse and Mental Health Services Administration (SAMHSA) today released the findings from its 1999 national survey of substance abuse treatment facilities. The survey found continued increases in the number of facilities that had managed care contracts. About 54 percent of facilities had managed care contracts in 1999, as compared to 32 percent in 1995. Overall the survey shows the structure of the treatment system has remained relatively constant over the past eight years.

In 1999, private non-profit facilities made up the bulk of the system (60 percent), followed by private for profit (26 percent) and State/local government (11 percent). Outpatient rehabilitation was the most widely available type of care, offered by 82 percent of all facilities. Residential rehabilitation was offered by 25 percent of all facilities. Partial hospitalization programs were offered by 19 percent of facilities, and outpatient detoxification by 13 percent. Residential detoxification and hospital inpatient treatment (either detoxification or rehabilitation) were each offered by 5 to 8 percent of all facilities. About two-thirds of facilities (64 percent) engaged in substance abuse prevention programs.

"This annual survey helps us assess the nature and extent of services provided in State-supported and other substance abuse treatment facilities and in forecasting treatment resource requirements," said Joseph H. Autry III, M.D. acting SAMHSA Administrator. "It is one of the SAMHSA sur-

veys that is driving the Bush administration's deep commitment to increasing the availability of comprehensive substance abuse treatment services. In his FY 2002 budget the President has proposed an increase of \$60 million for SAMHSA's Substance Abuse Block Grants to states and an increase of \$40 million for Targeted Capacity Expansion grants to cities, counties and tribes; and other programs to expand the availability of substance abuse treatment services. In addition, we are making available this year nearly \$28 million in State Incentive Grants to help governors further develop comprehensive strategies in their states to prevent youth substance abuse before it leads to addiction."

As recently as 1980, the Federal government surveyed facilities treating alcohol and drug abuse separately. By 1999, the vast majority of facilities (96 percent) treated both alcohol and drug abuse. About two-thirds of facilities (65 percent) reported that treating substance abuse problems was their primary focus of activity. Seventeen percent reported that mental health treatment was their primary focus, and 14 percent reported that they focused on substance abuse and mental health equally.

Some facilities report they offer treatment programs designed to address the specific needs of certain groups. These groups include the dually diagnosed (persons with mental illness and co-occurring substance abuse), adolescents, persons with HIV/AIDS, and pregnant or postpartum women or persons in the criminal justice system.

Many facilities offer treatment programs for persons arrested while driving under the influence of alcohol or drugs (DUI) or driving while intoxicated (DWI).

Overall, nearly half (45 percent) of all facilities provide programs for the dually diagnosed. About 34 percent of facilities offered programs for adolescents. About one-fifth (22 percent) of facilities offered programs for persons with HIV/AIDS. Programs for pregnant or postpartum women were offered by 22 percent of facilities. Facilities offering programs for persons in the criminal justice system were relatively widely available, at 47 percent of all facilities.

Special programs for those arrested for DUI/DWI were offered by 38 percent of all facilities. These programs were most likely to be found in private for-profit and Department of Defense facilities (51 percent each).

Methadone/LAAM was dispensed by 8 percent of all facilities. Facilities most likely to dispense methadone/LAAM were Federal government facili-

ties (14 percent), particularly the facilities operated by the Veterans Administration (23 percent). Private for-profit facilities were also more likely than average to dispense methadone/LAAM (11 percent).

The purpose of the annual survey, the Uniform Facility Data Set (UFDS), is to collect data on the location, characteristics, and use of alcoholism and drug treatment facilities and services throughout the 50 States, the District of Columbia, and other U.S. jurisdictions. In 1999, a total of 15,239 facilities, 95 percent of eligible facilities, participated in the survey.

UFDS is also used to update SAMHSA's substance abuse treatment facility locator, a searchable database available on the Internet of state approved substance abuse treatment facilities. People seeking help can use the locator to find the phone number and location of the treatment facility nearest to them. They can find the locator by clicking on the words "Looking for help" on the SAMHSA homepage at [www.samhsa.gov](http://www.samhsa.gov).

# MRC

Memphis Recovery Centers,  
Inc  
*Providing Addiction Treatment Since*

## STUDY SHOWS DRUG USERS NEED REGULAR MEDICAL CARE

A new study found that drug addicts need regular drug treatment care, coupled with regular medical care, in order to effectively manage their health problems, Reuters reported May 9.

The study led by Dr. Barbara J. Turner of the University of Pennsylvania, involved more than 58,000 drug users enrolled in the New York State Medicaid program.

