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

In an “Issue Brief” for state health care and substance abuse officials, the National Governors Association (NGA) Center for Best Practices issued in November 2002, a report commending those states that have established cabinet level agencies to address substance abuse issues in their states. The report encourages other states to follow suit with these leaders to more effectively address substance abuse issues. Below is an excerpt from the report (the full issue brief is available at www.nga.org).

NGA Center for Best Practices, Health Policy Studies Division
Issue Brief: “Substance Abuse – State Actions to Aid Recovery,” October 11, 2002:

“Substance-abuse policy is often characterized by the fragmented efforts of a number of stakeholder groups, including community groups, providers, federal agencies, state substance abuse authorities, law enforcement officials, human services agencies, educators, local government, recovering addicts, and others. Governors can employ a variety of mechanisms to channel public resources and develop more consistent, cost-effective policies to address substance abuse.

Governors can use their executive powers to better coordinate substance-abuse resources within state government. They can also engage stakeholders through permanent commissions and interim workgroups – task forces, roundtables, blue-ribbon commissions – to recommend systemic changes to existing state substance-abuse policies.

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The first and foremost policy recommendation encourages Governors to “designate authority for managing state substance-abuse-related investments to a cabinet-level agency, coordinating council, or state substance abuse agency.”

- Minnesota established the State Agencies Focused on Effectiveness (S.A.F.E.) Coordinating Council to ensure that the many substance abuse and violence prevention programs operating throughout the state were working toward a common goal. Since its inception, the council has made fourteen recommendations for streamlining the grant processes across all state agencies, among them the delegation of signature authority to assure the rapid sign-off of grant agreements. The council also has developed a resource guide linking state agencies with descriptions of the various grants available to them.

- Maine established its Office of Substance Abuse (OSA) as the central mechanism for administering all of its federal block grant funds. The OSA was given oversight of federal block grant and tobacco settlement monies through enabling legislation. Through an executive order by the Governor, the OSA now also administers federal juvenile justice and Safe and Drug-Free Schools and Communities funds. Consolidating these funds into a single state

(Continued on page 3)
Report on Co-Occurring Substance Abuse and Mental Disorders Goes to Congress

Department of Health and Human Services (HHS) Secretary Tommy G. Thompson provided Congress with a comprehensive report on treatment and prevention of co-occurring substance abuse and mental disorders on December 2nd. This congressionally mandated report was developed for HHS by its Substance Abuse and Mental Health Services Administration (SAMHSA).

The report emphasizes that people with co-occurring disorders can and do recover with appropriate treatment and support services. It also finds there are many longstanding systemic barriers to appropriate treatment and support services for people with co-occurring disorders, including separate administrative structures, eligibility criteria, and funding streams, as well as limited resources for both mental health services and substance abuse treatment.

The report identifies the need for various federal agencies, state agencies, providers of services, researchers, recovering persons, families and others to work together to create a system in which both disorders are addressed as primary and treated as such. It also outlines a five-year blueprint for action to improve the opportunity for recovery by increasing the availability of quality prevention, diagnosis, and treatment services for people with co-occurring disorders.

'This report tells us that individuals with co-occurring disorders should be the expectation, not the exception in the substance abuse treatment and mental health service system,' Secretary Thompson said. 'The blueprint for action outlines how we will work in partnership with the states and local communities to improve access to integrated services and treatments and find ways to pay for this care.'

'I hope that this report will help more people understand the connection between drug use and mental illness,' said John Walters, Director of National Drug Control Policy. 'Recovery from the disease of addiction is a lifelong challenge. Treating co-occurring disorders appropriately can significantly improve the chances of recovery.'

'All too often individuals are treated only for one of the two disorders, if they receive treatment at all. If one of the co-occurring disorders goes untreated, both usually get worse, and additional complications often arise, including the risk for other serious medical problems, suicide, unemployment, homelessness, incarceration, and separation from families and friends,' said SAMHSA Administrator Charles Curie. 'People with co-occurring disorders cannot separate their addiction from their mental illness, so they should not have to negotiate separate service delivery systems.'

According to the report, seven to ten million individuals in the United States have at least one mental disorder as well as an alcohol or drug use disorder. From studies and first-hand experiences in the substance abuse and mental health fields, many researchers and clinicians believe that both disorders must be addressed as primary and treated as such. The report discusses a number of evidence-based interventions and programs that demonstrate improved outcomes with integrated services and treatments. The report shows there are an increasing number of states and communities throughout the country that are initiating system-level changes and developing innovative programs that overcome barriers to providing services for individuals of all ages who have co-occurring disorders. In fact, many make use of their Substance Abuse Prevention and Treatment and Community Mental Health Service Block Grant funds. States and communities that are successful build consensus around the need for an integrated response to co-occurring disorders; develop aggregated financing mechanisms; cross train their staffs; and measure their improvements in client functioning and quality of life.

Curie noted, 'Our goal is to create a system that allows any door to be the right door for the services an individual needs. It is the right thing to do. Any person entering mental health care, substance abuse treatment, or primary care should be screened for mental disorders and substance abuse, then provided appropriate treatment.'

To help move the nation to such a system, the report laid out a five year action plan that includes:

- Creating a new SAMHSA funded State Incentive Grant for Co-occurring Disorders to help enhance state infrastructure and treatment systems;
- Establishing a national co-occurring disorders prevention and treatment technical assistance and cross-training center;
- Increasing federal agency collaboration within HHS to enhance research attention to co-occurring disorders and the field's research needs;
- Increasing collaboration between SAMHSA and the Centers for Medicare and Medicaid Services, in conjunction with the Agency for Healthcare Research and Quality, to explore ways to use existing reimbursement mechanisms for services to people with co-occurring disorders;
- Convening a National Summit on Co-occurring Disorders to help states and communities share practices and lessons learned, and to discuss initiatives and cross-funding opportunities with Federal partners and key stakeholders;
- Continuing work to improve, refine, test, and apply consistent outcome measures for co-occurring disorders;
- Disseminating successful strategies for appropriate use of the Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants to serve individuals with co-occurring disorders.

To obtain your free copy of the Report - "Report to Congress on the Treatment and Prevention of Co-Occurring Substance Abuse and Mental Disorders" Contact the TAADAS Statewide Clearinghouse via phone 615-780-5901 or you may email your request to taadas@taadas.org
agency has helped the state avoid duplication of effort and made it easier to work with local programs.'

Other portions of the report describe the impact of substance abuse on state health costs, economic productivity, and the well-being of individuals and families, while highlighting actions governors and state policymakers can take to prevent and treat substance abuse and chemical dependency.

