

TADA TIMES

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TADA's Mission

To educate the public and influence state and national policy decisions in order to improve services to those who are affected by alcohol-

Lt. Gov. JOHN S. WILDER HONORED

John York, President of the Tennessee Alcohol and Drug Association, Inc. Board of Directors, presented Lt. Gov. John S. Wilder with a Lifetime Achievement Award for Distinguished Public Service at a reception in his honor on December 14, 2000. That evening, Lt. Gov. Wilder received the support of the Senate Democratic Caucus, assuring him of another term as Lt. Gov. of Tennessee and Speaker of the Senate. In January, he will begin his 31st year in that position.

In presenting the award to Wilder, York said it is "altogether fitting and proper that we recognize the accomplishments of Gov. Wilder, who has for so many years been a friend to those suffering the ravages of alcoholism and drug addiction." York, who also serves as Executive Director of Samaritan Recovery Center, indicated that the presentation of the Lt. Gov. John S. Wilder Lifetime Achievement Award for Distinguished Public Service would be an annual event, to recognize individuals who contribute significantly to the cause of addiction treatment and prevention in Tennessee.

The reception honoring Wilder for his record-breaking re-election was held at the TADA of-

fices in MetroCenter and attended by more than 100 guests from all over Tennessee.

Distinguished guests included Assistant Commissioner Dr. Stephanie Perry, from the Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services, along with her colleagues Julie Smith, Rick Bradley and Ira Lacy, Kelvin D. Jones from the Nashville Mayors office, State Rep. Barbara Cooper, State Rep. John Arriola, Nathan Ridley, and Cece DuBois.

Wilder is a lawyer, banker and cotton gin owner from Somerville, TN, who rides a bicycle 15 to 20 miles daily and pilots his own plane, *Jaybird*, to and from his home to Nashville. Since he has been flying for 50 years, it is self evident that he is an excellent pilot, but he is

also known as a competent aircraft mechanic, keeping *Jaybird* in excellent condition. It is reported that in his "spare time", Wilder is a pretty fair country cook.

The John S. Wilder Lifetime Achievement Award for Distinguished Public Service will be given annually by the Tennessee Alcohol and Drug Association to a worthy recipient, exemplifying a record of outstanding public service.



Kelvin D. Jones from the Nashville Mayors office looks on while TADA President John York applauds the Lt Governor John S. Wilder upon accepting the Lifetime Achievement Award for Distinguished Public Service bearing his name.

POSTER BLOW-OUT!!

The TADA Bookstore finds itself over run with Posters! So, we're running a special. Bruce TwoEagles posters normally sold for \$9.00 each now clearance priced \$3.00 each. Choose from "How the West was Lost", "See the USA", "Some People Never Learn", or "One way to eliminate the Competition". Laminated Addic-

tion Posters normally sold for \$12.00 Clearance priced at just \$6.00 each. Call or come by the TADA Bookstore to get your copy today. Other posters available include NA and AA 12 Steps, 12 Traditions, Serenity Prayer, My Gratitude Speaks, and 3rd Step Prayer. Prices on the NA and AA posters range from \$1 to \$3 each.



TADA Executive Director,
H. Rogers Thomson

"It is a CONCEPT NO MORE. Alcoholism is a disease (period).", says H. Rogers Thomson, TADA Executive Director

IN ROGERS' WORDS...

In the early 1950's, the American Medical Association declared alcoholism a disease, and placed this less than glamorous disease in the care of its not-so-highly-thought-of division of psychiatry. I have it on good authority that off the record, the AMA soon realized its mistake, but has not owned up to it, nor have they set the record straight. Indeed, it would take some considerable undoing at this point. However, if this prestigious association had issued the same declaration twenty or thirty years later, no doubt alcoholism would be placed in the division of Family Medicine, not Psychiatry. Consequently, this so called "mistake" has created the misperception among some that alcoholism is a mental illness. Alcoholism is not now, nor has it ever been a

mental illness, and anyone who has experienced success in recovery knows it. Recovering people 'get it'.

During the time I was considering the offer from TADA to return to Tennessee after an extended absence and discovered that the Bureau of Alcohol and Drug Abuse Services was in the Department of Health, my response was something on the order of, "YES! They get it." Alcohol and drug abuse are public health issues, not a mental illness, consequently the logical place for these services is the Department of Health, short of having its own departmental status. This is not only my personal position on this matter, but the official position of TADA as well.

As far as the disease of alcoholism is concerned, I once promoted the idea that it

should be known as Jellinek's Disease, but that didn't catch on twenty years ago when I tried it. What needs to catch on now is that we stop saying disease concept. It is a CONCEPT NO MORE. Alcoholism is a disease (period). I am asking that each of us who is accustomed to talking and teaching about the "disease concept" of alcoholism, drop the word concept and simply talk and teach about the disease. This will accurately reflect what it is. Maybe this will correct some of the mistakes of the past, which were due to lack of evidence and understanding which we now possess. There are several good articles in this edition of the TADA Times that I encourage everyone to "read, mark, learn and inwardly digest." Blessings to all.

HRT

TADA ANSWERS PUBLIC POLICY QUESTIONS...

