The Tennessee Association of Alcohol & Drug Abuse Services and the thousands of consumers and providers we represent oppose moving the Bureau of Alcohol & Drug Abuse Services from the Department of Health to the Department of Mental Health & Developmental Disabilities.

Our bottom line is that we want the Bureau to be where it will be able to benefit the consumers the most. For all of the reasons below, and based on past experience coupled with the tenor of current discussions, we feel that unless it can become a separate cabinet level position, it should remain in the Department of Health.

- Substance abuse is a health issue, not a mental disorder. The Robert Wood Johnson report characterizes it as “The Nation’s Number One Health Problem.” It should be addressed by the Department of Health.

- The National Governor’s Association recognizes that it is a health problem and is encouraging states to not put their A&D authorities in their Mental Health departments. Their position is that the best way to address substance abuse problems in all of the States is to make the State A&D Authority a cabinet level entity. But unless this can occur, it is clear that it should be addressed as a health problem, which again, is much better addressed by the Department of Health.

- Only four (4) States (Alabama, Mississippi, Missouri, and Rhode Island) continue to hold the outdated view that substance abuse is related to mental illness and continue to have their A&D Authority located in their Mental Health Department. (This fact is from the “2001 National Directory of Drug & Alcohol Abuse Treatment Programs” published by the Substance Abuse & Mental Health Services Administration – SAMHSA.)

- Thirty-six (36) States have placed their A&D Authority in their Health/Health Related Departments, and ten (10) have made the progressive move to make their A&D agency a cabinet level entity.

- Moving the A&D Bureau into TDMHDD would only perpetuate the myth that it is, or in some way is related to, a mental disorder. Reducing the stigma associated with addiction is a big enough job – we don’t need to link it to another unrelated stigma (mental illness).

- The mental health industry purports that up to 50% of the admissions to mental hospitals also have a substance abuse problem, which may be true due to the fact that many people with a mental disorder attempt to self-medicate with alcohol or other drugs. However, the opposite is not the case. There is no data or research that suggests that anywhere near a majority of persons with a substance abuse problem also have a mental illness. In fact, the research confirms that only a minority do. Data from the University
of Memphis TOADS report puts it at 16.7% for Tennessee. And it is accepted that even this is an inflated number because it includes situational and less severe mental disorders, such as depression and anxiety disorders, which are routinely treated in alcohol & drug abuse programs across the state.

Related Comment: An estimated 75% - 80% of the prison population has a substance abuse diagnosis, DHS reports that a large percentage of the people in their welfare programs have an A&D problem, and Voc Rehab acknowledges that substance abuse is one of the major obstacles to maintaining employment for the people they serve, but no one is suggesting that the Bureau be moved into any of these departments. While we all need to work together to address the problem, the primary agency charged with addressing the substance abuse problem in Tennessee should not be relegated to a sub-section of any department in state government except the Department of Health.

The alcohol and drug abuse system is the only part of the behavioral health treatment system in Tennessee that can produce outcome evaluation reports. The mental health system can’t and TennCare Partners certainly can’t. The University of Memphis “Treatment Outcomes for Alcohol & Drug Abuse Services” project gives providers, consumers, legislators, and anyone else, outcome reports reflecting success rates for individual programs, as well as statewide results reflecting abstinence rates, employment rates, arrest rates, etc. at one year after discharge from treatment. We do not feel that the State’s Substance Abuse Authority should take a step back in this regard, which would be the case if it is moved to a department that does not value accountability and require it from all of its providers.

The Community Health Councils in all 95 counties ranked substance abuse as one of the top three health problems in their counties. Most ranked it as the number one problem. It should be treated as just that - a health problem, not a mental disorder.

If the Bureau is moved, it would disrupt the established funding streams and TAADAS feels that it would be just a matter of time before funding meant for alcohol & drug abuse treatment will begin to be diverted to mental health programs. This would be a tremendous disservice to the citizens suffering from the disease of addiction across the state and would mean that fewer of them would get the help they need.

The Department of Health has been much more responsive to the needs of consumers and providers than the Department of Mental health ever was when the A&D Bureau was there several years ago.

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**Study Shows Why Cocaine Users are Prone to Infection**

Addiction specialists have determined that people who use cocaine get sick more often because the drug hampers production of a body protein that triggers immune responses, the Wall Street Journal reported March 6.

For the study, researchers at McLean Hospital and Harvard Medical School injected cocaine in the arm of participants who said they used the drug in the previous month. Another group was injected with a placebo. In the other arm, a catheter was placed in all participants.

Generally, the presence of a foreign device, such as a catheter, increases the level of interleukin-6, a protein that tells the immune system to fend off the invader. In the group receiving the placebo injection, the protein performed normally. But among participants receiving cocaine, the interleukin-6 level increased only one-third as much as the placebo group after four hours.

Dr. John Halpern, a training doctor in a drug-detoxification unit, said the results help to explain why “almost every single person coming in had a cold.”

The study is published in the March 2003 issue of the Journal of Clinical Endocrinology and Metabolism.


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**Study: Using Ecstasy Could Cause Depression**

A study on the effects of ecstasy says that consuming just one of two pills could result in long-lasting depression, the Sydney Morning Herald reported March 17.

The study by researchers at London Metropolitan University in England involved 519 volunteers. Some participants were either current or past ecstasy users, while others had never taken drugs or had taken several drugs other than ecstasy, such as alcohol and marijuana.

Using a standard psychological questionnaire, researchers evaluated the extent that participants suffered from depression.

The results showed that those who had tried ecstasy only a few times had depression levels four times higher than those who had taken other drugs except ecstasy.

"People often think taking ecstasy just once or twice won’t matter, but we’re seeing evidence that if you take ecstasy a couple of times you do damage to your brain that later in life will make you more vulnerable," said researcher Lynn Taurah. "Many of these people are working professionals, and you can imagine if they have a problem or a bit of stress in their life their depression levels could go up. Taking ecstasy is really not a good idea."