The first and foremost policy recommendation encourages Governors to “designate authority for managing state substance-abuse-related investments to a cabinet-level agency, coordinating council, or state substance abuse agency.” Among the other recommendations outlined in the brief is the recognition of the parallels between chemical addiction and other chronic diseases such as diabetes, hypertension and asthma. It also notes that twenty-four states have conducted studies demonstrating that long-term substance abuse treatment is a cost-effective means of reducing criminal activity, increasing employment and worker retention, improving physical and mental health, and in strengthening family and social functioning.

"TAADAS...wholeheartedly joins the efforts in Tennessee to make the Department of Health's Bureau of Alcohol and Drug Abuse Services a cabinet-level autonomous agency."

Vice-Chairman Dirk Kemphome said, “Not only are there fiscal costs, but substance abuse creates tremendous societal costs through increased criminal activity, increased domestic violence, increased child neglect and reduced worker productivity. Once again, states have taken the lead in demonstrating the innovative solutions to this long term national problem.”

TAADAS applauds the position the National Governors Association has taken on this important issue and whole-heartedly joins the efforts in Tennessee to make the Department of Health’s Bureau of Alcohol and Drug Abuse Services a cabinet-level autonomous agency. This would put Tennessee among the growing group of progressive states who fully recognize that substance abuse truly is "The Nation’s Number One Health Problem," and would further distinguish our state as a leader in the field of substance abuse and chemical dependency.

**Senator Harper & Representative Briley Receive TAADAS Highest Honor**

Over 100 people witnessed State Senator Thelma Harper and Representative Rob Briley receive the TAADAS 2002 Voice of Recovery Award at the TAADAS Open House in December. The award is presented annually to individuals who have made a significant impact during the previous year in the battle against ‘Tennessee’s Number One Health Problem - Substance Abuse’.

Thanks to the leadership of Senator Harper and Representative Briley, the TANF Treatment Promotion Bill was passed this past year. The bill enables TANF families to continue to receive food stamps and other TANF benefits while the head of the family participates in substance abuse treatment. This removes a significant barrier to treatment for these individuals.

TAADAS salutes Senator Harper and Representative Briley, and thanks them for their continuing leadership on issues that impact substance abuse prevention and treatment in Tennessee.

Past recipients of the prestigious award include Lieutenant Governor John Wilder, Dr. Stephanie Perry, TDH Assistant Commissioner, Bureau of Alcohol & Drug Abuse Services; and Julie Smith, Director of Finance & Systems, Bureau of Alcohol & Drug Abuse Services.

**HOLIDAY OPEN HOUSE A SUCCESS!**

The annual TAADAS Open House, held on Thursday December 12th, 2002, was a huge success with over 100 people attending. There was plenty fun, fellowship and networking, complimented by an incredible variety of great food! Bens and Jerry’s even set up an ice cream stand, dishing out some yummy ice cream treats.

Drawings for door prizes occurred throughout the festivities, featuring regional delights from across the state that were donated by several TAADAS Sustaining Members (CADAS-Jackson, Memphis Recovery Center-Memphis, Samaritan Recovery Community-Nashville, and Serenity Recovery Centers-Memphis) as well as the Millennium Maxwell House Hotel in Nashville.

A special membership drive during the Open House brought in several new members. Those signing up to become TAADAS members at the Open House were put into a special drawing for a $50 gift certificate from TAADAS’ bookstore, Recovery Books & Things. New Corporate Member Mark Brakebill, with Turning Point Recovery Center in Nashville, won the grand prize.
NEWS FROM CAPITOL HILL...

By: Nathan Ridley

Wow! The party is over, now what do we do? Now that the inaugural festivities have concluded, Governor Bredesen and his newly appointed cabinet members are ready to roll up their sleeves and get to work. The looming tasks are daunting. Notable issues include 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. The budget, however, will be our 48th Governor’s immediate concern.

Without cracking a smile, TennCare Deputy Commissioner Manny Martins stated during a presentation to the legislators that the TennCare program is in the process of running a $258 million deficit for the current fiscal year. We don’t have that sort of money lying around under the sofa cushions. The legislative attitude seems to be “Make us a proposal, Governor Bredesen”.

At noon, on January 14, 2003, 21 new state representatives in the 99 member House and five freshmen among the 33 state senators took the oath of office for the 103rd General Assembly. Speaker Jimmy Naifeh was re-elected to a record tying seventh term as Speaker of the House of Representatives by a margin of 65-33, as Republican Diane Black from Hendersonville fell on her sword for the Republican cause. The House Speaker then made his own committee assignments and oddly enough, rewarded his allies and slapped around his opponents. New committee chairs include Gene Davidson in the Agriculture Committee, Jere Hargrove in the Commerce, Tommy Head in Finance, Joe Fowlkes in Judiciary, and Phillip Pinion in Transportation. Representative Joe Armstrong of Knoxville will continue as the chair of the Health and Human Resources Committee where many of our health care related bills travel.

On the Senate side of the Capitol, John S. Wilder maintains his eternal position as Speaker of the Senate. Speaker Wilder also made his committee assignments in a rambling presentation that took almost an hour. The new committee chairs are Jeff Miller in the Environment Conservation and Tourism and Mike Williams in Transportation. Senator John Ford from Memphis will continue to chair the Senate General Welfare Committee where many of our health care related bills travel. That committee was very stable with only one change as Senator Randy McNally replaced new 7th District Congressman Marsha Blackburn. As you may recall, the other members are Doug Jackson, Rusty Crowe, David Fowler, Douglas Henry, Roy Herron, Rosalind Kurita, and Curtis Person. For a coveted position that has very little inherent power, Speaker Wilder appointed Senator JoAnn Graves from Gallatin as Speaker Pro Tempore.

On the alcohol and drug front, the Board for Licensing Health Care Facilities is a persistent regulator. We have many discussions with their staff on the practicality of obtaining a Do Not Resuscitate (DNR) order from our clients upon admission to one of our residential or detoxification units. The staff, however, has yet another proposal in the form of a rule that the board will review at its February 5 meeting at the Cordell Hull Building in Nashville. On the legislative front, very few bills have been (Continued on page 6)

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(Continued on page 6)
Addiction Treatment Funding Deserves Protection

Commentary
By Pat Ford-Roegner

As state legislatures convene throughout the country for the 2003 session, budget deficits and slumping revenues will dominate the agenda. Many state programs will suffer cuts as lawmakers try to make our public ends meet.

One area where cuts cannot be afforded is the treatment of alcohol and drug use disorders. Alcohol and drug treatment is already underfunded to the point that five million Americans who need treatment cannot obtain it because the health care system simply lacks the capacity to care for them.

Why is addiction treatment so poorly funded?

