Ten Drug and Alcohol Policies That Save Lives

Community leaders across the country are grappling with problems caused by drug and alcohol use. Everyone wants to know: What really works? What policies are the most effective in preventing and treating these problems? How can we save lives?

These questions are especially important for elected officials. But too many politicians call for policies that won’t work, and too few even know that proven strategies exist. Every public official ought to know there are better ways to prevent alcohol and drug problems than punishing people who have a disease.

Join Together, a project of the Boston University School of Public Health, has created a new publication that answers this crucial question: Ten Drug and Alcohol Policies That Will Save Lives. It draws on strong scientific research to make a concise but persuasive case for policy measures that are proven to have a positive effect.

The policy proposals in this document are also supported by the public, which shows great common sense on issues like restricting beer and other alcohol advertising targeted at children, and favoring treatment over jail for non-violent alcoholics and drug users.

Join Together sent this guide to every 2004 candidate across the nation, from every party, who ran for state legislature, governor, other statewide elected office, and Congress. The initiative was funded by contributions from individuals and organizations.

Preventing Underage Drinking

1. Increase alcohol prices through taxes, particularly on beer. Underage drinkers consume as much as 20% of all alcohol—mostly beer—sold in the U.S. But youth drink less when beer costs more. Fewer of them die from alcohol-related motor vehicle accidents, the leading cause of death for people aged 15-20, get into fights, and try to commit suicide. Alcohol taxes were one intended to keep prices high enough to deter excessive use. However, alcohol taxes have not kept pace with general inflation, and the real price of beer has actually dropped in the past 30 years.

2. Limit alcohol advertising and promotional activities that target young people. Like the tobacco industry, the alcohol industry targets advertising to children. Long-term exposure to alcohol advertising and promotional activities increases the likelihood that children will drink, and the kids who see the most ads are most likely to drink. The public knows these facts and backs advertising limits—a 2000 survey found over 60% of Americans support reducing alcohol ads on television, billboards, and at sporting events.

3. Adopt laws that will prevent alcohol-related deaths and injuries among young people. Graduated drivers’ license laws “happy hour” restrictions, compliance checks, and similar policies change the context in which young people drink. These approaches have been shown to reduce underage drinking and fatal accidents among 15-20 year olds.

4. Require and enforce equal insurance coverage for drug and alcohol treatment. Virtually all insurance plans either do not cover drug and alcohol treatment or require that people pay higher share of the costs of care, making treatment unaffordable for most families. Consumers do not get help early enough to avoid health and social problems and must use the public system to...
# Study: Fewer Kids Would Smoke if States Spent More on Prevention

Youth smoking rates in the U.S. would be up to 14 percent lower today if states had followed federal recommendations on spending for tobacco prevention and cessation, researchers say.

*Ascribe* reported January 25 that the study from Bridging the Gap, a policy research program at the University of Illinois at Chicago (UIC), found strong evidence of a connection between state investments in prevention and the rates at which kids smoke.

"If states had spent just the minimum amount recommended by [the federal Centers for Disease Control and Prevention], youth smoking nationally would have been between 3 and 14 percent lower than was observed during the 10-year period that we examined," said UIC economist John Tauras, the study's lead author. "Furthermore, with so many states now making big cuts in tobacco control as a way of dealing with budget shortfalls, what our study predicts is that a substantial decrease in funding will lead to a significant increase in adolescent smoking."

Researchers compared tobacco consumption data from the annual Monitoring the Future survey to per-capita prevention spending by states. "State investments in tobacco control, even at current levels, are reducing youth smoking," Tauras said. "What our study is saying is that if states would move closer to the CDC recommended amounts, they could have a much greater impact. Conversely, when we see estimates that states may be actually cutting some $90 million from tobacco-control efforts, then we need to understand that the cost will come in the form of more kids starting to smoke."

The authors pointed out that the tobacco industry spends 34 times more marketing tobacco than states do to try to curb consumption. Only three states have spend the minimum amounts recommended by CDC for tobacco prevention. In 2005, states will receive nearly $20 billion from the 1998 nationwide tobacco settlement and cigarette taxes, but spend just $1.6 billion on tobacco control.

The study was published in the February 2005 issue of the American Journal of Public Health. Bridging the Gap is funded by the Robert Wood Johnson Foundation.

### Tennessee Ranks Dead Last in Spending Tobacco Settlement Funds for Intended Purpose

A survey of the states and District of Columbia by the Campaign for Tobacco-Free Kids shows Tennessee dead last in spending money received for the national tobacco settlement with major cigarette makers on anti-smoking programs.

Tennessee ranked 51st, meeting 0% of the CDC minimum, in spending tobacco settlement funds for intended purpose for both FY04 and FY05. Federal health officials with the Centers for Disease Control & Prevention recommended a spending minimum of $32.2 million—$89 million for anti-smoking programs in Tennessee. Not one penny of the $246 billion national tobacco settlement funds is going to anti-smoking programs, says a coalition of anti-smoking groups.

Maine, Delaware, and Mississippi are spending above the CDC recommended minimum spending levels and Arkansas is within 1.7% of funding at the minimum level. Nine states fall within the range of 51.5% to 86.3% of the minimum funding level. However, 37 states and the District of Columbia are funding programs at less than half the CDCs recommended minimum level.


### ASAM’s Patient Placement Criteria Deemed Effective

According to a series of reports published in the Journal of Addictive Diseases in 2004, the American Society of Medicine's (ASAM) Patient Placement Criteria are associated with less morbidity, better post-treatment outcomes and less overall service utilization. The National Institute on Drug Abuse (NIDA) suggests that ASAM's guidelines for placement, continued stay and discharge have made it possible to conduct controlled research in order to refine treatment plans and policies.

Dr. David Gastfriend, editor of these reports, suggests this first volume of papers will serve as a "knowledge foundation to support new architecture for the information technology of substance disorder treatment."

"ASAM Patient Placement Criteria are associated with less morbidity, better post-treatment outcomes and less overall service utilization."
The University of Memphis Hosts Inauguration Ceremony for the Institute for Substance Abuse Treatment Evaluation (I-SATE)

By Dr. Satish Kedia

On Tuesday, 23 November 2004, the Institute for Substance Abuse Treatment Evaluation (I-SATE) of The University of Memphis organized a luncheon at The University’s Holiday Inn and hosted public officials from the Bureau of Alcohol and Drug Abuse Services of the Tennessee Department of Health; Shelby County government representatives; treatment providers and board members from the Tennessee Association for Alcohol and Drug Abuse Services (TAADAS); and administrators, faculty, staff, and students from The University of Memphis. The theme was “Substance Abuse Treatment in Tennessee: Hopes and Challenges in the 21st Century.”

I-SATE is an expansion of Tennessee Outcomes for Alcohol and Drug Services (TOADS), functioning as an umbrella organization that focuses on substance abuse treatment research and evaluation in Tennessee. I-SATE collects, analyzes, and publishes data on statewide substance abuse trends and treatment effectiveness through projects like TOADS, ADAT-DUI, and initiatives dealing with drug abuse trends, minorities, pregnant women, adolescents, the homeless, those with co-occurring mental health disorders, and evaluation research and bring positive change for those in need of treatment in Tennessee. She noted that Tennessee has received a competitive Access to Recovery (ATR) Grant. This $19 million dollar federal grant will be used to expand subsidized recovery services, especially for methamphetamine abusers. Dr. Perry mentioned that I-SATE has become a nationally recognized research facility and has positioned Tennessee as one of few states in the country with solid substance abuse evaluation efforts.

