

TAADAS TIMES

We Recover Together: Family, Friends, and Community

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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.

September is National Recovery Month. During the month of September, communities nationwide are encouraged to join together to help people with drug and alcohol problems, their families, and friends gain access to treatment services in an effort to heal themselves and the communities in which they live.

Recovery Month celebrates the great strides taken by individuals who have undergone successful treatment and recognizes those in the treatment field who dedicate their lives to helping them. This initiative is part of a national campaign to promote the benefits of substance abuse treatment and embrace the 2001 theme: *We Recover Together: Family, Friends, and Community*.

Drug and alcohol use, abuse, and addiction continue to be among the nation's leading public health problems. Millions of Americans struggle every day with their own drug and alcohol problems. The toll these problems take on these individuals is considerable, as they are at increased risk for very serious health problems, criminal activity, automobile crashes, and lost productivity in the workplace.

The good news is that treatment from drug and alcohol addiction is available and effective. Run by qualified, accredited, and dedicated professionals, treatment programs and services that meet rigorous state standards are the backbone of the public health response needed to address this nationwide epidemic. The range of treatment and recovery program options is considerable; however, it is still not as comprehensive, available, or affordable as it needs to be to ensure that everyone who needs effective treatment can get it. In fact, of the five million people with severe drug or alcohol addiction, only a little more than two million receive treatment — a gap of almost 60%.

For those individuals who are able to receive treatment for their drug or alcohol problems, one irrefutable fact remains — the support of family, friends, and the community at large is a critical facet of the overall recovery process. Their role in timely intervention, motivating the individual with the problem to seek help and supporting that

person throughout his or her efforts to maintain sobriety, cannot and should not be underestimated.

While we have made gains in reducing illicit drug use in our country, we still have far too many people using and abusing drugs and alcohol. In 1999, about 14.8 million Americans were illicit drug users and 12.4 million were considered heavy drinkers. Drug and alcohol use is one of the leading causes of family dysfunction and disintegration. As such, its repercussions are great. Because we do not exist in a vacuum, friends of individuals with drug and alcohol problems and the communities in which they live also suffer greatly. *Recovery Month* is the right time to highlight the benefits of treatment and encourage individuals with drug and alcohol problems to enter treatment and begin their journeys of recovery.

When you consider the nation's drug and alcohol problems in terms of dollars and cents, it adds up that treatment benefits everyone. By one estimate, untreated addiction in the U.S. carries a price tag of \$276 billion. That is the equivalent of roughly \$1,050 per year for every man, woman, and child in the country. Yet, we could treat all those in need of treatment for as little as \$45 per year, a mere fraction of the cost. Of course, the return on investment in terms of restored lives, families, and communities is incalculable.

TAADAS member agencies are joining together all over the state to celebrate Recovery in Tennessee with various activities and events. The Memphis Recovery Caucus consisting of Grace House, Harbor House, Memphis Recovery Center, Serenity Recovery Center, and Synergy Foundation are putting together an event that will bring public recognition for the accomplishments of alcohol and drug abuse services in the Memphis area. Similar festivities are on the drawing board for East Tennessee, Chattanooga, Middle Tennessee and Jackson. Be sure to check out the TAADAS website www.taadas.org for complete details as they become available.

Recovery Month Kits are available through the TAADAS Statewide Clearinghouse free of charge. Call the Tennessee REDLINE — 800.889.9789.



TAADAS Executive Director,
H. Rogers Thomson

"Ms. Gammon thoughtfully demonstrated a willingness to be flexible in interpreting some of the standards for licensure." says H. Rogers Thomson, TAADAS Executive Director

IN ROGERS' WORDS...

TAADAS and TDH Health Care Facilities Licensure Division Working Together

The message that A & D facilities are not the same as nursing homes, appears to have been heard. The Rules and Regulations are now being reviewed with these differences in mind, and TAADAS is in the process of compiling a list of suggested rule revisions or interpretative guidelines.