Individuals with alcohol and drug use disorders are often viewed as a helpless cause, a waste of resources, or unworthy of care due to their own actions.

Nothing could be further from the truth.

Chemical dependency is a real and complex disease. The misuse of drugs or alcohol extends beyond mere choice. While the path to addiction begins with the act of drug consumption, a person’s ability to choose not to take drugs can be compromised. Alcohol and drugs change brain chemistry and functioning and often lead to compulsive or uncontrollable use even in the face of extremely negative consequences. Substance use disorders are more rightly seen as a brain disease, not a moral failure.

The good news is that alcohol and drug use disorders can be effectively treated. A study by the Physician Leadership on National Drug Policy concludes that alcohol and drug treatment is as effective as treatments for illnesses such as diabetes, asthma and hypertension.

Not only is treatment medically effective, it is cost effective.

For every dollar spent on alcohol and drug treatment at least seven dollars is saved in terms of health care costs, increased productivity, and reduction in accidents.

The potential savings of treatment cannot be underestimated, when you consider that the annual social cost of alcohol and other drug disorders is over $300 billion.

Treatment is also better and cheaper than prison. Offenders who receive treatment as part of their sentence have lower recidivism rates than their counterparts who receive no treatment.

Unfortunately, the lack of funding for treatment is most notable in our state and federal prison systems. State officials report that 70 to 85 percent of inmates need some type of substance use disorder treatment, but less than 35 percent actually receive treatment.

As a result, we see a revolving door for people who commit crimes either on drugs or for drugs or both. Incarceration without treatment does not address addiction, it merely interrupts the cycle.

And how does the cost of treatment compare to incarceration?

Intensive inpatient alcohol or drug treatment costs roughly half of what it costs to imprison a person. And yet funding still lags.

But treatment is not only elusive for those who cannot afford insurance and those behind bars. Fully employed Americans who think they have comprehensive health care coverage also have trouble obtaining alcohol and drug treatment.

Some insurance companies offer limited or restricted alcohol and drug treatment coverage.

There are often higher co-payments and deductibles for alcohol and drug treatment. There are more stringent limits on inpatient care and outpatient treatment for addiction than for other diseases. Also, the annual and lifetime expenditure caps are more restrictive for substance use disorders than for other diseases.

In short, patients in need of alcohol and drug treatment are discriminated against based on

(Continued on page 6)

Want to see how Tennessee’s Methadone Clinics are doing?

Check out these two "methadone watchdog" sites:

www.bitchandgripe.com
"Protects the rights of Methadone patients by gathering news of patient abuses"

www.atwatchdog.org
"A resource for educating medication assisted treatment patients and others about the disease and treatment of opiate addiction."

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### Alcohol and Drug Services
(Prevention, Intervention, Counseling, Assessments, Drug Screening)

### Educational Services
(DUI School, Moral Reconciliation Therapy, Driver Improvement, Anger Management, Tobacco Free Teens, Life Skills)

### Outpatient Counseling Services
(Individual, Group, Family)

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<tr>
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### News from Capitol Hill Continued...


News from Capitol Hill comes from Attorney Nathan Ridley with the Nashville firm of Bout Cummings Conners & Berry, PLC. Contact him by e-mail nridley@boutcummings.com.

### Calendar Notes:
State offices will be closed on Monday, February 17, for the President’s Day Holiday.

### Congratulations!!

TAADAS Administrative Assistant Becky Haskins married James Allen on December 21, 2002!
TAADAS wishes Becky and James a long life of happiness and love.

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Addiction Treatment Funding Continued...

Continued from page 5.

their disease.

Given the social cost of substance use disorders and existence of effective treatment, the above facts and figures are unacceptable.

State legislatures should strengthen funding for alcohol and drug treatment and approve parity legislation that ensures equal health care coverage for all diseases. Our nation’s long-term health and economic well-being depend on it.

Unfortunately, health and social service programs, including alcohol and drug treatment, are among the first cut in times of fiscal crisis. The tragic irony is that these services are most needed when the economy is slumping. An uncertain economic future means fewer jobs, less secure health coverage, and increased alcohol and drug use.

Representing the nation’s frontline addictions counselors, I encourage legislators to shield alcohol and drug treatment from budget cuts. Treatment is a wise investment that yields healthier and more productive citizens.

Pat Ford-Roegner is Executive Director of NAADAC, The Association for Addiction Professionals. You may contact Pat at

NAADAC The Association For Addiction Professionals
901 N. Washington St. Ste 600
Alexandria, VA 22314

 filed at this writing. The first significant filing deadline, which will get us closer to the usual 1800 bills, is Thursday, February 13, 2003.
NAADAC Launches First Online Tobacco Certification Program

NAADAC, The Association for Addiction Professionals, has introduced the nation's first online tobacco-treatment certification program, Alcoholism & Drug Abuse Weekly reported Dec. 9.

The online program provides healthcare professionals with basic skills, therapeutic techniques, and strategies for treating tobacco addiction.

The certification program is open to certified or licensed counselors, physicians, physician assistants, nurses, nurse practitioners, psychiatrists, pharmacists, social workers, school psychologists and counselors, employee assistance professionals, and others in the healthcare industry.

'The overall goal of the certification program is to eliminate tobacco as the number-one health problem in the U.S.,” said Timothy Van Susteren, Ph.D., associate dean at the University of Florida, which has partnered with NAADAC to provide the program. 'The beauty of it being online is that people can take it when it fits into their schedule. We do require that they finish the program within a year.'

The curriculum includes the history of tobacco use; causes of addiction; nicotine's physical effects; skills and strategies for counseling the challenges of living tobacco-free; and recovery and wellness concerns.

The Healing Arts, Research, and Training Center

Jane Abraham, L.C.S.W. & Keith Henderson, L.C.S.W.
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Look for this and other articles in the upcoming editions of the TAADAS Times....

Consumer Input?
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"Partially funded by Tennessee Department of Health"
**Using Drug Treatment to Promote Public Safety in Iowa**

Des Moines, IA - Attorney General Tom Miller today called on the Legislature to increase funding for drug treatment. 'It's the most important thing we can do to fight crime,' he said. He asked the Legislature to pay for the programs with a 25-cent increase in the cigarette tax, which hasn't been raised for over a decade.

Miller's proposal calls for $29 million of new spending on drug treatment and prevention. He also called for $15 million in increased spending for anti-tobacco programs.

Miller said the overwhelming linkage between drugs and crime is what makes the program so important. 'The number one thing we can do to fight crime is fight drugs, and the number one thing we can do to fight drugs is to do a better job with drug treatment. This is a crucial public safety measure,' he said.

