Federal giving to faith-based charities recently topped $1.1 billion, fueled by President Bush’s commitment to opening up federal funding programs to programs run by churches and other religious institutions. But experts say that working with faith-based organizations presents its own set of unique challenges.

Involving faith-based organizations in alcohol and other drug prevention and treatment has won strong endorsement from groups like Community Anti-Drug Coalitions of America (CADCA), which states that, “Combining the strengths of faith-based organizations with the scientific knowledge and community-mobilization skills of coalitions is a powerful combination in the mission to decrease or prevent substance abuse.”

CADCA says studies have shown that spirituality has been identified as a protective factor against alcohol and other drug use and that people with strong religious beliefs tend to be healthier, heal faster, and live longer. Moreover, the nation’s 353,000 religious congregations can bring tremendous assets to the table in the battle against alcohol and other drug addiction, says CADCA, including volunteers, low- or no-cost use of buildings and facilities, and their own homegrown programs (90 percent of congregations have some sort of social-services program, according to researchers).

Health Promotions Program Initiatives, Inc., runs a model faith-based youth drug-prevention program in Tallahassee, Fla., involving 6 to 10 prevention committees established at local African-American churches. Program co-founder Gregory J. Harris says that the program has led to a reduction in youth alcohol, tobacco, and other drug use and increases in negative attitudes toward alcohol and other drugs.

(Continued on page 9)
WHO REPORT CLASSIFIES ADDICTION AS BRAIN DISORDER

Research by the Washington State Department of Social and Health Services found that Supplemental Security Income (SSI) beneficiaries who received treatment for substance use disorders had lower overall costs and rates of crime than beneficiaries who appeared to need treatment but did not get it.

Costs for medical care, state and community psychiatric hospitalizations, and nursing home services were all lower among those who entered treatment. Medical care costs were $311 per person per month less than those who did not receive treatment; state hospital expenses were $48 less; community psychiatric hospitalization costs were $16 less; and nursing home care costs were $56 less.

Overall, the net savings of those who entered treatment equaled $252 per person per month. Those who had more than 90 days of treatment and those who completed treatment had even higher savings. The net savings for those who had 90 days of treatment was $292 per person per month, and $363 among those who completed treatment.

The study found reductions in criminal justice recidivism, too. People who entered treatment had 16% reduced likelihood of arrest, 15% reduced likelihood of convictions for any offense, and 34% reduced likelihood of felony convictions. People who received more treatment also had lower rates of recidivism.

For a PDF copy of the report, visit: www1.dshs.wa.gov/rda/research/11/109.pdf

Overall, the net savings of those who entered treatment equaled $252 per person per month.
CADCA Expert Outlines 'ABCs of Advocacy'

By Bob Curley

Only five to 10% of U.S. voters ever contact their legislators about public-policy issues, which is why even small groups of dedicated advocates can have a disproportionate influence on decisions made in Washington, D.C., and state capitals, according to advocate Sue Thau.

"The really organized and vocal people get a lot of pull on Capitol Hill," said Thau, public-policy consultant for Community Anti-Drug Coalitions of America (CADCA) at a recent conference session on "The ABCs of Advocacy," as she prepped a group of CADCA members for a visit to their Congressional delegations.

As an example, Thau noted that advocates for home-schooling have been very effective in getting their message across to lawmakers. "They can close down the Capitol switchboard," she said. "There's not many of them, but they're very organized."

Individuals and groups that support addiction treatment, prevention, and recovery issues are frequently urged to get more involved in political advocacy. Thau said that CADCA and other groups in the addiction field have been increasingly effective in getting their views across to lawmakers.

Noting that the average congressional staffer is in his or her 20s, and that lawmakers have a broad range of responsibilities, Thau said that advocates need to make themselves a resource by providing information on their issues and giving policymakers insight into the thinking of their constituents. "We're asking you to form a relationship with these people, so they know you are the experts in the community," Thau said. "Let them know who you are, who your partners are, who you serve, and what federal programs you use."

"Don't be nervous," she said. "They need the information you have." This is especially true of Congressional staffers, who are responsible for detailed research on topics like drugs, crime, and health. In many cases, multiple staff members will have responsibility over aspects of the addiction issue, so all should be at the table when you meet.

Thau said advocates should share any positive local outcomes data they have with lawmakers and their staff, who want to see that federal investments in treatment and prevention are worthwhile. "Anecdotes grab people and put a face on the problem, but you need outcomes, too," she said.

Another reason not to delve too deeply into anecdotal stories is simple economy: the typical meeting with a federal lawmaker's staff does not extend much longer than a half-hour, and your Congressman may only be in the room for five to 10 minutes, if at all. "With a big group, you need to have one person lead the meeting," Thau said. "Let's say you are meeting with 20 people, it's not like you can make introductions. You need somebody to speak on behalf of the group, your group should determine who that is, so you can get straight to the point, and your group should determine how much time you have."

