Governor’s Public Safety Forum

Governor Haslam convened a Public Safety Forum on December 6th to promote the identification of shared safety goals between various state departments and their community partners. The Governor welcomed attendees with a challenge for better understanding of how various criminal, health, mental health and substance abuse and family abuse issues interconnect and demand coordinated solutions. Additional speakers included representatives from the Memphis/Shelby County Crime Commission and the Commissioners of the TN Departments of Correction, Safety and Homeland Security, Health, Finance & Administration, Economic and Community Development, as well as the Director of the TBI. TDMHSAS Commissioner Doug Varney addressed prescription drug abuse. Part of the information shared was intended to help illustrate specific issues also to challenge the audience to identify their top 5 issues for intervention. A huge amount of data and intervention strategies were shared and all the presentations are available at: http://1.tn.gov/safetyforum2012.

Here are the top five issues identified from this discussion:
1. Reducing access to pseudoephedrine products
2. Tougher restrictions on over-prescribing pain clinics
3. Tougher sentences for gang-related crimes
4. Revamping/simplifying the DUI laws
5. Mandatory sentences for repeat Domestic Violence offenders

Other parts of the Governor’s Public Safety Action Plan receiving significant votes were:
• Strengthening the state’s nuisance law to tackle gang activity
• Tougher sentences for convicted felons carrying guns
• Improving collection of fines and fees in criminal cases
• Expanded access to drug treatment courts
• Requiring prompt reporting of controlled substance prescriptions to the prescription monitoring program database.
Alcohol and Drug Free Communal Living Environments

There is a demonstrable need for drug free living environments in sober-living communities that provide communal living settings for individuals who suffer from alcohol and drug addictions. Communal living settings in recovery residences provide an alcohol and drug free living environment necessary for long-term recovery support for clients that need more supervised care and/or a longer term for recovery in transitional housing. Communal living recovery housing is often necessary to help clients reach a healthy state of sobriety and self-sustainability required to sustain permanent housing residency. The TAADAS Recovery Support Committee continues to discuss these concerns along with other recovery support needs and has found increasing evidence to support the need for this type of service environment.

Research suggests that sustainable sobriety for individuals suffering from alcohol and drug addictions is greatly jeopardized in communities that do not support abstinence, especially in low income and high crime urban housing settings. Additionally, many individuals who suffer from A&D addictions are unable to sustain improvements, when alcohol and drug free housing environments are not available. Research that tracks treatment outcomes for addictive disorders has raised concerns that while a variety of treatment interventions are effective, “the progress clients make in treatment frequently is undermined by the lack of an alcohol and drug free living environment supporting sustained recovery.” (“Communal Living Settings for Adults Recovering from Substance Abuse” -- NIH Public Access Author Manuscript, Douglas Polcin, Ed.D.).

“Despite increasing popularity, outpatient treatment programs have the serious limitation of not being able to control the social and living environment of clients. They are particularly limited in terms of addressing the needs of homeless clients who face constant obstacles to their health and safety as well as their sobriety. In urban areas, where low-income housing is limited, large proportions of clients attending outpatient treatment programs reside in destructive living environments that do not support recovery or they are homeless.” (Howard, La Veist, & McCaughrin, 1996: “A Model for Sober Housing During Outpatient Treatment” -- NIH Public Access Author Manuscript, Douglas L. Polcin, Ed.D.).

“Over the past 20 years the high cost of housing (especially in urban areas) was a major obstacle in creating stable living environments for persons in recovery worse. For instance, a frequent complaint by residential treatment providers is the lack of affordable housing for clients who leave their facilities. When clients are released from residential programs into economically deprived neighborhoods that do not ac-
tively support abstinence, the recovery they established in treatment may be lost. Outpatient providers face a similar dilemma. Even if clients are engaged in outpatient treatment, motivated for change, and making improvements, their progress may be mitigated if they reside in a destructive living environment that triggers relapse.” (Polcin, Galloway, Taylor & Benowitz-Fredericks, 2004).

“Although a variety of treatment and self help approaches for addiction have been shown to be effective, many individuals are unable to sustain the improvements they make because they are unable to find living environments that support their recovery. Housing costs in the United States and elsewhere have made matters worse by driving addicts and alcoholics with limited resources into high crime areas where they are likely to relapse. Vulnerable populations, such as criminal justice offenders and individuals with psychiatric disorders have a particularly difficult time finding alcohol and drug free housing and they comprise large proportions of the homeless.” (“Communal Living Settings for Adults Recovering from Substance Abuse” – NIH Public Access Author Manuscript, Douglas Polcin, Ed.D., Alcohol Research Group, Public Health Institute).

Research supports the need for the types of housing recovery support agencies provide clients as illustrated above. Nevertheless, if A&D treatment facilities and recovery support agencies continue to see an erosion of local, state and federal funding, then it will become more difficult for our A&D community of providers to expand our services, and/or reach out to the most vulnerable individuals that suffer from addictions in Tennessee. The result could very well be that individuals who need the most care may, indeed, become homeless, or continue to be homeless, on the streets, in jails or treated in emergency rooms at a much greater cost to society. There is evidence that recovery support programs are a good investment of our tax dollars and community funding. “Reviews of cost-benefit studies suggest taxpayers save up to $12 for every $1 spent on adult treatment for addiction (NIDA, 1999), primarily through reductions in criminal justice and healthcare expenses.” More research is needed to identify positive statistical outcomes to support our advocacy; but raising awareness and educating those in our circles of influence will certainly help perpetuate and strengthen our efforts. Therefore, it is imperative that our A&D Community of service providers vigilantly continues to collect data and provide positive statistical outcomes to funding entities, so we may compete for funding dollars in an ever shrinking pool of local, state and federal funding support.