'Drug treatment reduces crime more than any other single thing we can do,' he said. 'It's proven to succeed and pay off.' Miller cited a federal study showing that various criminal activity declined sharply among those who completed treatment selling drugs dropped 78%, shoplifting declined almost 82%, arrest for drug possession dropped 51%, and arrests for any crime dropped 64%. Research by the University of Iowa shows that clients reporting 'no arrests' increased by 51%, and clients responding to '1-3 arrests' decreased by 51%.

'We need a three-prong approach to deal with drugs and crime: prosecution, prevention, and treatment,' Miller said. 'Overall, Iowa is doing a good job with prosecution and a pretty good job with prevention, but we must do much more work on treatment.' He said that most law enforcement officers and prosecutors agree that prosecution alone will not solve the drug problem.

Miller conducted news conferences Thursday in Des Moines, the Quad Cities, Cedar Rapids, Mason City, and Sioux City. He was joined by law enforcement and drug treatment officials.

'Law enforcement and prosecutors in Iowa are doing a fine job dealing with an almost intractable problem,' he said. 'Drug shipments crossing our interstate highways are being intercepted. Meth labs are being discovered. Drug dealers and users are being arrested and prosecuted.' He noted that there has been a 54.8% increase in the number of drug charges adjudicated by the Iowa District Court from 1999 to 2001. Drug cases constitute about 20% of the court docket in Iowa.

'Tough prosecution is very important,' Miller said, 'but it will only work when it's used in conjunction with effective drug and alcohol treatment. Increasing the money available for substance abuse treatment will reduce crime and make Iowans safer.'

About 80% of persons in prison have been identified as having a substance abuse problem. In Des Moines, 57% of persons arrested tested positive for drugs, and 35% were at risk for alcohol dependence. The Iowa Department of Corrections reports that 75-80% of all correctional clients admit to a history of substance abuse. A federal study shows that one-third of state prison inmates reported being under the influence of drugs at the time of their offense.

'The top goal of the proposal is public safety, but it also will help Iowa's economy and workforce,' Miller said. 'All Iowans benefit from having more productive employees in our workforce, and we must be able to offer a positive alternative to drugs including a decent job.'

Miller said that the economic benefits of substance abuse are much greater than its costs. 'Drug treatment saves money,' he said. Studies show that a dollar spent on drug treatment pays a $4-7 dollar return, mostly in health care savings and increased productivity.

Miller said it was important not to stigmatize addiction. 'It is important to understand substance abuse addiction as (Continued on page 14)
INTERNET FILTERS CAN BLOCK TREATMENT, PREVENTION INFO

A new study suggests that software that blocks young people from accessing certain information may be preventing them from obtaining important data on such issues as sexually transmitted diseases, addiction, and tobacco prevention, the Washington Post reported Dec. 11.

Researchers at the Henry J. Kaiser Family Foundation examined six of the most widely used Internet filters. The software products were tested against 3,500 websites.

The researchers tested search terms in four categories: health topics unrelated to sex, such as the drug ecstasy and alcohol; health topics involving sexual body parts, such as breast cancer, jock itch, and yeast infection; health topics related to sex, including condoms and pregnancy, and controversial health topics, such as the abortion pill RU486 and date rape.

According to the study "See No Evil: How Internet Filters Affect the Search for Online Health Information," a high level of filtering severely limits access to health information.

'Ve need to balance the desire to protect kids from the most egregious pornography and still give them access to the health information they need,' said Vicky Rideout, vice president of the Kaiser Family Foundation. 'I think this shows that it is possible for filters, if narrowly focused on pornography, to do a good job. On the other hand, we suspect there are a lot of schools and libraries trying to block more than pornography. And it does appear they are blocking health information when they do that.'

According to the study, 70 percent of 15- to 17-year-olds said they have used the Internet to look up health information. But software with restrictive filtering block out several top informational sites, including several on diabetes, the U.S. government site on treatment of sexually transmitted diseases, and numerous sites addressing sexual health, including Kaiser's own website for adolescents.

The study's findings are published in the Dec. 11 issue of the Journal of the American Medical Association.

TELEPHONE, ONLINE ADDICTION SURVEYS CALLED RELIABLE

Preliminary findings from a pilot study found that telephone and online versions of the Addiction Severity Index (ASI) are just as reliable as the clinician-administered ASI. Alcoholism & Drug Abuse Weekly reported Nov. 25.

The ASI is the most widely used assessment tool in the addiction field.

For the study 88 patients took part in three sessions, one involving the clinician-administered ASI, another featuring a self-administered ASI via the Internet, and the third using telephone-response technology.

Benjamin Brodey, M.D., M.P.H., chief executive and director of research for TeleSeage Inc., which specializes in creating telephone and Internet survey software, said patients who used the automated surveys were more honest in their responses about their use of alcohol and other drugs.

'With the clinician, you worry about disapproval from them. The incentive is to minimize how much you're using,' Brodey said. 'A machine is not going to frown on you.'

He added that the Internet and telephone methods are beneficial for tracking outcomes. 'The automated self-administered ASI is easy to use for outcomes tracking, as well as cost and time efficient,' Brodey said. 'These features will benefit clinic directors, government agencies, and any facility required to use the ASI.'

The automated surveys also free clinicians from the time-consuming paperwork involved in traditional information gathering, Brodey said.

TeleSeage plans to have the ASI on a website by March 2003.

INFORMATION KEY TO LOWERING TEEN DRUG USE

Furnishing adolescents with information about the risks of drugs is the main reason why the U.S. is seeing its largest decline in teen drug use in years, the Christian Science Monitor reported Dec. 26.

The recently released Monitoring the Future study found that during the past year, illicit-drug, alcohol, and tobacco use among teens all declined. One high-school senior, Ginienne Santoro, said fewer students are using drugs because they have more information about them.

'Kids realized they weren't invincible, this could have happened to them any time,' said Santoro, of Sacred Heart Academy in Hamden, Conn. 'So they started thinking twice about doing things that could harm themselves.'

Ecstasy use, which peaked in 2001, is also on the decline.

Researchers say school-based programs, such as the one presented at Santoro's school, help to inform students about the drug's impact on the brain.

'After that, kids were like, 'No way,' about using ecstasy,' Santoro said. 'When you see people who use drugs and what happens to them, you really don't want it to happen to you.'