Ms. Katy Gammon, from the Tennessee Department of Health, Division of Health Care Facilities, was a special guest at the July 2001, TAADAS Board of Director's Meeting. She accompanied Dr. Stephanie Perry, Assistant Commissioner, Department of Health, Bureau of Alcohol and Drug Abuse Services, for the purpose of discussing the concerns of the membership about rules that are problematic, and sharing ways to work together for the benefit of the people we all serve, by providing the best possible care, in the safest possible environment.

The meeting was conducted in an atmosphere of openness. Ms. Gammon thoughtfully demonstrated a willingness to be flexible in interpreting some of the standards for licensure.

The major area of our concern is with the building standards. The standards are geared more toward hospitals and

nursing homes. This framework makes it extremely costly when trying to renovate an existing facility, or to build a new facility to expand treatment capacity. It was also pointed out that building standards for mental health facilities serving similar clients are not as stringent as those for alcohol and drug abuse facilities.

A significant number of the rules and regulations were not written specifically for A & D abuse services. It appears that residential and outpatient A & D abuse treatment was somehow placed under the same standards as nursing homes. Everyone at the TAADAS board meeting agreed that A & D patients deserve the highest level of care, and in theory, many of the licensure standards, which apply to nursing homes, do apply to A & D treatment facilities. As a practical matter, however, some significant differences in patient population exist. For instance, unlike nursing homes, virtually all patients in A & D treatment are ambulatory, and unlike nursing homes, probably no patient is likely to ever need a non-resuscitation order in his or her chart, as is now required for A & D outpatient treatment facilities. Some of the nursing home rules clearly are not appropriate for A & D treatment and the cost to meet them hinders expansion

to meet the growing need for care.

More on the specifics later. For now, it is important to note the atmosphere of cooperation that exists between the TAADAS membership and the Tennessee Department of Health, which will certainly lead to the resolution of issues to the benefit of all concerned. This demonstrates what working together can do to provide the highest level of service, while being fiscally responsible at the same time. The result of this cooperative effort will certainly hold down the cost of providing the highest quality A & D treatment, as well as the related costs of NOT providing adequate services. Everyone wins.

Addressing the licensure issue as a united organization with one voice is just one way that TAADAS is serving its members and the A & D field in Tennessee. The benefits of TAADAS membership are increasing at every level, and as our numbers grow, so will the impact on all the issues facing us and those we serve. Being a member of TAADAS is a WIN-WIN-WIN situation, so ask every individual, club, business, faith community, board member, employee, student, etc., to join TAADAS and become a meaningful part of "**Championing the Cause**". The best is yet to come.



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SAMARITAN ACHEIVES CARF ACCREDITATION

TAADAS congratulates John York and his staff at Samaritan Recovery Community for achieving their third consecutive three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities.

This accreditation outcome, which represents the highest level of accreditation, is awarded to organizations that show substantial fulfillment of the standards established by CARF and clearly indicates that present conditions represent an established pattern of total operational quality that is likely to be maintained in

the future.

In addition to the core program areas of Residential Treatment and Community Housing, "Samaritans" was also awarded accreditation in the new area of "Assessment and Referral" for the first time. "Since we are now a designated central intake site, we felt it was important to seek accreditation in this area of operations," explains Samaritans' Associate Director Estelle Garner, "and we are delighted to have achieved the highest level on our first try."

Samaritans has provided alco-

hol and drug treatment services in Nashville since 1964 and currently has a total of 82 beds at four locations in Davidson County. The programs offered include the Intensive Residential Program with an A&D track and a Dual Diagnosis track, the Transitional Living (Halfway House) Program, the Supportive Housing Program, which includes recovery homes at various locations in the community, and the Assessment & Referral Program.

CARF is a not-for-profit international accreditation body founded in 1966 that accred-

its behavioral health programs, adult day services, assisted living services, employment and community living services, and medical rehabilitation programs. The mission of CARF is to "promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served."

John and his staff at Samaritans have worked hard for this accomplishment and all of his friends at TAADAS send their heartfelt congratulations.

HOUSE PANEL REJECTS PLAN FOR MORE DRUG TREATMENT

The U.S. House of Representatives Appropriations committee has rejected an amendment that would have reallocated all the money from Plan Columbia to expanding addiction treatment in the United

States, Reuters reported July 10.