TAADAS will be sponsoring a Recovery Roundtable with our recovery partners including providers, drug courts, and state officials to promote discussion about needed recovery supports, the definition of quality recovery housing and the need to research and quantify these issues.

Please plan to join us in May

More details to be announced soon!
Here’s Hope Counseling Center Moves!

Here's Hope Counseling has offered counseling services to Dyersburg and Union City area residents for several years. Their success has resulted in a move to a new Dyersburg location.

Executive Director, Hal McCarter, Stacey Davis and other Here’s Hope staff celebrated along with the Dyersburg community. They are pictured right on November 20th at their new location:

315 West Court Street
Dyersburg, TN 38024
731-287-8100

MTAADAC Annual Holiday Luncheon Meeting
November 16, 2012

At the annual November MTAADAC holiday meeting and lunch, Dr. Phil Guinsburg presented the John P. Mulloy, Jr. Community Service Award to Barbara and Michael Barrett (left), gracedy accepted by Michael Barrett. Dr. George Matthews was our speaker and engaged the group for two hours. The lavish holiday lunch was catered by the HG Hills Downtown Urban Market. We thank The Next Door for providing a great space for our meeting and superior parking attendant greeters. We hope everyone had a wonderful holiday season and we would like to wish you a Happy New Year!
New Beginnings

2012 is behind us and 2013 has come. We celebrate all those who have found their way into recovery during this past year. While it may be a difficult journey at times, it is a worthwhile trip. We also celebrate providers who have dedicated their lives to invest in individuals seeking a life better than what they have known.

2013 brings the promise of hope. Hope is defined by Webster as, “to look forward to with confidence and expectation.” As providers, the work we do must be filled with hope. Matter-in-fact, all we really offer in treatment and recovery services is a small amount of hope. Yes, we use our best clinical skills, we trust our intuition, we encourage, but what we are really doing is helping lead a person to a place where they are hopeful – where she begins to feel that she is confident to make the changes needed for a more fulfilling life, that he has an expectation of a productive life. During their active addiction, they have felt hopeless - have felt that there was no possibility of a solution. What a desperate place to be!

When an individual seeking a life of recovery begins to feel that there is the possibility of hope – that maybe somewhere, somehow life will get better – you have helped the individual discover the gift of new life. Isn’t that what we all want? We want the same as what our consumers want – the expectation, the hope, that there is life after addiction.

The Tennessee Department of Mental Health and Substance Abuse Services wishes all a New Year filled with hope and expectation!

A collection of state leaders known as the Neonatal Abstinence Syndrome Subcabinet Working Group is working collaboratively to reduce the number of babies born with this problem in TN. The group has petitioned the U.S. Food and Drug Administration to help combat the rising number of NAS births by adopting a “Black Box Warning.” The warning would appear in the medication reference material used by clinicians and would alert them to have heightened awareness of the possibility of unintended harm to a newborn from the mother’s use of narcotics.

The request to the FDA follows earlier action by the TN Department of Health to make NAS a reportable condition effective Jan. 1, 2013. That move will allow health officials to identify cases more quickly and accurately as part of an expanded effort to reduce NAS births statewide.

For more information about neonatal abstinence syndrome, go to: http://health.state.tn.us/MCH/NAS/index.shtml.
Coalition Corner

Prescription drugs have been a growing issue in the substance abuse field. You’ve probably seen a number of statistics that illustrate this fact. In 2010, there were more deaths in Tennessee due to opioid overdoses than from motor vehicle accidents. Tennessee is second highest in the nation for opiates prescribed per person. In the past year, state-funded treatment programs have seen prescription painkillers surpass alcohol as the number one drug for treatment admissions. According to the TDMHSAS Research Team, prescription opioid dependence causes about 2,000 new people annually to seek treatment at private-for-profit methadone (opioid) treatment centers in Tennessee. Although methadone maintenance treatment originally targeted heroin users, 78% of people in treatment at these centers in May 2011 indicated that they were receiving treatment based on their abuse of prescription opioids. (K. Edwards, 10/21/2012 TDMHSAS Research Team)

It is these numbers and trends that have brought prescription drug abuse and misuse to become a focus of prevention coalitions as well. Treatment providers have a wealth of knowledge for their counterparts in prevention. Coalitions need real-time information to stay on top of our community assessments. As usage trends change, programs and service providers shift and adapt. Coalitions support this process by looking at how the community (or environment), as a whole, is contributing to any particular problem, and how changes to the community (environmental changes) can potentially help prevent problems. Effective community strategies will limit access to substances; change the culture and contexts within which decisions about substance use are made; and/or reduce the prevalence of negative consequences associated with substances.