Educational campaigns are also credited with lowering the use of alcohol and tobacco among adolescents. There's also more information about the importance of taking care of yourself, particularly among younger kids,' said David Rosenbloom, director of Join Together, an addiction and gun-violence resource center located at Boston University. 'And I think parents are talking to their children more.'
WORKSHOPS & TRAININGS

Introduction to Adventure Based Counseling
Facilitators: Life Development Center, Cookeville, February 3, Contact Bob Burr 423.756.7644

An Introduction to Mindfulness in the Workplace
Facilitator: Doris Kilgore, Helen Ross McNabb Center, Knoxville, February 21, Contact Jane Abraham, 901.828.1332

Twelve Steps and Dual Recovery
Facilitator: Murray Brown, CADAS, Chattanooga, February 10, Contact Bob Burr 423.756.7644

Religion Abuse and Addiction
Facilitator: Sharon Trammell, LeBonheur, Memphis, February 21, Contact Jane Abraham, 901.828.1332

The New Reality Therapy
Facilitator: Lucy Billing Robbins, JACOA, Jackson, February 21, Contact Amanda Hopkins, 731.423.3653

The ESP Model
Facilitator: Jane Abraham, LeBonheur, Memphis, February 22, Contact Jane Abraham, 901.828.1332

Primary Function #2: Intake
Facilitator: Tammy McDaniel, Helen Ross McNabb Center, Knoxville, February 27-28, Contact Martha Culbertson 865.541.6676

FEATURED PUBLICATION:
ANGER MANAGEMENT FOR SUBSTANCE ABUSE AND MENTAL HEALTH CLIENTS

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 Anger Management for Substance Abuse and Mental Health Clients series.

The manual describes a 12-week cognitive behavioral anger management group treatment. Each of the 12 90-minute weekly sessions is described in detail with specific instructions for group leaders. It also includes tables and figures that illustrate the key conceptual components of the treatment, and homework assignments for the group participants.

The workbook was developed for use in conjunction with 'Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual'. It provides individuals participating in the 12-week anger management group treatment with a summary of core concepts, worksheets to complete homework assignments, and space to take notes for each of the sessions.

To get your free copy of either of these publications, call the Clearinghouse at 615.780.5901 or order online at www.taadas.org

TAADAS CLEARINGHOUSE WELCOMES NEW STAFF MEMBERS

The new year brought some very welcome changes to the TAADAS Statewide Clearinghouse. During the first week of January, TAADAS hired two new staff members and shuffled some job duties of the current staff.

Former Clearinghouse Coordinator, Laura Durham was named Associate Director. Laura will continue oversee the day to day programs of TAADAS.

Former Assistant Clearinghouse Coordinator, Tammy Williams is now the Membership Services Coordinator. Tammy will be coordinating meetings and events for members. She is also the editor of the TAADAS TimesNewsletter.

Becky Allen is the Administrative Assistant. Becky handles all of the invoicing, payables, receivables, and ordering for the Recovery Books and Things store.

Lisa Edwards was hired on as the Information Specialist. Lisa is working on the Tennessee REDLINE, assisting callers with referrals to services across the state of Tennessee. She comes to TAADAS from the Highway Patrol where she was a dispatcher. Her experience as a dispatcher has proven to be invaluable with her transition to TAADAS.

Tim Lund is the Library Specialist. Tim will assist customers with checking out videos and library materials. He is the first point of contact when you enter the TAADAS offices. Tim also manages two recovery homes in Nashville and has several years experience with chemical dependency and substance abuse making him a natural fit at the Clearinghouse.
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 March Towards Sobriety

In this video, Delbert Boone literally details the March Towards Sobriety. He shows the view through illustrative examples the positive and negative areas many encounter when going into treatment. He defines many of the enemies of sobriety, such as feelings of anxiousness, agitation, boredom, frustration, depression, and loneliness. Boone also details these common enemies of sobriety and reinforces the message that "the only way to get acceptance is through compliance." He explains why "recovery is a process not an event."

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50. Call the Clearinghouse at 615.780.5901 ext. 6 to check out this or one of the other videos in our collection. A complete video catalog is available online at www.taadas.org.

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**FEATURED VIDEO:**

**March Towards Sobriety**

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**WORKSHOPS & TRAININGS**

- **Grief and Loss**
  Facilitator: Susan Cunningham, A&D Council of Middle TN, Nashville, February 27, Contact Susan Young 615.269.0029

- **Addiction Severity Index**
  Facilitator: Frances Clark, CADAS, Chattanooga, February 28 & March 1, Contact Bob Burr, 423.756.7644

- **Professional Ethics**
  Facilitator: Betty Barnett, JACOA, Jackson, March 14, Contact Amanda Hopkins, 731.423.3653

- **Primary Function #3: Orientation**
  Facilitator: Teresa Bell, Helen Ross McNabb Center, Knoxville, March 27-28, Contact Martha Culbertson 865.541.6676

- **Grief**
  Facilitator: Anna Whalley, LeBonheur, Memphis, March 21, Contact Jane Abraham, 901.828.1332

- **Ethnic Perceptions of Death and Dying**
  Facilitator: Cecelia Hooks, LeBonheur, Memphis, February 21, Contact Jane Abraham, 901.828.1332

- **12 Step Program**
  Facilitator: Jeff Riley, JACOA, Jackson, April 4, Contact Amanda Hopkins, 731.423.3653
Breath-Alcohol Ignition Locks Found Effective

A new study found that breath-alcohol locks installed in vehicles are effective in preventing convicted drunk drivers from driving, the Associated Press reported Jan. 12.

The study evaluated the first year of Pennsylvania’s Ignition Interlock Law. The researchers found that the devices stopped convicted drunk drivers from driving under the influence 10,142 times.

Under the law, drivers must breathe into the device before starting their vehicles, and conduct breath tests throughout their time on the road. The ignition interlock device prevents the car from running if the driver’s blood-alcohol level is above 0.025 percent.

Other states are expected to follow Pennsylvania’s lead and conduct evaluations of their ignition-interlock programs. Currently, 41 states and the District of Columbia have some form of ignition-interlock law.

The study was conducted by the Pennsylvania DUI Association.
Member Agency Spotlight:

Renewal House

In community with addicted mothers and their children, Renewal House fosters healing resiliency and continuing recovery.

Community volunteers established Renewal House in Nashville in response to the increasing number of child abuse and neglect cases coming before the Davidson County Juvenile Court. The cases often were related to the mother’s substance abuse and her inability to care for her child while she was in active addiction.

Prior to Renewal House opening its doors in 1996, the mothers had no choice but to turn over custody of their children while receiving treatment for addiction. Guilt and shame over the loss of custody drove many mothers to leave treatment early, and short-term addiction treatment alone did not address the multiple, complex issues these women faced.