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

Question: *Do you favor a public health approach of treatment and prevention as the primary strategy for addressing substance abuse, or do*

you prefer to address it primarily using a criminal justice approach focusing on incarceration and mandatory minimum sentencing?

Suggested Answer: A growing portfolio of scientific evidence from NIH supports that addiction is indeed a brain disease. For whatever reasons a person begins to use or experiment with alcohol or drugs, some individuals become addicted, and the neurological reward and craving pathways in their brains begin to seek out chemical substances. This craving can turn into a compulsion that eventually dominates the individual's life. According to Alan Leshner, Director of the National Institute on Drug Abuse, "Drug addic-

tion, like other health conditions, such as high blood pressure and depression, is a chronic, relapsing disease of the brain that is treatable."

An individual's personal addiction may translate into an even greater public health problem because alcohol and drug use and abuse is a significant risk factor for domestic violence, child neglect and abuse, increased risk of transmission of infectious diseases including HIV/AIDS, depression and suicide, and violence and crime. Additionally, a subpopulation of alcohol and drug users have serious mental illness that is a co-occurring phenomenon with their addictive disorder.

It is therefore important that prevention and treatment ser-

vices be available early on in a person's struggle with addiction so that the associated public health problems can be mitigated. Up to 80% of people arrested are under the influence of alcohol or drugs. Addiction services within the criminal justice system have been increasing, however, it is imperative that we focus on providing treatment services to at risk populations, so that they can get help before committing crimes or neglecting their families. A 1996 survey of police chiefs from around the country ranked drug abuse as the most serious problem in their communities and identified the shortage of treatment programs as the most serious limitation in their ability to address drug problems successfully.

EXPERTS AWAIT BUSH'S DRUG-TREATMENT POLICY—A UNIQUE PERSPECTIVE

By: Carol Ann Campbell
Star-Ledger Staff

As George W. Bush prepares to take office, substance abuse experts are watching to see if the new president's own past battle with alcohol plays out in public policy.

Bush will be the first American president to have acknowledged publicly a struggle with alcohol, although he has said he does not consider himself an alcoholic. Experts don't know if Bush will be more sensitive to the problems of people with addictions, or if he will dismiss traditional routes to sobriety, such as counseling and 12-step programs, because he found simpler methods to end his own drinking.

Bush said he quit drinking in 1986. During the presidential campaign, he told a group of men at a private recovery center that he heard a higher call. "I haven't had a drop to drink since then," he said. "It wasn't because of a government program in my particular case. We need to understand the power of faith in people's lives when it comes to fighting addictions."

The president could play an important role in substance abuse.

"He can really make a difference by what he says or does on this issue. He's a role model, and he sets the agenda for public discussion," said Peter Kerr, a spokesman for Phoenix House, a substance abuse treatment provider with centers in eight states.

Some people in the field fear that Bush's own experience, along with the president-

elect's call for smaller government, will translate into less money for drug treatment. The president presides over a huge substance abuse bureaucracy that distributes more than a billion federal dollars annually for research and treatment.

Few expect Bush to highlight the issue while in office, since bold moves in the area of substance abuse might stir up talk about his own past, including a 1976 conviction for drunken driving.

"My gut feeling is that Bush will not step up and be an advocate," said John Ramspacher, a drug and alcohol counselor at Princeton House North Brunswick. "It will be a touchy subject he may want to sidestep. . . . He may also feel, 'I didn't go to any fancy center. People have to just pull themselves up by the bootstraps.'"

Kerr said he believes Bush's own experience will give the president greater sensitivity to people struggling with addiction. "But whether he'll convert that sensitivity to action, we don't know," Kerr said. Bush has provided few specifics about how often he drank, and he has declined to answer questions about drug use.

Yet in various interviews he has said drinking came to interfere with his life. "Alcohol was beginning to compete for my affections for my wife and my family," he told one interviewer.

In a 1997 interview with NBC News, Bush said he gave up alcohol at 40 because "I was drinking too much." He said his wife gave him an ultimatum: It was either her or Jim

Beam, referring to the bourbon.

Several professionals interviewed said they hope Bush does not believe most substance abusers can simply stop the way he did, without professional intervention or a 12-step program.

"The danger is if people say, 'My solution is a solution for everybody.' People who are very religious and devout can still fail," said Hugo Franco, medical director of Pollakes Mental Health Services at Monmouth Medical Center in Long Branch.

For most alcoholics in recovery, sobriety requires a life-long commitment. Some relapse. Many rely on continual support from others, either through professional counseling or Alcoholics Anonymous. Most Americans don't see Bush as a recovering alcoholic but as someone who drank heavily while young, according to Richard Colligan, senior drug and alcohol counselor at Overlook Hospital in Summit. Colligan does not interpret Bush's election as a sign of greater acceptance of alcoholism, which he believes the public still views as sinful behavior.

He's disappointed that neither presidential candidate — Bush or Al Gore — put much emphasis on the issue of substance abuse during the campaign. He and many others see a critical lack of drug and alcohol treatment in New Jersey. "There just wasn't much said by anybody about the severity of the problem in America," said Colligan.

Several professionals said they could not make a diagnosis for Bush but that the abil-

ity to simply stop drinking might indicate he was not classically addicted.

None of the professionals interviewed suggested that Bush's sobriety was not genuine.

