

TAADAS TIMES

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TAADAS' Mission

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

TADA Celebrates 25 Years - Changes Name to TAADAS

TADA Has a New Name

To officially proclaim that a new day has dawned in Tennessee alcohol and drug abuse circles, the TADA Board of Directors voted at its March 8th membership meeting to change its name to reflect more accurately who and what we are. The new name is the Tennessee Association of Alcohol and Drug Abuse Services, Inc. (TAADAS). With a commitment to the ideals of its founding members, and a renewed sense of determination to adequately and appropriately serve those who suffer from alcohol and drug disease, "The Association" will continue to communicate the truth about what works and what doesn't work regarding the most costly and devastating disease known to humankind - alcohol and drug disease, but this time, the solutions shall not be "ignored." The "Voice of Alcohol and Drug Abuse Services in Tennessee," TAADAS, will continue to sing the same "historic" song, but to a different tune.

The Tennessee Alcohol and Drug Association, Inc. (TADA) was originally known as The Tennessee Association of Alcohol and Drug Councils (TAADC). The Association began in 1974, when several Alcohol and Drug Council Executive Director's from around Tennessee gathered to share information and in general complain about their state of affairs. Harold Montgomery said, "My association with TADA began in 1975, and I believe the motivation for starting and sustaining the association was the old saying: 'Hang together or hang separately'." Montgomery continues, "despite the magnitude of alcohol/other drug problems, there was very little support from the State of Tennessee for the councils' efforts to address the problem with programs to prevent and/or treat those with alcohol and drug disease."

The founding members of the TAADC were The Jackson Area Council on Alcoholism, The Kingsport Council, Chattanooga Alcohol and Drug Services, Memphis Alcohol and Drug Council, the Knoxville Council, and Mid Cumberland Council on Alcoholism. Early leaders of the effort were: Bob Aspell from JACO, Marjorie Wheatley from Mid Cumberland, Ron Stone and Dick Bowen from Kingsport, Esther Zimmer from the Memphis Council, and Ed Hale from CADAS in

Chattanooga. Knoxville came on board later, represented by Henry Ashe. The representatives from the various Councils met quarterly and the meeting place rotated to the locations of member agencies. The chief topic of conversation was the need for the state to recognize the magnitude of the alcohol and later, the other drug problem, and to bring attention to the cost in terms of human suffering and economic loss. Time after time it was noted that the problem of alcohol and other drugs of abuse merited a cabinet level position in state government, but due to the small size of the organization, there was not enough clout to accomplish very much change.

There was at this early time a Governor's Advisory Commission on Alcohol/Drug Issues. The president of the Association of Councils was an ex officio member of that body which was made up of heavyweights in the political realm. The concerns of the Councils were effectively communicated to the Advisory Commission but the advice of the Governor's Commission seemed to exert little real influence.

According to Montgomery, the level of commitment by the state to the alcohol/drug problem could be judged by the placement of the alcohol/drug programs in state government. The Alcohol/Drug Section was under The Division of Psychiatric Services of the Department of Mental Health and Mental Retardation. Alcohol and other drug abuse services received only the crumbs from the Mental Health/Mental Retardation table and those who sought parity (in the seventies and early eighties) were treated with contempt. The Director of Psychiatric Services, under whose management alcohol/drug programs fell, was quoted in reference to the Governor's Advisory Commission on Alcoholism: "Listen very attentively to their concerns and suggestions and ignore it."

A small membership and lack of a full-time staff to coordinate efforts and lobby for alcohol/other drug issues severely limited the influence TAADC could exert. The "Squeaky Wheel" persisted in its efforts and gradual

(Continued on page 6)



TAADAS Executive Director,
H. Rogers Thomson

*"Past accomplishments
are important, but
we ain't seen nothin yet."
says H. Rogers Thomson,
TAADAS Executive
Director*

IN ROGERS' WORDS...

This is an important time in the life of the "Voice" of alcohol and drug abuse services in Tennessee. We have a new name - Tennessee Association of Alcohol and Drug Abuse Services, Inc. (The acronym TAADAS can be pronounced like the old acronym, only plural.) The fact that the Board of Directors saw fit to change the organization name is more significant than the new name selected. The changing of the name is an outward and visible sign of an important milestone in our evolution. After 25 years, it is time for another "rite of passage" into a new attitude and a new action for the cause of ending the personal suffering and economic cost of the failed substance abuse policies of the past. We now have in Tennessee an enlightened public who, through the Association, shall make its voice heard. In the words of Karl Jung, "One does not become enlightened by imagining figures of light, but by making

the darkness conscious." TAADAS - The Association, represents those who are making the darkness conscious. Past accomplishments are important, but "we ain't seen nothin yet."