The research was presented at a recent meeting of the British Psychological Society.
**BREDENSON NAMES ROBINSON HEALTH COMMISSIONER**

Governor Phil Bredesen today named Memphis community-health expert Kenneth S. Robinson as the next commissioner of the Tennessee Department of Health.

Robinson, a physician and minister, is the pastor and chief executive of St. Andrew AME Church in Memphis. He also serves as assistant dean for admissions and student affairs at the University of Tennessee College of Medicine. Robinson is a national authority in developing community-health and wellness programs through churches and nonprofit organizations.

"Kenneth Robinson has been in the trenches for years working on partnerships to improve community health in Tennessee," Bredesen said. "He understands the challenges as well as the opportunities. I'm very pleased he's joining my new administration."

The Department of Health has a range of responsibilities, including administering a variety of community-health programs, licensing healthcare professionals, and maintaining vital health records and statistics. The department works closely with local governments and nonprofit agencies to monitor and improve community health.

"We're going to use all our energy and creativity to improve the health and well-being of Tennessee's communities, both urban and rural," Robinson said. "It's a privilege to accept this important assignment."

In Memphis, Robinson and his church congregation—through partnerships with local schools, foundations and healthcare providers—have launched community-health initiatives focusing on issues such as alcohol and drug abuse prevention. With St. Andrew AME, he founded The Works Inc., a faith-based community housing development organization, to help the church's inner-city neighborhood build affordable housing.

Robinson joined St. Andrew AME as pastor in 1991 and, a year later, was appointed assistant dean at UT College of Medicine. Before that, he taught and practiced internal medicine for 10 years—from 1982 to 1992—at Vanderbilt University. In 1998, he was named one the nation's outstanding community-health leaders by the Robert Wood Johnson Foundation. The United Way of America awarded him the national "Community Builder" award in 2000.

Robinson, 48, is a Nashville native. He is a former chairman of the Department of Health's Black Health Care Task Force and former vice chairman of the department's Minority Health Advisory Council. He holds a bachelor's degree in biology and a doctorate in medicine from Harvard University. He holds a master's degree in divinity from Vanderbilt.

TAADAS welcomes Commissioner Robinson and looks forward to working closely with him in the coming months.

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**ILLINOIS FACES LACK OF TREATMENT CENTERS**

Because of a lack of treatment centers, hundreds of Illinois residents with alcohol and other drug addictions have to wait months for help, the Springfield State Journal-Register reported March 4.

According to the Illinois Department of Human Services, 600 people a day are on a waiting list for treatment services. Tom Murphy, chief of operations at White Oaks treatment centers, said the average wait time for residential and outpatient treatment is 40 days.

"You've got to strike while the iron is hot or you lose the person for another year," Murphy said.

"The best thing about treatment is it gets it done sooner—sooner than the car wreck, sooner than the jail time, sooner than the divorce, sooner than the serious physical illness."

With much of the treatment paid for with state and federal funds, the chances for additional monies to increase treatment opportunities are slim.

But Sara Moscato of the Illinois Alcoholism and Drug Dependence Association said prevention and treatment results in savings in the criminal justice system. "For every dollar we spend, we're saving almost $11 on the back end," she said.

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**SAMARITAN'S DUAL DIAGNOSIS PROGRAM RECEIVES HAMPTON-PERRY AWARD**

At the 4th Annual Statewide Conference on Co-occurring Disorders held recently at the Opryland Hotel, Dr. Stephanie Perry honored Samaritan Recovery Community with the presentation of the annual Hampton-Perry Award. This prestigious award recognizes the efforts of an organization that has demonstrated their commitment to dual recovery by focusing attention on the needs of individuals affected by dual disorders.

Accepting the award was Samaritan's Associate Director, Estelle Garner. "We are honored to be selected for this award," stated Garner, "our dual program has helped many people with co-occurring disorders and this award is really a tribute to them." Garner recognized Program Coordinator Deana Kinnaman and her staff, and credited the program's success to their dedication and commitment in providing quality treatment services to this population.

This is the second award presented to Samaritan's dual program in recent months (the first being the Frist Foundation's 'Salute to Excellence Award' this past November), and TAADAS once again congratulates our friends at Samaritan Recovery Community for this honor.
NEWS FROM CAPITOL HILL...

By: Nathan Ridley

January was a month for socializing and getting acquainted. February was a month for getting bills drafted and introduced. March and April are months where the 103rd General Assembly is getting down to work. The legislature at work is the legislature in committee, and for the next several weeks the calendars or agendas will be filled with bills and resolutions as the members and their staffers try to get their arms around the more than 2000 bills before them.

The budget, of course, still dominates many discussions. Governor Phil Bredesen, with an unusual degree of openness and fairness, has received good marks for his 2003-2004 fiscal year proposed budget. That "family" budget proposal includes a nine percent reduction in most state government programs except for K through 12 education. Governor Bredesen must also address the crunch in the current (2002-2003) fiscal year budget. He is planning to spend every dime of the state's rainy day fund and raid fund reserves as necessary. This action will leave no margin for error in next year's revenue and expenditure estimates. My hunch is that the General Assembly would pass both budget proposals tomorrow if they were on the floor of each house. As a consequence, each finance committee has scheduled an accelerated slate of budget hearings for the departments and agencies of state government. Barring any unexpected surprises, a mid May adjournment date is not beyond the realm of possibility.

The lottery proposals continue to dominate a great deal of legislative time and energy. Our constitutional amendment contains an intentional ambiguity in that it allocates "excess" funds from the post secondary scholarship program to capital outlay projects for K-12 education and early learning programs. As you can imagine, one person's excess is another person's necessity. The K-12 and early learning program advocates are waging an intense lobbying effort to siphon off some of the scholarship dollars this year, because their concern is that without a victory this year, it will become even more difficult to obtain dollars from an established program. The other major level of debate is over eligibility for the college scholarships themselves. Some argue that everyone will play or have the opportunity to play, so everyone should be eligible for a scholarship. Others say that more poor folks will play, so a need based factor or income level should be part of the decision making calculus rather than simply grades or test scores. The debate goes on...