"He did not follow traditional means, but that does not mean that he did not address his problem," said Bill Warner, clinical director of Blake Recovery Center of the Carrier Clinic, a mental health center in Belle Mead. "Many people do things to excess and are able to make changes. The thing about addiction is that it goes beyond the ability to stop." Ramspacher agreed.

"Even the founders of AA have said the program is not for everybody," he said. "They have acknowledged there are other paths to recovery. And how do we know Bush has not resolved a lot of things that led to him drinking? He has probably acknowledged somewhere inside himself that if he takes one drink he's off to the races."

Historians say several presidents in U.S. history were known to drink heavily, when such behavior was commonplace, but none talked about it to the public. "There were presidents in the 19th century who clearly drank too much," said Jan Ellen Lewis, an historian at Rutgers University in Newark. "They were not in a position to make the same sort of acknowledgment. It was not the same recovery culture."

DRUG WAR EMPHASIS NEEDS TO SHIFT TO EDUCATION, PREVENTION

Many of America's youth have not yet learned to "just say no" to drugs. Despite gains on some fronts, evidence is mounting that we are still losing the war on drugs. And the nation's outgoing drug czar believes we need to change the rules of engagement.

Departing White House National Drug Policy Director Barry McCaffrey said at his final press conference that the very concept of a "war on drugs" is misleading because it assumes that the challenge of combating drug use is a battle with a beginning and an end, and not, as the retired four-star general argues, a "continuous process" of reducing public demand for drugs. In his final report on America's anti-drug efforts, Gen. McCaffrey amended the goals of the National Drug Control Strategy to include treatment. Coupled with prevention, punishment and research, he said, drug treat-

ment programs for chronic drug users can be an effective weapon in the fight against addiction. That is a fight that the drug czar thinks we can win. He notes drug use in all age groups dropped 50 percent in the last two decades, and credits a "team effort" by parents, teachers, coaches, religious and business leaders, law enforcement and community groups.

Gen. McCaffrey also emphasized the need to continue to educate youth about the need to reject illegal drugs in addition to alcohol and tobacco. He noted that teen drug use is also down 21 percent in the last two years.

There was more good news in a November study of nearly 7,000 teenagers by the Partnership for a Drug-Free America, which found that 40 percent of teens strongly agree that "really cool" teens don't do drugs, up from 35 percent the year before. The survey

also suggested that marijuana use among teens is less prevalent now than in previous years. That was followed by the release of a study of 45,000 eighth-, 10th- and 12th-graders by the Department of Health and Human Services that found that heroin use among eighth-graders and cocaine use among 12th-graders were both down.

Unfortunately, that's not the whole story. The same research confirms that the availability and popularity of so-called "club drugs" is on the rise by as much as 80 percent over previous years. The most popular is Ecstasy, a synthetic stimulant pill that acts as a hallucinogen. A common fixture at clubs and parties, the drug - known as "e" - provides a temporary rush and mood enhancement but also can cause sleeplessness, memory loss, nervous disorders and brain damage.

Gen. McCaffrey is quite right about the need to change our approach to this national problem. Of the tens of billions of dollars that the U.S. has committed to the "drug war" - including \$19.2 billion this year alone - the lion's share has gone to law enforcement and punishment with too little going toward treatment and prevention. That must change. But government cannot solve this problem alone. The "team effort" must continue and parents especially must step up to the plate and accept the chief responsibility for teaching their children right from wrong and to stay away from drugs.

Until then, America's drug habit will persist and wreak havoc on the lives of new generations. *From the Partnership for a Drug Free America Website. For more information, www.drugfreeamerica.org*

Tennessee Alcohol & Drug Association, Inc.

Addiction Technology Professionals

Mission

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.

Purpose and Objectives

To promote the common interest in the prevention, control and eradication of alcoholism and drug dependency and to promote such other programs as are 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 propose and support legislation regarding alcoholism and drug dependency and education on alcohol and drugs and alcohol and drug problems; to encourage and support development of alcohol and drug services in areas not presently served; to promote adherence by Association members to standards approved by The Association.

Goal

Our goal is to champion the cause of quality addiction services in Tennessee, and advocate unceasingly for those who still suffer from the ravages of

addiction and for the addiction professionals who serve them.

Values

We believe in:

- The right of every person to be treated with dignity and respect.
- Working together as a team. Communicating openly and honestly.
- Treating all people with respect, integrity, dignity and fairness.

Leadership

Through:

SERVICE: Meeting the requirements of those we serve 100%

of the time.

INNOVATION: Designing and delivering creative solutions.

TEAMWORK: Working together as a team to achieve our goals and objectives.

EXCELLENCE: Continuously striving for excellence in everything we do.

Principles

We are committed to:

MEMBERSHIP: Aggressively understanding, and meeting the needs of our members.

COMMUNITY: Fostering an environment that values diversity and respect.

NAADAC NAME CHANGE

The National Association of Alcoholism and Drug Abuse Counselors, more commonly known as NAADAC, with overwhelming support of its membership changed its name in July 2000 to **NAADAC - The Association of Addiction Professionals**. The reality of NAADAC's call for networking, cross training of other professionals treating substance abuse issues, as well as the growing recognition of many other forms of addiction and life-impacting compulsive behavior necessitated the change.