The amendment, which was rejected on a 43-18 vote, was part of the House foreign-aid bill. The \$15.2-billion bill later

passed without the amendment.

The foreign-aid bill includes \$676 million for Plan Columbia, an effort in which the U.S. provides military aid to help

Columbia in its drug-fighting mission. Some Democrats had argued that the money would be better used to make treatment available to addicts rather than trying to eradicate drug supplies.



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NEWS FROM CAPITOL HILL

Background: This year's marathon legislative session seems to have ended. As you have heard by now, during the early evening hours of July 12, 2001, the TN General Assembly approved a "barebones" budget containing no new taxes and no increases in existing tax rates. The budget fulfills the legislature's constitutional mandate to adopt a balanced budget, funds court orders and certain other obligations, and uses all the tobacco settlement revenues. Though the budget is balanced in a technical sense, it is unbalanced insofar as it fails to match recurring expenses with recurring revenues.

By using substantial amounts of one-time revenue, the budget leaves a \$212 million hole in next year's budget. To fund next year's budget at exactly the same dollar levels as this year's budget, an additional \$212 million will be

needed. You might understand this funding blueprint as using an unexpected inheritance from your dearly departed Aunt Tilley to pay your electric bill.

After passing the budget, the General Assembly approved an adjournment resolution that will bring the legislature back January 8, 2002. The resolution, does, include a contingency clause that would reconvene the legislature on August 7th if the Governor vetoes the budget. A veto would require an early return because the interim budget approved on June 29 requires the re-authorization of certain high-priority appropriations, including \$250 million in Basic Education Program funds, all Tennessee Industrial Infrastructure Program (TIIP) grants, and police and firefighter pay supplements. If the permanent budget does not become law as a result of a veto, the \$250 million BEP disbursement could not occur as scheduled on Au-

gust 15 without re-authorization.

After more than 6 months in session and 12 days into the current fiscal year, the House and Senate finally came to an agreement on the state budget, but it came with the drama of a last-ditch effort to adopt an income tax. Amid a group of vocal protesters, legislators tried to cobble together enough votes for a flat 2.5% income tax. The effort did not succeed, and the matter did not come to a vote in either the House or Senate. After the collapse of the effort, the Senate took action on the permanent budget approved earlier in the week by the House.

Treatment Community Implications: While difficult to conceive now, next year's state budget will be more difficult to enact than this year's. Time will be short, redistricting is always difficult, and this year's

process has already dug a hole for next year. The General Assembly used the entire windfall from the tobacco settlement agreement to fund recurring operating expenses. They will not be able to do that again. From a historical perspective, the General Assembly has been reluctant to enact tax increases in an election year. While this year's budget is pretty much a status quo affair with the help of the tobacco dollars, the just passed appropriations bill does contain language stating that the legislative intent for the fiscal year beginning July 1, 2002 is to reallocated dedicated taxes to the general fund. That is ominous language for many folks who look to the state budget for funding, not just the treatment community.

Nathan Ridley is an attorney with the Nashville firm of Boulton Cummings Connors and Berry, PLC. Contact him by e-mail nridley@boultoncummins.com



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EQUINE-ASSISTED PSYCHOTHERAPY: THE ETAADAC WAY

By: Gene Marie Rutkauskas, ETAADAC
President Elect

On June 30, 2001, ETAADAC, the East TN chapter of NAADAC, presented a terrific training in "Equine-Assisted Psychotherapy".

The training facilitated by Angela Masini, Ph.D., NCAC and Pam Salem, BS. Both hold a level 1 certification from the Equine-Assisted Growth and Learning Association (EAGALA). The training was held at Horizon Farm in Seymour, TN, where the Salems breed Arabian horses.

Background of and current uses for Equine-Assisted Psychotherapy (EAP): The relationship between horses and people has thousands of years of history. A powerful connection develops when the two come into contact. Horses are powerful, yet sensitive and the equine-person interaction is a metaphor for other relationships. Recently, through the development of EAP, this relationship is used in a more deliberate and planned manner to promote desired changes in people.