Tuesday, April 15, 2003, is the date for the Special General Election to fill the vacancy in the 12th State Senate District. This vacancy was created when Lincoln Davis resigned his state senate position to take his seat as our Congressman from the Fourth Congressional District. Mark Goins, a Republican and former State Representative from Campbell County is facing Tommy Kilby, a Democrat and present County Executive from Morgan County. Goins easily won the February Republican primary election while Kilby was unopposed in the Democratic primary. Historically the seat has been Democratic, but in this special election where the turnout will be very, very light, the race is considered to be too close to

(Continued on page 12)
Comprehensive Community Services

Drug Court Graduation

Comprehensive Community Services is pleased to announce the graduation of the first participant of the Unicol-Washington County Alcohol and Drug Treatment Court. There were over 50 members of the Drug Court Steering Committee in attendance at the ceremony. The Steering Committee is comprised of the Drug Court Judges and other court staff, law enforcement, probation, legislative members, and city and county officials.

New research concludes that drug crimes can be greatly reduced if nonviolent drug offenders are sent to treatment rather than prison, the Associated Press reported March 11.

The study, conducted by Columbia University's Center on Addiction and Substance Abuse, evaluated the Drug Treatment Alternative to Prison (DTAP) program that was implemented in 1990 in Brooklyn.

Researchers compared 280 program participants with 130 drug offenders who were sent to prison. They found that those in the Brooklyn program were 67 percent less likely to return to prison. In addition, graduates of the program were nearly four times more likely to have a job after they left the program than before they entered it.

"It makes a phenomenal difference," said Joseph Califano, chairman of Columbia University's Center on Addiction and Substance Abuse. "We do not have to throw away the key for a large number of people we thought had no chance."

The DTAP program includes treatment, counseling, and job training in a strict environment designed to encourage self-discipline. Participants remain in the program from 15 to 24 months.

Save the Date!!
September 4, 2003—TAADAS Annual Recovery Month Breakfast to celebrate National Recovery Month and Kick-off Statewide Activities!!

Legislation introduced in Congress would repeal a 2000 bill that delays or prohibits financial aid for college applicants convicted of a drug offense, the Daily Texan reported Feb. 18.

Currently, the Higher Education Act prohibits students convicted of drug possession from receiving financial aid for one year from the time of conviction for their first offense. Those with two drug convictions must wait two years, while those with three convictions are permanently ineligible for federal financial aid.

U.S. Rep. Barney Frank (D-Mass.), who sponsored the repeal bill, said it is not an endorsement of drug use.

"It is indicative, I think, of an American overreaction on drugs," Frank said. "This bill doesn't mean that drugs aren't bad; it means that using marijuana is not worse than rape or arson."

Current law allows applicants convicted of serious crimes, including rape and drunk driving, to receive financial aid.

According to the Department of Records, more than 29,000 U.S. students were ineligible for financial aid in 2002 under the Higher Education Act's drug policy.

Karen Heikkala, regional director of the Drug Policy Forum of Texas, said the current regulations disproportionately affect those who may need federal financial assistance the most.

"In its essence it's a racist provision, a discriminatory provision, because anyone who has the money to go to college isn't going to be affected by a block on financial aid," she said.

A similar bill introduced by Frank failed in the last Congress.
**Koop Says U.S. Ignoring Addiction**

Former U.S. surgeon general C. Everett Koop accused the federal government and the public-health establishment of neglecting the country's addiction problems because of ignorance and prejudice, Reuters reported Feb. 12.

Koop, who served as surgeon general from 1981 to 1989, said the U.S. is placing too much focus on catching drug dealers and not enough on treating individuals with addiction. "We must expand greatly our efforts to help those with addictions, so that getting treatment will be as easy as getting addictive drugs," Koop said.

Koop favors treating addiction as a controllable, public-health problem. "Drug addiction can be modified by a variety of factors, and we need to do a better job controlling those," he said.

Koop also called on U.S. drug czar John Walters to focus on "the burden of abuse of legal drugs like tobacco and alcohol instead of concentrating solely on illicit drugs."

Koop made his comments during a meeting on innovative addiction treatment sponsored by the Robert Wood Johnson Foundation and Johns Hopkins University. Attending the meeting were addiction specialists and government officials.

**Kentucky Treatment Spending Assailed**

Eastern Kentucky is fighting a plague of illicit drug abuse, but the state is spending little money on the treatment programs that could address the problem, the Lexington Herald-Leader reported Feb. 9.

Studies show that treatment could save Kentucky money, but the state ranks low nationally on the amount it spends on mental health and addiction services. According to a forthcoming University of Kentucky report, drug use among treatment graduates fell 71 percent in the year after they got help, while crime fell and employment rose.

Parts of Kentucky lead the nation in illicit diversion of narcotics like OxyContin and Lortab, sparking a need for more residential, long-term treatment programs. But Kentucky spends just $40 million annually on treatment. As a result, just 880 inmates got treatment last year, of an estimated 4,220 released offenders who needed it.

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**April is Alcohol Awareness Month!**

Find out more at www.ncadd.org
The Summit: Tennessee Advanced School On Addictions

It is a considerable irony that one of the most successful summer training programs deals with one of the world’s most contemporary social and health concerns. The Summit, now in its 26th year, provides both expert faculty and cutting edge information on more that just a challenging crux, but a topic as immediate as today’s headlines. This year The Summit’s theme is,” Reaching Out To Prevention & Treatment Professionals & The Recovery Community!” The Summit is scheduled to start with early registration on Sunday, May 25 and concludes on Friday, May 30, 2003. It will be held at Belmont University in Nashville, Tennessee. The new innovative split-week format provides participants a flexible schedule and more training opportunities.

From Apopka, Florida (C.C. Nuckols, Ph.D.) to Davis, California, (David Mee-Lee, M.D.), from Lewisville, Texas (John Cooke, Ph.D.) to St. Paul, Minnesota (Rokelle Lerner), we have assembled the freshest faces on the horizon of alcohol and other drug prevention and treatment technology. Also, contemporary treatment modalities on gambling addiction and methamphetamine addiction highlight The Summit. Our banquet keynote speaker will be Dr. Kenneth Robinson, Commissioner of the Department of Health.