NAADAC's mission is to lead, unify and empower addiction-focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research. We believe that the name change is a true reflection of our mission and will only make us stronger by providing a home association for those professionals seeking common ground to unify our voices, share knowledge and expertise and of course, and always, better serve our patients.

TAADAC LEADING THE WAY WITH QUALITY LEADERSHIP

It has often been said that the measure of a person's quality is their willingness to give of themselves. The TN Association of Alcoholism and Drug Abuse Counselors' Board of Directors demonstrates that belief daily. TAADAC chapters, under this dedicated leadership continues to work together, plan, reach out to newer and more experienced members of our profession to stay together and provide a united voice for quality treatment, prevention and intervention services for our state residents. It is under the ever-challenging leadership

that TAADAC continues to be an influential voice. Current Board of Directors include: Kathryn Benson, President, David Cunningham, President-Elect, Sharon Trammell, Immediate Past-President, Jim Rackard, Treasurer, Phil Guinsburg, Secretary, Chapter Presidents: Bob Burr, SE TN, Carrie Thornton, West TN, Randal Lea, Middle TN. All individuals working with or interested in the life threatening risk of addiction are encouraged to contact Kathryn Benson, 615.885.3615 for more information about our association.

SOUTHEAST NAADAC LEADERSHIP GATHERING A SUCCESS!

*David Cunningham, NCAC I,
ETAADAC President*

The Southeast Regional Conference of NAADAC was held at Jekyll Island Georgia January 2001. Attending from Tennessee were myself as TAADAC President-Elect and Kathryn Benson, TAADAC President.

Kathryn Benson NCAC II TAADAC President, was bestowed the distinguished award of "Southeast Regional Professional of the Year". We should all thank Kathryn for the unselfish dedication she gives to our profession, to those suffering from the disease of addiction and for bringing this wonderful award back to Tennessee. Kathryn, thank you for all you do and congratulations on your award!

Bill B. Burnett, LPC, MAC (President of NAADAC) continues to ever amaze me with his dedication, compassion and desire for helping. He encourages each of us to commit to educating the public on the disease and continue our own personal education to better serve our clients, patients,

communities and nation. We commend Bill Burnett for all he does on state and national levels to promote the education of the addictive disease

Sam Orr, MAE, CCS, NCAC II (SCAADA) presented an extraordinary workshop on Peer Assistance and how it serves our profession. Ethical standards as well as policies and procedures were the core of this workshop. The primary purpose is to promote the well being of our colleagues, uphold our profession, identify chemical dependency and other physical, mental, or emotional conditions resulting in professional impairment in our colleagues and provide appropriate assistance toward recovery. Not reporting unethical activities only undermines our profession and lessens the positive impact on our communities. This was particularly helpful now that Tennessee is mandated to offer a Peer Assistance Service to its licensed counselors.

The **Honorable David J. Mack III, Member of the House of Representatives** (South Caro-

lina) presented a workshop on legislative issues. It was wonderful to see some of the legislative actions being taken and especially the demonstrated knowledge of the disease. We need more State Representatives like David J. Mack III who can advocate at a national level for issues such as parity.

Michael Hollingsworth of Louisiana is now NAADAC's National Membership Chair. His workshop and membership drive was second to none. He is absolutely on fire for this profession and the promotion of substance abuse professionals. His impact personally prompted me to approach five new potential members in the past week, each of which I believe will be a huge asset to our organization.

Current NAADAC publications were reviewed by the regional participants. I am happy to convey to you the overwhelming consensus approved of the literature.

Robin L. Beaudrot of North Carolina facilitated a referral workshop. The primary content

was ethical standards, referrals, self-help referrals, and recovering counselor self help attendance. He demonstrated a wealth of knowledge and commitment to competency, appropriate referrals, safety in self help referrals and a commitment to our own personal recovery.

Last, but not least, tremendous gratitude is spoken here for the time, effort and sincere enjoyment brought to our association by **Thurston Smith, Southeast Regional Vice-President**. Thurston organized the entire Leadership Conference and work diligently to include many individuals and materials that would facilitate us in assisting our membership. We thank him for all his work, effort, dedication and generosity of spirit.

I look forward, as I know you do to continued work in this field with a sense of responsibility, respect and the belief that NAADAC, TAADAC, and TADA will continue its leadership roles towards improving addictions care in our great state and nation.

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OOPS: HOW CASUAL DRUG USE LEADS TO ADDICTION

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

It is an all-too-common scenario: A person experiments with an addictive drug like cocaine. Perhaps he intends to try it just once, for "the experience" of it. It turns out, though, that he enjoys the drug's euphoric effect so much that in ensuing weeks and months he uses it again - and again. But in due time, he decides he really should quit. He knows that despite the incomparable short-term high he gets from using cocaine, the long-term consequences of its use are perilous. So he vows to stop using it.

His brain, however, has a different agenda. It now demands cocaine. While his rational mind knows full well that he shouldn't use it again, his brain overrides such warnings. Unbeknownst to him,

repeated use of cocaine has brought about dramatic changes in both the structure and function of his brain. In fact, if he'd known the danger signs for which to be on the lookout, he would have realized that the euphoric effect derived from cocaine use is itself a sure sign that the drug is inducing a change in the brain - just as he would have known that as time passes, and the drug is used with increasing regularity, this change becomes more pronounced, and ineluctable, until finally his brain has become addicted to the drug.