Renewal House provides a comprehensive, family-centered program in a residential recovery community that allows mothers and children to heal together. Objectives of the program include:
- Mothers remain sober while developing recovery skills and values
- Mothers learn parenting skills to foster a respectful home environment
- Mothers develop employment skills to enhance quality of life
- Children develop resiliency to cope with past trauma and future challenges
- Children develop to their full potential physically, socially and academically

Families make their home in the safe, drug-free environment at Renewal House for six to 15 months. A profile of the families demonstrates the need for long-term services:
- All of the mothers at Renewal House have a drug and/or alcohol addiction. The majority are addicted to crack cocaine.
- At the time they are admitted to the program, all of the families are low-income, 93 percent meet the U.S. Department of Housing and Urban Development’s Homeless Eligibility Criteria, and Temporary Assistance for Needy Families (TANF) is the only source of income for 94 percent.
- Ninety-two percent of the mothers are single parents and more than 30 percent do not have a high school diploma or GED.
- Fifty-four percent of the mothers are domestic violence survivors, 44 percent were sexually abused and 33 percent physically abused as children.
- Sixty-five percent of the children require therapeutic intervention, 24 percent have medical complications and for 29 percent behavior interventions are needed.

With the support of a licensed, (Continued on page 18)

Buffalo Valley Awarded HUD Grant

Buffalo Valley has recently received notification about their latest homeless grant from HUD. They were awarded nearly two million dollars to continue providing transitional housing and supportive services for the homeless population here in middle Tennessee. Buffalo Valley is the lead agency in the Homeless No More coalition. This new grant will cover 17 counties including some of the rural counties around Clarksville, Springfield, Gallatin, Lebanon, Williamson, Ashland City in the Mid Cumberland area and most of the rural counties in south central middle Tennessee. This grant does not include Davidson County or Murfreesboro which have their own homeless coalitions. The new grant will allow Buffalo Valley to continue with the transitional houses they have in scattered site locations in the target region and will add a new HMIS (Homeless Management Information System) that will provide computerized data from many of the homeless providers in the area. Buffalo Valley has also received two other grants from HUD to provide permanent affordable housing for persons with disabilities and for low income elderly. These are from the HUD 811 and the HUD 202 grant programs. These will be located in Waynesboro and will provide for the new construction of duplexes that will provide safe and secure affordable subsidized housing with supportive services for low income disabled and elderly.

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*A Program of Samaritan Recovery Community
USING DRUG TREATMENT TO PROMOTE PUBLIC SAFETY CONTINUED...

(Continued from page 8)

a disease instead of a result of personal weakness and moral failing," he said. "Addiction is an ongoing health problem that is not easy to cure." He said 6.7 million Americans are affected by drug addiction and 13.8 million by alcoholism -- about equivalent to the number of Americans affected by heart disease (21 million).

The Attorney General proposes that resources for substance abuse treatment and related programs should be increased by about $44 million. The funds would be used to get more people into treatment, and let them stay in treatment long enough to get the maximum benefit.

For more information or a copy of the proposal contact:

Tom Miller
Iowa Attorney General
1305 E. Walnut Street
Des Moines IA 50319
Phone: 515-281-5164
www.iowaaattorneygeneral.org

National Children of Alcoholics Week
February 9-15
Contact www.nacoa.org for more information
SAMHSA Takes First Step Toward Reshaping Addiction Block Grant

by Bob Curley

For years, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been talking about pushing states to be more accountable for how they spend federal block-grant funds. In late December, absent much fanfare, SAMHSA finally unveiled its proposal for transforming the addiction and mental-health block grants into more demanding—yet more flexible—Performance Partnership grants.

The proposal provides a rudimentary start to the kind of system that many in Congress would like to see—in which states can determine their own needs, but in turn are expected to meet performance goals identified in partnership with the federal government.

As the name implies, the Performance Partnership Grants envision that awards of block-grant funds to the states—which total about $1.75 billion annually—will become less formula-driven and focused more on achievement of addiction treatment and prevention goals, such as improving retention in treatment or changing community attitudes toward drug use.

But as the new rules emphasize, "SAMHSA is not interested in penalizing states for not meeting performance objectives, choosing instead to work with them to further improve the service system."

"We are not proposing any changes that would alter eligibility for funding under the two programs, nor are we changing the formula for distribution of those funds," said SAMHSA Administrator Charles Curie. "We are changing the relationship between the federal and state governments to achieve our goal of improved services for those with mental-health and/or substance-abuse disorders."

SAMHSA is proposing to shift emphasis away from the current "process requirements, financial earmarks, and accountability based on narrative documentation of compliance and expenditure reports." In its place, says Joe Faha, SAMHSA's director of legislation, is a system that assumes that states want to continually improve the quality and effectiveness of their services and would welcome federal assistance in doing so.

It's clear that this proposal is an interim step, with SAMHSA not fully committed to flexibility, and states still a long way from being held fiscally accountable for their performance. Historically, accountability has never been a cornerstone of the block grant. In some instances, such as the Synar regulations governing under-age tobacco use, states were subject to penalties for non-compliance. But these rarely worked to change states' behavior.

Under the Performance Partnership concept, states would not necessarily face direct penalties for failing to meet their goals. But those who hold the purse-strings would be watching, said Faha.

"I think Congress already has come to the conclusion that this approach works," said Faha. "We've all become duly aware that if we can't show results, we're not going to get more money ... The Office of Management and Budget (OMB) has made it clear to [SAMHSA] that they're going to be looking at the block grants and measuring us and looking for us to meet our long-term goals. If not, they've indicated that they're willing to recommend reduced funding."

Moreover, SAMHSA will report to Congress not just the progress being made nationwide, but also how individual states are performing. "It's not our purpose to embarrass anyone, but to show Congress what each state is doing," said Faha.

Set-Asides Would Be Eased

For states, the benefits of the SAMHSA proposal include removing some current "set-asides"—mandates that a percentage of block-grant funds be spent on specific services, which states contend limit their ability to tailor services to local needs. The proposal ends the set-aside for IV-drug users; also eliminated is a requirement that at least five percent of all block-grant funded treatment programs be independently peer-reviewed, and the stipulation that states improve their referral systems and coordination with other healthcare services.

Other major set-asides remain, such as one requiring that 20 percent of block-grant money be spent on prevention, and a requirement that money be set aside for women with children and HIV early-intervention services. However, the new rules say that the Secretary of Health and Human Services can waive many set-aside requirements if the state is meeting related performance goals.

Other restrictions that would remain include the ban on funding needle-exchange programs, a ban on paying for hospital-based inpatient treatment, and a cap on spending block-grant money for treatment of prisoners.

"The [restrictions] that remain were largely because NASA-DAD (the National Association of State Alcohol and Drug Abuse Directors) wanted them," said Faha. "They may not be what comes out the other end." The National Governor's Association, for example, would like to see more of the set-asides eliminated, noted Faha.

