INSIDE THIS ISSUE:

Tx Funding Tied to Outcomes 2
Community Fights to Get Tx... 2
Ohio Voters Favor Tx Over... 2
News from Capitol Hill 4
Buprenorphine 5
Ecstasy Use Still Popular 6
New Drug for Cocaine ... 7
Ondansetron Could Help... 7
‘Addict’ Perfume Targeted ... 8
Alcohol & Drug Free Parties 9
Non-Alcoholic Holiday Treats 9
Just One Drink can Impair 9
Workshops & Trainings 10
Featured Publication 10
QuiNet Successful in Helping 10
Featured Video 11
CCS 12
Samaritan Program Honored 13
MRC Awarded CARF 13
Adolescent SA Major Health... 15
New Women’s Program 16
Cocaine/Amphetamines More 17
Animal Research Helpful... 17
Parents Unaware of Children... 18
What is TAADAS? 19

MOVE TO TRANSFER A&D BUREAU TO MENTAL HEALTH DEPARTMENT REARS ITS’ HEAD

... “IT’S DEJA Vu ALL OVER AGAIN!”

The misguided effort to move the Bureau of Alcohol & Drug Abuse Services from the Department of Health back to the Department of Mental Health & Developmental Disabilities has once again surfaced in the form of a recommendation from the Department of Mental Health’s Planning & Policy Council. With only two days notice of the latest Council meeting, a group of six TAADAS members from Knoxville, Chattanooga, Memphis and Nashville attended the meeting and represented TAADAS and our consumers well.

Brief History...

The recommendation to move the A&D Bureau was originally a non-binding and non-legislative recommendation that was included in the Title 33 Revision Commission’s report published in 2000. It was a well-meaning recommendation, but unfortunately, the data provided to the Commission to justify the move involved misinterpretations and misquotes of national statistical data, particularly in regard to the prevalence of co-occurring disorders. And while a variety of mental health advocates were involved in making the recommendation, (Continued on page 3)

Come Celebrate the Season with TAADAS at the

3rd Annual Holiday Open House
Thursday, December 12th
1 pm—4 pm
In the TAADAS Office located in the
Nashville House
One Vantage Way, Suite B-240
Nashville, TN

TAADAS will present
Representative Rob Briley and Senator Thelma Harper
the Annual TAADAS Voice of Recovery Award,
honoring them for being an Active Voice in the battle against
Tennessee’s #1 Health Problem—Substance Abuse
Baltimore Treatment Funding Tied to Outcomes

Baltimore's publicly funded treatment programs are using technology to improve outcomes and prove their worth to funders and policymakers, Alcoholism & Drug Abuse Weekly reported Oct. 29.

Baltimore Substance Abuse Systems, Inc.'s (BSAS's) Drug-Stat system is a centralized, self-reported data system based on a program developed by New York City police to track crime. The system not only requires programs to be accountable for outcomes, but links outcome measures to future funding.

Baltimore treatment providers meet regularly with BSAS officials and continually provide data to BSAS's centralized computer system. Benchmarks like retention rates and positive urines are used to judge each program's efficiency.

Programs with deficiencies are challenged to improve, and those that do not can have their funding cut or ended altogether.

Ohio Voters Favor Treatment Over Prison

A new poll shows that a large number of Ohio voters favor a ballot initiative that emphasizes treatment, rather than prison, for first- and second-time drug offenders, the Toledo Blade reported Oct. 29.

Issue 1, a state constitutional amendment on the November ballot, would ease current drug laws by sending first- and second-time offenders into treatment programs instead of jail.

According to the poll of 602 voters in Ohio, 46 percent of those surveyed support treatment, while 26 percent said those with drug addictions are best served in jail. The remainder was undecided.

Ed Orlett, Ohio state director of the Campaign for New Drug Policies, said the state could save as much as $21 million a year if Issue 1 passes.

"That cost of treatment is paid for out of the savings from sending fewer people to jail," Orlett said.

Opponents of the measure argue that it is redundant and costly. James Ruvolo, a political strategist hired by those opposing the measure, said other polls show that most people are against the proposal because of its cost.

The amendment would require the state to allocate $247 million to a 'substance-abuse treatment fund' over the next six years.

"This amendment is not needed. It is expensive, it duplicates what already exists, and it simply gives drug users a constitutional right, ahead of any other person who needs addiction services, the right to move to the front of the line," said Ruvolo. "The average person receiving treatment ends up in more than one program, and their costs are much higher than the proponents are stating."

The poll also found that those under age 30 were more likely to favor diversion programs than jail. On the other hand, those over age 65 were divided on the issue, with 35 percent supporting treatment and 34 percent favoring jail.

Baltimore Community Fights to Get Treatment Center

More times than not, neighborhoods are fighting against treatment centers in their backyard. But one community in Baltimore, Md., mobilized to get its first treatment center, Alcoholism & Drug Abuse Weekly reported Sept. 16.

Residents of a community in northwest Baltimore came out in full force to protest a developer's winning bid on an abandoned and bankrupt 125-bed nursing home. Instead, residents wanted a private charitable foundation to win the auction so it could develop Baltimore's first residential treatment facility in more than 30 years.

Their protests paid off, as the developer backed out of the project and paved the way for the Park Heights treatment center.

"It's the first time I've seen a neighborhood protest a private developer over a drug-treatment program," said Michael Harle, president and executive director of Gaudenzia Inc., which owns and operates treatment facilities in Pennsylvania and Maryland, including the new Park Heights facility.

The community, along with city and Gaudenzia officials, gained support for the treatment center by holding community hearings, distributing informational fliers, and urging local health and community associations to back the plan.

Harle praised the community for their perseverance in pursuing the Park Heights project. "It's commendable," he said. "The community has faced something that many other communities don't want to face. We need to honor them for that."

Look for these articles in the upcoming editions of the TAADAS Times....

National Governors Association Advocates for Cabinet Level Status for State Substance Abuse Authorities.

And

Consumer Input? Freestanding Alcohol & Drug Treatment Facilities Wrote the Book!
MOVE TO TRANSFER A & D BUREAU CONTINUED...

“While a variety of mental health advocates were involved in making the recommendation, little or no input was solicited from alcohol and drug abuse professionals, providers, or consumers in the community. In response to the recommendation, members of TAADAS and the Halfway House Association of Tennessee developed and published a joint position statement expressing the A&D field’s opposition to the move and pointing out the statistical and other inaccuracies. Copies of the statement were sent to the Commissioners of the Department of Health and the Department of Mental Health and Developmental Disabilities. Since then, very little has been heard about the recommendation. That is, until last week’s Policy & Planning Council meeting.

The Recent Developments...