And so, despite his heartfelt vow never again to use cocaine, he continues using it. Again and again. His drug use is now beyond his control. It is compulsive. He is

addicted.

While this turn of events is a shock to the drug user, it is no surprise at all to researchers who study the effects of addictive drugs. To them, it is a predictable outcome.

To be sure, no one ever starts out using drugs intending to become a drug addict. All drug users are just trying it once or a few times. Every drug user starts out as an occasional user, and that initial use is a voluntary and controllable decision. But as time passes and drug use continues, a person goes from being a voluntary to a compulsive drug user. This change occurs because over time, use of addictive drugs changes the brain - at times in big dramatic toxic ways, at others in more subtle ways, but always in destructive

ways that can result in compulsive and even uncontrollable drug use.

The fact is, drug addiction is a *brain disease*. While every type of drug of abuse has its own individual "trigger" for affecting or transforming the brain, many of the results of the transformation are strikingly similar regardless of the addictive drug that is used - and of course in each instance the result is compulsive use. The brain changes range from fundamental and long-lasting changes in the biochemical makeup of the brain, to mood changes, to changes in memory processes and motor skills. And these changes have a tremendous impact on all aspects of a person's behavior. In fact, in addiction the drug

(Continued on page 7)

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OOPS: HOW CASUAL DRUG USE LEADS TO ADDICTION, CONCLUDED...

(Continued from page 6)

becomes the single most powerful motivator in the life of the drug user. He will do virtually *anything* for the drug.

This unexpected consequence of drug use is what I have come to call *the oops phenomenon*. Why oops? Because the harmful outcome is in no way intentional. Just as no one starts out to have lung cancer when they smoke, or no one starts out to have clogged arteries when they eat fried foods which in turn usually cause heart attacks, no one starts out to become a drug addict when they use drugs. But in each case, though no one meant to behave in a way that would lead to tragic health consequences, that is what happened just the same, because of the inexorable, and undetected, destructive biochemical processes at work.

While we haven't yet pinpointed precisely all the triggers for the changes in the brain's structure and function that culminate in the "oops" phenomenon, a vast body of hard evidence shows that it is virtually inevitable that prolonged drug use will lead to addiction. From this we can soundly conclude that drug addiction is indeed a brain disease.

I realize that this flies in the face of the notion that drug addiction boils down to a serious character flaw – that those addicted to drugs are just too weak-willed to quit drug use on their own. But the moral weakness notion itself flies in the face of all scientific evidence, and so it should be discarded.

It should be stressed, however, that to assert that drug addiction is a brain disease is by no means the same thing as saying that those addicted to drugs are not accountable for their actions, or that they are just unwitting, hapless

victims of the harmful effects that use of addictive drugs has on their brains, and in every facet of their lives.

Just as their behavior at the outset was pivotal in putting them on a collision course with compulsive drug use, their behavior after becoming addicted is just as critical if they are to be effectively treated and to recover.

At minimum, they have to adhere to their drug treatment regimen. But this can pose an enormous challenge. The changes in their brain that turned them into compulsive users make it a daunting enough task to control their actions and complete treatment. Making it even more difficult is the fact that their craving becomes more heightened and irresistible whenever they are exposed to any situation that triggers a memory of the euphoric experience of drug use. Little wonder, then, that most compulsive drug users can't quit on their own, even if they want to (for instance, at most only 7 percent of those who try in any one year to quit smoking cigarettes on their own actually succeed). This is why it is essential that they enter a drug treatment program, even if they don't want to at the outset.

Clearly, a host of biological and behavioral factors conspires to trigger the oops phenomenon in drug addiction. So the widely held sentiment that drug addiction has to be explained from either the standpoint of biology or the standpoint of behavior, and never the twain shall meet, is terribly flawed. Biological and behavioral explanations of drug abuse must be given equal weight and integrated with each other if we are to gain an in-depth understanding of the root causes of drug addiction and then develop more

effective treatments. Modern science has shown us that we reduce one explanation to the other – the behavioral to the biological, or vice versa - at our own peril. We have to recognize that brain disease stemming from drug use cannot and should not be artificially isolated from its behavioral components, as well as its larger social components. They all are critical pieces of the puzzle that interact with and impact on one another at every turn.

A wealth of scientific evidence, by the way, makes it clear that rarely if ever are any forms of brain disease only biological in nature. To the contrary, such brain diseases as stroke, Alzheimer's, Parkinson's, schizophrenia, and clinical depression all have their behavioral and social dimensions. What is unique about the type of brain disease that results from drug abuse is that it starts out as voluntary behavior. But once continued use of an addictive drug brings about structural and functional changes in the brain that cause compulsive use, the disease-ravaged brain of a drug user closely resembles that of people with other kinds of brain diseases.

It's also important to bear in mind that we now see addiction as a chronic, virtually lifelong illness for many people. And relapse is a common phe-

nomenon in all forms of chronic illness – from asthma and diabetes, to hypertension and addiction. The goals of successive treatments, as with other chronic illnesses, are to manage the illness and increase the intervals between relapses, until there are no more.