Performance Indicators Identified

The foundation of the new proposal, based on years of debate and discussion between NASA-DAD and SAMHSA, are the indicators that will be used to guide and assess state performance.

Treatment performance measures identified in the proposal include rates of drug use, employment status, criminal

(Continued on page 17)
Physicians Often Fail to Warn Drinkers, Smokers

A U.S. Centers for Disease Control and Prevention (CDC) study found that many doctors fail to advise patients to reduce their alcohol consumption or quit smoking, the Associated Press reported Jan. 13.

The study was based on an analysis of a 10-state random telephone survey. CDC researchers determined that 2 million binge drinkers who saw their doctors for routine checkups in 1996-97 didn't receive any advice on controlling their drinking. During the same time period, doctors failed to give quitting advice to nearly 2 million smokers.

The study's findings are in the January 2003 issue of American Journal of Preventive Medicine.

Inhalants: A Deadly High

Experts claim up to 1,000 household products can be used as "inhalants"-airplane glue, rubber cement, paint thinner, nail polish remover, bleach, kerosene, felt tip markers, butane, gasoline, dry cleaning fluid, spot remover, vegetable cooking spray, and propane. And parents often don't know about it.

Inhalants may be the first substance a child uses, before marijuana, tobacco or alcohol, often in late childhood or early adolescence. National studies suggest that inhalant abuse reaches its peak at some point during the seventh through ninth grades. The latest government study reports that 9.1 percent of 8th graders and 6.6 percent of 10th graders used inhalants in the past year (Monitoring the Future, 2001).

The biggest danger in using inhalants is that kids can die-the first time, the third time or the 100th time. "Sudden Sniffing Death" happens when inhalants disrupt heart rhythms and lead to cardiac arrest. Death can also result from suffocation or fatal injury from car crashes when driving while high. Inhalant use can cause damage to the heart, kidney, brain, liver and other organs.

Signs and symptoms of inhalant use include: chemical odors on breath or clothing; paint or other stains on face, hands, or clothes; drunk or disoriented appearance; slurred speech; inattentiveness, lack of coordination; hidden empty spray paint or solvent containers; and chemical-soaked rags or clothing.

What can parents do? Put household products in a safe place and clearly mark them "poison." There are also simple, everyday things you can do to keep your kids away from drugs:

- Be absolutely clear with your children that you don't want them to use inhalants or other drugs. Don't leave room for interpretation. Talk often-more than once or twice a year-about the dangers of drug and alcohol use.
- Don't react in a way that will cut off further discussion. If your child says things that challenge or shock you, respond with a calm discussion of why people use drugs and whether doing so is worth the risk.
- Be involved in your child's life. Always know where your children are and what they're doing. Get to know your child's friends and their parents. Find time to spend with your child each week.

March 16-22 is National Inhalants and Poison Awareness Week. For more information about inhalants or talking to your children about drug abuse, visit www.taadas.org. Or you may call the Tennessee REDLINE at 1.800.889.9789.
SAMHSA Takes First Step Toward Reshaping Addiction Block Grant Continued...

justice involvement, living status, social support, treatment penetration rates, completion rates, and length of stay.

Prevention performance measures include coalition-building, workforce development, technological capacity, ability to assess need, number and type of programs available, demographic information, and public attitudes towards drugs.

SAMHSA says that work is continuing on identifying additional performance measures, and should be completed by October 2003.

States Remain Skittish

Under the proposal, states would have to tell SAMHSA what the objectives of their treatment and prevention systems are, and would have a three-year period to show how they are improving. But states will not be required to report data on performance indicators until at least 2005. And state agencies remain skittish about the cost of setting up the data-collection systems they say are needed to provide adequate information to base performance measures upon.

"Without an immediate infusion of additional federal funds [for data management], the timeline for the transition to the Performance Partnership Grant would be severely delayed," said Lucille Fleming, director of the Ohio Department of Alcohol and Drug Addiction Services, during recent congressional budget testimony on behalf of NASADAD. "Further, the implementation of the Performance Partnership Grant is predicated on the current system of providing adequate and baseline funding levels to each state for substance-abuse prevention and treatment services. Any changes to this system would endanger the ability of states to participate successfully in the Performance Partnership."

But while some worry about the potential pitfalls of reshaping the block grant, others say that the price of inaction may be equally high.

"The list of performance measures is a good start, but without a mechanism for holding states accountable for measuring, reporting, and enforcing these standards, this exercise will have no effect on improving treatment," said David Rosenbloom, director of Join Together, a resource center for communities taking action against addiction and gun violence. "Congress has asked for years that agencies that receive federal money be held accountable for how they use it. Unless this happens in the addiction field, I believe that continued federal funding will be at risk."

SAMHSA is currently accepting public comments on the proposal. Comments are due to SAMHSA by Feb. 23, 2003, and should be submitted to Joseph D. Faha, Director of Legislation/SAMHSA, 5600 Fishers Lane, Room 12C15, Rockville MD 20857, 301-443-4640.

This feature story originally ran on the TAADAS News service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted via email at curleynbob@jntogether.org

WELFARE-REFORM BILL INCLUDES ADDICTION TREATMENT

President Bush is urging Congress to focus on passing legislation that would change the work rules for welfare recipients and gives them credit for attending addiction treatment; Reuters reported Jan. 14.

Under the Bush proposal, work requirements for welfare recipients would be expanded from 30 hours to 40 hours per week. But the bill allows for 16 of those hours to be spent in job-related activities, including addiction treatment.

"Work is the key to success in helping families lift themselves out of poverty. It's the key to success for improving the lives of our children," said Bush. "The time has come to strengthen that law."

The 1996 welfare-reform law expired at the end of 2002. "Unfortunately, the Senate never was able to act on the House bill, so it died," Bush said. "Today, I want to remind the new Congress we have an obligation to reauthorize the welfare bill, welfare reform, to make it work."
experience staff, mothers at Renewal House progress through an intensive, five-phase recovery program. They participate in 12-step meetings, access addiction treatment and therapeutic intervention at area centers, learn parenting and basic life skills, enter educational and vocational training and receive employment placement assistance. A mother must have maintained for at least 90 days a job that will allow her to be self-supporting and must have arranged for stable housing for her family before graduating from the Renewal House program. Following graduation, an aftercare case manager meets with a mother for up to six months to help assure the family’s continuing recovery.

As documented in an evaluation by the University of Tennessee’s Social Work Office of Research and Public Service, 56 percent of Renewal House participants are clean and sober after six months in the program. Thirty percent of the mothers complete all Renewal House program components: recovery from addiction, obtaining full custody of their children, securing full-time employment and maintaining stable housing.