In examining data on hospitalization rates among drug-dependent individuals, researchers found that in 1997, more than 50 percent of the HIV-positive users and nearly 40 percent of the HIV-negative users had been hospitalized at least once, staying an average of 25 to 30 days.

On the other hand, HIV-negative

and HIV-positive drug users who received either regular drug addiction care or regular medical care had the lowest rates of hospitalization. HIV-negative and HIV-positive drug users who received both regular drug treatment and regular medical care were 25 percent less likely to be hospitalized.

For the study, regular addiction care was defined as six months in a treatment program, while regular medical care was defined as receiving more than one third of care from one clinic, group practice, or individual physician.

"Our study affirms the enormous demand by users of illicit drugs for hospital care but also sheds light on possible solutions to this problem," said Turner.

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Non-Profit  
12 Step Based

Residential Programs for women including:  
Detoxification • Rehabilitation • Extended Care

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

Researchers recommended providing regular outpatient drug treatment and medical services to drug users.

"Our data suggest that sufficient drug-treatment slots need to be available to treat drug users, drug users must be linked to this care for at least six months, and these individuals must receive regular medical care," Turner said. "Thus, resources devoted to the outpatient care for this population

have the potential to reduce the many millions of dollars spent on inpatient care. Consumers need to understand that we all pay for ignoring and/or not addressing the health-care needs of drug users."

The study's findings are published in the May 9th issue of the Journal of the American Medical Association. ([jama.ama-assn.org/](http://jama.ama-assn.org/))

## ASAM PPC2R

The revised version of the ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders is available now at the TAADAS Bookstore for \$85 each. Cash, Checks, MasterCard or Visa accepted. Agencies may be invoiced. Call the TAADAS office 615-780-5901 or 1-800-889-9789 to order your copy today!



# MEMBER AGENCY SPOTLIGHT: HOPE OF EAST TENNESSEE

The HOPE of East Tennessee, Inc., founded in 1976, provides recovery residences and out-patient treatment for chemically dependent men and women in need of continuing care following detoxification or short term inpatient treatment. The residences are located in Oak Ridge, providing easy access to community resources. HOPE'S philosophy parallels that of the 12-Steps of Alcoholics Anonymous and Narcotics Anonymous. Clients living in the recovery residences receive:

- ♦ 24 hour staff supervision
- ♦ Group counseling
- ♦ Individual counseling
- ♦ Education on recovery topics

- ♦ Specialized groups such as dual diagnosis groups, adventure based group activities, gender specific groups, etc
- ♦ Coordination and support for employment, vocational rehabilitation and mental health services

Admission requirements for halfway house and outpatient services are:

1. Minimum of 72 hours abstinence from drugs and alcohol.
2. No physical conditions which prohibit participation or place other residents in jeopardy.

3. Motivation to continue building a strong recovery.

Comprehensive assessments are done on all admissions and each person develops an individualized treatment plan in conjunction with a counselor.

Each client, whether residential or outpatient is expected to adhere to rules regarding conduct, and to assume responsibility for themselves and others. Community responsibility and accountability develops with the strong sense of fellowship that exists.

The expectation is that every client will learn to live chemi-

cally free, learn to practice new, non-chemical coping skills, develop new ways of expressing feelings, and establish support systems.

HOPE is licensed by the Tennessee Department of Health and meets all applicable life safety rules.

HOPE is funded in part by a grant from the Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services, public contributions, and the United Way.

HOPE of East Tennessee, Inc.  
188 Raleigh Rd.  
Oak Ridge, TN 37831-4342  
865.482.4826  
Fax: 865.481.0503  
www.hopeofet.org

## BILLS WOULD SHIFT FUNDING TO DEMAND REDUCTION

Two bills introduced by U.S. lawmakers would shift the nation's drug-policy focus from the supply side to the demand-reduction side, Alcoholism & Drug Abuse Weekly reported April 30.

The Drug Abuse Education, Prevention and Treatment Act of 2001, introduced by Sen. Orrin G. Hatch (R-Utah), would provide funding for jail diversion and jail-based treatment programs; addiction research; drug courts and programs aimed at making prisons and jails drug-free; programs that help criminals re-enter society more effectively; and efforts to enhance school safety.

The Drug Abuse Treatment on Demand Assistance Act, introduced by Sen. Barbara Boxer (D-Calif.), would provide federal funding to communities that make addiction

treatment available on request. Such programs are in place in San Francisco, Calif., Detroit, Mich., and Baltimore, Md.