An increasing body of scientific evidence makes the compelling case that the most effective treatment programs for overcoming drug addiction incorporate an array of approaches – from medications, to behavior therapies, to social services and rehabilitation. The National Institute on Drug Abuse recently published *Principles of Effective Drug Addiction Treatment**, which features many of the most promising drug treatment programs to date. As this booklet explains, the programs with the most successful track records treat the *whole* individual. Their treatment strategies place just as much emphasis on the unique social and behavioral aspects of drug addiction treatment and recovery as on the biological aspects. By doing so, they better enable those who have abused drugs to surmount the unexpected consequences of drug use and once again lead fruitful lives. * Copies of the booklet, *Principles of Effective Drug Addiction Treatment* can be obtained from the TADA Statewide Clearinghouse.

MRC

Memphis Recovery Centers,
Inc
Providing Addiction Treatment Since

NEW INITIATIVE TO TRAIN FACULTY IN HEALTH PROFESSIONS ON SUBSTANCE ABUSE

In a press release dated December 21, 2000, SAMHSA announced a new initiative for training Health Professions on Substance Abuse.

In an effort to educate those who teach future physicians, nurses, pharmacists and other medical personnel about substance abuse and how to recognize the symptoms, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) is supporting development of a training program to teach faculty in health professions about screening and referral of patients who exhibit signs of alcohol or drug addiction. The Interdisciplinary Faculty Development Program to Im-

proved Substance Abuse Education will provide educators working in interdisciplinary teams with the background and resources to teach students how to recognize substance abuse, how to talk to their patients about alcohol and drug abuse and when to refer patients to treatment professionals. The effort will involve educators in 15 health professions. Currently, there is a lack of health professionals on the faculties of schools who can teach their students basic competencies on substance abuse.

"Today, a patient who falls off his porch is treated for his bumps and bruises, maybe sent to a specialist if there is a broken bone," CSAT Director

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

H. Westley Clark, M.D., J.D., M. P.H. said. "Our goal is to equip primary care providers with the ability to determine if this occurrence is due to an accident or caused by underlying alcohol or drug abuse. Our system of health care is constantly treating the symptoms, but not recognizing the root cause in order to recommend specialized addiction treatment. We want this training to address these deficiencies," Dr. Clark said.

The \$1 million program is being doing in partnership with the Health Resource's Services Administration's (HRSA) Bureau of Health Professionals and will be conducted by the Association

for Medical Education and Research in Substance Abuse (AMERSA). Additional information on the training program can be obtained by visiting www.amersa.org.

The Center for Substance Abuse Treatment (CSAT) is a component of the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA, a public health agency within the U.S. Department of Health and Human Services, is the lead federal agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services in the U.S.

POSITION AVAILABLE

Licensed A & D Counselor—preferably male, Pathfinders Residential Program at Castalian Springs. Competitive salary, excellent benefits, great work environment. Call Dan Hoyle 615-452-5688 for further details



MEMBER AGENCY SPOTLIGHT: PATHFINDERS

The Pathfinders, Inc. got its start in May 1989, with the aid of a dedicated staff and a block grant. Under the leadership of its Founder and President Dan Hoyle, The Pathfinders has grown steadily over the past 12 years. Currently, a full range of services are offered. Hoyle, who holds a Masters Degree in Human Development and Learning, is a Licensed Professional Counselor with Mental Health Service Provider Designation, with more than 25 years experience in the Alcohol and Drug Treatment field. He is a former Executive Director at CADAS and Buffalo Valley.

The Residential Treatment

Program offers an intensive, structured, individualized program under the guidance of an interdisciplinary team of professionals. The state licensed 19-bed inpatient facility is located on the majestic Cumberland River at Castalian Springs, TN. This beautiful and serene country setting is truly conducive to a feeling of home and safety. The informal, private and relaxed atmosphere is a most appropriate setting to begin a program of recovery. The Pathfinders Residential program offers medical examination, detoxification, diagnostic evaluation, psychological testing (when needed), and individualized treatment plan with

variable length of stay, and group counseling and recreational therapy. In addition, The Pathfinders also offers a Family program and an After-care Program. Pathfinder's programs are proof that quality treatment is still affordable. The Pathfinders Inc. is a grantee of the State of Tennessee Department of Health for its detox/rehab program. The Residential Program is CARF accredited, approved by TennCare and services are covered by most insurance plans.

The Pathfinders services also include licensed Intensive Outpatient treatment facilities located in Gallatin, Madison,

Murfreesboro and Castalian Springs (near Lebanon), as well as Low Intensity Outpatient Programs, Day Treatment, Partial Residential Programs and the New Path Program, dealing with the complexities of Domestic Violence in relationships. In addition, the Rural Aids Prevention Project (RAPP) serves 26 rural Middle Tennessee counties with HIV/AIDS educational and outreach programs. Future plans of expansion include providing adolescent outpatient treatment programs.

For more information, visit www.pathfinderstn.org or call 615.452.5688

NATIONAL TRAINING EVENTS

**"SUCCESS = Quality Clinical Programs and
Quality Business Plans."**

The National Association of Addiction Treatment Providers will hold its 2001 annual conference May 20-22, 2001 in Scottsdale, AZ. For more information, call (717) 581-1901.