To illustrate our commitment to The Summit’s theme, our featured speaker on Wednesday is the dynamic Patrick Carnes, Ph. D., C.A.S. who is one of the most prolific authors in the addiction field. He will be keying on three of his most recent books: The Betrayal Bond: Breaking Free of Exploitive Relationships, Open Hearts - Renewing Relationships With Recovery and Romance and Reality, and Putting the Pieces Together: Addiction Interaction Disorders. Dr. Carnes will speak again on Wednesday evening and feature the Voices from A.F.A.R. The ‘Voices’ represent several musicians who share their recovery through song. This Wednesday evening workshop is open to the public and the recovery community at no charge.

For further information about the Summit, please call (615) 269-0029 (ext. 111) or visit The Summit web site (http://www2.state.tn.us/health/summit).

We look forward to seeing you at The Summit!
Fine Line Between Tobacco and Drug Paraphernalia

Drew’s Tobacco World in Oklahoma City stays on the right side of the law by stressing that its smoking paraphernalia is only to be used for tobacco, but other stores selling such items have had problems with law enforcement, the Oklahoma reported March 10.

As long as the intent is for tobacco use, Oklahoma law allows Drew’s to sell items commonly viewed as drug paraphernalia. "Bongs are illegal in the state of Oklahoma. We sell water pipes intended for tobacco use only," said Mike Martin, owner of Drew’s Tobacco World.

"The public is apt to operate on common sense," said Scott Rowland, attorney for the Oklahoma Bureau of Narcotics and Dangerous Drugs. "They are apt to say, 'Cmon, that’s not a tobacco pipe. Everyone knows that's used for marijuana or methamphetamine.' But common sense doesn’t matter in court."

Rather, the courts look at the exceptions spelled out in the statute, which says, The term 'drug paraphernalia' shall not include separation gins intended for use in preparing tea or spice, clamps used for constructing electrical equipment, water pipes designed for ornamentation, or pipes designed for smoking tobacco."

"What the statute does is set up a list of things that are commonly used as drug paraphernalia but the fact is, almost anything can be used as paraphernalia," said Rowland. "So then the question becomes, do you try to make everything illegal that could possibly be used as paraphernalia, or do you do nothing?"

U.S. Attorney General John Ashcroft and the Drug Enforcement Agency (DEA) recently launched Operations Pipe Dreams and Headhunter, which targeted Internet companies that sell items similar to those found in the Oklahoma City store. "People selling drug paraphernalia are in essence no different than drug dealers," said John B. Brown III, acting DEA administrator. "They are as much a part of drug trafficking as silencers are a part of criminal homicide."

Brown said the Internet sellers "knowingly, intentionally, and unlawfully sold the items for use with illegal narcotics."

But Rowland said such intent is difficult to prove. "Just selling bongs and water pipes is not enough," he said. "Those factors must be considered in terms of paraphernalia. Proximity to drugs is one consideration. Whether or not there is residue of illegal narcotics is another."

At Drew’s Tobacco World, Martin ensures that nothing is labeled as being intended for use with drugs or bears the images of controlled substances.

"If a customer comes in with a marijuana leaf on his shirt, he’s kicked out," Martin said.

On the other hand, Ziggyz Smoke Novelty Shop in Oklahoma sells such products as finger scales, books on how to cook methamphetamine, and items bearing the image of marijuana leaves.

"We’re not really a smoke shop or a head shop," said one employee at the store. "We’re just a general-merchandise store."

Rowland said subjective distinction, such as that used by Ziggyz Smoke Novelty Shop, is what presents a problem for law-enforcement officials.

"It’s a really murky line," he said, "but it’s an important one. If we don’t push against that line from time to time, we’re going to have these places showing up on every street corner."
METHADONE OVERDOSES, DEATHS ON RISE IN U.S.

Throughout the United States, overdoses and deaths from methadone, a drug used to relieve chronic pain and treat individuals with heroin addiction, is on the rise, the New York Times reported Feb. 2.

According to state and federal officials, the increase is a result of methadone being misused by recreational drug users.

In Florida, methadone-related deaths rose from 209 in 2000 to 357 in 2001 to 254 in the first six months of 2002, the most recent period for which data is available. In North Carolina, methadone deaths increased eightfold, from 7 in 1997 to 58 in 2001.

"Out of no place came methadone," said James McDonough, director of the Florida Office of Drug Control. "It now is the fastest-rising killer drug."

Drug experts are stunned over the increase in methadone overdoses and deaths because the drug, which does not provide a quick or potent high, lacks the qualities typical of a substance that would be abused.

"We've got years of experience with methadone and suddenly we've got this problem," said Dr. H. Westley Clark, director of the federal Center for Substance Abuse Treatment. "We realize that lives are being lost and we're trying to stop that. But we're trying not to do quick fixes that will cause us more problems."

According to health and law enforcement officials, individuals addicted to the painkiller OxyContin have turned to methadone when they couldn't get the prescription drug. Furthermore, methadone has become more readily available as more physicians prescribe it for pain relief.

"The availability of methadone for treatment and pain has put people who would not normally be in a position to divert drugs in that position," said Sgt. Scott J. Pelletier, who works for the Maine Drug Enforcement Agency.

To address the problem, Dr. Andrea G. Barthwell, the White House drug czar's deputy director for demand reduction, said efforts are underway to educate physicians about methadone and identify doctors who help patients abuse or sell the drug.

HOSPITALS TREAT WITHDRAWAL SYMPTOMS WITH ALCOHOL

Researchers in Kentucky found that two-thirds of the major teaching hospitals in the United States treat patients who are in withdrawal from alcohol dependency with alcoholic beverages, Reuters reported Feb. 4. From a poll of 116 teaching hospitals, the researchers determined that 72 percent had dispensed alcohol to patients during the previous year. In the majority of cases, the alcohol was given to treat or prevent alcohol-withdrawal syndrome.

The researchers found that instead of treating patients with the recommended sedative drugs, the hospitals dispense beer, wine, distilled spirits, or N-based ethanol.