Staffers and lawmakers will meet with constituents no matter what they are wearing, says Thau, but the "uniform" on Capitol Hill is business attire, and that's what advocates should wear, too. On the other hand, she said, advocates for treatment and prevention should not hesitate to bring children and youth — often the best spokespeople about the issues of kids and drugs — to meet their representatives.

Politics has always been a "back-scratching" business, so it behooves addiction advocates to engage in some harmless but important promotion on behalf of lawmakers who support your issues. When you meet with legislators, Thau advises, have someone take a picture and send it to your local newspaper. Invite lawmakers to your events, and feature supporters in your newsletters and press releases.

"You want to build a relationship and give them visibility in their home state," said Thau.

This News Story originally ran on TAADAS’ News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted directly via email at curleymb@join together.org.

To Win Funds, Become an Asset to State Lawmakers


The Children and Youth Funding Report reported March 3 that Dostis noted that lawmakers rely on both lobbyists and their aides to keep them informed about issues like addiction and gun violence. Advocates for these issues have as much right as paid lobbyists to keep lawmakers informed. Often, the best way to do so is to become an asset to legislative staffs.

Ellen Vollinger, an advocate for the Food Research and Action Center, says that state lawmakers remain highly accessible to the public, and it is still possible to form a personal relationship with legislators in many states. To get access, call, write, or visit your representative's office.

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NEWS FROM CAPITOL HILL...

By Nathan Ridley

Governor Bredesen tackled the troublesome issue of the providing an adequate education to each public school student in Tennessee. The Tennessee Supreme Court resolved the litigation brought by the poorer school districts in their favor. This final installment involved the issue of teacher pay equity. The bill injected $35 million in new state dollars to equalize teacher pay and increased the average annual salary to $34,000.

While the legislature went along without too much opposition, the thoughtful urban legislators recognize that the districts they represent are foregoing significant future funding they would have otherwise received.

Large and in charge. Speaking of Governor Bredesen, his several accomplishments dominated the recently concluded legislative session. During this second year of his administration, he has become more comfortable with the legislative landscape and the results are tangible.

(Continued on page 9)
Leaders from both the medical and legal professions joined together to launch Physicians and Lawyers for National Drug Policy: A Public Health Partnership (PLNDP). This union brings together our nation's leading physicians and attorneys to promote a public health approach to the country's substance abuse policies at both the federal and state levels.

The initiative, funded by the JEHT and Robert Wood Johnson Foundations, and building on the earlier work of Physician Leadership on National Drug Policy, is organized around the belief that effective policies for alcohol and other drugs must be grounded in data, not politics. The "new" PLNDP will advocate for evidence-based policy decisions and will encourage local innovation by establishing stable professional partnerships in every state and by supporting community coalitions.

For the first time, physicians and lawyers, often viewed as squaring off in policy debates, have joined forces to make a concerted effort to move the national conversation beyond the often misleading and polarizing policy debates of the past. Leaders of PLNDP explained that America's drug policy has too frequently missed the mark, and that the national interest requires a largely new, pragmatic and non-partisan approach.

According to Co-Chair George D. Lundberg, MD, Editor-in-Chief of Medscape General Medicine from WebMD, past policy efforts were not comprehensive in their approach. "Too often, the debate has been centered on the blame game. By crossing the traditional professional lines, we hope to harness the energies and resources of lawyers and physicians, who ultimately are two of the largest stakeholders in the treatment process," he said. "This is ER meets Law & Order for drug policy."

"Only by utilizing a scientifically-based and evidence-driven approach will we be able to mount a more effective drug policy," said Richard J. Bonnie, JD, a University of Virginia law professor, who co-chairs the new group. "We'd like to see less ideology and more science. We want to know what works, not what sounds best in a campaign speech," he said.

The event featured frontline practitioners Glenn Ivey, JD, State's Attorney for Prince Georges County, Maryland, and Samir Fakhry, MD, Chief of Trauma at Inova Fairfax Hospital, Virginia who shared their first-hand professional experiences and called for a greater emphasis on treatment.

PLNDP officials announced three specific policy objectives that they will be promoting. They will advocate for widespread alcohol screening in trauma centers and emergency rooms because about half of these patients have been drinking when they were injured. Alcohol counseling at this "teachable moment" has been shown to be effective, they said. PLNDP will also support policies that emphasize treatment rather than incarceration of non-violent offenders who have drug problems. The group will also seek to remove many unnecessary legal and financial barriers to treatment for people addicted to alcohol and other drugs.

www.plndp.org

**Addiction Caucus Aims to Educate Lawmakers**

By forming the Addiction, Treatment and Recovery Caucus, U.S. Reps. Jim Ramstad (R-Minn.) and Patrick Kennedy (D-R.I.) hope to bring a new understanding about addiction and clear up misperceptions that their fellow lawmakers may have, the Minneapolis-St. Paul Star Tribune reported March 21.