NAADAC's 25th Annual Conference on Addiction Treatment

The National Association of Alcoholism and Drug Abuse Counselors will hold its 25th annual Conference on Addiction Treatment May 23 to 26, 2001 in Portland, OR. For more information, call (800) 548-0497 or visit www.naadac.org

A Generational Journey Women Carrying the Vision

The third National Women's Conference sponsored by SAMHSA will be held June 18-21, 2001 in Orlando, FL. For more details check the SAMHSA website www.samhsa.gov

Supportive Housing Systems *

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*A Program of Samaritan Recovery Community

WORKSHOPS & TRAININGS

Family of Origin: Roots of Addiction

Facilitators: Judith and Bob Burr, McNabb Children & Youth Center, Knoxville, February 2, Contact Martha Culbertson 865.637.7711

Domestic Violence and Substance Abuse

Facilitator: Keith Henderson, LeBonheur Hospital, Memphis, February 3, Contact Jane Abraham 901-272-1657

Living in the Age of Aids

Facilitator: Joe H. Tomlinson, Central Church of Christ, Johnson City, February 13, Contact Louise Verran 423.639.7777

ASAM

Facilitator: Wayne Hyatt, Community Foundation, Memphis, February 13, Contact Jane Abraham 901-272-1657

Referrals: Making the Most of Community Resources or Who Do I Tell Them to Call?

Facilitator: Kathryn Benson, McNabb Children & Youth Center, Knoxville, February 15, Contact Martha Culbertson 865.637.7711

Beyond the Rules: A Course in Advanced Professional Ethics

Facilitator: Kathryn Benson, McNabb Children & Youth Center, Knoxville, February 16, Contact Martha Culbertson 865.637.7711

Dual Diagnosis

Central Church of Christ, Johnson City, February 20, Contact Louise Verran 423.639.7777

Reports and Recordkeeping

Facilitator: Fred Lunce, LADAC, A&D Council, Nashville, February 22, Contact Susan Young 615-269-0029

Dual Diagnosis Dilemmas: Better Medical Treatments

Facilitator: Mark Peterson, MD, CADAS, Chattanooga, February 23, Contact Bob Burr 423-756-7644

CLEARINGHOUSE CORNER

The TADA Statewide Clearinghouse is a program of TADA funded by a prevention grant through the Tennessee Department of Health. This is the section where you can find out what's happening at the TADA Statewide Clearinghouse. The Clearinghouse is your #1 source for

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

NATIONAL CHILDREN OF ALCOHOLICS WEEK-POSTER CONTEST

The National Association for Children of Alcoholics (NACoA) has announced its third annual poster contest for children in grades K-8. The contest will run through February 28, 2001, in honor of National COA Week—February 11-17, 2001. This year's poster contest theme is Many People Can Help Me! emphasizing that children are not alone and there are many adults available to them to give them support and help.

There are more than 11 million children under 18 years in the U.S. today who have at least one alcohol or other drug addicted parent. These young people are at the highest risk for using drugs and alcohol because of the examples set at home and, in some cases, because of genetic factors. NACoA, the national membership organization dedicated to advocating for all children of addicted parents, established National COA Week over ten years ago to educate the public about the painful impact of parental addiction on children. "Children

of alcohol or drug abusing parents often cannot talk to their parents about drug use," state NACoA Board President Dr. Hoover Adger, Jr. "Our COA Week poster contest for children provides a way to help all children learn more about the family issues of addiction. Making the posters allows young people to create their own messages and to express their feelings about the impact that addiction has on them and their families. It also will help them to see that there are safe people who can help them."

Children in grades K-8 can participate through their schools, after-school programs, youth organizations, and treatment centers across the country. There are three entry levels: grades K-2, 3-5 and 6-8. Deadline for poster submissions is Wednesday, February 28, 2001. Prizes include \$50 US Savings Bonds and McDonald's gift certificates. Complete poster contest information is available on the NACoA Web site at www.nacoa.org or by calling NACoA at 1-888-554-2627.

ADVERTISE IN THE TADA TIMES!

The TADA Times is a bi-monthly newsletter produced by the Tennessee Alcohol and Drug Association six times a year used to increase the awareness of substance abuse and substance abuse related issues across the state of Tennessee. It is distributed to 1500 substance abuse professionals across Tennessee and published on the Clearinghouse's internet web site, www.tnclearinghouse.com. TADA accepts paid advertising for inclusion in the TADA Times for products and/or services, which are related to the purposed of

TADA. The products and /or services advertised in the TADA Times do not necessarily imply endorsement by TADA or its membership. Ads can vary in size from full page, half page, 1/4 page, 1/8 page or business card size. Prices range anywhere from \$15-\$200 per edition. Special discounts are available for those choosing to advertise for an entire year. For a full listing of ad rates, contact Tammy Williams at the TADA office. You can reach her by phone, 615-780-5901 or via email, tammy@tnclearinghouse.com.

REDLINE REFERRAL DATABASE UPDATE

As we all know, things change. And boy do they change quickly! Clearinghouse staff are in the process of updating the Redline Referral Database. The Tennessee REDLINE is a statewide, state funded information and referral service. The REDLINE receives an average of 7000 calls annually for alco-

hol and drug abuse services. The goal of the REDLINE is to give the most appropriate and accurate referrals as possible. Please take a minute to make sure that your agency's information is up to date. Call the TADA Clearinghouse offices at 615.780.5901 to request the REDLINE Database Referral Update form.