"Beer was dispensed at 53 hospitals, distilled spirits at 31, wine at 25, brandy at 30, and grain alcohol at 7," according to the report.

Furthermore, at 38 hospitals, alcohol was given to patients as a 'courtesy,' while a few hospitals used alcohol to sedate patients or to stimulate appetites.

The researchers said that such policies are sending the message that alcohol is an effective treatment for illness. They further noted that the policies could lead to dangerous drug/alcohol interactions.

Acknowledging that sedatives like benzodiazepines may not be appropriate in all situations, lead author Dr. Richard D. Blondell of the University of Louisville in Kentucky said when alcohol is used, it should be treated as a drug.

"If we are going to use alcohol, we ought to prescribe it as a drug dosed at a specific time," Blondell said.

The study is published in the February 5 issue of the Journal of the American Medical Association.

REPORT: FEMALES GET ADDICTED FASTER THAN MALES

A new study finds that girls and young women get addicted to alcohol and other drugs much faster than boys, the Associated Press reported Feb. 5.

"They get hooked faster, they get hooked using lesser amounts of alcohol and [other] drugs and cocaine, and they suffer the consequences faster and more severely," said Joseph A. Califano Jr., chairman of the National Center on Addiction and Substance Abuse at Columbia University.

The nationwide survey of females aged 8 to 22 was conducted over three years. It found that girls tend to experiment with drugs if they reach puberty early, have eating disorders, want to reduce stress or alleviate depression, or have been physically or sexually abused.

On the other hand, boys typically try drugs for thrills or heightened social status.

Califano said that the findings suggest that treatment be designed to address this gender gap. He added that some traditional prevention methods might be the wrong approach for females.

"With some exceptions the substance-abuse prevention programs have really been designed with a unisex, one-size-fits-all sexes mentality," Califano said. "We have not put together prevention programs that go to the things that influence girls and influence young women. We now know that girls are different than boys -- let's recognize it and let's help them."

The study also recommends that parents, educators, and doctors boost preventive efforts with girls who fall into the various risk categories.
WORKSHOPS & TRAININGS

12 Step Program
Facilitator: Jeff Riley, JACOA, Jackson, April 4,
Contact Amanda Hopkins, 731.423.3653

Why Anger Management Doesn’t Work With Rage
Facilitator: Mike O’Neil, A&D Council of Middle TN,
Nashville, April 7, Contact Susan Young 615.269.0029

Conflict Resolution
Facilitator: Dr. Finn Billie, Tacoma Church of God,
Johnson City, April 24-25, Contact Louise Verran
423.639.7777

Reality Therapy/Control Theory
Facilitator: Pat Fitzpatrick, CADAS, Chattanooga, April 11,
Contact Bob Burr, 423.756.7644

Addiction Severity Index
Facilitator: Frances Clark, LeBonheur, Memphis, April 18,
Contact Jane Abraham, 901.828.1332

American Society of Addiction Medicine
Facilitator: Frances Clark, LeBonheur, Memphis, April 19,
Contact Jane Abraham, 901.828.1332

HIV/AIDS: What You Should Know,
What You Don’t Know
Facilitator: Donald Minor, Plateau Mental Health Center,
Cookeville, April 21, Contact Bob Burr, 423.756.7644

ASAM Placement Criteria
Facilitator: Frances Clark, Tacoma Church of God,
Johnson City, April 24-25, Contact Louise Verran
423.639.7777

Dual Diagnosis
Facilitator: Cathey Stamps, A&D Council of Middle TN,
Nashville, April 25, Contact Susan Young 615.269.0029

Dual Diagnosis
Facilitator: Murray Brown, CADAS, Chattanooga, April 28,
Contact Bob Burr, 423.756.7644

FEATURED PUBLICATION:
MAKE A DIFFERENCE: TALK TO YOUR CHILD ABOUT ALCOHOL

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 Make a Difference: Talk to your Child About Alcohol.

Alcohol is a drug, as surely as cocaine and marijuana are. It is also illegal to drink under the age of 21. And it’s dangerous. Kids who drink are more likely to: Be victims of Violent Crime,

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

APRIL IS ALCOHOL AWARENESS MONTH!

Alcohol Awareness Month, sponsored by the National Council on Alcoholism and Drug Dependence since 1987, encourages local communities to focus on alcoholism and alcohol-related issues. Alcohol Awareness Month began as a way of reaching the American public with information about the disease of alcoholism – that it is a treatable disease, not a moral weakness, and that alcoholics are capable of recovery. As a national public awareness campaign, Alcohol Awareness Month has featured honorary chairpersons such as Senator George McGovern, Dr. David Satcher, the former Surgeon General, Barry McCaffrey, the Director of the Office of National Drug Control Policy, and New York Yankees baseball star Derek Jeter. A primary focus of Alcohol Awareness Month over the years has been Underage Drinking and the devastating effects it can have on our youth.

This year’s theme is Give Children a Chance: End Underage Drinking.

An integral part of Alcohol Awareness Month has been Alcohol-Free Weekend, which takes place on the first weekend of April (April 4-6, 2003). Alcohol-Free Weekend is designed to raise public awareness about the use of alcohol and how it may be affecting individuals, families, and businesses. During Alcohol-Free Weekend, NCADD extends an open invitation to all Americans to engage in three alcohol-free days. Those who experience difficulty or discomfort in this 72-hour experiment are urged to contact local NCADD affiliates, Alcoholics Anonymous and Al-Anon to learn more about alcoholism and its early symptoms. Essentially, it is a community consciousness-raising effort about alcoholism and health related issues and may serve as a trigger to recovery.
FEATURED VIDEO:

IN THEIR SHOES: A TEEN DOCUMENTARY

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 IN THEIR SHOES: A TEEN DOCUMENTARY.

This short (14 minute) documentary film was created through interviews and video “diaries” shot by teens in schools and treatment centers to share their unique perspective on drug use. It explores why kids choose to use or avoid drugs, and highlights both the strength and resilience of today’s young people. It gives kids a voice to tell adults about their vulnerability and pressures they face that are different today. Appropriate to stimulate dialogue and action in communities, schools and workplaces.