EAP is a collaborative effort between a licensed therapist and a horse professional in which the horse becomes a tool for emotional growth

and learning. The client gains self and other awareness by participating in structured activities with the horses and then processing feelings and learning. Since all activities are developed for specific goals and needs, EAP is suitable for a variety of client populations and settings. Unlike horseback riding, most EAP activities are conducted on the ground. Riding experience is not necessary. Safety is primary and all participants learn safe procedures for being around horses. Despite its relatively recent origins, EAP has already been successfully used in:

- ◆ Team building with businesses and organizations
- ◆ Staff training with both private and not-for-profit agencies
- ◆ Residential and outpatient therapy groups
- ◆ Growth-oriented groups
- ◆ School-based programs
- ◆ Corrections programs
- ◆ Addictions Treatment programs

It was helpful to me to have a thorough orientation to this modality in the cozy living room of the farm along with the other participants. We watched an informative video of the original "Horse-Whisperer" in action

with an unbroken horse. I was startling to see this huge animal respond with gentle curiosity to this man. It reminded me of how I may want to push a client into doing something that I perceive to be "good" for him or her, and the client resists that pressure and my pushing turns out to be counterproductive. How much more effective to make a safe place for our clients, then provide them with gentle help as they discover their path.

We further learned the use of a horse in psychotherapy introduces an interesting dynamic, a therapeutic tool that is alive and interactive. I found this large animal to be extremely sensitive to us humans and felt a connection with him that I have not had with other animals. Pam and Angela shared a story about a young man at an adolescent treatment facility who had gotten hold of a sharp piece of glass and planned to commit suicide. He had been in an EAP training and had stolen off to the barn to say good-bye to the horse. Instead, he fell asleep and was found the next morning, safe, with the horse standing guard over him. This was the turning point for this young man from despair to hope.

NAADAC ON NICOTINE DEPENDENCE

An excerpt by Kathryn Benson, NCAC II

In accordance with the avowed purposes of the NAADAC - prompting and supporting the most appropriate and highest quality of care and treatment for chemically dependent clients/patients and their families - the association advocates and supports the development of policies and programs that promote the prevention and treatment of nicotine dependence on a par with alcoholism and drug dependence.

NAADAC recognizes the need for the addiction treatment community to adopt a consistent position on issues related to tobacco use and nicotine dependence, noting nicotine addiction is especially prevalent among those who suffer from alcoholism and other drug dependence. Indeed, the relationship is so strong that intractable heavy smoking is predictor of unrecognized alcohol abuse. Tragi-

cally, tobacco-related diseases are the leading cause of death in patients previously treated for alcoholism and/or other non-nicotine drugs of dependence. Nicotine dependence treatment is imperative in such high-risk patients.

The preponderance of data demonstrates that tobacco use and exposure to environmental tobacco smoke are major contributors to illness, disability and death. Cigarettes kill more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, fire, car accidents and AIDS combined.

Consequently, NAADAC - The Association for Addiction Professionals approved, May 2001, a position paper that advocates the following:

- that all patients presenting for A&D services be screened and assessed for tobacco use and, where applica-

ble, diagnose and chart, according to DSM-IV criteria;

- formation of Nicotine Anonymous support groups;
- encourages A&D treatment centers to:
 - provide nicotine education,
 - staff not be identifiable as tobacco users during working hours or when representing the treatment facility, and
 - make facilities and surrounding grounds be designated tobacco-free areas.

In this excerpt of the Nicotine Dependence Position Paper, it is the intent of the writer to increase awareness, generate examination of individual beliefs, and stimulate open discussion within our professional treatment community. I welcome responses and may be reached at 615.885.3615.

TAADAC IN THE TIMES

THE ESSENCE OF DRUG ADDICTION

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

The word "addiction" calls up many different images and strong emotions. But what are we reacting to? Too often we focus on the wrong aspects of addiction so our efforts to deal with this difficult issue can be badly misguided.

Any discussion about psychoactive drugs, particularly drugs like nicotine and marijuana, inevitably moves to the question "but is it really addicting?" The conversation then shifts to the so-called types of addiction - whether the drug is "physically" or "psychologically" addicting. This issue revolves around whether or not dramatic

physical withdrawal symptoms occur when an individual stops taking the drug, what we in the field call "physical dependence."