Other speakers included Dr. Ralph Faundra (Provost at The University of Memphis), Dr. Henry Kurtz (Dean of The University of Memphis College of Arts & Sciences), David “Boomer” Brown (TAADAS President and CAADAS Director of Transitional Services), and Frank Kolinsky (Director of E.M. Jellinek Center, Inc.). They spoke of I-SATE’s contribution to making The University of Memphis a premier urban research institute through its partnership with the Bureau of Alcohol and Drug Abuse Services and treatment providers for the benefitment of communities across Tennessee. TAADAS representatives mentioned I-SATE’s positive effects on treatment providers through evaluation outcomes reports to support arguments for the effectiveness of substance abuse treatment and to improve providers’ ability to discern how to better help abusers heal.

For further information on I-SATE (www.isate.memphis.edu), please contact: Satish Kedia, Ph.D., Director of I-SATE and Associate Professor of Medical Anthropology, The University of Memphis, at sskedia@memphis.edu or (901) 678-1433.

Kansas: Hike in Youth Smoking Threatens Grant

As reported in the December 9 edition of Substance Abuse Funding Week, minors are obtaining cigarettes too easily, so Kansas regulators plan to increase enforcement efforts, as well as stiffen penalties, to keep the state from losing $5 million in federal substance-abuse prevention funding. Officials are confident the tougher stance will cut youths’ access to tobacco and end the likelihood of losing the federal funds.
Huffing, sniffing, bagging: these terms are virtually unknown to adults but widely used by youth. It's called inhalant abuse, and it's a significant problem among pre-teens and young adolescents, especially in Tennessee where it is now on the rise.

According to the US Center for Disease Control's (CDC) Youth Risk Behavior Surveillance Survey, Tennessee is tied for seventh in inhalant abuse in the United States. Nationally, almost 20% of eighth graders have already tried huffing, sniffing or bagging, but most educators and parents don't know what's really going on!

Inhalant abuse is the practice of deliberately breathing in chemical fumes and product vapors to get an immediate euphoric, high feeling. Huffing means breathing in through the mouth, sniffing means breathing in through the nose, and bagging is the nickname for concentrating vapors in a bag, putting the bag over mouth and nose and breathing deeply. Children huff and sniff on the school bus, in the cafeteria, in the bathroom, in the locker room and the parking lot—sometimes right in the classroom. They can huff in your home, right under your nose. They devise techniques to abuse in plain sight and often don't get caught.

You probably thought that glue sniffing ended 30 years ago. Unfortunately, abuse of inhalants never went away. National data shows that this has been a significant problem for three decades, particularly among school-age children.

The 2003 National Survey on Drug Use and Health, conducted annually by the US Substance Abuse & Mental Health Administration, found that 802,000 youngsters under 17 tried inhalants for the first time during that year. Additionally, over 2.6 million youths 12 to 17 had used an inhalant. This survey also indicated that more young people used inhalants than Oxycontin, ecstasy and meth. In Tennessee, lifetime use of inhalants for youth was greater than for meth, cocaine, ecstasy and heroin. An American Academy of Pediatrics' nationwide survey reported that children ages 10 to 11 are the least likely to learn about the dangers of inhalants in school (67 percent) as well as the least likely to talk with their parents about inhalants (only 48 percent), but are the most likely to have personally been exposed to inhalant abuse.

According to this survey, children who are exposed to "huffers" report they hear about and see their friends using inhalants at least once a month (53 percent). Twenty percent hear about their classmates huffing more than once a week. To put this in perspective, parents and educators must realize that the first time, or any time, someone experiments with these substances, it can prove fatal.

Inhalants affect the brain and major organs of the body, with approximately 100 deaths annually attributed to this activity.

Inhalant abuse particularly appeals to pre-teens and adolescents. Abuseable products are available in school and at home, and can be purchased or stolen from stores and offices. Unlike pills or alcohol, inhalant effects are felt instantly, and instant gratification is a powerful motivator. Youngsters are unafraid to carry and use products because few adults recognize the practice or the paraphernalia. Because the

(Continued on page 11)
10 Drug and Alcohol Policies Continued...

(Continued from page 1)

5. Support the development and use of effective medications for addiction treatment. Several medications including buprenorphine, methadone, naltrexone, and acamprosate, can effectively treat addiction. But obstacles prevent their widespread use; for example, insurance companies that do not cover the costs of the drugs, and zoning laws that prohibit the establishment of methadone clinics. Medications are an important part of treatment especially when combined with counseling, social support, and aftercare.

6. Make screening for alcohol and drug problems a routine part of every primary care and emergency room visit. Screening people for substance use, counseling those who show risky behavior, and referring people to treatment if needed are remarkably effective techniques to reduce alcohol and drug problems. But laws in over 30 states allow insurance companies to refuse to pay for emergency room care if physicians discover alcohol use. Additionally, doctors are not paid to screen and counsel for alcohol use the way they do for other common conditions like diabetes, and depression, and therefore may choose not to do so.

7. Give Higher payments to providers who get better results. Public and private payment systems should be revised to measure and pay for long-term results in order to improve the quality of care in the treatment system. The providers who get better results should be paid more; those who do not should be paid less. Legislators should work with providers and single state agencies to identify and monitor outcomes.

8. Require effective treatment and continuing, supervised aftercare programs instead of incarceration for non-violent drug and alcohol offenders. More than half of the individuals in the criminal justice system who complete treatment programs and participate in aftercare do not commit new crimes. Most prisoners who serve mandatory sentences but get no treatment commit new crimes and resume their addictions soon after release. Convicted drunk drivers also need appropriate treatment and aftercare, even after a first offense.

9. Repeal policies that prevent ex-offenders from returning to full participation in society. It is fundamentally unfair that people are punished repeatedly for the same offense. But that is exactly what happens to people with drug convictions. Federal and state laws impose lengthy or lifetime bans on federal student aid, cash assistance, food stamps, public housing, and many types of employment. These bans do not prevent drug use, but do impede recovery from addiction.

10. Support the work of community coalitions. Communities have written strategy to reduce alcohol and drug problems report greater citizen involvement, more constructive public policy change, better access to treatment, and increased diversity of funding sources. Helping coalitions sustain their community-wide strategies can help reduce substance use at the local level.

The complete document along with sources can be downloaded from Join Together’s website at www.jointogether.org.

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Partially Funded by Tennessee Department of Health
Bureau of Alcohol & Drug Abuse Services
NEWS FROM CAPITOL HILL

By Nathan Ridley

Tennessee’s One Hundred Fourth General Assembly has returned to Nashville, gotten itself organized, and is ready to get down to serious work. Not too surprisingly, Speaker Jimmy Naifeh and Speaker John Wilder were each reelected to preside over the House of Representatives and the Senate respectively. Governor Phil Bredesen greeted the General Assembly with his proposed budget for the 2005-2006 fiscal year and delivered his State of the State address to generally good reviews. Bredesen shrewdly observed that budgets reflected priorities, and then proceeded to show that education should be our state’s fundamental priority. The longest and loudest applause came when Bredesen announced that his budget was balanced and that we would have no new taxes. The new Senate Republican majority seemed generally pleased, but managed to grouse a bit about no Plan B Budget. They are concerned that the education program improvements in the budget are all predicated on savings achieved by cuts in our troubled TennCare program. If those savings do not materialize, the State will have a $600 million budget deficit for the fiscal year 2005-06. The State did receive an early setback from Judge Haynes in the United States District Court for Middle Tennessee, when Judge Haynes ruled that he had to review any cuts in the TennCare population. The State moved immediately to appeal that decision, and most believe the State will prevail on its appeal to the Sixth Circuit Court of Appeals. The timing will be tight though, because the Sixth Circuit will not hear the case until April, and our legislative friends are hoping to adjourn by Memorial Day.