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.

WORKSHOPS & TRAININGS

ASAM Patient Placement Criteria
Facilitator: Frances Clark, A&D Council of Middle TN, Nashville, May 1-2, Contact Susan Young 615.269.0029

Street Gangs
Facilitator: Mark Fromby, JACOA, Jackson, May 2, Contact Amanda Hopkins, 731.423.3653

Stopping to Think About the Unthinkable
Facilitator: Barb Contori, Tacoma Church of God, Johnson City, May 8, Contact Louise Verran 423.639.7777

Spirituality in Treatment
Facilitator: Sharon Trammell, JACOA, Jackson, May 9, Contact Amanda Hopkins, 731.423.3653

ASAM Patient Placement Criteria 2R
Facilitator: Frances Clark, CADAS, Chattanooga, May 9 & 10, Contact Bob Burr, 423.756.7644

Liability, Malpractice, and Risk Management
Facilitator: Dr. Patti Gibbs-Wahlberg, Tacoma Church of God, Johnson City, May 12, Contact Louise Verran 423.639.7777

Using Guided Imagery in Treatment: Forgiving the Past
Facilitator: Sharon Trammell, CADAS, Chattanooga, May 16, Contact Bob Burr, 423.756.7644

Domestic Violence
Facilitator: Anna Whalley, LeBonheur, Memphis, May 16, Contact Jane Abraham, 901.828.1332

Managing the Behavior of Adolescents So They Don’t Manage You
Facilitator: Keith Henderson, LeBonheur, Memphis, May 17, Contact Jane Abraham, 901.828.1332

HIV/AIDS Update
Facilitator: Lucilla Nash, CADAS, Chattanooga, May 23, Contact Bob Burr, 423.756.7644
California Bill Requires Health Coverage for Addiction

A California legislator has reintroduced a bill that would require health-insurance plans to cover addiction treatment, the Eureka Time-Standard reported March 2.

Although the bill drafted by Sen. Wes Chesbro (D-Arcata) died in last year’s legislature, he is reintroducing it as a cost-saving option for the fiscally strapped state.

'National costs associated with drug and alcohol abuse are estimated to be at least $246 billion annually,' Chesbro said. 'At a time when California is facing a $30 billion deficit, measures like SB-101 could help reduce state costs, reduce workers compensation, improve worker productivity, and ease emergency-room overcrowding.'

Statistics show that only 17 percent of adults and 10 percent of youth in California have access to alcohol and other drug treatment.

One of last year’s major opponents of the bill was the California Chamber of Commerce, which called it ‘job-killer’ legislation. They argued that health-insurance providers would pass the cost of treatment coverage on to businesses, thus raising already high insurance costs.

Please join me in welcoming Doctor Kenneth Robinson to his new position as Tennessee’s Commissioner of Health. Most all reports of Commissioner Robbins include the words “bright”, “energetic”, “passionate”, and “hard-working”. Commissioner, we appreciate your background and sensitivity to the needs of the substance abuse treatment community and look forward to working with you during this administration.

Calendar Notes: The Special General Election to fill the vacancy in the 12th State Senate District is Tuesday, April 15, 2003. State offices will be closed on Friday, April 18, 2003 for the Good Friday Holiday.

News from Capitol Hill comes from Attorney Nathan Ridley with the Nashville firm of Boult Cummings Conners & Berry, PLC. Contact him by e-mail nridley@boultcumming.com.
BUFFALO VALLEY RECEIVES 3-YEAR JCAHO ACCREDITATION

In February, Buffalo Valley, Inc. received accreditation from Joint Commission on Accreditation of Healthcare Organizations (JCAHO). JCAHO is the nation’s oldest and largest health care accrediting body. For more than 50 years, JCAHO has developed state-of-the-art standards and evaluated the compliance of health care organizations to the standards.

An independent, not-for-profit organization, the Joint Commission’s mission is “to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.”

Buffalo Valley Inc. has been accredited for the last 9 years and recently received approval for 3 more years. Buffalo Valley, Inc. has treatment centers located in Hohenwald, Lewisburg, and Clarksville. They provide residential and intensive outpatient for over 3,200 clients a year. Buffalo Valley, Inc. has provided services since 1979 for clients from 35 states and five foreign countries with 75% of the clients coming from Middle Tennessee. Buffalo Valley, Inc provides quality treatment in a continuum of care that includes case management, job training/placement, and adult education.

Buffalo Valley, Inc. has been the lead agency for the Homeless No More (HNM) Continuum of care in 26 counties in middle Tennessee since 1995. Through the HNM program over 400 homeless individuals and/or families benefit from such services as transitional and permanent housing with supportive services, job training, ABE, alcohol and drug treatment, mental health referrals, and case management. BV works with communities throughout middle Tennessee in the gaps and needs analysis for services for the homeless.

Buffalo Valley, Inc. also has a housing division that provides a vital service to many clients during and after treatment. More than 3,000 clients/families are provided this service in the course of a year. As a part of their housing division, Valley Housing permanent housing for those with a documented disability housing is available in Lawrenceburg, Clarksville, with another complex to open mid summer in Nunnelly (Centerville). Another 14-unit complex is in the pre-construction phase in Wayne County for the disabled.

For the elderly, construction is nearing completion on a 20-unit complex in Lawrenceburg with another 20-unit complex in the pre-construction phase in Wayne County.

These are all examples of many different branches of Buffalo Valley, Inc. that are designed to help the homeless and the low-income individuals of Tennessee. Buffalo Valley, Inc’s Valley Housing is an Affirmative Fair Housing Provider.

“We are happy to receive JCAHO accreditation. We try to do our best to offer the best quality treatment possible. We are pleased that JCAHO recognizes this effort”, Jerry Risner, Buffalo Valley, Inc. Executive Director, stated. TAA DAS congratulates Buffalo Valley for this accomplishment.

For more information about Buffalo Valley, Inc. or one of its programs, contact them at 1.800.447.2766.