The assumption that follows then is that the more dramatic the physical withdrawal symptoms, the more serious or dangerous the drug must be. Indeed, people always seem relieved to hear that a substance "just" produces psychological addiction, or has only minimal physical withdrawal symptoms. Then they discount its dangers. They are wrong. Marijuana is a case in point here, and I will come back to it shortly.

Defining Addiction

Twenty years of scientific research, coupled with even longer clinical experience, has taught us that focusing on this

physical vs. psychological distinction is off the mark, and a distraction from the real issue. From both clinical and policy perspectives, it does not matter much what physical withdrawal symptoms occur. Other aspects of addiction are far more important.

Physical dependence is not that important because, first, even the florid withdrawal symptoms of heroin and alcohol addiction can be managed with appropriate medications. Therefore, physical withdrawal symptoms should not be at the core of our concerns about these substances.

Second, and more important, many of the most addicting and dangerous drugs do not even produce very severe

physical symptoms upon withdrawal. Crack cocaine and methamphetamine are clear examples. Both are highly addicting, but stopping their use produces very few physical withdrawal symptoms, certainly nothing like the physical symptoms of alcohol or heroin withdrawal.

What does matter tremendously is whether or not a drug causes what we now know to be the essence of addiction: uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences. This is the crux of how many professional organizations all define addiction, and how we all should use the term. It is really only this expression of

(Continued on page 7)

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(Continued from page 6)

addiction - uncontrollable, compulsive craving, seeking and use of drugs - that matters to the addict and to his or her family, and that should matter to society as a whole. These are the elements responsible for the massive health and social problems caused by drug addiction.

Essence of Addiction

Drug craving and the other compulsive behaviors are the essence of addiction. They are extremely difficult to control, much more difficult than any physical dependence. They are the principal target symptoms for most drug treatment programs. For an addict, there is no motivation more powerful than drug craving. As the movie "Trainspotting" showed us so well, the addicts entire life becomes centered on getting and using the drug. Virtually nothing seems to outweigh drug craving as a motivator. People have committed all kinds of crimes and even abandoned their children just

to get drugs.

Rethinking Addiction

Focusing on addiction as compulsive, uncontrollable drug use should help clarify everyone's perception of the nature of addiction and of potentially addicting drugs. For the addict and the clinician, this more accurate definition forces the focus of treatment away from simply managing physical withdrawal symptoms and toward dealing with the more meaningful, and powerful, concept of uncontrollable drug seeking use. The task of treatment is to regain control over drug craving, seeking and use. Rethinking addiction also affects which drugs we worry about and the nature of our concerns. The message from modern science is that in deciding which drugs are addicting and require what kind of societal attention, we should focus primarily on whether taking them causes uncontrollable drug seeking and use. One important example is the use of opiates, like morphine, to treat cancer

pain. In most circumstances, opiates are addicting. However, when administered for pain, although morphine treatment can produce physical dependence - which now can be easily managed after stopping use - it typically does not cause compulsive, uncontrollable morphine seeking and use, addiction as defined here. This is why so many cancer physicians find it acceptable to prescribe opiates for cancer pain.

An opposite example is marijuana, and whether it is addicting. There are some signs of physical dependence or withdrawal in heavy users, and withdrawal has been demonstrated in studies on animals. But what matters much more is that every year more than 100,000 people, most of them adolescents, seek treatment for their inability to control their marijuana use. They suffer from compulsive, uncontrollable marijuana craving, seeking and use. That, makes it addicting, certainly for a large number of people.

Treating Addiction: Follow The Science

It is important to emphasize that addiction, as defined here, can be treated, both behaviorally and, in some cases, with medications, but it is not simple. We have a range of effective addiction treatments in our clinical toolbox although admittedly not enough. This is why we continue to invest in research, to improve existing treatments and to develop new approaches to help people deal with their compulsive drug use. Our national attitudes and the ways we deal with addiction and addicting drugs should follow the science and reflect the new, modern understanding of what matters in addiction. We certainly will do a better job of serving everyone affected by addiction - addicts, their families and their communities - if we focus on what really matters to them. As a society, the success of our efforts to deal with the drug problem depends on an accurate understanding of the problem.