"Believe it or not, there are still members of Congress who do not understand the disease nature of addiction or the cost-efficiency of treatment," said Ramstad, a recovering alcoholic.

The goal of the caucus, he said, is to "educate lawmakers on the problems of addiction and need for expanding treatment access."

"For all intents and purposes, Congress has failed to recognize addiction for what it is - a serious health problem affecting Americans," Ramstad said.

William Moyers, vice president of external relations at the Hazelden Foundation, a Minnesota treatment facility, said the Addiction, Treatment and Recovery Caucus would aid in getting addiction-treatment parity legislation passed in the U.S. Congress.

"It will serve as a microscope to focus more closely on good public policy in dealing with this bad problem," Moyers said. "Congress sees addiction as a criminal-justice issue only, and it sees it as a question of reducing supply, when in reality the best way to reduce supply is to reduce demand. And treatment is both cost-effective and successful in reducing that demand."
Taking another step in their effort to address co-occurring problem gambling and substance addiction disorders, Ohio officials have built on an interagency collaboration with several elements, including a fifth pilot program for prevention and treatment services; a public awareness and outreach campaign; and a statewide conference on problem gambling. The state made important new strides in December 2001 when officials announced the Interagency Partnership between the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Lottery Commission. As a result, pilot programs in Athens, Hamilton, Lucas, and Mahoning counties received funding for services to individuals with gambling addictions combined with an alcohol and drug addiction.

Last year, the Lottery Commission worked with ODADAS to fund an additional pilot at the Jewish Family Service Association of Cleveland. The pilot programs are located in areas with the easiest access to major gambling venues, near Ohio's state borders and therefore closer to gambling-friendly states such as Michigan, Indiana, and West Virginia.

There is no state mandate requiring Lottery Commission to support the pilots, according to an ODADAS spokesperson. “The Lottery Commission does volunteer its support of the pilot programs,” Stacey Frohnapfel Hasson told Alcoholism and Drug Abuse Weekly. “They have the statutory authority to do so, and have chosen to work with ODADAS and its highly qualified network of addiction counselors to help address the issue.”

ODADAS, the Lottery Commission, and the Ohio Council on Problem Gambling co-hosted the second annual Statewide Conference on Problem Gambling on March 12 bringing together more than 175 treatment and criminal-justice professionals and other policy-makers and stakeholders.

The conference helped to raise public awareness of issues surrounding gambling addiction, which for many years has been a subject rarely discussed or acknowledged, said officials. ODADAS officials point to a 2000 national survey by the American Academy of Family Physicians (AAFP) suggesting that between 33,000 and 59,000 Ohio youths show problem-gambling behaviors, while an estimated 133,000 adults have a substance addiction and a problem or pathological gambling disorder.

Prevention, treatment efforts

Under the interagency agreement, ODADAS received $260,000 from the Lottery Commission to fund the state’s five pilot programs, ODADAS Assistant Director Carolyn Givens told ADAW. “We provide funding for therapeutic intervention for co-occurring disorders,” says Givens.

(Continued on page 16)
TENNESSEE’S RANKING AS 3RD WORST STATE FOR UNDER-AGE TOBACCO SALES PUTS BLOCK GRAND FUNDING AT RISK

Recent data from SAMHSA show that while retailers in many states are reducing sales of tobacco to children under age 18, Tennessee has the third worst record in the nation for enforcing these illegal transactions. Only Alaska and Montana did worse. Overall, the national retailer violation rate for under-age tobacco sales dropped to 14.1 percent in 2002. Tennessee’s rate was 22.3 percent. SAMHSA released these data in December at the 2003 National Conference on Tobacco or Health in Boston.

The survey shows that 41 states and the District of Columbia achieved a retailer violation rate of no more than 15 percent.

Tennessee’s high rate is particularly distressing to state funded alcohol and drug abuse treatment providers because states with violation rates of 20 percent or higher risk losing a portion of their substance abuse block grant funding.

Survey findings are based on reports submitted by states in response to a Federal law established in 1992 that restricts access to tobacco by youth under age 18. The law, known as the Synar Amendment, was named for the late Representative Mike Synar of Oklahoma. It includes implementing regulations that require states and U.S. territories to enact and enforce youth tobacco access laws; conduct annual, random unannounced inspections for tobacco outlets; achieve negotiated annual retailer violation targets; and attain a final goal of 20 percent or below for retailer non-compliance.

The new survey shows that seven states reported achieving a retailer violation rate of 20 percent or less for the first time in 2002. These states include Indiana, Maryland, Nevada, New Jersey, Ohio, Oklahoma, and Pennsylvania.