KENTUCKY TREATMENT BILL ALLOWS PARENTS TO COMMIT ADULT CHILDREN

A bill under consideration in the Kentucky legislature would allow parents compel their adult children to get addiction treatment, the Cincinnati Enquirer reported March 12.

The bill was inspired by Charlotte Wethington, whose son, Casey, signed himself out of treatment and later died from a drug overdose. The legislation would add a new category of people who can be involuntarily committed.

Under the Casey Wethington Act for Substance Abuse Intervention, parents can petition a judge to commit their adult child to mandatory treatment. Currently, state law allows anyone over age 18 to sign themselfs out of treatment programs.

The bill is stalled in the Kentucky House of Representatives Health and Welfare Committee. The state Department of Mental Health and Mental Retardation opposes it because of the costs involved.

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Although the number of teens drinking and driving is on the decline, new research shows that teens often drive after using marijuana, Reuters reported March 7.

In addition, the study by Canadian researchers shows that teens will ride with drivers who have been drinking. For the study, the Center for Addiction and Mental Health in Toronto surveyed 1,846 students in grades seven to 13 in Ontario schools. They found that during the past year, 32 percent of the teens said they had ridden with a driver who was drunk.

As a result of the findings, Dr. Robert Mann, who led the research, said that education campaigns should not only target drivers, but passengers as well. "We know that alcohol and driving don't mix," Mann said. "This message seems to have been sinking in with the drivers; however, for whatever reason, people may not be realizing that being a passenger with a drunk driver may be as dangerous as drinking and driving yourself."

In addition, the study found that of the students with driver's licenses, 20 percent, or one in five students, said they drove within an hour after they used marijuana. "Some students may think that driving after smoking marijuana is not as serious a safety issue as driving after drinking alcohol," Mann said. "Evidence is accumulating that cannabis use is a serious safety threat." The study is published in the March 3 issue of the Canadian Medical Association Journal.

"Study: Teens Drive After Marijuana Use"
DYING TO BE THIN:  
Binge Eating and Dieting Among Teens

By: Judy Shepps Battle

What does the teen who gorges on food have in common with a friend who practices extreme dieting?

Sadly, they both stand a good chance of attempting suicide.

A recent sample of middle and high school students revealed that 17 percent of girls and nearly 8 percent of boys reported binge overeating in the past year. A quarter of these students also reported attempting suicide.

Another study indicated that "extreme dieting"—fasting for days, taking diet pills, or self-induced vomiting and purging after eating—is a weight control tactic used by nearly one out of every five teens and also associated with suicide.

I believe these adolescents reflect the inconsistent view society has toward food consumption and body image. Kids are bombarded with TV and print ads that encourage them to eat "super-sized" fast food and prepackaged junk food, even though society's credo seems to be "Thin is In."

Each day Americans spend an average of $109 million on dieting and diet-related products. This focus is not lost on our kids. Studies indicate that:

♦ Forty percent of 1st, 2nd or 3rd grade girls want to be thinner.
♦ Half of girls aged 8-10 are unhappy with their body size.
♦ Eighty percent of 10-year-olds are worried about becoming fat.

Of course, most adolescents handle these mixed messages without attempting suicide. But there are significant numbers of kids who are compulsive overeaters or try to starve themselves thin, even though their weight may be in the normal range.

These are the youngsters who see self-destruction as a way out of the intolerable emotional pain of an eating disorder.

These are the youngsters who need our attention.

'Binge eating syndrome' is defined as a high frequency of objective overeating with loss of control and distress regarding the binge eating. Chronic overeaters suffer from a combination of frustration and self-hatred. They may pledge every morning to remain binge-free, yet they find themselves overeating by noon.

A Minnesota study found that kids who match this pattern are significantly more depressed than non-bingeing peers. They have a poorer body image, lower self-esteem, and increased probability of attempting suicide. A recent study asked nearly 4,200 high school students about their dieting habits. More than six of every ten teens interviewed were dissatisfied with their weight and body image. More than 19 percent were "extreme dieters," with 43 percent of their peers being "moderate dieters" who relied on exercise or diminished portions. Only 37 percent did not report being on any particular diet.

White females were most likely to use "extreme dieting," with 27 percent of girls—one of every four—admitting that practice. Black females (20 percent) and black males (19 percent), however, were not far behind. White males were least likely to use this tactic.

Most significantly, this entire group was more likely to attempt suicide than their moderate or non-dieting peers.

Our children are faced every day with a contradictory advertising message: Eat, eat, eat—but stay thin. One result is that teen obesity has increased by more than 75 percent in the past thirty years. Another is that starvation, eating and purging, and compulsive overeating have become significant adolescent disorders.

How can we best help our kids?

First, it is important to know the early warning signs and symptoms of eating disorders. These include significant weight gain or loss, binge eating and purging, depression, isolation, continual dieting even though thin, and the use of diet pills.

Second, we must ask ourselves how comfortable we are with our own eating patterns and our own body image. How do we respond to advertising that goads us to overeat, and how kind we are to ourselves when the scale creeps upward?

Finally, we need to start talking to our kids about food addiction, binge eating, and extreme dieting. We can explain the difference between feeling suicidal and acting on those feelings.

And we can talk with them about asking for help when emotional pain is present.

It is a beginning.

Judy Shepps Battle is a New Jersey resident, addictions specialist, consultant and freelance writer. She can be reached by e-mail at judy@writeaction.com. Additional information on this and other topics can be found at her website at http://www.writeaction.com.

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Look for this related article by Judy Shepps Battle in an upcoming edition of the TAADAS Times!!

Weight! You May Have More to Lose Than You Think

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IT'S TIME WE SOLD THE DOWNSIDE OF DRINKING

What has been overlooked in the recent controversy about so-called 'hard liquor' ads appearing on television is the fact that our airwaves have long been awash in beer commercials that make drinking seem like a harmless activity enjoyed by people who are always happy, attractive and successful. Is it any wonder that teenagers already consume more than a billion cans of beer each year? Or that 33% of high school seniors report they have been drunk during the past month?