At the Council meeting, most of the TAADAS member’s questions were in regard to the motives of the Council for recommending the move in light of the fact that, 1) service delivery for A&D treatment and the opportunity for provider and consumer input into A&D policy has greatly improved since the A&D Bureau was moved out of the Mental Health Department in 1992, 2) there is no impetus or identified need from the Department of Health or the Bureau to move it back to Mental Health, and 3) the statewide association which represents A&D providers, professionals, and consumers strongly opposes such a move. Indeed, why does this group of mental health advocates even feel a need to discuss the future of substance abuse treatment or the location of the State A&D Authority at all? In TAADAS’ view, this is a matter of professional sovereignty and courtesy. Since it is something that greatly impacts the A&D field, the mental health advocates should defer to the views of the vast majority of A&D advocates on this issue.

When asked point blank about their motives for recommending such a move, when they know that it is opposed by most A&D professionals, providers, and consumers, there was the proverbial, and quite discernable, “pregnant pause” in the deliberations. After everyone sat in silence for a while, the chairperson of the committee said something about it being in the original Title 33 report and that the committee thought that it would improve services.

The Real Motive?

Many in the A&D field have speculated for some time that the real motive for wanting the Bureau moved back into the Mental Health Department is related to the funding involved and to the control of that funding. When TennCare Partners came into existence several years ago, the Department of Mental Health saw the bulk of its funding that had previously gone to Community Mental Health Centers, go to the Partners’ program – to be managed by the BHOs. The loss of this funding was a critical blow to the CMHCs and many credit it as being the impetus that resulted in the mass merging of the mental health centers seen across the state over the past several years. Couple this loss with the fact that in each of the past several years, the CMHCs have also had to return millions of dollars in unearned block grant funding received from the A&D Bureau because of their inability to provide alcohol and drug treatment services at adequate levels. In light of these two things, it’s easy to imagine why the Mental Health Department, its’ advocates and its’ providers would want access to new funding.

What’s At Stake?

If the Bureau is moved into the Mental Health Department, not only would the CMHCs get back the part of the funding that they have been unable to earn over the past few years, the Mental Health Department would also get control of all block grant funding earmarked for A&D services that is now going to A&D providers...an amount in excess of $41 million – totally unencumbered by TennCare! If this occurs, the A&D providers feel that it is just a matter of time before funding meant for alcohol and drug abuse treatment will begin to be diverted to mental health programs and other services considered a priority by the Department of Mental Health. This would be a tremendous disservice to those suffering from the disease of addiction across this state and would mean that fewer of them would get the help they need. It would also be diverting much needed dollars from what is described in a Robert Wood Johnson Foundation report as the most serious health problem in the country. The report, “Substance Abuse...The Nation’s Number One Health Problem’, published in February 2001 states, “there are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition.’ When viewed in this light, it is unarguable that, while funding for mental health, co-occurring, and related disorders certainly needs to be improved, the improvement should not come at the expense of those needing alcohol and drug abuse treat-

"Why does this group of mental health advocates even feel a need to discuss the future of substance abuse treatment and the location of the State A&D Authority at all?"

(Continued from page 17)
NEWS FROM CAPITOL HILL...

By: Nathan Ridley

The dust has settled on the November 5 General Election, and Governor-Elect Phil Bredesen's transition team, headed by chief campaign strategist, Dave Cooley of Nashville, is busily preparing for the January 18, 2003, inauguration and the actual task of governing that will begin thereafter. With a surprising show of strength in usually Republican East Tennessee, Phil Bredesen prevailed in a race as about as close as it gets for Tennessee statewide races, 843,476 to 796,943. Capitalizing on his business background and some simmering resentment over area state transportation projects, Bredesen actually carried Knox County and Anderson, Roane, Morgan and Campbell counties. You may recall that Van Hilleary's primary opponent, Jim Henry, also did well in those areas.

After the past four years of legislative tax battles, Bredesen is hoping for a year of relative calm with a sensible budget. Notable issues looming on the legislative horizon are authorizing legislation for the statewide lottery and some remedy of the disparity of pay between teachers in small rural counties and those in the larger urban areas. Reasonable minds foresee a gradual implementation plan involving a number of years for any teacher salary equalization plan.

On the legislative front, we will have a significant number of new acquaintances to make. At noon, on January 14, 2003, 21 new state representatives in the 99 member House and five freshmen among the 33 state senators will take the oath of office for the 103rd General Assembly. Many of the new folks will arrive as a result of the retirement of veteran legislators. Seven state house members, and two state senators, however, were defeated in their bids for reelection. All seven of the House members had voted for the failed income tax legislation. While Senator Tommy Haun did not cast such a vote, he was attacked as a silent supporter of the income tax, and newcomer Steve Southerland will now take his senate seat. Just to show that few absolute truths exist in politics, Bobby Carter from Jackson has always steadfastly opposed the income tax legislation, and challenger Don McLeary from Milan defeated him in a closely contested race.

The partisan breakdown in the Senate will continue to be 18 to 15 with Democrats holding the edge. When State Senator Lincoln Davis takes the oath of office in Washington D.C. as United States Congressman for the Fourth District on January 7, 2003, that margin may shrink to 17 to 16. The Fentress County Commission will appoint a temporary successor for Senator Davis, and they seem to be evenly split between Democrats and Republicans. John S. Wilder will maintain his eternal position as Speaker of the Senate. The House breakdown will be somewhat thinner at 54 to 45, as the Republicans picked up three seats. House Speaker Jimmy Naifeh is expected to be elected to his seventh term as Speaker when the current rumbles of discontent are stifled in January.

On the alcohol and drug front, the Board for Licensing Health Care Facilities at its regular meeting on October 30, 2002, gave final approval to the proposed rules that we have (Continued on page 15)
NIDA Research and SAMHSA Physician Training Combine to Put Care for Opiate Dependence in Hands of Family Doctor

Buprenorphine, a new medication developed through more than a decade of research supported by the National Institute on Drug Abuse (NIDA), will now become available to treat heroin and other opioid dependence through certification and training of physicians to use the medication by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Buprenorphine will be able to be used by physicians in office-based treatment, as long as physicians have the minimum eight hours of training mandated by Congress and obtain a waiver that allows them to prescribe certain controlled substances. Buprenorphine was approved October 8th for treatment of opioid dependence by the Food and Drug Administration. This medication will not replace methadone therapy, provided through special methadone treatment facilities, but will provide the office-based physician an opportunity to treat patients for addiction to heroin or other opioids, including prescription pain-killers. Physicians will be required to refer patients to full-spectrum care for their social and psychological needs.

"This is a major step forward toward improving and broadening treatment options for individuals addicted to opioids," said Dr. Glen Hanson, Acting NIDA Director. "Buprenorphine is an important new treatment tool. Not only will it expand availability of treatment, but its method of administration and dosing schedule will make it more likely that recovering addicts will be more likely to adhere to the treatment regimen."

"Buprenorphine will allow patients to be treated for addictions in the same manner as they are treated for other chronic illnesses, such as diabetes or hypertension," said SAMHSA Administrator Charles G. Curie. "A qualified physician will be able, for the first time, to prescribe an anti-addiction medication in an office setting and treat opiate addiction as any other chronic disease."