“...and this law will do something about it. I want to thank the legislature for passing such a meaningful piece of work that I think will begin to make a difference in what I think is a real problem in East Tennessee and Tennessee as a whole,” said Governor Haslam as he signed the Prescription Safety Act on May 11, 2012. (WBIR.com)

Tennessee’s Community Prevention Coalitions have begun to apply this process to the problem of prescription drug abuse and misuse. “Drug Take-Back” days were one of the first strategies implemented to reduce access to unused medications. A primary way for abusers to get access to the prescriptions is through home medicine cabinets. To further support this strategy, several communities have now installed permanent disposal boxes in local law enforcement offices. Limiting the numbers of medications available for theft or misuse can help reduce home break-ins and accidental overdoses, two negative consequences associated with prescription drug abuse.

The new Prescription Safety Act of 2012 provides many policy changes that should help to reduce the number of medications available as well. (continued on next page)
Coalitions are helping to educate health care professionals about the new law and how the changes will affect their practices. Prescribers are now required to check the Prescription Drug Monitoring system before writing a prescription for controlled substances and they must report to the system any scripts written within seven days. These changes are a start to limiting access to potentially abusive medications and raising the awareness of prescribers and patients about the need for prescription drug safety.

Your local Coalition is working to develop and implement a strategic plan that will attack the prescription drug abuse problem from several angles. We believe when people come together with vision, commitment and resources we can make a difference for families and individuals in Tennessee. Contact your Coalition Coordinator to see how you can contribute to the solution. The Prevention Alliance of Tn will happily provide you with contact information by sending a message to sumnerantidrug@gmail.com.
Change is the law of life. And those who look only to the past or present are certain to miss the future. ~John F. Kennedy. When the young president used those words, he was addressing what he hoped to be a new generation of leaders. At noon on January 8, the two speakers will gavel the two houses to order, and the 108th General Assembly will commence to conduct business. This first week is largely ceremonial, and few surprises are expected. On Tuesday, each body will adopt temporary rules and will elect leaders. Speaker Beth Harwell and Speaker Ron Ramsey are both expected to be reelected without their posts without opponents. On Wednesday, the constitutional officers of Secretary of State, Comptroller, and Treasurer will be elected. Each of the incumbents, Tre’ Hargett, Justin Wilson, and David Lillard, respectively, is expected to be reelected without opposition.

Insider Baseball Notes: On Thursday morning, each Speaker will announce committee assignments. Recall the expression, the Legislature at work, is the Legislature in committee. The heavy lifting of legislative work is done not in the spotlight of floor debate, but in the much smaller committee rooms where a single sentence may be crafted to make an entire bill palatable, or at least bearable, to all interested parties. In the Finance Ways and Means Committee of each house, decisions involving millions of dollars will be made in the state’s annual appropriations bill. Most members covet a seat on this committee because of the institutional practice of strongly discouraging floor amendments to the appropriations bill. So, this committee’s action typically becomes the final legislative action on the appropriations bill. After the announcement of the committee appointments, each house will adjourn the organizational session, start its regular session, and promptly recess until the afternoon of Monday, January 28, 2013. During the recess period, office assignments and staff assignments will be made to reflect the new committee appointments and to get the newly elected members settled into their new offices.

Speaking of committees, Speaker Harwell has announced a proposal to restructure House Committees. In years past, logjams have developed in three high volume committees. Speaker Harwell has proposed to split each of those into two separate committees while combining two of the lighter lifting committees into one. Wise observers expect the new structure to be approved by the House membership.

Advocacy Note: Please do not let the recess period expire without reaching out to the membership of the 108th General Assembly. Congratulate or console them on their committee assignments and promise to be a resource for any substance abuse treatment issue that may arise. Remind the members about your facility with data such as the number of employees and the number of clients treated. Drive the conversation to the importance of your agency to your community. As our Recovery Month materials remind us: Prevention Works, Treatment is Effective, and People Recover. Remembering that “Change is the law of life,” we know that Tennessee has a new generation of leaders who are looking to the future. Our 33 member State Senate has 8 rookies. Our 99 member State House has 23 rookies. For new members, the learning curve is steep, but they cannot make good public policy decisions if they do not know your public policy positions.

General Topics of Conversation: Guns in trunks in employer parking lots will continue to drive some legislative conversation. The business community continues in its steadfast opposition. Wine in grocery and convenience stores will also continue to drive conversation. The presence of the bill in a new committee in the House may get the bill to the floor where passage may well be expected. Workers Compensation issues will be a topic. Education issues in the form of vouchers and charter schools as well. Health care and implementation of the federal Affordable Care Act will drive legislative conversation in the context of which Tennesseans will be eligible for the TennCare program. The Supreme Court ruled in June that the new health reform law permits, rather than requires, states to expand their Medicaid programs to cover people with incomes up to 138 percent of the federal poverty line. Now, Tennessee must choose whether to expand its TennCare program. If Tennessee chooses to expand the TennCare program, many of the state’s working poor, currently without health coverage, will become eligible. In addition to creating a healthier and more productive workforce, this program expansion would also stimulate the economy by bringing new federal dollars and new health care sector jobs into Tennessee. The federal law has a 100% federal payment for the first three years to cover the cost of expansion. After three years, the match will drop to 90% federal dollars and 10% state dollars. Typically, the TennCare program works on 68% federal dollars and 32% state dollars. Historically, Tennessee has vigorously pursued federal matching dollars, but state government is solidly in Republican hands, and those hands are skeptical of the federal government’s ability to pay for program expansion. This health care issue may not garner the headlines of some other topics, but it will be the single most important public policy decision made during the 2013 legislative session.