While beer's low price and easy availability may have as much to do with its popularity among youth as television commercials, there can be no denying that the millions of dollars brewers (and also vintners) spend to advertise their product overwhelms any attempts by parents or schools to educate children about alcohol. It also has left the public with the mistaken impression that beer and wine are somehow less dangerous than distilled spirits when the reality is that standard servings of each contain the same amount of alcohol.

If distillers eventually prevail in their determination to join other members of the alcoholic beverage industry in advertising on television, the number of pro-drinking messages will escalate even further. That's why many have begun to join the National Council on Alcoholism and Drug Dependence in proposing 'counter' advertising as part of a comprehensive approach to prevent drinking among young people.

Unlike public service advertising, which is usually produced on a shoestring budget and relies on extremely limited time donated by the media, a well-financed counter advertising campaign could run compelling television spots during programs young people watch. In addition to 'selling' the downside of drinking, these spots also would provide powerful social reinforcement for an individual's decision not to drink.

Where would the money come from to pay for counter advertis-

ing? A modest 'dime a drink' tax increase on beer and wine, with an adjustment of distilled spirits taxes to this level, would generate nearly $4 billion in new revenue the first year, a portion of which could be designated for counter advertising. The tax increase also would have the added benefit of immediately reducing consumption by teenagers, who are more sensitive to price than other drinkers. Researchers have estimated that an increase in the price of beer even as modest as a dime per six pack would reduce the number of 16- to 21-year-olds who drink by approximately 11 percent.

State governments in Massachusetts and California already have demonstrated that the onetwo punch of an excise tax increase and counter advertising can help prevent smoking. The nation would be well served if we tried a similar approach with underage drinking which is, far and away, America's biggest illegal drug problem.

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JOE L. PICKENS NAMED EXECUTIVE DIRECTOR FOR JACOA

The Jackson Area Council on Alcoholism & Drug Dependency, Inc. (JACOA), is pleased to announce that Joe L. Pickens, LCSW, has been named the Executive Director, effective January 1, 2003. Before coming to JACOA, Mr. Pickens most recently served as the acting Social Services Director at Western Mental Health Institute in Bolivar, Tennessee. Prior to that time, he served in a variety of clinical and supervisory positions with Jackson Counseling Center/Pathways, and with Genesis of Jackson. He succeeds Doug Harr, who left JACOA in September to pursue a career as the Executive Director of CADAS of Chattanooga.

A native of Jackson, Mr. Pickens received his master’s degree in Clinical Social Work from Florida State University, and has been licensed by the Board of Healing Arts since 1985. With thirty years of experience in behavioral health, Pickens not only attained an extensive professional network in the twenty-one counties of West Tennessee, but also achieved a reputation of outstanding success in leading professional and support staff. “Joe is the perfect fit,” said Gerry Neese, Board of Directors Chair. “He possesses the leadership qualities the organization needs to carry out the vision of JACOA.’

His past experiences have included field instruction for several graduate and undergraduate students from various colleges and universities throughout Tennessee and Kentucky. While in community mental health, he developed an aftercare day treatment program for deinstitutionalized patients from the Regional State Hospital.

As the new Executive Director of JACOA, Joe Pickens is determined to help people deal with their addictions.

Mr. Pickens is married, with four children and five grandchildren. In his spare time he likes to participate in sports, including bicycling and hiking.

Established as a non-profit organization in 1964, JACOA is dedicated to helping people who suffer from alcohol and drug addiction by providing residential and outpatient treatment, as well as transitional living, prevention, education, and training to the community and surrounding region.

The Mission of JACOA treatment programs is to provide outcome effective services to reclaim the potential of persons who have become addicted (dependant upon) alcohol and other mind altering drugs.

JACOA RECEIVES 3-YEAR CARF ACCREDITATION

JACOA received another 3-year accreditation this past February from the Commission on the Accreditation of Rehabilitation Facilities (CARF). This period of accreditation will last through January 2006.

Three of JACOA's programs received CARF accreditation: residential treatment program, social detoxification program, and outpatient program.

CARF is an independent, not-for-profit accrediting body promoting quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons receiving services. “This achievement is an indication of (JACOA's) dedication & commitment to improving the quality of the lives of the people receiving services. Services, personnel, and documentation clearly indicate that present conditions show an established pattern of total operation and are likely to be maintained or improved in the foreseeable future,” said Dr. Brian Boon, President/CEO of CARF.

TAADAS applauds JACOA for its efforts to continually improve the quality of services they offer.

For more information about JACOA or any of their programs, log on to their website www.jacoa.org.
More Support for Treatment than Prevention in 2003 Budget

More than three months after it was due, Congress has finally approved an omnibus spending plan for fiscal year 2003. For alcohol and other drug related programs, the budget provides mixed news but tends to favor treatment spending over support for prevention programs.

The centerpiece of the federal drug budget, the Substance Abuse Block Grant, received a $40 million increase over FY2002. The $1.765 billion appropriated by Congress fell short of President Bush's request of $1.785 billion. The majority of block-grant funds go to treatment programs.

Also, the budget for the Center for Substance Abuse Treatment increased from $292 million in 2002 to $319 million in 2003. But the budget for the Center for Substance Abuse Prevention was flat-funded at $198 million, although this is better than the $153 million suggested by Bush.

Congress met Bush's request to increase funding for the Drug-Free Communities Act, which supports local anti-drug coalitions, from $50.6 million to $60 million. However, the National Youth Anti-Drug Media Campaign was cut considerably, from $180 million in 2002 to $150 million this year.

Also, the Safe and Drug-Free Schools and Communities program, which funds drug education programs in schools, was cut $14 million, to a new budget of $528 million in 2003.

Research programs continued to receive strong support both from the administration and Congress. The 2003 budgets for the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) significantly exceed both 2002 spending and Bush's budget requests: NIDA's 2003 spending is set at $968 million, an $80 million increase over 2002, and NIAAA's budget is $418 million, up $34 million.

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Sponsored by the Department of Health, Bureau of Alcohol & Drug Abuse Services
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 dependency.

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 RED-LINE. 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 RED-LINE 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 the 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 relationship 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 bimonthly 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 allies statewide.
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

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.

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TAADAS' Mission

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