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STATES CONSIDER LOWER PENALTIES, MORE DRUG TREATMENT

Several states are considering proposals that focus less on jail sentences and more on drug courts and treatment, Substance Abuse Funding News reported April 24.

The push towards treatment is being led by several governors and state lawmakers, including conservative Republicans. Gov. George Pataki (R-New York) and Gov. Gary Johnson (R-N.M.) have developed proposals that change their states' drug policies and penalties by incorporating more treatment.

In addition, the governors of Arkansas, Hawaii, Idaho, Oklahoma, Utah, and Wyo-

oming, five of whom are Republicans, support alternatives to prison. Included in their plans are more treatment and drug-court expansion.

In Colorado, Connecticut, Massachusetts, New Mexico, and New York, lawmakers have introduced bills that would reduce mandatory minimum sentences.

Contributing to the push toward treatment are addiction-treatment providers, researchers, attorneys, and social workers. They have been pressuring state leaders and lawmakers to address current drug-fighting efforts, which they define as costly and ineffective.

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AMERICANS SUPPORT DRUG TREATMENT OVER JAIL

A new poll finds that most Americans, nearly a 3-1 margin, are in favor of treatment over jail for first- and second-time drug offenders, ABC News reported June 6.

According to an ABC News.com poll, 69 percent of the 1,024 adults surveyed said they believe treatment programs would be better than incarceration for drug users. Just 25 percent oppose treatment programs over incarceration options.

The survey also showed that better-educated people tend to support treatment over jail, while men and Republicans are less likely to support treatment. According to the survey, 66 percent of men and 62 percent of Republicans favor treatment, compared to 72 percent of women and 73 percent of Democrats and independents.

The telephone poll was conducted May 16–20, 2001.

To earn the appreciation of honest critics and endure the betrayal of false friends; To appreciate beauty; To find the best in others; To leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition; To know even one life has breathed easier because you lived. This is to have succeeded.

~ Ralph Waldo Emerson ~



MEMBER AGENCY SPOTLIGHT: JACK GEAN SHELTER

There are as many interesting stories as there are people riding this planet. One of the most fascinating around is that of Mrs. Jackie Scott. The reason could be that Scott doesn't mince words, and is unafraid to openly tell of her own experience, strength, and hope.

A new life began with this "tell-it-like-it-is" woman at the point her old life ended. That was on April 19, 1977 when Scott was court ordered into addiction treatment at Serenity Recovery Center in Memphis, following her release jail. As Scott puts it, "I went from jail to treatment."

After two weeks of "resistant" treatment, Scott's father died. At the funeral home,

something happened that changed her life. "I had a spiritual experience of some kind. It's as simple as that," Scott said. "I just accepted the fact that I was an alcoholic, and I had to do something about it." Serenity House provided the guidance and direction that allowed this fragmented, frustrated and angry person to be made whole again, and as a result, hundreds of other women have found their way into a new life. This opportunity for others happened because Scott had a dream, a vision that came to her at the funeral home that fateful day, and she didn't give up on it. That dream would make it possible for other women to experience a better way of

life in her hometown of Savannah.

It wasn't easy. "I was told it couldn't happen here in Savannah," Scott said, "but I kept trying." It wasn't until October 1, 1985, just weeks following the death of her mother, that the Jack Gean Shelter opened, named in honor of her father, Jack Gean. During those 8½ intervening years, Scott worked as a counselor at Serenity Recovery, at JACOA in Jackson, and worked in a TVA warehouse driving a forklift. Her efforts, which continue today, make it possible for 12 women and 12 men (who live separately) to have a chance to put their lives together, perhaps for the first time

ever. There is also a new outpatient program.

The rules at Jack Gean Shelter are clear, understandable and straight forward, just like its founder. There is no charge upon entering the program. Residents attend three groups a day, and when they go to work after 45 days, the rent is \$37.50 per week, which doesn't cover their food. There are no visits by boyfriends or girlfriends, or brothers or sisters. It seems that in the past, some of the "brothers and sisters" were not really kinfolks, but had another agenda, which was destructive. 'Real' family can visit once a month.