Speaking of TennCare, this 800 pound budget gorilla has dominated the early rounds of legislative discussions. TennCare does make Tennessee lead the nation in two categories. First, TennCare covers 23.2% of Tennesseans, and TennCare uses 33.3% of our total state budget expenditures. Yet Tennesseans pay the 48th lowest taxes of any state in the country. With 323,000 people who will be removed from the TennCare rolls under the Governor’s proposal, legislators are wary, but at this time have no alternative. Since the inception of the Tennessee Medicaid program in 1968, the essential key to the funding of the program has been federal matching dollars. Generally, Tennessee has always received two dollars of federal money for every state dollar, the General Assembly has committed to the program. At first glance, most anyone would agree that two to one is a good business and policy proposition.

Tennessee, however, became addicted to the federal matching funds. Even with the advent of TennCare in 1994, Tennessee has been a payer for services without giving too much thought to the state’s status as a purchaser of services. Thus, Tennessee now spends about $200 million for upset tummies and runny noses. Governor Bredesen’s proposal will have a substantial impact on our state’s healthcare delivery system, and that proposal will lead perhaps to a better discussion of what health care services the government should pay for rather than trying and failing to pay all the bills submitted.

Speaking of addiction, methamphetamine will also garner a significant amount of legislative attention in the coming months. Governor Bredesen’s Task Force delivered its report last fall, and the report does note, “Ultimately, long-term approaches likely hold the key to successful treatment of methamphetamine addiction. With that in mind the State should consider investing in treatment programs with durations of at least twelve months. Residential treatment programs would be preferred over non-residential options.” Early signals reveal the Governor will provide some additional funding for Judge Norman’s residential treatment drug court program in Davidson County. Many are concerned, however, that reliance on Tennessee’s portion of the federal Access to Recovery Grant may be misplaced because that grant will not provide any significant funds for residential treatment. Meanwhile, our legislative friends have filed over twenty bills in each house that deal with the methamphetamine issue. You may review these and other bills by taking a look at www.legislature.state.tn.us.

I still encourage you to reach out to the newly elected legislative officials and those who have been reelected. All are now settled in their new legislative offices, are accepting guests, correspondence, telephone calls and e-mails.

Calendar Notes: State offices will be closed Friday March 25 for the Good Friday holiday.

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

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PARTNERSHIP FOR A
DRUG-FREE TENNESSEE
UPDATE: PARTNERSHIP
EXPANDS INTO
KNOXVILLE AND
CHATTANOOGA MARKETS

By Vernon Martin

The Partnership for a Drug-Free Tennessee is continuing to gain momentum as Public Service Announcement materials were distributed in the Knoxville and Chattanooga markets. In mid-November, Vernon Martin, the TAADAS Statewide Media Coordinator for the PDFT made trips to Knoxville and Chattanooga and met with radio, TV and media groups to promote TAADAS and the PDFT activities. This represents the re-establishment of the Knoxville market and the opening of the Chattanooga market for the Partnership.

As in the Nashville and Memphis markets, broadcast quality tapes of 88 TV public service announcement spots and CD’s of 23 Radio PSA spots were distributed. These materials were developed by the Partnership for a Drug-Free America and tagged with the PDFT logo for distribution. Materials were distributed to the following broadcast media groups:

Knoxville:
WATE (ABC), WMAK-DT (Independent), WVLT (CBS), WBIR (NBC), WBXX (WB/UPN), WNTZ (Fox), WPXK, Journal Broadcast Group (Radio)

Chattanooga:
WRCB (NBC), WDEF(CBS), WDSI (Fox), WTVC (ABC), WYHB (Independent), WBXX (WB), Cita del Broadcasting (Radio)

A major positive outcome of the trip to Knoxville was the addition of WMAK-DT to the Partnership. WMAK is an independent Digital TV station that broadcasts locally and is carried on Comcast Cable as well. Station manager David Williams is very supportive of the project and the station has averaged over 20 PDFT spots per month since receiving the materials. In addition, the spots are the 30 second spots and are running throughout the day including during prime time.

For more information about the PDFT, contact Vernon Martin at vernon@taadas.org or by phone (615) 780-5901 x18.

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"Partially funded by Tennessee Department of Health"
Clergy Training Event Held in Jackson

By Vernon Martin

TAADAS continued with its statewide Clergy Training Community Outreach Initiative by holding a one-day training event in Jackson on February 11th. The event was co-sponsored by the Jackson Area Council on Alcoholism & Drug Dependency (JACOA) and the Community Anti-Drug Coalition of Jackson-Madison County. TAADAS staff along with Amanda Hopkins, the Regional Training Coordinator developed, promoted and facilitated the event, which was held at the new Jackson Salvation Army Center. Brochures were mailed to over 1000 churches and produced a diverse group of attendees including clergy and other pastoral ministers, members of the faith community, treatment professionals as well as other interested parties. As with the previous training held in Nashville, the topic was Alcoholism, Drug Addiction and Recovery in the Faith Community.

The agenda for the day included presentations on:
- The Disease of Alcoholism and Drug Addiction and How to Recognize it in Your Congregation,
- Intervention Skills and Referral - Treatment Referral Sources,
- Recovery and the Church - Spiritual Issues in Addiction and Recovery / Understanding 12 Step Programs,
- Congregational Re-Entry: Dealing with Stigma and Shame; Developing a Recovery Supportive Church

Speakers and trainers for the sessions included Rev. John Lee, Ed.D., Director of Pastoral Care, Cumberland Heights, Richard Barber, B.S., Executive Director, Aspell Recovery Center; Ben Miller, BSW Counselor, JACOA; Paul Pryor, Court Liaison, JACOA; and Pastor Jeff Ball, Pastor of Recovery, Tennessee Valley Community Church, Paris, TN.

In addition to the training handouts and presentation materials each participant received a copy of the newly developed TAADAS publication “Alcoholism, Drug Addiction and Recovery in the Faith Community: A Primer for Clergy and other Pastoral Ministers.”

Thanks go out to all of the trainers who volunteered their time for this event as well as to JACOA and the Community Anti-Drug Coalition of Jackson-Madison County for their support. Special thanks are due to the Salvation Army for hosting the event, to Lakeside Behavioral Health for providing lunch and to Amanda Hopkins of JACOA for all her efforts in making this event possible.

Vernon Martin is the Community Outreach Director of TAADAS.

Upcoming Clergy Training Events:

Alcoholism, Drug Addiction and Recovery in the Faith Community

April 1, Johnson City
with Dr. John Cooke, The Carpenter’s Shop, Austin, TX.

To register or for more information contact:
Brittany Booker, (423) 928-6581
bbookerccs@charterinternet.com

Alcoholism, Drug Addiction and Recovery in the Faith Community

April 8, Chattanooga
Chattanoogaan Hotel 9:00 AM to 3:00 PM

Speakers and Trainers including: Paul Harz, LADAC, CADAS; Bob Burr, LADAC, NCACII, Counselor/Regional Training Director and Vernon Martin, M.A, Community Outreach Director, TAADAS

Sponsored by the Council for Alcohol and Drug Abuse Services (CADAS) and TAADAS.