Buprenorphine's unique effects and pharmacology make it an attractive and clinically helpful treatment option. Buprenorphine is related to morphine, but is a partial agonist that functions on the same brain receptors as morphine, but does not produce the same high, dependence or withdrawal syndrome. It is long-lasting, less likely to cause respiratory depression, and well-tolerated by addicts.

Buprenorphine represents a milestone in NIDA's medication development program. Buprenorphine is the second medication to come out of NIDA's 12-year investment in this program and many more compounds are under development. The first medication to come out of the program was LAAM (1-alpha-acetyl-methadol), which was approved in 1993 for the management of opiate dependence.

Buprenorphine will join methadone, naltrexone and LAAM as the fourth medication available for treating heroin and other opiate addictions.

 Physicians who are not addiction medicine specialists, and who want to offer this new option to their patients, must first complete an eight-hour training session to qualify for a waiver from the Controlled Substances Act 21 USC 823[g], which restricts the use of methadone and other opiate drugs to federally licensed addiction treatment clinics. The waiver permits primary care physicians to provide office-based treatment. To date, approximately 2,000 physicians have received training.

In the next few months, SAMHSA will establish a nationwide registry of physicians holding this waiver to assist health care workers and patients identify qualified treatment professionals for detoxification (weaning off heroin) or maintenance (keeping off heroin) of as many as 30 patients. It is estimated that there were 898,000 chronic heroin users in the United States in 2000.

To encourage physicians to participate in buprenorphine training sessions and to inform the public about this new treatment option, SAMHSA/CSAT will be launching an information campaign in the near future. This campaign will kick-off in Washington, DC and roll-out to cities across the United States including: Baltimore, MD; Boston, MA; Chicago, IL; Dallas, TX; Detroit, MI; Miami, FL; New Orleans, LA; Newark, NJ; New York, NY; Portland, OR; Salt Lake City.

SAMHSA has set up an information website and toll free number for physicians to call for information. Physicians can get more information from or by calling the SAMHSA Buprenorphine Information Center at 866-BUP-CSAT from 8:30 A.M. to 5:00 P.M. EST.

A one day training entitled Buprenorphine: An Office-Based Treatment for Opioid Dependence was held in Nashville on November 15th. Approximately 125 Physicians attended the workshop sponsored by: Tennessee Dept of Health, Bureau of Alcohol & Drug Abuse Services, Center of Substance Abuse Treatment, American Society of Addiction Medicine, Baptist Center for Medical Education, Tennessee Board of Medical Examiners, & Tennessee Board of Pharmacy
Despite numerous studies that have linked ecstasy use to brain damage, memory loss and Parkinson's disease, the drug's popularity continues to grow, the Washington Post reported Sept. 30.

At last count, 10 percent of U.S. high-school students said they have tried ecstasy in the past 12 months. Some experts believe ecstasy usage continues to grow because users distrust the evidence concerning the drug's risks.

A number of scientists have argued that much of the research concerning ecstasy is flawed. They contend that the results in animals have varied significantly from species to species, and that the doses given have been so high that the translation to humans is unreliable. In addition, they argue that studies involving humans used outdated equipment and did not take into consideration simultaneous use of other drugs.

"In my opinion, these studies are so flawed in terms of the technology used that one cannot derive any conclusion from them at all," said Stephen Kish, a leading ecstasy researcher and chief of the human neurochemical pathology laboratory at the Center for Addiction and Mental Health in Toronto, Canada.

"How come 40 percent of people who are doing this drug are not dying or almost dying?" questioned Rick Doblin, president of the Multidisciplinary Association for Psychedelic Studies, an organization that funds research on therapeutic uses of mind-altering drugs.

But George Ricaute, a Johns Hopkins University neurologist who has also led many ecstasy studies, stands by the findings that the drug is dangerous. "My belief and the belief of the vast majority of others is that the seratonin-producing nerve endings are destroyed by the drug. It is a pruning, if you will."

Licensed Substance Abuse Counselor or Licensed Professional Counselors Needed
Salary with good benefits to counsel Adolescents and/or Adults. Contact The Pathfinders Inc. Fax 615.452.5695 or e-mail DanH@pathfinderstn.org
NEW DRUG FOR Cocaine Addiction

A new drug under development could help people overcome cocaine addiction, HealthScout News reported Oct. 9.

Called Nocaine, the drug was developed through the Georgetown University Medical Center’s Drug Discovery Program. A recent study conducted by researchers at Georgetown University, the University of Mississippi, and the University of Texas evaluated Nocaine using laboratory animals. The researchers found that the animals tried harder to get doses of Nocaine, rather than a placebo saline solution. On the other hand, the animals worked harder to get doses of cocaine, rather than Nocaine.

"Our study results imply that Nocaine is a weak reinforcer, meaning that it provides some of cocaine's effects, but at a much lower level," said William L. Woolverton, a professor of psychiatry at the University of Mississippi Medical Center.

Previous studies by Georgetown’s Drug Discovery Program also found that Nocaine reverses the neurological effects linked to cocaine withdrawal and blocks cocaine’s stimulant effect.

"Our studies have shown that Nocaine would likely blunt the aversive effects associated with cocaine abstinence, enabling addicts to gradually and safely withdraw from the drug," said Alan P. Kotlikowski, professor of neurology and director of Georgetown’s Drug Discovery Program. The study is published in the October 2002 issue of the Journal of Pharmacology and Experimental Therapeutics.

Ondansetron Could Help Treat Meth Addiction

A drug used to treat chemotherapy patients and early-onset alcoholism could also be beneficial in treating individuals with methamphetamine dependency, Alcoholism & Drug Abuse Weekly reported Sept. 16.

A study currently underway by researchers at the Southwest Texas Addiction Research & Technology Center (START) at the University of Texas Health Science Center is designed to determine whether the drug ondansetron works on methamphetamine addiction.

According to lead researcher Bankole A. Johnson, M.D., Ph.D., professor of psychiatry and pharmacology at the University of Texas Health Science Center, ondansetron appears to treat methamphetamine dependency by acting on serotonin, one of the brain’s transmitters.

While methamphetamine increases the chemical messenger dopamine in the brain, serotonin reduces it.

Currently, there are no drug therapies available to treat methamphetamine addiction. The latest research will involve clinical trials at seven START locations throughout the country. The trials are expected to last 18 months.
‘Addict’ Perfume Targeted By Anti-Stigma Campaign

By Bob Curley

Marking an aggressive new tactic in the fight against addiction stigma, a recovery rights group is slamming fashion designer Christian Dior for naming its new perfume ‘Dior Addict’ and using the taglines "Will you admit it?" and ‘Get hooked on Dior’s new fragrance’ in its marketing materials.

Faces and Voices of Recovery organized coordinated press conferences across the country this week to announce its ‘Addiction is Not Fashionable’ campaign aimed at Dior.