The legislators and policy makers are being propelled into a time of enlightenment in Tennessee and the nation regarding the value of alcohol and drug abuse treatment and prevention. When all who 'get it' are singing the indisputable message from the same songbook, there will be no chance of misunderstanding that appropriate treatment and prevention will end the madness. The results are in.

Those who "get it" are now in the majority in Tennessee and the nation. This majority knows what works, what doesn't work, and how to fix it. Legislators and policy makers are asking those who 'get it' to help them take the action which will end the hu-

man suffering and economic costs of substance abuse. A shift in any position takes power, and power comes from accurate information and the support of those with credibility. Joining TAADAS provides the opportunity for individuals and corporations to participate as the unifying voice of this crusade. The solution is real simple, but it isn't easy. However, the solution will ultimately emerge from the collective wisdom of those drawn to TAADAS' ideals. The fear of change is a major obstacle for everybody, but there is strength in numbers to enable us all to move through fear into the solution. The evidence is overwhelming and indisputable, that treatment and prevention of substance abuse is the way to go to save money and to save lives. This information is empowering those in authority to act accordingly. Joining "The Association" - TAADAS, is part of the solution.

Blessings to all.

HRT

TAADAS ANSWERS PUBLIC POLICY QUESTIONS...PART 2

We as an association want to make sure we are all on the same page, so this is the second 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 Bush demonstrated a very accurate understanding of the issues, so that means he "gets it." This is the second install-

ment in this series.

Question: *Do you support increasing funding for alcohol and drug treatment and prevention?*

Suggested Answer: Federally funded Addiction treatment services primarily serve low-income and indigent populations. The primary source of federal funding for alcohol and drug treatment is the Substance Abuse Prevention and Treatment (SAPT) Block Grant which funds more than 40% of publicly funded treat-

ment services nationwide.

According to a 1997 study, only 50% of adults and 20% of adolescents who need treatment receive it, and the U.S. Substance Abuse and Mental Health Administration (SAMSHA) says that more than one million people are falling into the treatment gap each year. Welfare and SSI reforms have decreased capacity while increasing the need for public treatment and prevention services, and successful criminal justice programs mandating treatment such as drug courts,

are steadily increasing demand for services throughout the nation while the supply of these services remains relatively flat.

Currently the SAPT block grant is funded at \$1.6 billion, and it appears that it will increase less than 3% in fiscal year 2001. A significant increase, bringing the block grant to \$2 billion is necessary to begin to actually close the treatment gap and decrease the public health problems associated with addiction.

ON THE HILL...

By Nathan Ridley

When the two speakers gav-
eled their respective houses
into order for the first time for
the One Hundred Second
General Assembly at noon on
January 9, 2001, a certain
electricity was in the air. It is
natural and right for that sort
of excitement to exist when
our state's 132 popularly
elected women and men con-
vene for the first time to go
about the task of lawmaking.
Often it reminds me of the
excitement that each of us
may recall with the first day of
school.

This year, however, as for the
past two years, dark clouds
lay on the horizon as most
legislators recognized the se-
verity of the state's budgetary
difficulties. Some say we

have a spending problem,
some say we have a budget
problem, but the facts reveal
that Tennessee ranks 49th in
the nation among the rate of
state taxation. Even with that
ranking, we have many ac-
complishments for which we
can be quite proud of our
state government. Our state
and local consolidated retire-
ment system covering almost
200,000 members and al-
most 75,000 retirees and
beneficiaries is actuarially
sound. Our state road pro-
gram is one of the country's
best and has no debt to
speak of. Even with our re-
cent budgetary difficulties,
our state's credit rating is still
outstanding.

Having said all that, however,
one must also recognize that
the state's business is primar-

ily personal services. The
state government serves our
state's citizenry. The primary
role of the state government
is to educate our children.
The hope there is that maybe
through a good education, the
next generation will achieve
greater accomplishments
than the heights you and I
have been able to achieve.
Sadly though, our state's Kin-
dergarten through 12 educa-
tion system does not well pre-
pare our children to face the
challenges that will surely
face them. Historically in Ten-
nessee, a strong back and a
weak mind and a willingness
to work hard would serve a
fellow fairly well. Now as our
daughters and sons must
compete on a global basis in
an economy based on infor-
mation services, those attri-
butes are no longer sufficient.

Our brighter children are not
attracted to our state's institu-
tions of higher learning.
When they leave to go out of
state to go to college, they do
not often return.