Calendar Notes: State offices will be closed January 21 in observation of the Martin Luther King, Jr. Holiday, and February 18 for the Presidents’ Day.

Nathan Ridley is an attorney with the Nashville firm, Bradley Arant Boult Cummings LLP. You may contact him by e-mail at nridley@babc.com.
TENNESSEE
CO-OCCURRING DISORDERS
COLLABORATIVE

Strengthening individuals, families, and communities through education and awareness...

...by creating a common understanding of the impact and treatment of co-occurring disorders in Tennessee's communities and sharing knowledge about the conditions and available resources, reducing stigma, and accurately directing people to timely and effective prevention, treatment, and support.

WHAT DO WE MEAN BY CO-OCCURRING DISORDERS?

...individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other.

Simply put, a co-occurring disorder typically refers to an individual having one, or more, diagnosed mental illness coupled with one, or more, diagnosed addictive disorder.

CONTACT THE COLLABORATIVE TODAY TO LEARN HOW YOU CAN BECOME A LEADER IN THE EDUCATION AND AWARENESS OF CO-OCCURRING DISORDERS STATEWIDE OR WITHIN YOUR LOCAL COMMUNITY

42 Rutledge Street
Nashville, Tennessee 37210-2043

615-244-2220 ext. 14 phone
800-568-2642 toll free in TN

* founding partners of the Tennessee Co-Occurring Disorders Collaborative

The Tennessee Co-Occurring Disorders Collaborative is managed by TAMHO under a grant from the Tennessee Department of Mental Health and Substance Abuse Services.
The Tennessee Suicide Prevention Network (TSPN) is offering training for substance abuse treatment workers and anti-drug coalition members in the Middle Tennessee area.

There is no cost for this training and all materials are provided by TSPN. This project is funded under an agreement with the State of Tennessee. While the material to be presented is aimed primarily at people in the substance abuse treatment field, it is open to the general public. The session will be held on Wednesday, January 9, at Goodwill Industries of Middle Tennessee, located at 937 Herman Street in Nashville.

The program consists of two different training sessions which will be presented together:
1) "Addressing Suicidal Ideation and Behavior in Substance Abuse Treatment" (8:30-10:30 AM)
2) "Implementing TIP 50 for Administrators" (10:45 AM-12:15 PM)

Only 60 seats are available on a first-come, first-serve basis. You will need to sign up individually through Eventbrite so you will receive certificates of attendance.

"Addressing Suicidal Ideation and Behavior in Substance Abuse Treatment" is a two-hour suicide prevention training for substance abuse prevention and treatment staff, i.e. counselors, educators, support staff, administrators and supervisors, etc. It offers a customized version of the evidence-based "Question, Persuade, Refer" (QPR) suicide prevention protocol that takes approximately two hours. The training
- enhances each participants' awareness of their values, attitude and beliefs regarding suicide,
- provides general suicide awareness information,
- illuminates the connection between substance abuse and suicide,
- presents the risk and protective factors and warning signs of suicide, and
- offers a non-confrontational but effective means for engaging actively suicidal persons

Registration for the suicide prevention segment is available at [http://jan09nashville1.eventbrite.com](http://jan09nashville1.eventbrite.com).

"Implementing TIP 50 for Administrators" is a 1.5 hour training regarding how to implement SAMHSA's "TIP 50: Addressing Suicidal Thoughts and Behavior in Substance Abuse Treatment". It is primarily intended for administrators, middle management and supervisors.

While the TIP 50 is a best-practice guideline for working with clients with suicidal ideation and behavior in a substance abuse treatment setting, the model can be applied to a variety of agency settings. It conveys both evidence-based and "front-line" information regarding how to work to effectively work with suicidal clients, protecting them, as well as other clients, your staff, and your agency.

Each participant will receive a copy of the TIP 50 and supportive documents. It focuses both on providing appropriate counseling methods and administrative support of these methods. It is hoped the participants of this training will also attend the above mentioned suicide prevention training.

Registration for the TIP 50 segment is available at [http://jan09nashville2.eventbrite.com](http://jan09nashville2.eventbrite.com).
The Home that Frank Built

The December 6th 2012 edition of the Metro Pulse, a Knoxville publication, featured an article on the E.M. Jellinek Center, its history, its response to recent funding cuts and the vision and fortitude of its founder—Frank Kolinsky. The article is a moving tribute to Frank and to his legacies - both the program he built and the family he left behind with his death in 2011. The flexibility and creativity of the Jellinek staff who addressed major funding cuts and found a way to thrive—are highlighted. The article in its entirety can be accessed at: http://www.metropulse.com/news/2012/dec/05/house-frank-built-em-jellinek-center-faces-funding/

We are grateful to the Metro Pulse, who graciously gave permission for excerpts of that article to be reprinted here:

“The former University of Tennessee football standout overcame his own battle with booze—buttressed by the steadfastness of Sandy Kolinsky—and become the director of Jellinek in 1980. From there, he guided the organization from a two house operation in deep debt to one of the most respected recovery institutions in the area, with the capacity to house 54 residents. With help, of course, mostly from the men to how he had once given succor, (such as) former Jellinek resident Executive Director, Johnny Lewis ....His presence is still palpable in this collection of neatly kept old houses on Hinton Avenue, and the staff still invoke his name and his words, often, sometimes speaking of him in present tense. ...