To register or for more information contact:
CADAS at (423) 756-7644 or Vernon Martin, (615) 780-5901 ext 18, vernon@TAADAS.org

The TAADAS Clergy training program is designed for Clergy, Pastoral Ministers and the Faith Community, but is open for any interested person to attend.
Aspell Recovery Center Welcomes New Executive Director

The board of directors of Jackson’s Aspell Recovery Center named Richard Barber their new Executive Director in January. Barber is responsible for day-to-day operations of the facility and facilitates the board’s vision of growth and expansion of services. He brings years of experience in addiction treatment program management and development having been previously associated with Pathways, Saint Francis Hospital and Family Counseling Services.

Aspell Recovery Center is licensed by the Department of Health and is recognized as one of the area’s leading addiction treatment programs offering a residential program for men with chemical dependency issues, transitional living programs, as well as intensive outpatient programs for men to continue their road to recovery. A charter member of TAADAS, Aspell receives funding from the Department of Health, Bureau of Alcohol and Drug Abuse Services and the United Way, enabling them to treat men regardless of ability to pay. For more information about Aspell Recovery Center call 731.427.7238.

TAADAS welcomes Richard to Aspell Recovery Center and to the association.

New Executive Director For New Hope Recovery Center

Barbara Horton has been named the Executive Director of New Hope Recovery Center in Morristown. Horton started directorship at New Hope on December 13, 2004, and quickly started doing great things for New Hope bringing them up to speed with some of the latest technology while continuing the mission of founder and former Executive Director Dee Francis. Dee passed away unexpectedly in November of 2003 and Clinical Coordinator, Joyce Jones stepped in as the interim director wearing both the hat of Clinical Coordinator and Executive Director.

New Hope was founded in 1998 as a non-profit organization reaching out to the citizens of the Lakeway area, and is the only intensive outpatient treatment center located between Johnson City and Knoxville, Tennessee. The center offers both day and evening sessions for the convenience of clients, as well as a host of other programs.

For more information about New Hope Recovery Center log onto their website at www.newhoperecover.org or call them at 423.581.2411.

TAADAS welcomes Barbara to New Hope Recovery Center where the spirit of aiding those who are suffering still lives on!

A & D Council of Middle Tennessee Annual Dinner Set

The 39th Annual Dinner and Auction to benefit the Alcohol and Drug Council of Middle Tennessee is scheduled for Thursday, May 5th 2005, at the Franklin Marriott Cool Springs. John H. Lucas, former NBA player and coach, will share his struggle with addiction and his Rebound into recovery. John was the first overall draft pick by the Houston Rockets in 1976 and was named to the all-rookie team in 1977. His career as a player mired because of his substance abuse, but his Rebound into recovery caused this talented player to retire from the NBA clean and sober.

The owner of a company whose mission is to help professional athletes recover and maintain their sobriety, and return to the NBA as a head coach. John H. Lucas is sure to pack the house at the 39th Annual Dinner so reserve your table now! For ticket and sponsorship information call Stephanie at 269-0029 ext. 101.

Auction 5:00 pm- 7:15 pm
Registration 6:00- 7:15 pm
Dinner, Awards and Speaker 7:15- 10:00 pm

Needed LADAC Support Group Facilitators

The Tennessee Professional Assistance Program (TNPAP) provides confidential help and support for impaired health professionals and is recruiting licensed professionals to facilitate support groups.

Eligibility Criteria:
- Is a current LADAC in good standing with the TN Board for Alcohol & Drug Abuse Counselors (minimum 5 years)
- Demonstrated experience facilitating A&D support groups (minimum 2 years)

If interested:
- Obtain an application from the TNPAP office by calling 615-726-4001 or online at www.tnpap.org
- For additional information contact Elaine Eaton, Administrative Director, at 615-250-6106 or email elaine@tnpap.org
WORKSHOPS & TRAININGS

Teen Empowerment
Facilitator: Rodrick Glover, A & D Council of Middle TN, Nashville, March 3, Contact Susan Young, 615.269.0029

Fatal Faith: Cults, Sects, & Deviant Movements
Facilitator: Tony Kail, Jackson State Community College, Jackson, March 4, Contact Amanda Hopkins, 731.423.3653

NAADAC Exam Review
Facilitator: Karen Dennis, ACAR Center, Memphis, March 5 & 6, Contact Karen Dennis, 901.358.3748

Cognitive Emotive Behavioral Therapy
Facilitator: John Martens, A & D Council of Middle TN, Nashville, March 17 & 18, Contact Amanda Hopkins, 731.423.3653

Finding Your Voice & Your Story
Facilitator: Bob Burr, CCS, Johnson City, March 18, Contact Brittany Booker, 423.928.6581

Sexual Abuse
Facilitator: Anna Whalley, The HART Center, Memphis, March 18, Contact Jane Abraham, 901.828.1332

Booze, Dope & Rock: “Sup Widat?”
Facilitator: Rachel Faroser, The HART Center, Memphis, March 19, Contact Jane Abraham, 901.828.1332

Psychopharmacology
Facilitator: John Martens, A & D Council of Middle TN, Nashville, March 19, Contact Susan Young, 615.269.0029

The Disease of Addiction
Facilitator: Karen Dennis, ACAR Center, Memphis, March 19, Contact Karen Dennis, 901.358.3748

Screening
Facilitator: Karen Dennis, ACAR Center, Memphis, March 26, Contact Karen Dennis, 901.358.3748

Problem & Compulsive Gambling: The Hidden Addiction
Facilitator: John Cook, Helen Ross McNabb Center, Knoxville, March 31, Contact Martha Culbertson, 865.329.9087

Intake
Facilitator: Karen Dennis, ACAR Center, Memphis, April 2, Contact Karen Dennis, 901.358.3748

FEATURED PUBLICATIONS:

What Every Parent Needs to Know About Inhalant Abuse & Tips for Teens—The Truth About Inhalants

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. March 20–26 is National Inhalants and Poisons Awareness Week. This month’s features are: What Every Parent Needs to Know About Inhalant Abuse and Tips for Teens — The Truth About Inhalants.

What Every Parent Needs to Know About Inhalant Abuse — This pamphlet makes a great resource for parents and caregivers, clearly describing what inhalant abuse is, warning signs, and gives tips for talking to young children and teens about inhalant abuse. Also tells what to do in case of an emergency related to inhalant abuse.

Tips for Teens – The Truth About Inhalants — This brochure geared towards teens provides facts and dispels myths about substance use. Information is provided on long-term and short-term effects, physical and psychological risks, Q & A, and how to tell if someone is using.

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:

Inhalant Abuse:
Kids in Danger, Adults in the Dark

The Clearinghouse has over 800 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 Inhalant Abuse: Kids In Danger, Adults In The Dark.

This video is geared towards adults, parents, caregivers, or teachers. It used to be called “Glue-Sniffing.” Today kids as young as six are sniffing more than just glue to get high. Spray paint, nail polish remover, cleaning fluid, colored markers, paint thinner – and 600 other legal substances found under the kitchen sink, on the teachers desk or on the supermarket shelf are deliberately misused by over seven million children from all walks of life. The damage is immediate, irreversible and sometimes fatal. From the barrios to suburbia Inhalant Abuse educates the viewer through documentary footage, classroom situations, animated graphics and a compelling interview with a mother and her son in recovery. WARNING: This video is not to be shown to students. It contains detailed information on the use of inhalants.