Dior launched a lipstick line called Addict last year; the perfume was unveiled last week.

'It sends the message that being an addict is cool and pleasurable,' said Susan Rook, director of communications and outreach for the Faces and Voices campaign. Rook, a former CNN reporter who is in recovery, said that the Dior campaign perpetuates the belief that addiction is a moral choice rather than a medical condition. "It’s a myth that I chose to become an addict," she said. "I don’t know anybody who chose to be an addict."

Dior’s website for Addict flashes such catchphrases as ‘pleasure,’ ‘sensuality,’ and ‘energy’ to describe the product. ‘These words are all false and outrageous when you’re talking about addicts,’ said Molly Potter, 17, a high-school student at Salem Academy in Winston-Salem, N.C. "They’re mixing sex and drugs together to make them attractive, and they’re not."

A spokesperson for Dior said the company would have no comment on the Faces and Voices campaign. Faces and Voices initially contacted Dior asking the company to pull its Addict ads and rename the product; a company representative said the group should put their concerns in writing.

Rook said that if the public-relations and letter-writing campaign doesn’t work, the group will press magazines like Elle, Glamour, and Rolling Stone not to carry ads for Addict, and ask retailers like Macy’s not to sell the perfume.

StigmaBusters

The Faces and Voices campaign against Dior Addict strongly resembles the work of the National Alliance on Mentally Ill’s “StigmaBusters” project. Supported by a loose network of more than 8,600 advocates nationally, StigmaBusters was launched in 1997 to combat “inaccurate hurtful representations of mental illness” on TV, film, print, and other media.

In its most recent newsletter, for example, StigmaBusters urged members to contact Sears and other retailers to protest a T-shirt that says “You should hear the names the voices in my head are calling you,” and also criticizes a Halloween costume that depicts a man in a straight-jacket.

In the past, StigmaBusters led a campaign to have the ABC-TV series Wonderland (about a psychiatric hospital) canceled and protested the Jim Carrey movie ‘Me, Myself and Irene’ (about a schizophrenic). ‘We’ve gotten a lot of good successes,’ said NAMI’s StigmaBusters coordinator, Stella March.

Dior Addict was broadly condemned by the addiction and recovery community. In a USA Today article, White House Office of National Drug Control Policy spokesperson Tom Riley called the marketing campaign ‘irresponsible, sick, and sad,’ adding, ‘I think they should be more sensitive to the reality of addiction and not use a disease of the brain, which is what addiction is, to market their products.’

‘As a recovering alcoholic and member of Congress, I’m outraged that Christian Dior is marketing addiction to our young people,’ said Rep. Jim Ramstad (R-Minn.). ‘Dior’s massive ad campaign... is the ultimate in corporate irresponsibility and shows complete disregard for families who have lost a child to addiction.’

Silver Lining for Addiction?

The National Council on Alcoholism and Drug Dependence, Community Anti-Drug Coalitions of America, and National Families in Action also issued statements condemning Dior Addict.

(Continued on page 14)
TIIPS FOR ORGANIZING ALCOHOL SAFE AND DRUG-FREE PARTIES

Alcohol is often a big part of holiday celebrations. In fact, the percentage of alcohol and drug-related driving crashes typically increases during this time of the year. However, communities, families, offices, and students across the country are challenging this norm. Many people are coming to the realization that alcohol should not be the main attraction at holiday parties, and there are ways to organize fun, yet safe, festivities that will prevent family and friends from becoming the next alcohol-or drug-related statistic. According to experts on responsible hosting, simple precautionary steps can help ensure your guests' safety both during and after the celebration. Here are some recommendations for alcohol-safe and drug-free events:

Get the Party Started

- Encourage lively conversation
- If you prepare an alcoholic punch, use a non-carbonated base, like fruit juice. Alcohol is absorbed into the bloodstream faster with a carbonated base.
- Don't let guests mix their own drinks. Choose a reliable bartender who abstains from alcohol at the party and who can keep track of the size and number of drinks that guests consume.

Before Your Guests Depart

- Stop serving alcohol 1.5 hours before the party ends because only time sober an individual who has been drinking.
- If some guests have too much to drink, drive them home or arrange for alternate transportation.

NON-ALCOHOLIC HOLIDAY TREATS

Black Cherry Champagne

1 bottle alcohol-free champagne
black cherry juice
black or maraschino cherries, with stems
lemon zest
superfine sugar

Sugar-frosted two tall champagne glasses. Fill glasses with 2/3rd chilled champagne and 1/3rd chilled cherry juice. Garnish with a cherry caressed by a piece of lemon zest. Serves more than two.

To frost a glass, wet rim with water or run a lemon or lime slice around the edge. Turn glass upside down and dip gently in superfine sugar. To frost with ice, wet glass with water and place in freezer half an hour before serving.

Winter Wassail

1 quart apple juice
1 quart apple cider
8 oranges
4 lemons
16 cinnamon sticks (10 for garnish)
8 whole cloves
6 whole allspice berries
1/4 teaspoon mace

In a large pot, combine apple juice and cider. Wash and slice oranges and lemons. Throw them in. Create a spice bouquet by wrapping 6 cinnamon sticks, cloves, allspice, and mace in a piece of cheesecloth or muslin. Add to juice. Simmer for at least 30 minutes. Ladle into mugs. Garnish with a cinnamon stick. Serves 10.

Facts To Remember

- More than half of Americans are not current drinkers.
- Impaired driving can occur with very low blood alcohol percentages. For most people, even 1 drink can affect driving skills.
- Twenty-eight percent (46.5 million) reported driving within 2 hours after drug or alcohol use (SAMHSA, 1999 National Household Survey on Drug Abuse).
- At least 50 percent of all holiday traffic fatalities involve alcohol (Mothers Against Drunk Driving). Holidays are especially dangerous because more people celebrate by over-drinking, making themselves susceptible to alcohol-related troubles.
- Coffee cannot sober up someone who has had too much to drink. Only time can do that. It takes 1 hour to metabolize one drink.

JUST ONE DRINK CAN IMPAIR DRIVING SKILLS

Having one or two alcoholic drinks may not put people over the legal limit for driving, but can significantly impair reaction time in certain driving situations, HealthScout News reported Oct. 23.

According to research conducted at the Center for Alcohol and Drug Education Studies at Texas A&M University, impairment can be experienced at much lower levels than the 0.08% blood-alcohol concentration (BAC).

"People think if the legal limit is .08, it's OK if I'm at .07999," said Maurice Dennis, director of the center.

For the study, researchers chose 19 people of varying ethnicity and age and trained them in specific driving behaviors. Six of the participants drank no alcohol, while the remainder was allowed to drink any type and amount of alcohol.

When the drinkers’ BAC reached about 0.04%, all of the participants were asked to drive through a closed course. The course featured six different exercises of varying difficulty.

"We saw losses in skill even at .04," Dennis said. "Those increased at higher levels of BAC."