The state’s last mental health budget saw all of Jellinek’s $610,000 in funding cut. Though half of it was subsequently restored, there are no guarantees as to what—if any—state funds will be there in the future. Jellinek is responding to the cuts by adapting, adding a 21 day in-patient program, upping the rents it’s residents pay decreasing its base program from six months to three. ... But Jellinek’s history has always been a study in Finding a Way, even when no such way seemed to present itself. “
Plenary Speakers
Rokelle Lerner
Chip Dodd
Frances Patterson- Ethics, 3 hours

Sponsors and Exhibitors
Still Available!

Workshop Proposals
Submit by March 1, 2013

Conference Brochure and Registration Forms
Available Spring 2013

September 2013

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September 22, 23, 24, 25

Sheraton Music City Hotel
777 McGavock Pike
Nashville, TN 37214
Hotel Reservations:
888.627.7060
Hotel Phone:
615.885.2200

Journey Together Conference 2013

PLEASE VISIT OUR SITE @ www.mtaadac.org FOR REGISTRATION INFORMATION
Hope of East
Tennessee, Inc.
Oak Ridge, Tennessee

Founded in 1976 as a non-profit organization

- Long term treatment for men and women
- No insurance required
- Intensive Outpatient available—accepts TennCare
- Co-Occurring Disorders Addressed
- Priority services given to clients who are pregnant, IV drug users, or HIV positive

865-482-4826 office 865-481-0503 fax
www.hopeofet.org

Partially funded by the Tennessee Department of Mental Health and Developmental Disabilities and United Way

Tennessee REDLINE

The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS and funded by the Tennessee Department of Mental Health and Substance Abuse Services. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction treatment information and referrals to all citizens of Tennessee at their request.

The Tennessee REDLINE is promoted, and calls are received, from all over Tennessee. Treatment and other program referrals are made on the REDLINE. Callers are provided with at least three referral sources when possible. REDLINE staff does not offer therapy or counseling to the caller or substance abuser, but gives them the information to put them in touch with someone who will provide a diagnosis, prognosis or assessment of the mental or physical health of the substance user/abuser. The REDLINE strives to provide the caller with specific referrals based on their stated needs.

Referral sources are not limited to TAADAS member agencies, state funded programs, or to any specific area of the state. Any program can apply with the REDLINE to be included in their referral database. For an application contact the Information Specialist at 1-800-889-9789 or download the form here.

REDLINE Provider Questionnaire (right click)

HARBOR HOUSE

Programs for Men Including
- Social Detox
- Residential Rehabilitation
- Halfway House

www.harborhousememphis.org

Funded in part under an agreement with the Tennessee Department of Mental Health and Developmental Disabilities
TAADAS will be closed for the following holidays:

New Year’s - January 1
ML King Day - January 21
President’s Day - February 18
Good Friday - March 29

TAADAS meets in the second floor conference room at 1321 Murfreesboro Pike at 10 am on the second Thursday of each month and will meet this quarter on:

- January 10
- February 14
- March 14

Please contact the TAADAS Executive Director for meeting information, directions or other membership information:
Mary Linden Salter
615-780-5901, x-18
marylinden@taadas.org

Training Calendar

January 15, 2013 – Chattanooga
Self Care for Trauma and Addiction
Counselors with Fern Richie
$40

January 18, 2013 – Cookeville
Developmental and Disruptive Disorders in Adolescents with Will Beyer
No Charge

January 29, 2013 – Nashville
Emotional and Social Intelligence with Dominica McBride
$40

January 30, 2013 - Chattanooga
Emotional and Social Intelligence with Dominica McBride
$40

February 8, 2013 – Memphis
Social and Social Intelligence with Dominica McBride
$40

February 15, 2013 – Nashville
SASSI with Jack Freckman
$100.00

March 6, 7, 8, 2013 – Nashville
Grant Writing with Vicki Lake
No charge

Register now at: http://taadas.org/ and click on the training calendar on the left side bar on our home page
Save the Date!

Day on the Hill
Legislative Breakfast

Date: February 13, 2013

The purpose of our Legislative event is to educate and sensitize our elected officials about current issues facing alcohol and drug treatment, prevention and recovery support services.
There is Help for Problem Gamblers in Tennessee

What is Problem Gambling
As defined by the National Council of Problem Gambling, problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term “Problem Gambling” includes, but is not limited to, the condition known as “Pathological,” or “Compulsive” Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, “chasing” losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

Is there Problem Gambling in Tennessee?
Based on a report published by the University of Memphis, it has been estimated that there are over 200,000 persons in Tennessee with gambling problems. (Satish Kedia, Ph.D., The SAT Report, University of Memphis, Vol. 1, No. 3, 2004)

Are You a Compulsive or Problem Gambler?
Only you can decide. In short, problem gamblers are those whose gambling has caused continuous problems in any facet of their lives. The following 10 questions may help you to decide if you are a compulsive or problem gambler.

Have you …
- often gambled longer than you had planned?
- often gambled until your last dollar was gone?
- had thoughts of gambling that caused you to lose sleep?
- used your income or savings to gamble while letting bills go unpaid?
- made repeated, unsuccessful attempts to stop gambling?
- broken the law or considered breaking the law to finance your gambling?
- borrowed money to finance your gambling?
- felt depressed or suicidal because of your gambling losses?
- felt remorseful after gambling?
- gambled to get money to meet your financial obligations?