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 any video. other videos in our collection.

A complete video catalog is available online at www.taadas.
Inhalants: The Silent Epidemic... Concluded

(Continued from page 4)
effects only last a minute or two, children can 'huff' or 'sniff' and recover within a few minutes, reducing the possibility of discovery. Standard drug tests do not detect inhalant abuse. This is a serious problem.

How can we keep youth safe?
First, understand the demographics. Inhalant abuse starts as young as seven or eight and is most common among white and Hispanic youth, although abusers come from all ethnicities. Inhalant abuse knows no socio-economic boundaries. Most huffing begins in a group setting with experienced abusers initiating others. Generally both girls and boys huff in almost equal numbers. At the lower grade levels, girls may be more apt to huff than boys.

Second, raise awareness. A Partnership for a Drug-Free America national survey found that teens who receive clear messages at home are 50% less likely to use inhalants than teens whose parents didn't discuss the issue. Among teens whose parents talked regularly about inhalants, only 14% used them. In contrast, 28% of teens whose parents never discussed inhalants were abusers. When you talk with your children about inhalants, explain that inhalants are like any other potential poison - when a household, school or office product is misused or abused in unintended ways it becomes a poison. Educate other parents and community members by joining National Inhalants and Poisons Awareness Week (March 20 – 26, 2005). An excellent source of information: http://www.inhalants.org, official website of the National Inhalant Prevention Coalition for information about inhalants and the inhalant prevention awareness campaign.

Fourth, recognize potentially abusable products, and limit younger's access. Correction fluid, permanent markers, cements and glues, butane, spray fixatives, gasoline, turpentine and other petroleum-based products, aerosol cans, lighter fluid, spray paint, duplicating fluid, chemical cleaners, gasoline, and about 1,000 other products may be abused. Alert school staff and ask them to keep abusable products out of student reach and only allow product usage under close supervision. Janitorial supplies should be kept away from students, as well.

Fifth, model and encourage safe product usage. Science and art classes work well for safety instruction; other staff can demonstrate proper usage of cleaning products to reinforce the lesson. Staff are excellent role models: they can read product labels aloud, discuss the safety precautions and warnings, and demonstrate how to follow instructions. Typical safety directions: open windows for ventilation; use gloves and/or safety mask; keep face away from product; direct product away from face; use outdoors where possible; close containers when not in use; take frequent breaks.

Finally, remember that inhalant abuse is an ongoing problem, so you should continue prevention efforts throughout the year. These important messages should be repeated and reinforced so that your children and other students understand and can take measures to protect their health and safety. Remember: Inhalant prevention is everybody's business - it can save lives.

Harvey J. Weiss is Executive Director of the National Inhalant Prevention Coalition (NIPC). For information, programs and resources, contact the NIPC at 1-800-269-4257 or www.inhalants.org, Email to nipc@io.org.

Isabel Burk is Director of The Health Network, a training and consultation firm in New York. For information about programs and an inhalant slide show designed for adults, contact her at (845) 634-3569 or E-mail to Isabel@healthnetwork.org.

Workshops & Trainings

Comprehensive Adolescent Severity Inventory (CASI)
Facilitator: Frances Clark, A & D Council of Middle TN, April 6-7, Contact Susan Young, 615.269.0029

Putting the Pieces Together Annual Conference—Building Bridges for Disorderly Youth: Development of Delinquency in Early Childhood
Walter Barnes conference Center, Jackson, April 8, Contact Amanda Hopkins, 731.423.3653

Orientation
Facilitator: Karen Dennis, ACAR Center, Memphis, April 9, Contact Karen Dennis, 901.358.3748

School & Workplace Violence Prevention
Facilitator: Marc Ftosby, Jackson, April 15, Contact Amanda Hopkins, 731.423.3653

Relapse Prevention
Facilitator: Sharon Trammell, The HART Center, Memphis, April 15, Contact Jane Abraham, 901.828.1332

Human Development
Facilitator: Elaine Orland, The HART Center, Memphis, April 16, Contact Jane Abraham, 901.828.1332

Assessment
Facilitator: Karen Dennis, ACAR Center, Memphis, April 16, Contact Karen Dennis, 901.358.3748

Finding Balance in Ones Life
Facilitator: Sherri Stinson, A & D Council of Middle TN, Nashville, April 16, Contact Susan Young, 615.269.0029

Building Resiliency in Children
Facilitator: John Hie, A & D Council of Middle TN, Nashville, April 22, Contact Susan Young, 615.269.0029

Treatment Planning
Facilitator: Karen Dennis, ACAR Center, Memphis, April 23, Contact Karen Dennis, 901.358.3748

Dealing with Disruptive Audiences
Facilitator: Bette Breland, JACOA, Jackson, May 20, Contact Amanda Hopkins, 731.423.3653

Gender Issues
Facilitator: Kent Fisher, The HART Center, Memphis, May 20, Contact Jane Abraham, 901.828.1332

Family Matters
Facilitator: Bobby Taylor, The HART Center, Memphis, May 21, Contact Jane Abraham, 901.828.1332
TAADAS Staff Attends HIV EIS Provider Networking Meeting

As part of the TAADAS HIV/AIDS Outreach, Education and Referral Program, members of the TAADAS staff attended the February 2, 2005 meeting of the HIV Early Intervention Services Providers. This meeting was sponsored by the Bureau of Alcohol and Drug Addiction Services (BADAS) and was held in the Conference Center of the Tennessee Tower in Nashville. This was the first formal meeting of this group and it provided an excellent forum to present TAADAS and its programs and services.

Highlights of the day included an overview of the Bureau activities by Dr. Stephanie Perry and Herb Stone and a presentation by Pam Pitts, Director of HIV/AIDS and Prevention for the State of Tennessee on the HIV Oral Rapid Testing Program planned for implementation later in the year. Jay Jana of the Bureau highlighted the Tennessee Advanced School on Addictions (TASA) to be held the week of Memorial Day. Rod Bragg, the Program Consultant leading the HIV EIS Project, served as facilitator for the day and discussed the Bureau's Administrative and Program Requirements (APR) for the project.

TAADAS staff in attendance were Laura Durham and Vernon Martin. An in-depth overview of TAADAS and its programs and services was presented to the group. The newly developed TAADAS Overview PowerPoint was used as a presentation tool and packets of TAADAS HIV/AIDS materials were distributed to the group. This served as part of the TAADAS goal to do a targeted distribution of its HIV/AIDS materials. This represented a distribution of over 600 pieces of material including pamphlets, informational booklets and fact sheets. In addition, the HIV/AIDS section of the TAADAS website and the addition of the new online TAADAS HIV/AIDS daily News Service and HIV/AIDS links was discussed. An additional list of over 50 online resources was distributed to the participants as well as new fact sheet on Latinos and HIV/AIDS that became available as of the morning of the meeting.

As part of the TAADAS goal to provide an annual training event for the EIS providers, a training needs assessment was distributed to those in attendance.