"To succeed in the battle against drugs, our nation cannot merely focus on the supply side," said Hatch. "We must provide a substantial commitment to reduce the demand for these harmful substances that are poisoning our society."

Because of the multi-billion dollar funding involved for both bills, advocates do not hold much hope for their passage. For more information about Sen. Hatch's Bill log on to <http://www.senate.gov/~hatch/press261.html>. Sen. Boxer's bill log on to [http://www.senate.gov/~boxer/newsroom/20010412\\_drugs.html](http://www.senate.gov/~boxer/newsroom/20010412_drugs.html)

## Supportive Housing Systems \*

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- Heartland Place
- Cypress House

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

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



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615-383-4093**

\*A Program of Samaritan Recovery Community

## WORKSHOPS & TRAININGS

### *ASI Training*

Facilitator: Frances Clark, CADAS, Chattanooga, June 7-8,  
Contact Bob Burr 423-756-7644

### *Slanguage Gangsta Rap Music, Imagery*

Facilitator: Shirley McMlerkin-Motley, Central Church of  
Christ, Johnson City, June 8, Contact Lousie Verran  
423-639-7777

### *ASAM—Revised*

Facilitators: Angela Jones & Sandra Hill, JACO, Jackson,  
June 8, Contact Angela Jones 731-423-3553 ext 33

### *Voice of Today's Youth*

Facilitators: Earnest Townes, Memphis A&D Council,  
Memphis, June 9, Contact Jane Abraham 901-272-1657

### *Ethics*

Facilitators: Kathryn Benson, Memphis A&D Council,  
Memphis, June 13, Contact Jane Abraham 901-272-1657

### *ASI*

Facilitators: Angela Jones, JACO, Jackson, June 13&14,  
Contact Angela Jones 731-423-3553 ext 33

### *HIV/AIDS Information For Addiction Professionals*

Facilitators: Dawn Richardson & Chattanooga Cares Staff,  
CADAS, Chattanooga, June 15, Contact Bob Burr  
423-756-7644

### *Weight, Body Image, & Recovery*

Facilitator: Judith Burr, Plateau MHC, Cookeville, June 18,

## CLEARINGHOUSE CORNER

The TAADAS Statewide Clearinghouse is a program of TAADAS funded by a prevention grant through the Tennessee Department of Health. This is the section where you can find out what's happening at the TAADAS Statewide Clearinghouse. The Clearinghouse is your

#1 source for substance abuse information including education materials, training manuals, literature, videos Check here for the latest from the TAADAS Statewide Clearinghouse including featured publications and videos from the TAADAS Statewide Clearinghouse.

### HEPATITIS C RISK NOT LIMITED TO INJECTION DRUG USERS

A study in New York City has found a higher than expected prevalence of hepatitis C infection among non-injecting drug users. In this study, as many as 17 percent of the subjects who denied a history of injection drug use were found to be infected, compared to a 2 percent infection rate in the general population. Among women from one of the study sites in East Harlem who reported use of non-injection heroin, the rate of infection was as high as 26 percent.

The findings, published in the May 1 issue of "Substance Use & Misuse", may indicate that use of needles and syringes is not the only drug-related risk factor for HCV.

Currently, about 60 percent of all new cases of HCV infection in the U.S. are attributable to syringe and needle-sharing with an infected individual. Dr. Alan I. Leshner, NIDA Director, says this study demonstrates that "We need to look closer for other routes of HCV transmission among non-injecting drug users. If hepatitis C can be transmitted through the sharing of non-injecting drug paraphernalia such as straws or pipes, we need to include this information in public health messages targeted to this population."

Dr. Stephanie Tortu, from the Tulane University School of Public Health and Tropical Medicine, in collaboration with Dr. Alan Neaigus of the National Development and Research Institutes, Inc. in New York City, conducted two separate studies with self-reported non-injecting drug users recruited from two NYC neighborhoods. The study participants either denied ever in-

jecting drugs or reported that they had not injected drugs within the past six months prior to participating in the study.

Of 107 women and 251 men from the Lower East Side of Manhattan who reported never injecting, 14 percent of the women and 18 percent of the men were found to be infected with hepatitis C. Of the 171 women in the East Harlem sample who reported no history of injection drug use, 17 percent were found to be infected.

These rates, while lower than for those who had reported histories of injection drug use, were higher than those found in the general population. Of those who had reported past injection drug use, more than half of the men and women in the sample from the Lower East Side, and 62 percent of the women from East Harlem, were infected.