FEATURED VIDEO:

TRAUMA & SUBSTANCE ABUSE

The TADA Statewide Clearinghouse has over 700 videos on Substance Abuse and Substance Abuse related issues. In each edition of the TADA Times, we will feature one of our collection. This edition's Feature is **Trauma and Substance Abuse**. This two part series examines the relationship of Trauma and Substance Abuse. The series is geared towards a Medical and/or Training setting. The tapes are 46 minutes each.

In part one the incidence of substance abuse among trauma survivors, and the associated life problems they experience is discussed. Therapeutic principles for working with this population

are outlined, and new treatment models are described.

Part two examines such issues as counter transference and codependency, crisis and relapses, twelve step programs and medications. The importance of clinical cross training is emphasized.

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

FEATURED PUBLICATION:

SIGNS OF EFFECTIVENESS II

The TADA Statewide Clearinghouse Resource Center has numerous publications on Substance Abuse and Substance Abuse related issues. In each edition of the TADA Times, we will feature one of the publications from our resource center. This edition's Feature is **Signs of Effectiveness II, Preventing Alcohol, Tobacco and other Drug Use: A Risk Factor / Resiliency-Based Approach**. This 94 page manual provides descriptions of 45 High-Risk

Youth Demonstration Grant Programs, which are divided into five major domains. These domains-individuals, family, schools, peer group, and community- have specific factors that put youth at risk for substance abuse. The TADA Statewide Clearinghouse has both this publication and its predecessor, Signs of Effectiveness I available. To get your free copy of this featured publication, call the TADA Statewide Clearinghouse at 615.780.5901.

WORKSHOPS & TRAININGS

Anger Management

Facilitator: Bob Burr, Plateau MHC, Cookeville, February 26,
Contact Bob Burr 423-756-7644

Case Managing the HIV-AIDS Positive Addict

Facilitators: Rudy Smith & Patrick Luther, A&D Council, Nashville,
March 1, Contact Susan Young 615-269-0029

Addressing Grief and Loss with Children and Youth

Facilitators: P.J. Alexander & Kim Henry, McNabb Children & Youth Center, Knoxville, March 2, Contact Martha Culbertson
865.637.7711

Multi-System, Multi-Problem Client

Facilitator: Cardwell C. Nuckols, Ph.D., Central Church of Christ,
Johnson City, March 6, Contact Louise Verran 423.639.7777

Weight, Body Image and Recovery

Facilitator: Judith Burr, CADAS, Chattanooga, March 9, Contact Bob
Burr 423-756-7644

Criminal Behavior Addiction

Facilitator: Patty McNeely, LeBonheur Hospital, Memphis, March 10,
Contact Jane Abraham 901-272-1657

ASI

Facilitator: Karen Dennis, Community Foundation, Memphis, March
13 & 14, Contact Jane Abraham 901-272-1657

ASAM Placement Criteria

Facilitator: Frances Clark, McNabb Children & Youth Center,
Knoxville, March 22 & 23, Contact Martha Culbertson 865.637.7711

Building a Successful Prevention Program

Facilitators: Jackie Bruce & Ruby Chambliss, Plateau MHC,
Cookeville, March 19 & 20, Contact Bob Burr 423-756-7644

Effective Case Management: Key to Treatment

Facilitator: Fred Lunce, CADAS, Chattanooga, March 29 & 30,
Contact Bob Burr 423-756-7644

Wellness Retreat 2001

Paris Landing, Sponsored by The HART Center & Grace House,



"Addiction Technology Professionals"

Tennessee Alcohol & Drug Association, Inc
Nashville House, Suite B-240
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Nashville, TN 37228-1515

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Fax: 615.780.5905
Email: tadanashville@aol.com

**THE CLEARINGHOUSE
IS ON THE WEB!!**

WWW.TNCLEARINGHOUSE.COM

TADA Board Officers

John York, *President*
Frank Kolinsky, *Vice President*
Allen Richardson, *Sec/Treasurer*
Rogers Thomson, *Exec Director*

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

TADA
One Vantage Way, Suite B-240
Nashville, TN 37228-1515
615.780.5901
Fax 615.780.5905
Tadanashville@aol.com

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APPLICATION FOR MEMBERSHIP IN TADA

Membership in TADA is open to non-profit, non-governmental, state-contracted alcohol and drug prevention and/or treatment service providers in Tennessee whose primary philosophy, mission and purpose as stated in their agency by-laws is the delivery of alcohol and drug abuse services, and whose philosophy is consistent with the disease of alcoholism and drug addiction.

Date: _____

Agency Legal Name: _____

Executive Director: _____

Agency Representative (if other than Exec. Director): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Toll Free: _____ Fax: _____

Agency Website: _____ Email address: _____

What do you feel TADA can do for you and/or your agency? _____

What do you feel your agency can do for TADA? _____

Please attach a copy of your agency's 501(c)(3), Mission Statement, and Agency Brochure or other Agency Fact Sheet and return to TADA, One Vantage Way, Suite B-240 Nashville, TN 37228-1515.