By now, you are probably won-
dering, what happened to the
legislative update that is sup-
posed to be in this column?
Please consider the previous
material as food for thought.
The general assembly is just
now getting down to its more
serious work. So far, by pol-
icy, the speakers have re-
stricted smoking in certain
portions of the legislative
complex, the payday loan in-
dustry has improved its al-
ready high profitability, and
the finance committees of
both houses are in the pro-
cess of conducting their

(Continued on page 6)



HARBOR HOUSE

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SAMARITANS' MANAGEMENT COMPANY TO EXPAND AND OFFER MORE SERVICES

The management firm that has managed Samaritan Recovery Community for over 15 years, has recently joined forces with The Personnel Department, Inc., a Professional Employer Organization that manages the human resources and personnel functions for over 70 companies. The new firm, Xebec (*ze-bec*) Management Inc., will focus on nonprofit management and offers an array of management, human resources, and consultative services specifically designed to meet the needs of not-for-profit organizations. "Our goal is to bring nonprofit organizations together through collaboration and management initiatives

utilizing a shared cost approach so that all agency partners benefit in ways that would be cost prohibitive as individual entities," explains Xebec President and CEO John York. "Examples of our services include strategic planning, grant writing, development & fundraising, needs assessment, policy & procedure development, outcome evaluation, human resource management, payroll & benefits administration, accounting services, etc."

While Xebec's main focus will be on operational management, fund-raising, and human resources administration, the new firm is also finding a high

level of interest in many of their other services, particularly in the area of payroll and benefits administration. "We are excited about making our expertise in this area of operations available to our nonprofit clients," says CFO Paul Dougherty, "Because of the large number of clients we serve (over 700 employees in over 70 companies), we are able to offer quality payroll & benefits services and a host of other human resource services in an extremely cost-efficient manner."

As most TAADAS members know, York, who is the current TAADAS President, has been

the Executive Director of Samaritan Recovery Community for the past 14 years. He will continue in that role but plans to turn more of the day-to-day management over to Samaritans' Associate Director and long-time staff member, Estelle Garner, as he becomes more involved with the new firm.

(P.S. Just in case you're wondering, "a Xebec was a 17th century Mediterranean sailing vessel whose majestic appearance and massive structure instilled in its passengers a sense of security and stability, inspiring trust and confidence in those who traversed the distant seas in oftentimes unstable waters.")

IMPACT OF SUBSTANCE ABUSE ON STATE BUDGETS

SUMMARY—COPYRIGHT 2001 SUBSTANCE ABUSE MONITOR

The National Center on Addiction and Substance Abuse at Columbia University (CASA) released its three-year study, *Shoveling Up: The Impact of Substance Abuse on State Budgets*, revealing that in 1998 states spent conservatively \$81.3 billion dollars on substance abuse and addiction -- 13.1 percent of the \$620 billion in total state spending. Of each such dollar, 96 cents went to shovel up the wreckage of substance abuse and addiction; only four (4) cents to prevent and treat it. The 183-page report--the first ever to analyze the impact of all substance abuse (involving alcohol, tobacco, and illegal drugs) on state budgets--using the most conservative assumptions finds that in 1998 states spent:

- \$77.9 billion to "shovel up the wreckage" of substance abuse, only \$3 billion to prevent and treat the problem and \$433 million for alcohol and tobacco regulation and compliance.
- \$24.9 billion to cope with the impact of substance abuse on children. States spend 113 times as much to clean up the devastation that substance

abuse visits on children as they do to prevent and treat it.

"Substance abuse and addiction is the elephant in the living room of state government, creating havoc with service systems, causing illness, injury and death and consuming increasing amounts of state resources," said Joseph A. Califano, Jr., CASA President and former Secretary of Health, Education and Welfare. "This report is a clarion call for a revolution in the way governors and state legislators think about and confront substance abuse and addiction." In an unprecedented effort, CASA looked at 16 areas of state spending including criminal and juvenile justice, transportation, health care, education, child welfare and welfare to detect just how many taxpayer dollars the states spend to deal with the financial burden of unprevented and untreated substance abuse. CASA found that this \$77.9 billion burden was distributed as follows:

- \$30.7 billion in the justice system (77% of justice spend-

ing).

- \$16.5 billion in education costs (10% of education spending).
- \$15.2 billion in health costs (25% of health spending).
- \$7.7 billion in child and family assistance (32.1% of child/family assistance spending).
- \$5.9 billion in mental health and developmental disabilities (31% of MH spending).
- \$1.5 billion in public safety (26% of public safety spending) and \$400 million for the state workforce.

The proportion states spend on shoveling up the wreckage compared to what they spend on prevention and treatment ranges from \$89.71 vs. \$10.22 in North Dakota to \$99.94 vs. \$0.06 in Colorado. "States that want to reduce crime, slow the rise in Medicaid (TennCare) spending, move more mothers and children from welfare to work and responsible and nurturing family life must shift from shoveling up the wreckage to preventing children and teens from abusing drugs, alcohol and nicotine and treating individuals who

get hooked. The choice for governors and state legislators is this: *either continue to tax their constituents for funds to shovel up the wreckage of alcohol, drug and nicotine abuse and addiction or recast their priorities to focus on preventing and treating such abuse and addiction,*" said Califano.