In addition, when a driving emergency arose, the participants who drank were more likely to make poor decisions. Diminished judgment was seen even among those who had only one beer.

As of result of the study, Dennis recommended that the legal BAC limit be set at 0.05% BAC.
WORKSHOPS & TRAININGS

American Society of Addiction Medicine Patient Placement Criteria
Facilitator: Frances Clark, JACOA, Jackson, December 5, Contact Amanda Hopkins, 731.423.3653

Prevention Work with Culturally Different Youth
Facilitator: Dr. Judy Freudenthal, Takoma Church of God, Johnson City, December 5, Contact Louise Verran 423.639.7777

Addiction Severity Index
Facilitator: Frances Clark, JACOA, Jackson, December 6, Contact Amanda Hopkins, 731.423.3653

Hepatitis C: The New Epidemic
Facilitator: Fred Lunce, CADDAS, Chattanooga, December 6, Contact Bob Burr 423.756.7644

Life Skills Refresher Course: Communication, Team-Building, and Group Dynamics
Facilitator: Life Development Center Staff, Helen Ross McNabb Center, Knoxville, December 6, Contact Martha Culbertson 865.541.6676

Hepatitis C: The New Epidemic
Facilitator: Fred Lunce, Plateau Mental Health, Cookeville, December 9, Contact Bob Burr 423.756.7644

Drug Replacement Therapy
Facilitator: Mary Little, Helen Ross McNabb Center, Knoxville, December 10, Contact Martha Culbertson 865.541.6676

Beyond the Rules: Advanced Ethics
Facilitator: Kathy Benson, A&D Council of Middle TN, Nashville, December 12, Contact Susan Young 615.269.0029

Pharmacology
Facilitator: Fred Lunce, Holiday Inn, Cookeville, December 13, Contact Wendell Peavys or Bob Stubblefield 931.528.6803 or Toll Free 1.888.233.3973

FEATURED PUBLICATION:
Substance Abuse Resource Guide: Impaired Driving

The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse.

This edition's Feature is the CSAP Substance Abuse Resource Guide: Impaired Driving.

Abuse of alcohol and drugs, while likely to harm individual users, can have a devastating effect on non-users as well. One of the more tragic examples of this is impaired driving—that is, driving while under the influence of drugs or alcohol. According to The National Highway Traffic Safety Administration (NHTSa), about two in every five Americans will be involved in an alcohol-related crash at some point in their lives. Of all traffic fatalities in the United States, 41 percent are alcohol-related. The Center for Substance Abuse Prevention published this resource guide in hopes that it can further contribute toward helping prevent impaired driving fatalities on America's highways. The resource guide is a collection of books, pamphlets, studies, etc. on a particular subject.

To get your free copy of this publication, call the Clearinghouse at 615.780.5901 or order online at www.taadas.org.

QUITNET SUCCESSFUL IN HELPING SMOKERS

QuitNet, a free membership website offering medical information, advice and support to smokers, has been successful in helping people trying to quit, the Rocky Mountain News reported Oct. 29.

'I was on QuitNet 24/7 that first week,' said Jennifer Adams, a teacher from Aurora, Colo., who sought help with her withdrawal from cigarettes this summer. 'Almost nonstop. I really needed that much communication and support. It's what saved me.'

Adams is just one of hundreds of Coloradans who have successfully quit smoking by using QuitNet and QuitLine, two programs funded by the state's share of the nationwide tobacco settlement.

According to Jill Conley, spokeswoman for the Colorado Department of Public Health and Environment's State Tobacco Education and Prevention Project, 20 percent of the people who had called QuitLine for counseling have not smoked a cigarette in three months.

Of those who used QuitNet, 44 percent have not gone back to smoking.

The numbers are impressive when compared to a 2000 behavior-risk survey that showed that only 3 percent of Coloradans who tried to quit smoking succeeded that year.

Conley said the key to the success of QuitNet is its around-the-clock availability. 'We hear it over and over again that people can go there any time, day or night, and get support from hundreds of people experiencing exactly what they're experiencing,' she said.
FEATURED VIDEO:

**IMPACT: DRIVING DRUNK DRIVING HIGH**

The Clearinghouse has over 700 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition's Feature is Impact: Driving Drunk Driving High.

This award winning 32 minute video clearly illustrates the impact driving under the influence of alcohol or other drugs have on society. It addresses the effects of alcohol and prescription drugs on judgment and motor skills, and the consequences of driving under the influence. Through open and candid interviews, victims talk about how a drunk driver made the choice to drive, and how that choice has impacted their life. You will meet Megan, a beautiful four-year-old girl, who lost her life to a drunk driver. Steve Hanusa, an addiction specialist in North Carolina, brings over 27 years experience to the making of this must see video.

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.00. Call the Clearinghouse at 615.780.5901 to check out this or one of the other videos in our collection. A complete video catalog is available online at www.taadas.org.

The TAADAS Offices will be closed Tuesday December 24th—Thursday December 26th. We will reopen on Friday December 28th. The office will also be closed on New Years Day.

Laura, Becky, and Tammy want to wish you all a very safe and happy holiday season!
Comprehensive Community Services

Comprehensive Community Services is a non-profit community services organization providing alcohol and other drug treatment services in the East Tennessee region. Reve McDavid has been president of CCS for the past 22 years.

Over the years, CCS has seen many changes. In addition to our 49 bed inpatient adolescent treatment center and our adult alcohol and drug treatment services, CCS provides probation supervision services to local General Sessions and Juvenile courts.

CCS welcomes the opportunity to provide services as new needs in our community arise. We understand that treatment for alcohol and drug addicted persons in our community improves not only the quality of life for an individual, it improves our community as a whole.

In meeting the needs of our community, CCS now operates a complete adult Drug Court program in Unicoi and Washington Counties. This program has been very successful and has proven to be “the most rewarding part of my job” as recently stated by one of the Drug Court Judges.

We take great pride in our staff, clients and community. For additional information about programs and services at CCS, please contact Reve McDavid at 423-928-6582.

Samaritan Recovery Community, Inc.
Founded 1964

Nashville’s oldest and largest provider of alcohol & drug abuse treatment services

- Residential Rehabilitation
- Halfway House Program
- Dual Diagnosis Residential Program
- Outpatient Services
- Supportive Housing Services

For a free, confidential screening, call 615-244-4802

With CADAS You Can

The Council for Alcohol and Drug Abuse Services, Inc.
Offering a Full Continuum of Care for Chemically Dependent Adolescents and Adults

Residential Rehab
Extended Care Living

Cadadas
PO Box 4797, Chattanooga, TN 37405
Phone: 1-877-282-2327, Fax: 423-756-7646
www.cadas.org
MEMPHIS RECOVERY CENTERS, INC., AWARDED THREE-YEAR CARF ACCREDITATION

On October 18th, CARF announced that Memphis Recovery Centers, Inc., had been accredited for a period of three years for its Adult Services and Youth Program. The latest accreditation is the third consecutive accreditation outcome that the international accrediting commission has awarded to Memphis Recovery Centers, Inc.