A mother must have custody of at least one child and may have up to two children aged 10 and under reside with her at Renewal House. Caring for the individual needs of each child, Renewal House provides health care and immunizations, developmental assessments, placement in early intervention child care, play therapy, school advocacy and tutoring, playgroup with educational materials, and drug abuse education and prevention. With a clean and sober mother to nurture them, children at Renewal House are healthier, happier and improving their school attendance and performance.

Renewal House also provides essential prenatal care for pregnant women in recovery. Of the 11 babies born to Renewal House mothers during 2000-2002, none spent a day in the neonatal intensive care unit.

The Renewal House program has served more than 270 mothers and children during its first six years. The financial benefits have included:

- At least $1.3 million saved by keeping children with their mothers instead of in foster care.
- At least $1.2 million saved by keeping addicted mothers out of prison.

The words of a mother who graduated from the Renewal House recovery program attest to the inestimable human benefits: “It amazes me when I look back and remember how defeated and hopeless I was when I first arrived at Renewal House. They believed in me and supported me when no one else, including myself, did. They showed me that I could handle life on life’s terms and that I could be successful in recovery, motherhood and society.”

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FDA and SAMHSA Join to Educate Public on Prescription Drug Dangers

Abuse of prescription drugs is rising rapidly in the United States. Data released today indicate that in 2001 almost three million youth aged 12 to 17 had used prescription medications non-medically in their lifetimes. The data were released by the Substance Abuse and Mental Health Services Administration (SAMHSA) at a joint press conference with the Food and Drug Administration (FDA) to focus public attention on the dangers of abusing prescription medications.

‘The public needs to know that just because a medication is safe and even life-saving when used appropriately, it is not harmless if used inappropriately,’ said SAMHSA Administrator Charles Curie. ‘Abuse of prescription drugs can lead to addiction, misdiagnosis of serious illness, life-threatening circumstances and even death.’

‘FDA recognizes the very real issue of prescription drug abuse,’ said FDA Commissioner Mark McClellan, M.D., Ph.D. ‘Our job is to strike a balance - to maximize the potential benefits that patients get from these drugs - while minimizing their risks.’

Data released by SAMHSA today from the 2001 National Household Survey on Drug Abuse showed that about 15 percent of 18 and 19 year olds used prescription medications non-medically in the past year. For persons 12 to 17, 7.9 percent reported past year non-medical use of prescription medications. Among those aged 18 to 25, 12.1 percent used prescription medications non-medically. These figures include: 6.4 percent of 12 to 17 year olds and 9.6 percent of 18 to 25 year olds having used prescription pain relievers; 2.2 percent of 12 to 17 year olds and 3.4 percent of those aged 18 to 25 having used stimulants; and 1.7 percent of 12 to 17 year olds and 4.2 percent of 18 to 25 year olds having used tranquilizers non-medically.

‘Young adults, even teens, are taking opioids, anti-depressants and stimulants for recreation,’ said H. Westley Clark, M.D., J.D., M.P.H., Director of SAMHSA’s Center for Substance Abuse Treatment (CSAT). ‘They do not seem to realize that this misuse can lead to serious problems with addiction.’

John Jenkins, M.D., Director, FDA’s Office of New Drugs, noted that for one class of prescription drugs, pain relievers, ‘when used correctly and under a doctor’s supervision, the benefits of prescription pain relievers outweigh their risks. But abuse them, or mix them with illegal drugs or alcohol, and you can wind up dead. Even using them with other prescription drugs can lead, in some cases, to life-threatening problems.’

An additional report released by SAMHSA from its Drug Abuse Warning Network (DAWN) shows that visits to emergency departments in hospitals increased significantly from 1994 to 2001 for narcotic prescription pain relievers. Visits naming oxycodone increased 352 percent; methadone 230 percent; morphine 210 percent; and hydrocodone 131 percent. The data show that persons showing up in emergency departments often used more than one drug. Multiple drugs were mentioned in 72 percent of the emergency department visits involving narcotic prescription pain medications.
What is TAADAS?
TAADAS is the Tennessee Association of Alcohol and Drug Abuse Services, Inc. It is a statewide advocacy association whose mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.

How long has TAADAS been in existence?
March of 2001 marked TAADAS' 25th anniversary. 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 dependencies.

Does TAADAS have any programs?
Yes. Through a grant from the Tennessee Department of Health, TAADAS operates two programs—the Statewide Clearinghouse and the Tennessee REDLINE. The Clearinghouse is a resource center for substance abuse related materials. The Clearinghouse includes a lending library of both books and videos, free literature for the general public as well as clinicians, and a research area. The Tennessee REDLINE is a confidential information line to help people find available substance abuse services in their area. TAADAS serves as the host organization for the Partnership for a Drug-Free Tennessee, the Tennessee state alliance for the Partnership for a Drug-Free America. TAADAS also is the home of Recovery Books & Things—a store featuring self-help and recovery oriented books as well as recovery gift and novelty items.

What does TAADAS do?
TAADAS' purpose is to promote the common interest in prevention, control and eradication of alcoholism and drug dependency and to promote such other programs as approved by the Association: to work in close cooperation with agencies interested in alcohol and drug problems; to further a sense of fellowship and helpful relationships among members of the Association; to facilitate cooperation with all agencies interested in the health and welfare of the community; to impact legislation regarding alcohol and drug abuse; to educate the community regarding alcohol and drug abuse issues; to encourage and support development of alcohol and drug services in areas that are underserved, to enhance the quality of services provided by TAADAS members.

Who can join TAADAS?
Anybody can join TAADAS. The only real requirement is that you have a desire to be part of the movement to improve services for those affected by alcoholism 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, and friends alike.

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

Sustaining Members

Corporate Members

Individual Members

Student Members
The Tennessee Association of Alcohol and Drug Abuse 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." TAADAS programs are funded in part by a grant from the Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services. For more information about becoming a member of TAADAS, contact the association at:

TAADAS
One Vantage Way, Suite B-240
Nashville, TN 37228-1562
615.780.5901
Fax 615.780.5905
membership@taadas.org

The TAADAS Times Newsletter is a Bi-Monthly publication edited and produced by TAADAS staff. It is distributed to over 2800 substance abuse professionals, Business Leaders, Legislators, and Concerned Citizens across Tennessee and published on the internet, www.taadas.org. TAADAS accepts paid advertising for inclusion in the TAADAS Times for products and/or services which are related to the purposes of TAADAS and its members. The products and services advertised in TAADAS publications do not necessarily imply endorsement by TAADAS or its membership. For more information about placing an ad or article in the TAADAS Times, contact:

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615.780.5901
Fax 615.780.5905
taadastimes@taadas.org

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, ranging 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 ___

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.