The report finds that the next great opportunity to reduce crime is to provide treatment and training to drug and alcohol abusing prisoners who will return to a life of criminal activity unless they leave prison substance free and, upon release, enter treatment and continuing aftercare and the biggest opportunity to cut Medicaid costs is by preventing and treating substance abuse and addiction. "Governors who want to curb child abuse, teen pregnancy, domestic violence and further reduce welfare rolls, must face up to this reality: unless they prevent and treat alcohol and drug abuse and addiction, their other well intentioned efforts are doomed," added Califano. For more information, contact TAADAS at 615.780.5901.

NAADAC ANNOUNCES MOVE

NAADAC, on February 17th moved its corporate offices from Arlington to Alexandria Virginia. They can now be reached at:

NAADAC, The Association for Addiction Professionals
901 N. Washington Street, Suite 600
Alexandria, VA 22314

Phone numbers remain the same as before and they are:

703.741.7686 or 1.800.548.0497
Fax: 703.741.7698 or 1.800.377.1136
Fax on Demand: 1.800.441.4528
Web: www.naadac.org

TAADAC MIDDLE TN CHAPTER EDUCATIONAL CALENDAR

ADD and the Adult Substance Abuser

Cathy Lamb, April 17, 2001 @ 11:30 am, \$5 TAADAC MEMBER, \$10 non-member

Spring Membership Recognition Luncheon

Speaker: George Matthews, MD, Obsessive Compulsive Disorders, May 15, 2001 @ 11:00 am **FREE** Register by calling 269.0029 by **5/11/01** to reserve a lunch

Please note that all meetings are held at the A & D Council of Middle TN 2612 Westwood, Nashville.

ETAADAC CHAPTER EDUCATIONAL CALENDAR

Equine Therapy

Dr. Angela Masini June 30th

Avoiding Burnout for Health Care Professionals

Sharon Trammell October 27th

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

JOURNEY TOGETHER CONFERENCE WELCOMES ROBERT SUBBY

Noted Psychologist, Educator and Author Robert Subby will be the keynote presenter on Thursday, September 13th at the Journey Together Conference. Robert has worked in the field of addictions for over 20 years and is a pioneer in the development of family-centered chemical dependency and codependency treatment. He is a founding board member of the National Association

for Children of Alcoholics and Executive Director of Family Systems Center located in Minneapolis, Minnesota.

"No trust, no autonomy and no real sense of self" ... those are the cornerstones of childhood anxiety and fear that resonate throughout the adult self today. A witty and well-told storyteller Robert presents new insights in

an earthy, honest manner. He is the author of "Lost in the Shuffle: The Co-Dependent Reality", "Healing the Family Within", "Pieces of Silence" and "Conflict and Relationships". We are pleased to have him be part of the rapidly growing convention of alcohol and drug professionals and promise to have a wide selection of his materials for purchase and autographs.

JOURNEY TOGETHER

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Kathy Benson at
615.885.3615

Limited Scholarships available. Write Phil Guinsburg at 2313 21st Ave S, Nashville, TN 37212

TAADAC IN THE TIMES

TADA CELEBRATES 25 YEARS...

(Continued from page 1)

improvements did come.

Others involved in the early days were Gil Anthony and later Euel Mahoney at CADAS, John Mulloy of the Mid Cumberland Council, and Reve McDavid of Johnson City.

Around 1980 or 1981, a grant for the Clearinghouse was received. It was operated out of John Mulloy's offices at the Mid Cumberland Council. Some years later, Bob Currie was hired as the first Executive Director, and he served in that capacity for about nine years. Currie was followed by Ben West, Jr., who served for a brief period. Several years went by before Rogers Thomson became only the third Executive Director in TADA's 25-year history, appointed in July 2000.

New Memberships

To answer the many requests of individuals and corporations interested in becoming a valuable part of the "Voice of Tennessee Alcohol and Drug Abuse Services," the Board of Directors approved three new categories of membership at its March 8th Board of Directors meeting. They are STUDENT - \$20.00, INDIVIDUAL - \$50.00, and CORPORATE - \$100.00 - \$1,000.00 or more. For more information about how to become an influential "Voice" regarding alcohol and drug abuse public policy in Tennessee, call "The Association" at 615.780.5901, or visit www.tnclearinghouse.com

ON THE HILL CONTINUED...

(Continued from page 3)

budget hearings. At this writing, there is no consensus on any budgetary matters. Because of a potential budget impact, on the state highway budget, brought to us by our friends in the U.S. Congress, the General Assembly will lower the breath alcohol content for DUI offenses from .10% to .08%. The only remaining questions concern the effective date because the federal law does not completely restrict the state's federal highway dollars until October 1, 2003. The other more important question is the mandate of ignition interlock devices for DUI offenders. Please discuss with your legislators the importance of removing the mandate of ignition interlock devices because of the recognition that the state has a very limited num-

ber of treatment dollars, and such devices will take dollars away from treatment programs.