This accreditation outcome represents the highest level of accreditation that can be awarded to an organization and shows the organization's substantial conformance to the standards established by CARF. An organization receiving a Three-Year Accreditation outcome has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its programs and services are of the highest quality, measurable, and accountable.

Memphis Recovery Centers, Inc., is a nonprofit organization with offices at 219 N. Montgomery in Memphis, TN. It has been providing residential substance abuse treatment in the Memphis area since 1970.

CARF is an independent, not-for-profit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process.
However, Ethan Nadelman, director of the Drug Policy Alliance, had mixed feelings about the anti-Dior campaign.

"On the one hand, I can understand why people in recovery would be offended by this," he said. On the other hand, he said, "It's possible that the more the words 'addict' and 'addiction' are used to refer to a broad range of behaviors... it could result in less demonization and stigmatization of people who use illicit drugs."

Like Nadelman, March sought to draw a line between terms used to describe an inanimate object — generally tolerated under NAMI's anti-stigma guidelines — and those that refer to individuals. For example, she said, StigmaBusters campaigned against a Nestle taffy snack marketed to children through names like Psych Sam, but took a pass on criticizing a cologne called "Manic."

March said that Faces and Voices campaign against Dior Addict would be "borderline" under the NAMI guidelines. "There's no indication that they are referring to a person, just a term in the dictionary," she said. "It doesn't mention alcohol or drugs."

However, March said, people with a history of mental illness often take a harder line than NAMI on such issues. "Some consumers resent any mention of their illness," she said. "They're very sensitive."

This feature story originally ran on TAADAS News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted via email at curleybob@jointogether.org

Grace House of Memphis
Treatment Center for Women
State Licensed through TN Department of Health
Non-Profit
12 Step Based
Residential Programs for women including:
Detoxification • Rehabilitation • Extended Care
Our mission is to provide quality addiction treatment regardless of a woman’s ability to pay.
329 N. Bellevue • Memphis, TN 38105 • 901.722.8460

Anti-Stigma Continued....

Hope of East
Tennessee, Inc.

Founded in 1976 as a non-profit organization

- Long term treatment for both men and women
- No insurance required
- Intensive Outpatient available
- 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 Health and United Way
The Physician Leadership on National Drug Policy (PLNDP) - a bipartisan group of leading physicians from across the country - today released a comprehensive report on adolescent substance abuse and urged lawmakers and public health officials to revisit strategies for curbing and treating teen drug abuse.

The report "Adolescent Substance Abuse: A Public Health Priority," contains recommendations for policy changes aimed at the prevention, screening, assessment, and treatment of adolescents prone to or affected by abuse:

- Lawmakers are urged to increase federal and state funding for prevention and treatment efforts and to expand education efforts geared to adolescents to include current data on risk and protective measures;
- Healthcare professionals are called upon to increase training for screening, diagnosis, referral and treatment, as well as to expand support for research to develop and test intervention models;
- The justice system is urged to expand treatment and services for adolescents in correctional facilities, provide transitional and aftercare services as youth re-enter the community, increase collaboration and communication with the medicine, legal, and education communities, and increase research into the effectiveness of criminal justice procedures in reducing drug abuse and crime.

The report details the prevalence and causes of adolescent substance abuse, and the particular challenges posed when abuse and addiction take hold in young people.  "Substance abuse among teens is a national problem in need of national attention," said Dr. Louis Sullivan, former Secretary of Health and Human Services and a member of PLNDP.  "The bad news is that substance abuse is starting at younger ages, taking hold earlier, and leading many teens to end up in jail.  The good news is that a growing body of evidence suggests that prevention and treatment work, and are more efficient and cost-effective than incarceration alone."

The 70+ page report highlights the link between adolescent substance use problems and mental health disorders, and explores the role that America's juvenile justice system can play in holding youth accountable for delinquent behavior while at the same time linking them to treatments and resources that effectively treat addiction and prevent future problems.  "Adolescents are a special population with a unique set of challenges and needs," said June E. Osborn, M.D., Chair of PLNDP.  "This report points out that it is in all of our interests to see that these needs are met."

The 37-founding members of PLNDP include many former high-ranking health or drug policy advisors under the Reagan, Bush, and Clinton administrations.  In addition to Drs. Sullivan and Osborn, PLNDP members include David Kessler, M.D., immediate past Commissioner of the Food and Drug Administration; Edward Brandt, M.D. and Philip Lee, M.D., who were Assistant Secretaries of Health and Human Services under Presidents Reagan and Clinton, respectively, Antonia Novello, M.D., former U.S. Surgeon General under the Bush Administration and current Health Commissioner of New York; Frederick Robbins, M.D., Nobel Laureate; the current and former editors of the Journal of the American Medical Association and the former editor of Science; and a former editor of the New England Journal of Medicine.  Funding for the PLNDP project comes principally from the Robert Wood Johnson Foundation and the John D. and Catherine T. MacArthur Foundation.  The organization's consensus statement on drug abuse and addiction have been endorsed by many medical professional organizations, including the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics.

For more information about PLNDP or the report, please visit PLNDP's website at www.plndp.org or contact Christine Heenan at (401) 831-5898.
Memphis Recovery Centers, Inc., Continued

(Continued from page 13)


TAADAS salutes Memphis Recovery Centers for their achievement.

Memphis Recovery Centers, Inc., is a Sustaining member of TAADAS. For more information about Memphis Recovery Centers, Inc., call 901.272.7751 or log onto their website at www.memphisrecovery.com.

E. M. Jellinek Center, Inc.

Hope and Help for Chemically Dependent men in Knoxville, Tennessee

“Believe or Leave”

A proud member of the TAADAS Team!

NEW WOMEN’S SERVICES PROGRAM AT MEHARRY

The Lloyd C. Elam Mental Health Center at Meharry Medical College in Nashville has recently been restructured to accommodate more efficient delivery of gender-specific treatment services. The Elam Center has long been in the business of designing and delivering substance abuse services to women. In 1990, the Elam Center received a grant to establish the SISTER Program, which provides outreach and case management services to African-American Women with dependent children who reside in public housing. In 1994, the Elam Center began operating the Rainbow Program to deliver long-term residential services to pregnant and post-partum women.

Most recently, the Elam Center has received a grant from the Tennessee Department of Health to deliver a continuum of services to women with co-occurring substance dependence and mental health problems, enabling the creation of the Women's Services Program. This places all of the clinical services for women under one umbrella at the Elam Center.