The dream continues...

CALIFORNIA MAY NEED TO CUT ADDICTION FUNDING

Proposition 36 is guaranteed full funding for the next fiscal year, but California officials may need to cut addiction funding to address its budget problems, Alcoholism & Drug Abuse Weekly reported June 25.

When California voters approved Proposition 36, they were told that the initiative, which promotes drug treatment rather than incarceration, would not replace existing addiction-treatment funding. But faced with an energy crisis, California Gov. Gray Davis' revised the state budget for the next fiscal year, making cuts in funding for the state's drug courts and treatment for youths and adults.

Addiction programs, said Dale Wagerman, executive director of the County Alcohol and Drug Program Administrators Association of California, "are among the very few programs that really got cut."

The governor's latest budget proposal would reduce funding for California's drug courts from \$19 million to \$10.5 million, eliminate \$5.7 million earmarked last year for addiction services for children, and cut adult treatment programs by \$7.7 million.

"The cuts are being driven by the governor's administration. I don't know if they're getting even on Proposition 36," said Wagerman. "A lot of folks will get treatment if they can get arrested. A lot of folks not arrested will lose treatment. I'm not sure that's what the voters intended."

Some of the funding cuts could be restored. For instance, Wagerman said it is likely that drug court funding would be restored, and a budget conference committee has already restored some funds for youth treatment programs.

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WORKSHOPS & TRAININGS

Mindfulness Based Stress Reduction

Facilitator: Debbie Skyler, HR McNabb Children &, Youth Center, Knoxville, August 3, Contact Martha Culbertson 865-541-6676

Youth Violence

Facilitator: Barry Boggs, Salvation Army Purdue Center for Hope, Memphis, August 8, Contact Jane Abraham 901-272-1657

Group Dynamics

Facilitator: Brian Garrett, Wesley United Methodist Church, Johnson City, August 8-9, Contact Louise Verran 423-639-7777

Mindfulness Based Stress Reduction

Facilitator: Debbie Skyler, HR McNabb Children &, Youth Center, Knoxville, August 10, Contact Martha Culbertson 865-541-6676

HIV/AIDS

Facilitator: Preston Archer, Salvation Army Purdue Center for Hope, Memphis, August 11, Contact Jane Abraham 901-272-1657

Issues in Providing AOD Services for Pregnant Substance Abusing Women

Facilitator: Gene Marie Rutkauskas, Knox County Health Dept Community Room, Knoxville, August 17, Contact Martha Culbertson 865-541-6676

Beyond the Rules (Advanced Ethics)

Facilitator: Kathryn Benson, A & D Council of Middle TN, Nashville, August 17, Contact Susan Young 615-269-0029

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

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

Cultural Sensitivity

Facilitator: Patrick Beard, JACO, Jackson, August 24, Contact Adam Webster 731-423-3653

METH USE DURING PREGNANCY INCREASES RISK FOR MALE OFFSPRING

A new study found that women who use methamphetamines during pregnancy increase the risk of brain damage in their male offspring, according to a July 17 press release from the University Of Chicago Medical Center.

In a study performed on mice, researchers at the University of Chicago discovered that exposure before birth makes males, even as adults, much more susceptible to the drug's brain-damaging effects. If the males who were prenatally exposed to methamphetamine take the drug themselves as teens or adults, the increased toxicity could hasten the onset of brain disorders such as Parkinson's disease, researchers said.

"No one who values his or her brain should take this drug,"

said neurotoxicologist Alfred Heller, professor of neurobiology, pharmacology, and physiology at the University of Chicago and director of the study. "If you're male, and if your mother took methamphetamine – and it's difficult to be certain she didn't – you should not go near this drug."

The impact on female offspring is not as severe, a fact researchers think could be connected with the rise in body temperature associated with use of the drug. Methamphetamine increases core temperatures more in males than in females.

The study's findings are published in the August issue of the Journal of Pharmacology and Experimental Therapeutics.