Nathan Ridley is an attorney with the Nashville firm of Boulton Cummings Connors and Berry, PLC. You may contact him by e-mail at nridley@bccb.com.

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, become a supporting member today by joining TAADAS as a student, individual, or corporate member.

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WHY SHOULD WE TREAT ADDICTS ANYWAY? THE SOLUTION WE REFUSE TO USE

By Alan I. Leshner, Ph.D.

Imagine a debilitating disease for which there are effective treatments. Imagine that this treatable disease costs society \$110 billion a year. Can you imagine not using these treatments? It seems unfathomable, but that often is the case with the treatment of drug addiction.

Addicts are often denied treatment that would not only improve their lives, but would improve our own lives as well by cutting crime, reducing disease, and improving the productivity of employees and the economy.

People are polarized on the issue of treatment: they are either strong advocates for treating addiction or they hate the idea. People debate with passion whether treatment works or not, which approaches are best, and whether treatments like methadone simply substitute one addiction for another.

Research Shows Effectiveness of Drug Addiction Treatment

From my observation post, the core of the issue cannot simply be whether drug treatments are effective or not, since there already are abundant scientific data showing that they are. In fact, research shows that drug treatments are as, or more, effective than treatments for other chronic often relapsing disorders, such as forms of heart disease, diabetes, and some mental disorders.

The central issue for many people is whether addicts should be treated at all. I frequently hear people say: Do

they really deserve to be treated? Didn't they just do it to themselves? Why should we coddle people who cause so much social disruption? Shouldn't they be punished, rather than treated? Even many people who recognize addiction as a disease, still get hung up on whether or not it is a "no-fault" illness.

Treatment Reduces Drug Use, Increases Productivity

Science has brought us to a point where we should no longer be focusing the drug treatment question simply on these kinds of unanswerable moral dilemmas. From a practical perspective, benefits to society must be included in the decision equations. The very same body of scientific data that demonstrates the effectiveness of treatments in reducing an individual's drug use, also shows the enormous benefits that drug treatment can have for the patient's family and the community at large. A variety of studies from the National Institutes of Health, Columbia University, the University of Pennsylvania, and other prestigious institutions have all shown that drug treatment reduces drug use by 50 to 60 percent and arrests for violent and non-violent criminal acts by 40 percent or more. Drug abuse treatment reduces the risk of HIV infection, and interventions to prevent HIV are much less costly than treating the person with AIDS. Treatment tied to vocational services improves the prospects for employment, with 40-60 percent more individuals employed.

The case is just as dramatic for prison and jail

inmates, 60-80 percent of whom have serious substance abuse problems. Scientific studies show that appropriately treating addicts in prison reduces their later drug use by 50-70 percent and their later criminality and resulting arrests by 50-60 percent. These data make the case against warehousing addicts in prison without attending to their addictions. If they are not treated, most will be back and may continue to pose a threat to our communities.

Successful drug treatment takes a person who is now seen as only a drain on a community's resources and returns the individual to productive membership in society. Best estimates are that for every \$1 spent on drug treatment there is a \$4-7 return in cost savings to society. This means that dwelling on moralistic questions, such as who deserves what kind of help, blocks both the individual and society from receiving the economic and societal benefits that can be achieved from treating addicts.

Addicts Need Treatment

It is true that the individual ini-

tially makes the voluntary decision to use drugs. But once addicted, it is no longer a simple matter of choice. Prolonged drug use changes the brain in long lasting and fundamental ways that result in truly compulsive, often uncontrollable, drug craving, seeking and use, which is the essence of addiction. It becomes a more powerful motivator for that person than virtually any other. Once addicted, it is almost impossible for most people to stop using drugs without treatment.

It is clearly in everyone's interest to rise above our moral outrage that addiction results from a voluntary behavior and get addicted people into drug treatment. If we are ever going to significantly reduce the tremendous price drug addiction exacts from every aspect of our society, drug treatment for all who need it must be a core element of our society's strategies.

Alan Leshner is Director of the National Institute of Drug Abuse (NIDA) in Bethesda, MD. Visit the NIDA website for more information www.nida.nih.gov

MRC

Memphis Recovery Centers,
Inc

Providing Addiction Treatment Since

EMPLOYMENT CRITICAL TO ADDICTION RECOVERY

A report from the Center for Substance Abuse Treatment (CSAT) found that the availability of vocational training and job-placement assistance are significant factors in an individual's recovery from addiction, Alcoholism & Drug Abuse Weekly reported Jan. 29.