If you or someone you know answers “Yes” to any of these questions, consider seeking assistance from a professional.

The Tennessee Department of Mental Health & Developmental Disabilities, Division of Alcohol & Drug Abuse Services, offers services for problem gamblers and their loved ones.

If you or someone you know is concerned about gambling, please contact the following agency:

The Gambling Clinic at the University of Memphis
901-678-STOP (7867)
www.thegamblingclinic.memphis.edu
E-mail: gambling@memphis.edu
TAADAS Programs

TAADAS Statewide Clearinghouse
The Clearinghouses’ mission is to provide a comprehensive information dissemination service for all Tennesseans. The Clearinghouse is home to a large and varied collection of resources that are continually updated and expanded. The extensive resource center for alcohol, drug and other addiction information offers free materials including pamphlets, fact sheets, booklets, and posters, etc. Topics range from general addiction knowledge to current research and trends. In addition to the free materials, there are also materials that may be checked out such as videos and curricula, as well as a research area. This project is funded under an agreement with Tennessee Department of Mental Health & Substance Abuse Services.

Tennessee REDLINE
The TENNESSEE REDLINE serves as the statewide referral source for any person who calls seeking assistance and/or resources on substance abuse and addiction. Callers are given listings for resources in their area based on need as well as availability. The REDLINE has been in existence since 1994 and is funded under an agreement with the Tennessee Department of Mental Health & Substance Abuse Services. The REDLINE can be reached by dialing 800.889.9789 24 hours a day, seven days a week.

Recovery Books & Things is the TAADAS Bookstore. There are hundreds of self help book titles in stock - and more that can be special ordered! Recovery Books & Things stocks a unique collection of quality gifts designed to sustain, inspire, and celebrate the recovery journey. Shop online from the comfort of your own home, or visit our store in person. Recovery Books & Things is located in the TAADAS offices in Nashville. Store hours are Monday through Friday from 8 am - 5 pm CST. Phone the store toll free at 877.863.6914.

Regional Training
TAADAS provides training statewide to assist professionals in obtaining continuing education contact hours and to enhance the efforts of Community Coalitions, Recovery Support providers and treatment agencies. This project is funded under an agreement with Tennessee Department of Mental Health & Substance Abuse Services.
Costs of Substance Abuse in Tennessee

This two page fact sheet describes the costs associated with substance abuse in Tennessee and, more specifically, the costs associated with abuse of prescription opioids or pain relievers. All Tennesseans are affected by the costs associated with substance abuse. Costs related to substance abuse ripple through the Tennessee economy impacting individuals, families, and employers as well as the criminal justice, health care, child welfare and juvenile justice systems.

The prevalence of substance abuse in Tennessee

An estimated 8.27% of Tennessee adults (or 391,000 people) “abused or were dependent on alcohol or illicit drugs in the past year”.

An estimated 18.33% of Tennessee young adults ages 18 to 25 (or about 118,000 people) “abused or were dependent on alcohol or illicit drugs in the past year,” compared to 6.69% (or about 273,000 people) of adults ages 26 and over.

An estimated 4.25% Tennessee adults (201,000 people) “used pain relievers non-medically in the past year.”

An estimated 11.90% of young adults ages 18 to 25 (or about 77,000 people) “used pain relievers non-medically in the past year”, compared to 3.05% of adults age 26 and older (or about 125,000 people).

Costs due to lost workplace productivity

Nationwide, employers pay for substance abuse through diminished productivity and costs associated with replacing workers who fail drug tests or die prematurely, workplace accidents, and finding workers who are healthy and drug-free.

A study by EMT Associates, Inc. (EMT) of the impact of substance abuse on the TN labor force estimated the costs associated with lost earnings and decreased productivity to be $143 million for 2008.

Using estimates contained in the EMT study, the costs associated with the 1,059 drug-overdose deaths in 2010 can be estimated at 7,000 years of life and $238 million in loss of potential earnings due to premature death.

Costs to law enforcement, the legal and criminal justice system

EMT estimated the law enforcement costs of substance abuse due to arrests (47,600 in 2008) for drug law violations to be $130.5 million.

EMT estimated that the costs for legal and adjudication expenses to be $37.0 million in 2008.

EMT estimated state corrections costs (for 3,079 inmates with drug-related offenses in 2008) to be $70.4 million in 2008.

Sales of opioid pain relievers in Tennessee are 1.7 times that of the United States. The amount of opioid pain relievers purchased for non-medical purposes is not known.

Costs to health care

The national Drug Abuse Warning Network reported that drug misuse or abuse caused one-half of drug-related emergency department (ED) visits in 2009 and 2010. Adverse drug reactions caused the other half of drug-related ED visits.

Emergency room admissions to Tennessee community hospitals for drug-related disorders are estimated to have cost $6.7 million in 2009 up from $4.2 million in 2005 based on an average cost of $4,900 per hospital stay for a drug-related disorder.

Tennessee’s Medicaid program, TennCare, paid $78.0 million in claims for people with drug-related diagnoses in FY 2011 (an increase of 20% over FY 2010) with an average per member per year payment of
$8,122. The costs associated with a TennCare member with drug abuse-related diagnosis is twice that of the average TennCare member.