Subsequent to the TAADAS presentation, each of the eight EIS provider agencies discussed their programs and current activities. Each of these groups is charged with delivering HIV/AIDS Outreach and education services. They are also responsible for providing HIV/AIDS training to state contracted A&D treatment services providers. The respective individual programs provide a variety of unique services ranging from urban outreach, work within public housing, street outreach and condom distribution to rural outreach and work with the faith and recovery communities. The eight Bureau funded HIV EIS service providers are: Chattanooga Cares, Chattanooga; Children and Family Services, Covington; Project COPE, Elam Center, Nashville; Hope for Tennessee, Frontier Health, Kingsport; Helen Ross McNabb Center HIV Outreach, Knoxville; New Directions, Memphis; Rural AIDS Prevention Project (RAPP), Pathfinders, Gallatin; and Project R.I.P.E.R., Pyramid Recovery Center, Memphis.
2001-2002 Survey Finds That Many Recover From Alcoholism

Researchers Identify Factors Associated with Abstinent & Non-Abstinent Recovery

More than one-third (35.9%) of U.S. adults with alcohol dependence (alcoholism) that began more than one year ago are now in full recovery, according to an article in the current issue of Addiction. The fully recovered individuals show symptoms of neither alcohol dependence nor alcohol abuse and either abstain or drink at levels below those known to increase relapse risk. They include roughly equal proportions of abstainers (18.2%) and low-risk drinkers (17.7%). The analysis is based on data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a project of the National Institutes of Health's National Institute on Alcohol Abuse and Alcoholism (NIAAA).

One-quarter (25.0%) of individuals with alcohol dependence that began more than one year ago now are dependent, 27.3% are in partial remission (that is, exhibit some symptoms of alcohol dependence or alcohol abuse), and 11.8% are asymptomatic risk drinkers with no symptoms but whose consumption increases their chances of relapse (for men, more than 14 drinks per week or more than four drinks on any day; for women, more than 7 drinks per week or more than three drinks on any day).

"Results from the latest NESARC analysis strengthen previous reports that many persons can and do recover from alcoholism," said NIAAA Director Ting-Kai Li, M.D. "Today's report is valuable as a snapshot of current conditions and for information about some of the characteristics associated with different recovery types. Longitudinal studies will be required to understand the natural history of alcohol dependence over time."

Lead author Deborah Dawson, Ph.D. and her colleagues in the Laboratory of Biometry and Epidemiology in NIAAA's intramural research program released the latest NESARC analysis in an article entitled "Recovery From DSM-IV Alcohol Dependence: United States, 2001-2002." Based on a representative sample of 43,000 U.S. adults aged 18 years and older, the NESARC is the largest survey ever conducted of the co-occurrence of alcohol and drug use disorders and related psychiatric conditions. The NESARC defines alcohol use disorders and their remission according to the most recent clinical criteria established by the American Psychiatric Association.

The recovery analysis is based on a subgroup of 4,422 adults who met the clinical criteria for alcohol dependence that began more than one year before the 2001-2002 survey. These individuals were primarily middle-aged, non-Hispanic white males. Sixty percent had attended or completed college. More than half had experienced the onset of alcohol dependence between the ages of 18 and 24, and only 25.5% had ever received treatment for their alcohol problems.

Dr. Dawson and her colleagues found that the likelihood of abstinent recovery increased over time and was higher among women, individuals who were married or cohabiting, individuals with an onset of dependence at ages 18-24, and persons who had experienced a greater number of dependence symptoms. The likelihood of nonabstinent recovery (that is, low-risk drinking with no symptoms of abuse or dependence) increased over time and was higher among individuals who were married or cohabiting, those with a family history of alcoholism and persons who had experienced fewer symptoms of dependence. The greater the peak quantity of alcohol consumed, the lower the likelihood of either type of recovery. In addition, having a personality disorder was associated with a lower likelihood of abstinent recovery. Treatment for alcohol problems modified some of these effects.

"Alcohol dependence-at least when defined in terms of the DSM-IV criteria-may not preclude a return to low-risk drinking for some individuals," state the authors. However, they acknowledge, the selective survival of less chronic alcoholics (the fact that persons who recover from alcohol dependence may be more likely to have survived to the survey date) may have inflated the recovery estimate.

(Continued on page 16)
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METH BLAMED FOR RISING HIV RATES AMONG GAY MEN

The fallout from increased use of methamphetamine among gay men has included a rise in HIV/AIDS rates, the Los Angeles Times reported January 19.

Health experts note that methamphetamine use tends to enhance sexual arousal and curb inhibitions, leading to more unsafe sex. Use of the drug, long a staple on the West Coast gay party scene, has steadily moved eastward during the past few years.

Gay-health activists in Houston, Chicago, Atlanta, Miami and New York have sounded alarms about the drug and its link to AIDS.

Compounding the problem, the Internet has made it easier than ever for couples to hook up and get meth, drugs like Viagra are used to extend sexual encounters, and many gay men have become complacent about the risk of contracting AIDS as treatment has improved and memories of the first AIDS epidemic fade. Studies have shown that use of meth and Viagra are linked to unsafe sex, and meth users are three times more likely than non-users to be HIV-positive.

"We've had Ecstasy, pot, acid ... but this is the crack of the gay community," said Jason Roe, a spokesman for San Francisco's STOP AIDS Project.

The federal Centers for Disease Control and Prevention recently held a meeting to discuss the link between meth and HIV, and local activists in cities like Los Angeles, San Francisco, and New York are getting the word out about this dangerous mix and where to get help.

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**Medicare Screens for Alcohol Use, with Eye on Prevention**

Citing costs of $230 million annually due to alcohol misuse, the federal Medicare program is set to begin screening beneficiaries for alcohol problems during new physicals being offered via the senior healthcare program, the Los Angeles Times reported January 2nd.

Federal Medicare benefits were recently expanded to include an introductory physical aimed at screening patients at age 65 for problems such as alcoholism, depression, high blood pressure, and diabetes.

Backed by a national outreach campaign, officials hope the screenings will help doctors ID and treat undetected health problems and save the Medicare program money in the long run.

"The initial physical is intended to make Medicare into a prevention-oriented program," said Medicare Administrator Mark B. McClellan. The American Medical Association says that alcohol abuse is a 'hidden epidemic' among the elderly, estimating that 3 million seniors have drinking problems, for instance.

The biggest hurdle for the screening program may be participation, however. "Prevention-oriented medicine is not the way Medicare has worked in the past," McClellan said. "What we need to do now is close the gap in prevention as a result of people not taking advantage of all the new benefits. This is about the biggest deal we are undertaking."

Medicare officials would like doctors ask patients about falls and look for signs of dementia, as well as other signs of alcohol misuse, during the initial physical. But with doctors getting paid less than $100 to do the checkups, experts worry that the encounters with patients won’t be detailed enough to spot signs of substance abuse. A lack of follow-up care also could prevent problems.

"There are two pieces to the puzzle," said James Firman of the National Council on the Aging. "One is providing the coverage. The other is getting people to act on it. Prevention is an uphill battle."

**Elderly Addicts Face Unique Challenges**

Older addicts have many of the same problems as young people with alcohol and other drug addictions, plus other issues unique to their age group, the Washington Post reported January 18.

Estrangement from family, financial problems, and a host of regrets are nearly universal to people of all ages in recovery. But older addicts also have to deal with greater isolation and changing body chemistry, and even less accountability and more free time can become negatives.

Treatment programs are seeing more older addicts as Baby Boomers -- the first generation to experience widespread recreational use of drugs but also born before admitting addiction and seeking help became fashionable -- reach their 50s and 60s. The National Institute on Drug Abuse recently held the first national forum on drug addiction among the elderly, and federal officials expect the number of seniors with alcohol and other drug problems to leap 150% by 2020.