The Treatment Improvement Protocol (TIP) report, "Integrating Substance Abuse Treatment and Vocational Services,"* found that unemployment rates among people with addictions are far greater than those of the general population. According to the report, in 1997, there was a 13.8 percent unemployment rate among adults who used illegal drugs before or at admission to treatment, compared with a 6.5 percent unemployment rate in the general population.

The report stated that employ-

ment reduces the severity and frequency of relapse, but said there is a critical need for interventions that improve employment rates among drug users in treatment and recovery. "This TIP is a tool to help providers better understand how work enables people to recover from abusing substances and to improve their ability to help clients obtain gainful employment," said CSAT Director H. Westley Clark.

The report strongly recommended that securing employment be a firm goal in an individual's treatment plan, and that treatment programs have on staff at least one vocational rehabilitation counselor.

**TIP #38—Integrating Substance Abuse Treatment and Vocational Services is available at the TAADAS Statewide Clearinghouse. To get your free copy, call the clearinghouse today at 615.780.5901.*

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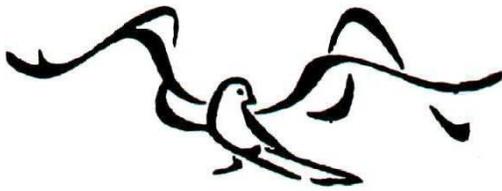
CCS ACHIEVES CARF ACCREDITATION

TAADAS congratulates Reve McDavid and his staff at CCS for achieving national accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

CARF is a not-for-profit organization founded in 1966 that accredits behavioral health programs (A&D and MH), adult day services, assisted living services, employment and community living services, and medical rehabilitation programs. The mission of CARF is to "promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served."

Comprehensive Community Services (CCS) was started 30

plus years ago by a group of citizens concerned about alcohol and drug issues in the Johnson City area. Today, CCS typically serves 750 clients per year in its adolescent outpatient and residential programs and adult outpatient programs. CCS, is also involved in training and prevention programs aimed at meeting the needs of the communities they serve. CCS staff member, Louise Ver-ran serves as the Regional Training Coordinator for the Upper East Tennessee Region. She coordinates all Bureau of Alcohol and Drug Abuse Services sponsored trainings for the region. Reve and his staff have worked hard for this accomplishment and all of his friends at TAADAS send their heartfelt congratulations to Reve and the entire CCS staff!



MEMBER AGENCY SPOTLIGHT: GRACE HOUSE

Grace House of Memphis began 25 years ago as a safe house for female alcoholics. Today, Grace House offers a variety of programs for women. Their mission is to provide quality addiction treatment regardless of a woman's ability to pay. Any adult female suffering from a substance abuse problem who has a sincere desire to overcome her problem and has no severe medical complications, may be admitted to Grace House. Grace house provides services regardless of race, religion, or national origin. Pregnant women are given priority. Programs include a detoxification program, a rehabilitation program, and a halfway house

program. Grace House is a United Way Agency, licensed and funded by the Tennessee Dept of Health, City of Memphis and private donations.

The rehabilitation program typically lasts 3-6 months and includes group, individual, and family therapy; assertiveness, relationship and abuse awareness classes' twelve step and communications classes, as well as lectures about recovery, leadership, wellness, and effective living skills.

With limited overnight visiting with children on weekends, Grace House offers a home like environment in which clients take responsibility for much of the daily operation of

the house, including meal planning, shopping, cooking, and house cleaning. Women are also responsible for planning a transition to a halfway house or reentry into the community and work world towards the end of their treatment. Group and individual aftercare is available for those completing the residential rehabilitation program.

Grace House Extended offers a 3 month to one year half way house program to women that have completed this or another treatment program and need a supportive environment in which to live while they get back into the work force. If clients so desire, they are assisted in obtaining their GED. Services are made

available for vocational interest, aptitude testing, and basic skills boosting. In addition to the normal routine of treatment, the women of Grace House teamed up recently with the Opera Memphis for a performance of *Manon Lescant*.

Grace House is staffed by licensed, experienced counselors. Other fulltime staff persons are working toward licensure with tuition assistance available from Grace House. Some staff have firsthand knowledge of what it takes to recover from addiction. 50% of the full time staff have been with Grace House for more than 10 years—quite an accomplishment in this day and time.

TPA JOINS TAADAS IN CHAMPIONING A&D ISSUES

As a result of recent dialog between the Tennessee Psychological Association and TAADAS, the TPA membership recently voted to send a letter to Tennessee Department of Mental Health and Developmental Disabilities Commissioner Elizabeth Rukeyser calling for assurances that the alcohol and drug problem in Tennessee does not take a back seat to, what is perceived to be by some, the larger mental health care problem.