Shirley Marks, MCI, LADAC, MAC, has been named Program Director. Ms. Marks has been in the field of chemical dependency treatment, prevention, and training for over 26 years. She began her career at what was then known as the Meharry Community Mental Health Center, and has now returned. She formerly worked on a research demonstration project at Renewal House on the “best practice” for women enrolled in the Temporary Assistance for Needy Families Program through the National Center on Addiction and Substance Abuse at Columbia University before returning to Elam. She has co-authored training curriculum through the Social Work Program at Tennessee State University on substance abuse, domestic violence and mental health issues for the Tennessee Department of Human Services.

For more information on the Elam Center's Women's Services Program please contact Shirley. Marks at (615) 327-6201 or smarks@mmc.edu.

The Lloyd C. Elam Mental Health Center is a Corporate Member of TAADAS.
Move to Transfer A & D Bureau concluded...

The Solution...

The ideal solution is neither to move the Bureau of Alcohol & Drug Abuse Services back into the Department of Mental Health, nor necessarily to keep it in the Department of Health. Instead, Tennessee should do what several other progressive states have done with their State A&D Authority. That is, make it a separate cabinet level commission which coordinates all alcohol and drug abuse services being provided throughout the state and which controls all funding coming into the state for substance abuse treatment and prevention services. But until this occurs, TAADAS and the vast majority, if not all, of the A&D providers, professionals, and consumers believe the A&D Bureau is exactly where it should be and needs to be; in the Tennessee Department of Health.

"Tennessee should do what several other progressive states have done with their State A&D Authority... make it a separate cabinet level commission..."

Cocaine, Amphetamines More Addictive to Teens

New research shows that teens may become more easily addicted to cocaine and amphetamine than adults, UPI reported Nov. 1.

Researchers with the Nathan Kline Institute in Orangeburg and Temple University in Philadelphia conducted a study with mice to determine how the drugs affect adolescents.

They found that cocaine and amphetamine increased levels of delta-FosB, a protein associated with addictive behavior, in two brain regions in adolescent mice.

On the other hand, amphetamines did not increase delta-FosB in the two regions in adult and very young mouse brains, and cocaine did not increase the protein in one of the brain areas among these age groups.

Animal Research Helpful in Developing Addiction Treatments

According to researchers, studies of fruit flies, mice, and rats hold clues for developing medical treatments for alcohol and other drug addiction, UPI reported Nov. 4.

For instance, mice genetically engineered to have a missing brain gene, a protein called the muscarinic-5 (M5) receptor, seem immune to addiction. The gene is present in humans. But from their experiments with mice, the researchers learned that if this gene is blocked, it could prevent addiction or ease drug withdrawal symptoms.

Furthermore, research on fruit flies revealed that there are hundreds of other genes and pathways that play a role in the addiction process.

Ulrike Heberlein, assistant professor of anatomy at the University of California, San Francisco, said fruit flies are useful for studying human addiction because "about two-thirds of the genes in the fruit fly Drosophila are the same as in humans."

Other research involves laboratory rats to determine neural networks that are associated with addiction.

The importance of this research becomes apparent when you look at addiction treatment today and realize that it is not adequate," said Dr. Eric Nestler, chairman of psychiatry at the University of Texas Southwestern Medical Center at Dallas.

The researchers presented their findings at the annual meeting of the Society for Neuroscience.
NEW REPORT SHOWS PARENTS UNAWARE OF CHILDREN’S ECSTASY USE

Just One Percent of Parents See Their Teens At Risk to Ecstasy; Half Don’t Know About Effects of the So-Called “Love Drug”

Despite Rapid Increase in Teen Ecstasy Use, Parent-Teen Perceptions Far Apart; New Advertisements Aiming to Translate Awareness of the Drug into Knowledge & Action

New York, NY - While nearly 3 million teenagers in America have already tried the club drug Ecstasy, only one percent of parents believe their son or daughter is among them - and half of all parents are unclear about the effects of the so-called 'love drug,' according to a national survey released today by the Partnership for Drug-Free America (r) (P DFA).

‘Thanks largely to the media, parents are now aware of Ecstasy,’ said Stephen J. Pasierb, president & CEO of the Partnership. ‘The job at hand is turning awareness into knowledge and action. If one out of every two parents does not know how Ecstasy affects users, millions of parents could be missing potentially life-saving warning signs.”

Released October 22nd, the 2001-2002 Partnership Attitude Tracking Study (PATS) surveyed 1,219 parents across the country from December 2001 to January 2002. (Margin of error = +/- 2.8 percent. Data are nationally projectable.) This is the 14th installment of parents’ data fielded for the PATS study since 1987. Topline findings include the following:

- Spreading the word: 92 percent of all parents have heard about Ecstasy. Parents of children in grades 7 to 12 are more likely to have heard about Ecstasy (93 percent) than parents of younger children in grades 4 to 6 (89 percent).
- Instilling the meaning: One of every two parents in America (49 percent) is unclear about Ecstasy’s effects on users. Some 60 percent of all parents are unsure of what’s in the drug.
- Not acknowledging the risk to their children: With 12 percent of teenagers in the country (2.8 million teens) reporting use of Ecstasy, the study released today shows that only one percent of parents believe their teen might have tried the drug. (Teen use of Ecstasy has jumped 71 percent since 1999 - and is now equal to or greater than adolescent consumption of cocaine, crack, heroin, LSD and methamphetamine.)
- Parent & teen perceptions far apart: Parents underestimate the availability of Ecstasy to teenagers, and overestimate the degree of risk teens associate with the drug. Almost three out of four parents (72 percent) believe their teen sees great risk in using Ecstasy once or twice. (Just 42 percent of teens agree.) Some 41 percent of parents think Ecstasy would be very or fairly difficult for their teen to get. (Just 26 percent of teens agree.)
- More reminders, more talks: Exposure to anti-drug ads correlate with frequent parent-child communication about drugs. Among parents who reported seeing or hearing an anti-drug message every day or more, 55 percent talk frequently. Among parents exposed to fewer messages, 44 percent talk frequently.
- Ecstasy-specific talks: Among the drugs parents talk ‘a lot’ about with teenagers, parents were more likely to discuss inhalants (36 percent), cocaine/crack (48 percent), marijuana (60 percent) and alcohol (70 percent) than Ecstasy (29 percent).

‘Kids who learn a lot about the risks of drugs at home are less likely to try drugs,’ Pasierb said. ‘Yet millions of parents sincerely don’t believe that their kids are the ones experimenting with drugs like Ecstasy. It’s these assumptions that enable drug users to go undetected. If you’re a parent hearing this, the question we beg you to consider is ‘Could this be me?’

Ecstasy – chemically known as 3,4-methylenedioxymethamphetamine, or MDMA – is a synthetic, psychoactive drug with amphetamine-like and hallucinogenic properties. Taken orally in pill form, Ecstasy can be extremely dangerous, especially in high does. Ecstasy accelerates the release of serotonin in the brain, producing an intense high, often characterized by extreme feelings of love and acceptance – 'the very emotions teens crave the most,’ Pasierb said. Ecstasy can cause dramatic increases in body temperature and can lead to muscle breakdown, as well as kidney and cardiovascular system failure, as reported in some fatalities. A growing body of research has found Ecstasy to be neurotoxic. According to the National Institute on Drug Abuse, MDMA can damage the neurons that use the chemical serotonin to communicate with other neurons.