FEATURED VIDEO:

TOGETHER: FAMILIES IN RECOVERY

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 **Together: Families in Recovery**

This 30 minute relapse prevention video written by Dennis Daley, one of the foremost experts in the chemical dependency field. Designed for the entire family, the program dramatically depicts necessary relapse prevention techniques for addicted and non-addicted family members. Three fami-

lies are followed as they are confronted with the threat of relapse. The video will strengthen existing aftercare programs and be a cornerstone to programs just getting started.

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.



Check out the complete Video Catalog on the web at www.tnclearinghouse.com

FEATURED PUBLICATION:

MOVING FORWARD WITH YOUR LIFE!

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: **Moving Forward with your life! Leaving Alcohol and other Drugs Behind.**

There is no typical alcoholic or drug dependent person. You may be old or young; male or female; single, married, divorced, or living with someone; practice any religious observance or none; live in the country, city, or suburb; earn a lot or

a little; come from any ethnic or racial background; and live any type of lifestyle. Moving Forward is a 6 page booklet that discusses the reasons why people abuse drugs, the warning signs that someone has a problem with alcohol/drugs, and where to go for help. The booklet emphasizes that abusers are not alone and that help is available.

To get your free copy of this publication, call the TAADAS Clearinghouse at 615.780.5901. * This publication is available in bulk quantities. Call for details. *



For all of your Recovery Gift Needs

Featuring Recovery Greeting Cards, T-Shirts, Hats, Medallions, Coin Holders, Book Covers for Big Book and Basic Text, Custom Made Recovery Jewelry, Big Book, Basic Text, 12 x 12 and It Works: How & Why on Cassette Tape, Inspirational and relaxation tapes and CD's, Sun Catchers, Lapel Pins, Bookmarks, Verse Cards, Bumpers Stickers, Coffee Mugs, Key Tags and lots of books.

Featured Books for August & September:

- * **The Ice Storm & Healing an Angry Heart** — C.C. Nuckols
- * **Staying Sober** — Terrance Gorski
- * **Daily Affirmations** — Rokelle Lerner
- * **Out of the Fog** — John Kelly
- * **Husband's Little Black Book & Silent Sons** — Robert J. Ackerman
- * **Language of Letting Go** — Melody Beattie
- * **Choices and Consequences** — Dick Schaefer
- * **How Can I Help** — Ram Dass & Paul Gorman

When in Nashville, Visit them in person at the Nashville House located on One Vantage Way, Suite B-240. Or coming

WORKSHOPS & TRAININGS

Addressing Grief and Loss with Children & Youth

Facilitator: Kim Henry, Wesley United Methodist Church, Johnson City, September 6, Contact Louise Verran 423-639-7777

SASSI-3

(Administration & Clinical Interpretation)

Facilitator: Jack Freckman, JACO, Jackson, September 7, Contact Adam Webster 731-423-3653

Professional Ethics: Do Not Harm (Basic Ethics)

Facilitators: Kathryn Benson, A & D Council of Middle TN, Nashville, September 7, Contact Susan Young 615-269-0029

Auricular Acupuncture:

An Adjunct to Addiction Treatment

Facilitators: Sue Ramsey, HR McNabb children & Youth Center, Knoxville, September 7, Contact Martha Culbertson 865-541-6676

Ethics & the A&D Professional

Facilitator: Betty Barnette, JACO, Jackson, September 14, Contact Adam Webster 731-423-3653

ASAM Criteria

Facilitators: Wayne Hyatt, Salvation Army Purdue Center for Hope, Memphis, September 19, Contact Jane Abraham 901-272-1657

Cultural Sensitivity

Facilitators: Jane Abraham, Salvation Army Purdue Center for Hope, Memphis, September 22, Contact Jane Abraham 901-272-1657

Chemical Use, Abuse & Dependency

Facilitators: Tammy Stone, A & D Council of Middle TN, Nashville, September 26, Contact Susan Young 615-269-0029

Wellness Retreat 2001

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



Tennessee Association of Alcohol and Drug Abuse Services, Inc
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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." For more information about becoming a member of TAADAS, contact Rogers at:

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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: _____

Phone: _____ Toll Free: _____ Fax: _____

Website: _____ Email address: _____

Card Holder's Name: _____ Visa/Mastercard #: _____

Card Holder's Signature: _____ Exp Date: _____

TAADAS' Mission

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