TPA's President, John McCoy, urges the Commissioner to place alcohol and drug treatment on the same level of importance as mental health and physical health care. McCoy states, "we urge your office to take steps to insure monies and programs designed for alcohol and other chemical dependency prob-

lems are not "swallowed up" by other worthy programs..." He also addresses the unique nature of alcohol and drug treatment and the need for professionals with A&D specific training. "We know you appreciate that those providing for the diagnosis and care of those dependent on alcohol and other chemicals require specialized training in this specialty area," McCoy says, "general training in mental health care is not enough when it comes to the diagnosis and treatment of alcohol and chemical dependency problems."

TAADAS thanks TPA and its members for their support in combating the A&D problem in Tennessee. We look forward to a continuing partnership in our on-going efforts to address the needs of our mutual clients.

Supportive Housing Systems *

- Sierra House
- Heartland Place
- Cypress House

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

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



For a free, confidential screening, call
615-383-4093

*A Program of Samaritan Recovery Community

WORKSHOPS & TRAININGS

Resistance To substance Addiction Treatment-Auricular Acupuncture as an Effective Approach

Facilitator: Sue Ramsey, Central Church of Christ, Johnson City, April 2, Contact Louise Verran 423-639-7777

Co-Occurring Mental Health and Substance Related Disorders Training

Facilitators: Jay Jana & Irene Weaver, LeBonheur, Memphis, April 6, Contact Jane Abraham 901-272-1657

Spiritual Healing

Facilitator: Sharon Trammel, Community Foundation, Memphis, April 11, Contact Jane Abraham 901-272-1657

ASI

Facilitator: Frances Clark, Lentz Health Center, Nashville, April 12-13, Contact Susan Young 615-269-0029

ASI

Facilitator: Karen Dennis, LeBonheur, Memphis, April 14, Contact Jane Abraham 901-272-1657

Co-Occurring Mental Health and Substance Related Disorders Training

Facilitators: Jay Jana & Irene Weaver, UT Medical Center, Knoxville, April 20, Contact Martha Culbertson 865-637-9711

Co-Occurring Mental Health and Substance Related Disorders Training

Facilitators: Jay Jana & Irene Weaver, Mid-Cumberland Regional Health Office, Nashville, April 27, Contact Susan Young 615-269-0029

Clergy/Health Care Provider Training

Facilitator: Rogers Thomson, TAADAS, Nashville, May 2, Contact Rogers Thomson 615-780-5901

CLEARINGHOUSE CORNER

The TAADAS 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 TAADAS Statewide Clearinghouse including featured publications and videos from the TAADAS Statewide Clearinghouse.

ALCOHOL AWARENESS MONTH

April is Alcohol Awareness Month. TAADAS has joined a national grassroots campaign to "draw the line" against underage drinking.

Alcohol Awareness Month, sponsored by the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) since 1987, encourages local communities to focus on underage drinking. Though it remains the number-one drug problem among youth, alcohol is often overlooked in the nation's efforts to prevent use of tobacco and illicit drugs in this population. About 10.4 million Americans between ages 12-20 had at least one drink last month; of these, more than half were "binge" drinkers, meaning that they consumed five or more drinks in a row on a single occasion. Use of alcohol by young people puts them at much higher risk for the leading causes of death (motor-vehicle crashes, homicides and suicides) in their age group; it also costs the nation more than \$58 billion per year, including traffic crashes, violent crime, burns,

drowning, suicide attempts, fetal alcohol syndrome, alcohol poisonings and treatment. According to the National Institute on Alcohol Abuse and Alcoholism, children who begin drinking before the age of 15 have a four times greater chance of becoming alcoholic as an adult than those who begin at 21, the legal drinking age.

Free materials including some in quantity are available at the TAADAS Statewide Clearinghouse dealing with underage drinking including the new Tips for Teens: The Truth About Alcohol pamphlet, Teenage Drinking Detour on the Road to Maturity pamphlet, Impaired Driving Among Youth—Trends & Tools for Prevention book, PEPS Series: Preventing Problems Related to Alcohol Availability: Environmental Approaches (3 book set), and Youth and Underage Drinking Packet (10 page Fact Sheet Kit). Call the TAADAS Statewide Clearinghouse at 615.780.5901 or email mail@tnclearinghouse.com to order this free material.

SUBSTANCE ABUSE TRIVIA GAME

The TAADAS Recovery Bookstore has a brand new item—Substance Abuse Trivia. The game is designed to raise awareness of the various health risks such as HIV/AIDS, Hepatitis, or Stroke and other issues related to substance abuse. The questions are designed to be thought provoking and to encourage group discussion, making it a great therapeutic or educational teaching tool. It can be used by Therapists, Counselors, Teachers, or any other group leader. The game consists of a wide variety of questions and answers of increasing difficulty. Currently, the game

is being used at the Serenity Recovery Center in Memphis as a part of their Lifestyles Class. "The game has been a great success," says Allen Richardson, Serenity Executive Director. "It really allows the clients to open up about health issues related to their substance abuse that they may or may not have thought about." As a special Introductory offer, mention the TAADAS Times and receive \$5 off the regular \$29.95 price. Hurry, special introductory offer ends June 1, 2001. To order, contact TAADAS at 615.780.5901.