As reported by the Partnership’s research and other studies, Ecstasy use has increased significantly across the country. Partnership research indicates that older teens (16-17) are more likely to experiment with Ecstasy than are younger teens (13-15); most users are boys, but by a slim margin. Unlike methamphetamine and other drugs that are more regional in nature, Ecstasy is a drug that has been found in major cities and small towns throughout America, with noteworthy emergence in locations as diverse as Baltimore, Maryland and Billings, Montana. (See ‘Pulse Check’ findings.) Emergency room mentions related to Ecstasy increased nearly 13-fold from 421 in 1995 to 5,542 in 2000.

The Partnership released new television, radio and Internet messages as part of its ongoing national education campaign on Ecstasy, launched earlier this year. New TV messages feature Anthony Tarantino and his mother, Cherrel, of Las Vegas, Nevada, talking about Anthony’s abuse of Ecstasy. In another spot, twentiesomething ‘Ashley’ talks about her Ecstasy abuse. Spanish versions of these and earlier Ecstasy-specific ads from the Partnership are now being distributed around the country. The campaign’s Web-based component - accessible at the Partnership’s Web site (www.drugfreeamerica.org) - offers detailed accounts of the real stories told via the campaign’s television, print and radio ads. The campaign’s ads can also be viewed at P DFA’s Web site.

The Partnership has created a new brochure about the dangers of Ecstasy, available in both English and Spanish. You can order the new brochures and other Ecstasy information from the TAA DAS Clearinghouse by logging onto the web www.taadas.org or calling 1-515-378-5901. TADAS serves as the State affiliate for the Partnership for a Drug-Free America.
Who can join TAADAS?

Anybody can join TAADAS. The only real requirement is that you have a desire to be part of the movement to improve services for those affected by alcoholism and substance abuse. There are various levels of membership in the Association including Students, Individuals, Corporate and Sustaining.

Why should I join TAADAS?

TAADAS wants to keep alcohol and drug abuse issues in the forefront when funding decisions are made and legislative agendas are developed. As an association we need your opinion and input on the direction of the substance abuse field in Tennessee.

There truly is “strength in numbers”!!

What are some of the benefits of Membership in TAADAS?

✓ Advocacy
✓ First Generation Information on policy issues
✓ Strong voice for parity issues
✓ Unparalleled Networking opportunities with others in the Substance Abuse Community across the state

✓ Monthly meetings to network and join forces with others in the field. Quarterly Regional meetings
✓ Free Subscription to the TAADAS Times, which is a bi-monthly newsletter bringing the latest news, agency profiles, training, and conference information
✓ Special discounted hotel rates in Nashville
✓ Discounts at Recovery Books & Things
✓ Job Postings
✓ Web Design Consulting
✓ Membership certificate suitable for framing

How do I join TAADAS?

Want to be a part of the future of alcohol and drug abuse services? Consider becoming a member of the Tennessee Association of Alcohol and Drug Abuse Services, Inc. Fill out the Membership Application and return it to the TAADAS office. Be part of a “fresh approach” dealing with the issues that affect service providers, substance abuse professionals, the recovery community, their families, friends, and clients statewide.

TAADAS Members

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

Sustaining Members

- Agape, Inc., Knoxville
- Aspell Recovery Center, Jackson
- Buffalo Valley, Inc., Heberwills
- CADAS, Chattanooga
- Cocaine & Alcohol Awareness Program, Memphis
- Comprehensive Community Services, Johnson City
- E.M. Jelinek Center, Knoxville
- Grace House, Memphis
- Harbor House of Memphis, Memphis
- Hope of East Tennessee, Oak Ridge
- JACK, Jackson
- Gear Shawlee, Savannah
- Memphis Recovery Center, Memphis
- The Pathfinders, Inc., Galloway
- Place of Hope, Columbia
- Renewal House, Inc., Nashville
- Samaritan Recovery Community, Inc., Nashville
- Serenity Recovery Center, Memphis
- Synergy Treatment Center, Inc., Memphis

Corporate Members

- Ann Evans Doak, Inc.
- Boulia, Cummings, Gomes, & Berry, PLC
- Discovery Place, Inc.
- Elm Mental Health Center
- Florence Crittenton Agency
- Harbor House, Inc.—Board of Directors
- Nashville Drug Court Support Foundation
- Samaritan Recovery Community, Inc.—Board of Trustees
- The Filmworker’s Club
- TN Dental Association—Concerned Dental Prof.
- TN Professional Assistance Program—Today and Beyond, Inc.
- The Wellness Center, Inc.
- Xebec Management, Inc.

Individual Members

- Martin Ahrmut
- Sandra Ashley
- Charlotte Buchanan
- Don Dalmasso
- Tom Diffenderfer
- Paul Dougerty
- Laura Durham
- Chuck Ealy
- Kimberly Edwards
- Gayle Elliott
- David Esteen
- Gary Eulerik
- Etelle Garner
- Gay Hamilton
- Becky Hardin
- Florence Herold
- Sharon Huber
- Patricia Jackson
- Marcus Jenkins
- Jerry Jenkins
- Kenneth Jones
- Dr. Satish Kodal
- Deana Kinnaman
- Jerri Klein
- Judy Loie
- Angela Lyons
- Hamid Montgomery
- Nancy Moore
- Elaine Nichols
- Linda O’Brien
- Elaine Oredalen
- Joe Osterfeld

Marvin Overman
- James Phillips
- Anna-Grace Quinn
- Deborah Ray
- Tom Ritter
- Debra Robertson
- ReChanda Ross
- Dr. Michael Sadler
- Linda Sapp
- Karen Scruggs
- Gwen Sismonick
- Corinne Smith
- Julie Smith
- Patricia Springer
- Sharon Trammell
- Edith White
- Tammy Williams
- Judy York

Student Members

- Deborah Adams
- Elizabeth Andrews
- Gregory Gray
- Sheryl Purcell
- Judy Matthews
- Dennis Thrasher
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: ___________________ Referring Member: (If Applicable) ___________________

Level of Involvement:

Student: $20 ___
Individual: $50 ___
Corporate: $100 ___ $500 ___ $1000 ___ $2500 ___ Other $ ___
Sustaining / Voting: $500 ___ $2500 ___ $5000 ___ Other $ ___

Name: ____________________________________________
Agency: __________________________________________
Address: _________________________________________
City: ___________________ State: __________ Zip Code: __________
Phone: __________________ Toll Free: __________________ Fax: __________________
Website: __________________ Email address: __________________

Card Holder’s Name: ___________________ Visa/Mastercard #: ___________________
Card Holder’s Signature: ___________________ Exp Date: ___________________

TAADAS’ Mission

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