"These studies indicate that the prevalence of HCV among drug users who report that they have never injected is substantially higher than for the general population in the U. S. and several other countries, and prevalence may vary according to population, gender, age, and drugs used," says Dr. Tortu. "Further research is needed to determine the risk factors for HCV transmission among those with no history of injecting drugs."

The Clearinghouse has brochures on Hepatitis C Prevention, Facts, and Testing for the Virus in quantity, as well as various other Hepatitis information. To request your free copies, call 615.780.5901 or toll free 800.889.9789.

# VIDEO CATALOG

After much work, the 2001 Clearinghouse Video Catalog is complete! Clearinghouse Coordinator, Laura Durham has completely reworked and redesigned the catalog making it easier to find exactly what you are looking for. There are over 20 new tapes

in our collection since the printing of the 1999-2000 catalog. At this time, the catalog is available for download online at the TAADAS Clearinghouse website—[www.tncclearinghouse.com](http://www.tncclearinghouse.com). So log on to download your copy today!

## FEATURED VIDEO:

### DRUG WARS: ONE FAMILY'S BATTLE

The TAADAS Statewide Clearinghouse has over 700 videos on Substance Abuse and Substance Abuse related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition's Feature is **Drug Wars: One Family's Battle**.

This is a compelling true story of love and courage. Listen as Linda Couch describes her relentless battle to save the life of her brother, Eric, from an addiction to heroin. Linda emotionally involves her audience by painting the real picture of what a family with an addiction goes through. This

video also shows that there are other victims of drug abuse: sisters, fiancées, parents, friends, and kids. We can see clearly that the claim "I'm not hurting anyone but myself" is nothing but a lie.

Videos can be checked out from the TAADAS 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 \$12.50. Call the TAADAS Statewide Clearinghouse at 615.780.5901 to check out this or one of the other videos in our collection.

## FEATURED PUBLICATION:

### STRENGTHENING AMERICA'S FAMILIES

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 **Strengthening America's Families Model Family Programs for Substance Abuse and Delinquency Prevention**.

Years of program development and research have provided effective strategies for strengthening America's families to prevent juvenile delinquency. This document has been written to help program planners, policy makers and

service providers determine the most effective family-focused and parenting intervention strategies for the high-risk youth and families they serve. This guide will review what is currently known in the research literature about the impact of family characteristics on risk for delinquency as well as the most promising family change interventions. Providers using the guide will be better able to choose or modify existing programs or create new interventions for high-risk youth in their communities. To get your free copy of this publication, call the TAADAS Clearinghouse at 615.780.5901.

## WORKSHOPS & TRAININGS

### *Kids with Bounce: Using Emotional Intelligence to Build Resiliency*

Facilitator: Bette Breland, TN Valley Unitarian Universalist Church, Knoxville, June 20, Contact Martha Culbertson, 865-637-9711

### *Emotional Intelligence*

Facilitator: Bette Breland, Central Church of Christ, Johnson City, June 21, Contact Louise Verran 423-639-7777

### *Kids with Bounce: Using Emotional Intelligence to Build Resiliency*

Facilitator: Bette Breland, CADAS, Chattanooga, June 22, Contact Bob Burr, 423-756-7644

### *Building a Successful Prevention Program*

Facilitator: Ruby Chambliss & Teena Garner, CADAS, Chattanooga, June 28-29, Contact Bob Burr 423-756-7644

### *Faces of Rage*

Facilitator: Mike O'neal, Wesley Memorial Methodist Church, Johnson City, July 13, Contact Louise Verran 423-639-7777

### *6th Annual Minority Health Summit Healthy Communities: Eliminating Health Disparities*

Legislative Plaza, Nashville, August 22-24, Contact 615-741-9443

### *Wellness Retreat 2001*

Paris Landing, Sponsored by The HART Center & Grace House, September 26—30, Contact Jane Abraham 901-272-1657



"Addiction Technology Professionals"

Tennessee Association of Alcohol and Drug Abuse Services, Inc  
Nashville House, Suite B-240  
One Vantage Way  
Nashville, TN 37228-1562

Phone: 615.780.5901  
Fax: 615.780.5905  
Email: mail@tnclearinghouse.com

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IS ON THE WEB!!

WWW.TNCLEARINGHOUSE.COM

TAADAS Board  
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The Tennessee Association of Alcohol and Drug Abuse Services (TADA) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purposes of "creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency." For more information about becoming a member of TAADAS, contact Rogers at:

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

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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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.