CLERGY/HEALTH CARE PROVIDER TRAINING

Clergy and Health Care Providers can be key in helping to identify Alcohol and other Substance Abuse. TAADAS will host a training facilitated by Executive Director, Rogers Thomson to help educate Clergy and Health Care Providers in screening for Alcohol and Drug Diseases and refer-

ring persons to adequate care. There will be two opportunities for this very important training—Wednesday May 2 - noon to 3 PM and again on Saturday May 5 - 9 AM until noon. For more info, or to sign up call Rogers Thomson at 615-780-5901 or email rogers@tnclearinghouse.com

FEATURED VIDEO:

THE GREAT DISCONNECT

The TAADAS Statewide Clearinghouse has over 700 videos on Substance Abuse and Substance Abuse related issues. In each edition of the TADA Times, we feature one of our collection. This edition's Feature is **The Great Disconnect**.

This 15 minute video explores Myths VS. Realities. There is a "Great Disconnect" between what society believes about drug addiction and what science has actually discovered. Education and self-discipline can keep one from first using drugs. But, once addicted, the brain has liter-

ally changed and the problem is no longer a lack of willpower, but a brain disease that requires regular ongoing treatment, much like other chronic relapsing diseases such as diabetes.

Videos can be checked out from the TAADAS Clearinghouse free of charge for three (3) business days. UPS shipping is available for those wanting to check out videos outside the Nashville area for \$12.50 Call the TAADAS Statewide Clearinghouse at 615.780.5901 to check out this or one of the other videos in our collection.

FEATURED PUBLICATION:

ALCOHOL: WHAT YOU DON'T KNOW CAN HARM YOU

The TAADAS Statewide Clearinghouse Resource Center has numerous publications on Substance Abuse and Substance Abuse related issues. In each edition of the TAADAS Times, we will feature one of the publications from our resource center. This edition's Feature is **Alcohol: What You Don't Know Can Harm You**. An easy to read, user friendly 8 page booklet designed for the individual—either male or female, youth or adult—that succinctly explains some of the consequences of drinking that the reader may not have

considered. Provides information on drinking and driving, alcohol-medication interactions, interpersonal problems, alcohol-related birth defects, long-term health problems, and current research issues. Particularly beneficial is the list of resources, including organizations' names, addresses, telephone numbers, and brief descriptions of services offered.

To get your free copy of this featured publication, call the TAADAS Statewide Clearinghouse at 615.780.5901.

WORKSHOPS & TRAININGS

Clergy/Health Care Provider Training

Facilitator: Rogers Thomson, TAADAS, Nashville, May 5, Contact Rogers Thomson 615-780-5901

HIV/AIDS

Facilitator: Reginald Owens, Community Foundation, Memphis, May 9, Contact Jane Abraham 901-272-1657

Burnout—Prevention or Recovery

Facilitator: Margaret Ann Kellogg, Central Church of Christ, Johnson City, May 9, Contact Louise Verran 423-639-7777

ASAM

Facilitator: Wayne Hyatt, LeBonheur, Memphis, May 12, Contact Jane Abraham 901-272-1657

ASAM

Facilitator: Frances Clark, Lentz Health Center, Nashville, May 17-18, Contact Susan Young 615-269-0029

In Search of the Genuine—Women's Retreat

May 25-27, Peacock Hill Inn—College Grove, Sponsored by Sacred Circle, 615-251-7900

The Summit

Belmont University, Nashville, May 27—June 1, Contact Jay Jana 615-741-8520

Wellness Retreat 2001

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



"Addiction Technology Professionals"

Tennessee Association of Alcohol and Drug Abuse Services, Inc
Nashville House, Suite B-240
One Vantage Way
Nashville, TN 37228-1515

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

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THE CLEARINGHOUSE
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WWW.TNCLEARINGHOUSE.COM

TAADAS 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 TAADAS, contact Rogers at:

TAADAS
One Vantage Way, Suite B-240
Nashville, TN 37228-1515
615.780.5901
Fax 615.780.5905
rogers@tnclearinghouse.com

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fax 615.780.5905, or email them to
mail@tnclearinghouse.com.

APPLICATION FOR MEMBERSHIP IN TAADAS

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

Date: _____

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

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Toll Free: _____ Fax: _____

Website: _____ Email address: _____

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.