On the positive side, older addicts who are ready to quit drinking or taking drugs are often more successful in doing so. Older treatment clients may be suspicious of therapy, but they tend to keep their appointments.

Still, therapy needs to be tailored to their needs: counselors must be respectful of their privacy and have good manners, and sessions should be shorter and held during the day so seniors don’t have to drive at night.

About 3% of Americans seeking treatment for addiction are over age 60, but the percentage who have addiction problems is suspected of being higher. A decade ago, three of four older addicts were battling alcohol abuse, but today about half have problems with drugs other than alcohol.

**ER Patients with Addictions Cost More**

A new study examining emergency department patients finds that those with unmet addiction treatment needs incur higher hospital and emergency department charges than other patients, Medical News Today reported December 21.

According to the study, 'Unmet Substance Abuse Treatment Need, Health Services Utilization, and Cost: A Population-Based Emergency Department Study,' ER patients with unmet treatment needs are 81% more likely to be admitted during their emergency visit, and 46% more likely to have reported making at least one emergency department visit in the previous 12 months.

The study, led by Ian Rockett, Ph. D., from the West Virginia University Department of Community Medicine and Center for Rural Emergency Medicine, focused on emergency-room patients in Tennessee, where less than 10% of patients needing addiction treatment were currently receiving it.

According to the research, Tennessee patients with unmet treatment needs who received emergency medical services accounted for $777.2 million in extra hospital charges for the state in 2000, which translates to an additional $1,568 for each emergency patient with an addiction problem that wasn’t addressed.

'We predict that systematically addressing substance-abuse problems in emergency departments would produce major savings in time, resources, and costs,' Rockett said. 'In exacerbating the workloads of very busy hospital staff, emergency patients with unmet substance-abuse treatment need add many millions of dollars to annual healthcare costs. Our research findings speak to the importance of identifying them as substance abusers – either for a brief intervention or to refer them to substance-abuse treatment as appropriate. The emergency department visit itself can represent a teachable moment for a patient.'

The study's findings are published in the online edition of Annals of Emergency Medicine.
BRIEF ENCOUNTERS CAN PROVIDE MOTIVATION TO REDUCE OR STOP DRUG USE

New research supported by the National Institute on Drug Abuse (NIDA), National Institutes of Health, shows that meeting with an addiction peer counselor just once at the time of a routine doctor visit with a followup booster phone call can motivate abusers of cocaine and heroin to reduce their drug use.

The study, by husband and wife research team Dr. Judith Bernstein and Dr. Edward Bernstein and their colleagues at Boston University Schools of Medicine and Public Health, is published in the January 2005 issue of 'Drug and Alcohol Dependence'.

"Brief interventions have proven effective in initiating positive behavior changes in people who are dependent on alcohol," notes NIDA Director Dr. Nora D. Volkow. "Preliminary assessments of this process in drug abusers have been encouraging enough to investigate it more thoroughly as a therapeutic tool to enhance treatment."

The motivational interview used in this study was designed to establish rapport with the participant and covered such areas as asking permission to discuss drugs, exploring the pros and cons of drug use, eliciting the gap between real and desired quality of life, and assessing readiness to change. This 20-minute intervention also included development of an action plan.

The study was conducted among 1,175 men and women who had tested positive for cocaine or heroin abuse. Participants were randomly assigned to an intervention group or a control group. Intervention consisted of a motivational interview with a substance abuse outreach worker who also was a recovering addict, referrals to active drug abuse treatment programs, a written list of treatment options, and a followup telephone call 10 days later. Members of the control group received only the written list.

Six months following enrollment, the researchers found that among those who abused cocaine, 22.3 percent of the intervention group were abstinent from the drug, compared with 16.9 percent of the control group; among those who abused heroin, 40.2 percent of the intervention group were abstinent from the drug, compared with 30.6 percent of the control group. As for people who used both drugs, 17.4 percent of the intervention group were drug free, compared with 12.8 percent of the control group.

"This study not only shows that this type of intervention provides true benefits in reducing cocaine and heroin abuse, it also suggests that peer interventionists can play an important role in busy clinical environments," says Dr. Volkow.

Editor's Note: Making screening a routine part of every primary care and emergency room visit is one of Join Together's '10 Drug and Alcohol Policies That Will Save Lives.'

For more information contact National Institute on Drug Abuse National Institutes of Health 6001 Executive Boulevard, Room 5213 Bethesda, MD 20892 www.drugabuse.gov

2001-2002 SURVEY FINDS THAT MANY RECOVER FROM ALCOHOLISM

(Continued from page 13)

When the authors compared their results with findings from the earlier 1991-1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES), they noted a trend during the past decade toward less rapid remission (that is, the absence of alcohol abuse or dependence symptoms) in persons previously dependent. "There are no obvious explanations for why this might be the case. Data from Wave 2 of the NESARC should provide valuable information to address this issue," they said.

The NESARC is a longitudinal study now entering the first stage of follow-up that should shed light on pathways to recovery.

For a copy of the article or an interview with Dr. Dawson, please telephone the NIAAA Press Office: 301/443-0595, 301/443-3860. Additional alcohol research information is available at www.niaaa.nih.gov.

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Hope and Help for Chemically Dependent men in Knoxville, Tennessee

"Believe or Leave"

A proud member of the TAADAS Team!
John Bradshaw Crests The Summit

By Jay Jana

Now in its 28th year, the Summit, Tennessee Advanced School On Addiction (TASA) makes available an expert faculty to address cutting edges issues and techniques in the field of addictions. From the Betty Ford Institute in Rancho Mirage, California, (Jerry Moore) to the Institute of Professional Practice, Inc., in Montpelier, Vermont (Jane Middleton-Moz), from the University of Texas in Austin, Texas (Carlton Erikson, Ph.D.) to Stony Brook University in Stony Brook, New York (Alfred "Coach" Powell), we have assembled the freshest faces on the horizon of alcohol and other drug prevention and treatment technology. Also, contemporary treatment modalities on gambling addiction, methamphetamine addiction and faith based competencies highlight The Summit.

Our theme, "Change Is Inevitable, Growth Is Intentional," reflects the targeted workshops and the open invitation to the community of our Wednesday evening activity with John Bradshaw.

The featured speaker and training for Wednesday, June 1, is John Bradshaw noted author and dynamic speaker. He will offer three workshops based on his most recent publications, Homecoming: Reclaiming Your Inner Child, Healing The Shame That Binds You, and Creating Love.

There are also two-day workshops preceding and following our featured Wednesday speaker. Highlighting those workshops will be two unique topics which support ATR services: the Matrix Model of Methamphetamine Treatment and faith based competencies. Attending The Matrix Model workshop will provide participants with certification of this unique approach to treating methamphetamine abuse.

Mr. Bradshaw will also host an evening event on Wednesday, June 1st which is open to the public and the recovery community. This event, from 7 – 9 PM, will feature a surprise mystery musician that will share their recovery through song. John's evening topic is based on his most recent book and PBS Series by the same name, "Family Secrets."

For more Information on The Summit, TASA, contact Susan Young at the Alcohol & Drug Council of Middle Tennessee at (615) 269-0029.

Jay is the Training Coordinator at the Department of Health Bureau of Alcohol and Drug Abuse Services.

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Fast Facts...