Babies born with neonatal abstinence syndrome (NAS) are a growing concern in Tennessee. Of 450 babies treated annually in the neonatal intensive care unit at East Tennessee Children’s Hospital about 70 are diagnosed with NAS. At an average health care cost of $53,400, these 70 babies are estimated to have cost $3.7 million.

**Costs to the child welfare system**

Estimated costs associated with children entering the child welfare system with a substance abuse problem or from a home with a substance abuse problem increased from $29 million to over $52 million from 2008 to 2011.

Estimated costs associated with adolescents with a substance abuse problem entering the juvenile justice system increased from $2.6 million to $4.8 million from 2008 to 2011.

**Costs of substance abuse treatment in Tennessee**

A study using five-year averages from the National Survey on Drug Use and Health estimated that 8.3% of Tennesseans needed specialty treatment for a substance use problem; 11.5% of people who needed treatment actually received it.

An estimated 304,000 Tennessee adults “needed but did not receive treatment for alcohol use in the past year” and about 106,000 Tennessee adults “needed but did not receive treatment for illicit drug use in the past year”.

Treatment services funded by TDMHSAS target people who are indigent. Over 40% of the 13,000 TDMHSAS treatment admissions (or about 5,300 admissions) in FY 2012 listed prescription opioids as a substance of abuse, compared to 35% (or about 4,500 admissions) in FY 2011.

The costs associated with providing TDMHSAS opioid abuse treatment are increasing at a faster rate than treatment overall. While overall expenditures for treatment increased 5% from FY2011 to FY 2012 (from $27.4 million to $29 million), expenditures for treatment of opioid abuse increased 15% ($11.0 million to $12.6 million).

About $17 million of the $78 million in TennCare claims associated with a drug-related diagnosis are spent on specialty treatment for substance abuse: inpatient ($6 million), inpatient detox ($4.9 million), residential ($3.9 million) and outpatient services ($2.7 million).

Prescription opioid dependence also causes about 2,000 new people annually to seek treatment at private-for-profit methadone (opioid) treatment centers in Tennessee. Although methadone maintenance treatment originally targeted heroin users, 78% of people in treatment at these centers in May 2011 indicated that they were receiving treatment based on their abuse of prescription opioids. Another 17% said they abused both prescription opioids and heroin, while 4% reported abusing heroin alone.

The average number of people (FY 2009, 2010, 2011) receiving treatment at Tennessee opioid treatment centers is about 8,660. In 2011, of 3,343 people discharged from treatment, 101 people completed treatment. Although there are many reasons why people left treatment, 486 people were discharged because they were unable to pay for treatment and another 1,000 people were discharged voluntarily without completing treatment.

The cost of obtaining methadone maintenance treatment at one of Tennessee’s private for-profit methadone treatment centers is about $95 per week excluding admission charges and ancillary costs. Neither TDMHSAS nor TennCare pay for methadone maintenance, so treatment costs are paid by the people needing treatment.

Overall, Tennesseans addicted to opioids pay for-profit opioid treatment programs an estimated $822,700 weekly and $42.8 million annually or an average of (at least) $6,433 for 68 weeks of methadone maintenance treatment.
The next Statewide meeting of the Prevention Alliance of Tennessee will be:

Friday January 18th, 9:00am -12:30pm
Upper Cumberland Regional Health Office, 1100 England Drive, Cookeville, TN 38501

At this meeting we hope to prepare those who are going to Capitol Hill Day in February with CADCA.

After the PAT meeting, TAADAS is offering a free training on Developmental and Disruptive Disorders in Adolescents from 1:00-4:00 pm at the same location. Please register at TAADAS.org.

Lunch will be provided for meeting and training attendees. Please RSVP or register for an accurate lunch count (sumerantidrug@gmail.com).

Thank you,
Katie Brown PAT Board Chair
We thank the following members for their support and involvement in our organization!

Debbie Hillin, President    Charlotte Hoppers, President Elect    Daryl Murray, Treasurer

**Organizational Members**

Agape, Knoxville    Hope of East Tennessee, Oak Ridge
Aspell Recovery Ctr., Jackson    Innovative Counseling, Memphis
Buffalo Valley, Hohenwald    Jack Gee Shelter, Savannah
CADAS, Chattanooga    JACOA, Jackson
CADCOR, Murfreesboro    Madison Treatment Center, Madison
Cocaine & Alcohol Awareness Program, Memphis    Memphis Recovery Center, Memphis
Community Prevention Coalition of Jackson Co., Gainsboro    Mending Hearts, Nashville
Comprehensive Community Services, Johnson City    Metro Health Department, Nashville
    E.M. Jellinek Center, Knoxville    Place of Hope, Columbia
    First Step Recovery Center, Memphis    Renewal House, Nashville
    Franklin co. Prevention Coalition, Winchester    Samaritan Recovery Community, Inc., Nashville
    Friend of Bill’s Recovery Houses, Lebanon    Serenity Recovery Center, Memphis
    Grace House, Memphis    Synergy Treatment Ctr., Memphis
    Harbor House of Memphis, Memphis    The Next Door, Nashville
    Healing Arts Research Training Ctr., Memphis    Turning Point Recovery Residences, Nashville
    HealthConnect America, Nashville    Welcome Home Ministries, Nashville
    Here’s Hope, Counseling Ctr., Dyersburg    YANA, Nashville