- "Between 1995 and 2001, the proportion of substance abuse treatment admissions with co-occurring psychiatric disorders increased from 12 to 16 percent." SAMHSA’s Treatment Episode Data Set (TEDS) report
- "In 2003, 20.3 million needed addiction treatment and did not get it." SAMHSA’s 2003 National Survey on Drug Use and Health

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WHAT ARE MY CHILDREN WORTH TO ME?

The following letter was submitted by a concerned father following his experiences with his daughter and son's drug addiction. Though he wanted to remain anonymous, this father wanted to thank Memphis Recovery Center for giving him back his children.

It started with cigarettes she was 12 years old. Then alcohol and marijuana came next. We tried all the tricks parents try, talking, grounding, taking privileges away, cell phone, TV, internet and anything else we could think of, none of which worked. Drug testing and a counselor we thought would be the next natural next step. The only success with this was a week or two of abstinence here and there. Her life was unmanageable and ours was becoming that way. When she was 16 she started dating a young man 3 years older than her. Up until this point her mother and I were able to maintain a decent relationship with her. Things started getting much worse. Yelling, screaming, open defiance... I could go on. Then came the day when her drug screen was positive for cocaine. I knew things had changed.

At this point in writing this down I am starting to cry remembering how things used to be.

A very smart young man, used to play violin, played it very well and we always had fun together. I knew of only one thing to do, call Memphis Recovery Centers. They took my son in and we went through the same process in treatment with him as we did her. I think it's wonderful the way they involve the parents in treatment with the kids. They know exactly what they are doing there. He was there for 9 months.

How are they doing now? Well since you asked. Let me rear back in my chair with a smile on my face and a grateful tear in my eye and just tell you how they are doing. She got her GED and a job. She kept her job throughout the summer and surprised us when she took the responsibility to enroll herself in college. She is working part time while a full time student and making good grades. The surprising thing was the maturity. It was as if she was 5 years older. And as for the old boyfriend, well they are no longer together. We have a great relationship today and are very proud of her. Most importantly she is still sober.

How is he doing? Just like her he has a part time job is back in high school with good grades. He attends 12-Step meetings every night. Not because we make him, but because he wants to. His friends are the ones he has met at 12-Step meetings. Again the maturity is the unexpected surprise. He even does his own laundry. It is as if he is also 5 years older. He has not wanted to see any of his old friends and most importantly he is still sober. The other family members have also been greatly impacted; we were all worried about the two of them. As strange as it may sound, with all that was going on, it was one of the hardest things I have ever done - placing them in treatment. I thought they would be so mad at me they would never talk to me again. They have both told us it was the best thing we could have ever done for them. I am not going to keep writing because I can't write enough or could I ever begin to be able to tell anyone how grateful I am for Memphis Recovery Centers.

So I go back now to my original question. What are my children worth to me? Everything. How can I put into words what they mean to me, well I just can't. We have them back in our lives and I am now able to see what every parent wants - Your kids to grow up mature and start, making a positive life of their own. I know one thing for sure. If it were not for Memphis Recovery Centers they would be, ..............well I changed my mind. I am not going to think of how bad things would be for them today. I also know relapse is always possible with any recovering addict. Memphis Recovery Centers has given them the tools that if they ever do face that they know exactly what to do to get themselves back on track.

A THANK YOU, THANK YOU, THANK YOU, TO MEMPHIS RECOVERY CENTERS FROM A VERY GRATEFUL PARENT.
**What is TAADAS?**

TAADAS, the Tennessee Association of Alcohol, Drug and other Addiction 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?**

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 Cleaninhouse and the Tennessee REDLINE. The Cleaninhouse is a resource center for substance abuse related materials. The Cleaninhouse 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’s 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, substance abuse, and other addiction. 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, drug and other addiction issues in the forefront when funding decisions are made and legislative agendas are developed. As an association we need your input and opinion 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 and Addiction Community across the state
- Free Subscription to the TAADAS Times, which is a quarterly 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, drug and other addiction services in Tennessee, simply fill out the Membership Application on the back page and return it to the TAADAS office. Be part of a “fresh approach” dealing with the issues that affect service providers, substance abuse professionals, the recovery community, their families, friends, and allies statewide.

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### TAADAS Members

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

#### Sustaining Members

- Agape, Inc., Knoxville
- Alcohol & Drug Council of Middle TN, Nashville
- Apell Manor, Jackson
- Buffalo Valley, Inc., Hohenwald
- CADAS, Chattanooga
- Cognac & Alcohol Awareness Program, Memphis
- Comprehensive Community Services, Johnson City
- E.M. Jettskin Center, Knoxville
- Grace House, Memphis
- Harbor House of Memphis, Memphis
- Hope of East Tennessee, Oak Ridge
- JACOA, Jackson
- Jack Cinn Shelter, Savannah
- Memphis Recovery Center, Memphis
- New Directions, Memphis
- The Pathfinders, Inc., Gallatin
- Place of Hope, Columbia
- Renewal House, Inc., Nashville
- Samaritan Recovery Community, Inc., Nashville
- Serenity Recovery Center, Memphis
- Synergy Treatment Center, Inc., Memphis
- Tony Rice Center, Shelbyville

#### Corporate Members

- Alcohol & Chemical Abuse Rehab Center
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- Celebrate Recovery
- Center for Youth Issues—Nashville, Inc.
- E. M. Jettskin Center—Board of Directors
- The Fireworker’s Club
- Florence Crittenton Agency
- Harbor House, Inc—Board of Directors
- Journey to Recovery—Phil Thomas Center
- Keystone Recovery Center, Inc.
- Lloyd C. Elam Mental Health Center
- Magdalene House
- Nashville Drug Court Support Foundation
- New Hope Recovery Center
- Operation Stand Down Nashville
- PACIE International Union
- Peninsula Lighthouse
- Powell Enterprises
- Roane County Probation Services
- Samaritan Recovery Community, Inc.
- -Board of Trustees
- TN Dental Association—Concerned Dental Professionals
- TN Professional Assistance Program
- Turning Point
- Xpher Management, Inc.

#### Individual Members

- Martin Abott
- Mary Aways
- Thomas Barstow
- C.J. Baker
- Stacy Bissell
- Cilla Bland
- Cline Goodspeed
- Martha Clinkham
- Tom Diffenderfer
- Karen Dooley
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- Chuck Early
- Kimberly Edwards
- Gary Ethun
- Dorothy Gage
- Estelle Garner
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- David Grouther
- Gay Hanson
- Charlotte Hoppers
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- Patricia Jackson
- Anna Jernigan
- Kenneth Jones
- Dr. Sarah Keida
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- Vernon Martin
- Jennifer Meeks
- Harold Montgomery
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- Bruce Newport
- Linda O’Brien
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- Joe Osterfield
- Jim Phillips
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- Nathan Ryder
- Debra Robertson
- Dr. Michael Saffler
- Gwen Smock
- Julie Smith
- Dawn Smithers
- Darrin Stovall
- Richard Soper, MD, JD, MS
- Edith Stone
- Sharon Turner
- Eileen White
- Tammy Williams
- Walker Williams
- Gary Woodburn

#### Student Members

- Sandra Hill
- Judy Matthews
- Martha McGaile
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, Drug and other Addiction 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, drugs and other addiction, 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, drugs and other addiction in Tennessee.

Date: ____________________ Referring Member: (If Applicable) __________________

Level of Involvement: Student: $20 __

Individual: $50 __

Corporate: $2500 __ $1000 __ $500 __ $100 __ 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.