**Affiliate and Individual Members**

DigiPoint Solutions    Knox County Drug Court
Employee Benefit Specialists, Inc.    TN Assoc. of Alcohol & Drug Abuse Counselors
Hamblin County Recovery Court, Morristown    TN Professional Assistance Program, Nashville

Kathryn Benson    Cody Harris    Judge Seth Norman
Susan Binns    Charlie Hiatt    Joe Osterfeld
Bruce Emory    Patrick Kendall    Nathan Ridley
Jenny Evans    Joe Kpena-Quamoh    George Snodgrass
Josh Greer    Wayne McElhinney    Jeri H. Thomas
David Guenther, CPA    John McAndrew    Daryl Murray
Carrie Hawk    Tina Mitchell    Carrie Hawk
Joyce Hardy    Harold Montgomery    Joyce Hardy
What is TAADAS?
The Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.” The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions. TAADAS programs are funded in part by grants from the Tennessee Department of Mental Health and Substance Abuse Services, Division of Alcohol and Drug Abuse Services.

TAADAS’s purpose is to:

- promote the common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- work in close cooperation with agencies concerned with alcohol and drug abuse, and other addiction issues;
- facilitate cooperation with all agencies interested in the health and welfare of the community;
- impact legislation regarding alcohol and drug abuse and other addiction issues;
- educate the community regarding alcohol and drug abuse and other addiction issues;
- encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;
- enhance the quality of services provided by Association members;
- to serve as a resource for Association members; and
- to further fellowship among those members.

As a statewide association made up of prevention programs, treatment agencies, recovery services and private citizens, TAADAS strives to be the Voice for Recovery in Tennessee through its membership and many programs.

It’s up to US to help others understand!

Alcohol and other drug dependence is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life — social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. We must join together to focus attention in support of addiction treatment, prevention, and recovery. The public needs to understand that addiction is a treatable illness and that millions of people achieve recovery.

TAADAS Membership

TAADAS is a statewide association made up of alcohol and drug abuse treatment, prevention and recovery service professionals, and others who are interested in addiction issues. TAADAS keeps alcoholism, drug abuse and other addiction issues in the forefront when public policy decisions are made and through the collective voice of its members, TAADAS directly impacts the important issues facing the addiction services field today.

- Expand Knowledge – Take advantage of the TAADAS Statewide Clearinghouse’s extensive resource center.
- Impact Public Policy – TAADAS has long been the voice for alcohol and drug abuse issues in Tennessee. TAADAS provides advocacy for alcohol, drug and other addiction issues, and first generation information on policy issues, as well as a strong voice for parity issues.
- Networking – TAADAS offers networking opportunities with professionals and other concerned individuals across the state in the alcohol, drug and other addiction services community
- TAADAS Times Newsletter
- Discounts at Recovery Books & Things
- Discounted Hotel Rates
- Credit Union Membership
APPLICATION FOR MEMBERSHIP IN TAADAS

Membership shall be open to individuals or entities with an interest in addiction, co-occurring, prevention, or recovery support services and subject to payment of membership dues. TAADAS membership is not automatic board membership as the board consists only of the board of directors.

Organizational Member - Any non profit or governmental organization or entity that provides addiction, co-occurring, prevention or recovery support services is eligible to become an Organizational Member of TAADAS.

Affiliate Member—Any organization or business that is affiliated with or wishes to support the efforts of the AD& provider and recovery community.

Individual Member - Individual membership is open to any individual with an interest in addiction, co-occurring or recovery support services in Tennessee.

Student or Retiree Member—Individual membership open to anyone with an interest in addiction, co-occurring or recovery support services in Tennessee. who is retired, unemployed or enrolled in a higher education program or is working towards their LADAC.

Annual Dues*

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<th>Annual Revenue</th>
<th>Dues</th>
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*Minimum suggested leadership pledge ... you may pledge more

Date: ____________ * Referring Member: (If Applicable) ____________________________

Name: ________________________________________________________________

Agency: __________________________________________________________________

Address: ________________________________________________________________

City: ______________________ State: ________ Zip Code: ________________

Phone: ______________________ Toll Free: _______________________________

Fax: ______________________ Email: ________________________________

Agency Website: _______________________________________________________

Agency Representative: ______________________________________________

Representative Email: _______________________________________________

Please fax your completed application to TAADAS at 615-780-5905
Team TAADAS
Hike for the Homeless
November 2012

Left to right:
Olivia Bedne, Ivory Saulsbury, April Ramsey, Justin Ramsey, Megan Wohlgemuth, Anthony Pugh, Jason Plagman, Tina Pugh, Laura Durham, Mary Linden Salt-er, Nikki Durham, Caroline Kawcak and Laura Hood.
Not pictured—Cameron Pugh.

Team TAADAS raised $430 for Safe Haven Family Shelter at this year’s Hike for the Homeless in Percy Warner Park and had great time doing it!

Our next team walk will benefit Mothers Against Drunk Driving. Join us at WALK LIKE MADD in Nashville, TN on May 4, 2013.

Sign up at:
http://support.madd.org/site/TR/WalkLikeMADD/WalkLikeMADDwlm_?pg=entry&fr_id=3161