States with a low retailer violation rate have a number of common characteristics according to SAMHSA Administrator Charles G. Currie, M.A., A.C.S.W. “Generally, these states employ a comprehensive strategy that combines vigorous enforcement efforts, political support from the state government, and a climate of active social norms that discourage youth tobacco use,” he explained. “Tobacco control programs in these states also tend to be well coordinated and include targeted merchant and community education, media advocacy, and use of community coalitions to mobilize support for restricting minors’ access to tobacco.”

For more information, visit: http://prevention.samhsa.gov/tobacco.

States with violation rates of 20% or higher risk losing a portion of their substance abuse block grant funding.
Communities looking for ways to combat NIMBY issues can learn from three analyses by the Solutions for Treatment Expansion Project (STEP) of the Institute for Public Strategies in San Diego.

**Property Value Comparison**

STEP commissioned a realtor to assess the sales value of 71 homes located within five blocks of treatment facilities, and compared them to houses located in the same areas, but farther from the facilities.

In five locations surveyed, property values near treatment facilities were slightly higher than in the comparison areas. In one location, property values were approximately the same. In another location, property values were slightly lower.

The eight state-licensed residential treatment facilities had been at their locations for five to 50 years.

**Crime Rate Comparison**

STEP also analyzed crime data mapped by the Automated Regional Justice Information System, a criminal justice network utilized by 38 local, state and federal agencies in the San Diego region. The analysis included nine diverse neighborhoods that have licensed residential treatment facilities. Crimes reported immediately in the area were compared to those reported in the larger neighborhood.

STEP found that crime levels in the areas surveyed were consistency lower next to licensed treatment facilities than elsewhere in the same area. However, higher crime rates were found around alcohol sales outlets and areas where drugs were available.

Finally, STEP interviewed 202 adult residents of San Diego County living within one-half mile of a residential treatment facility in six different neighborhoods.

Compared to those who did not live within one-half mile of a facility, those that did more likely to think that a facility had a positive impact on neighborhoods. The people surveyed consistently reported that the treatment facilities were among the best kept residences, and that the staff and residents were conscientious about being good neighbors. Almost 4 out of 5 residents reported that they think property values in their neighborhood were increasing, and over 7 out of 10 said they think the treatment centers have a positive or neutral effect on neighborhoods.

For more information on STEP, please visit: www.publicstrategies.org/goodneighbor_home.htm

The National Bar Association (NBA) has formed the National African-American Drug Policy Coalition with other African-American professional associations to promote the need for public-health based drug policies, Alcoholism & Drug Abuse Weekly reported April 12.

Among the organizations in the coalition are the Congressional Black Caucus Foundation Inc.; the National Black Caucus of State Legislators; the National Association of Black Social Workers; the National Dental Association; the National Association of Black Nurses; the National Association of Black Psychologists; and Howard University School of Law.

The coalition will hold public forums in various communities, work with professional and civic groups, and lobby elected and appointed officials in an effort to develop better drug policy. The group is seeking a national drug-control policy that is focused on public health rather than criminal justice.

"What we hope to do is to shift public resources into education, prevention, treatment, and research programs that have proven more effective in reducing drug abuse, rather than through the use of expensive criminal sanctions," said Clyde Bailey, NBA president and founder of the coalition. "We hope to educate and influence our elected officials so that they can sponsor appropriate legislation."

Kurt Schmoke, dean of Howard University School of Law and a coalition member, added, "Many people support the consensus that the 'War on Drugs' needs some rethinking. This coalition of organizations might be able to move drug control policy in a more constructive direction, especially as it relates to people of color."
Partnering with Faith Based Programs... Concluded...

(Continued from page 1)

Churches make great partners because they have great access to the community and are sustainable, he said. "The church is going to be around after a lot of us are gone," noted Harris.

Moreover, says Harris, most church leaders "want to get it right, and very few want to run a game on you."

But working with the church leaders hasn't always been easy, said Harris, and it's worth bearing in mind that clergy and lay leaders, despite their religious affiliation, are still human beings who need some stroking and soothing.

"People work with you because they believe in what you're doing, but they have to like you a little bit, too," said Harris. "Let them know what the goals of the project are and how they fit in.

Don't go in telling church people what to do."

Churches and religious groups also have their own politics and quirks that potential partners need to learn about and negotiate. For example, part of the Tallahassee program is to encourage preachers to address substance abuse from the pulpit on designated "Drug Sundays." But some don't go along. "It's not what God gave them to talk about that day," explains Harris. Churches have to be educated about the difference between programs that involve youth and let them "have a good time" and those that actually improve outcomes regarding alcohol and other drug abuse. Harris also has found it challenging to get churches to focus on a specific population; most want to make programs available to all youth, regardless of age or other factors. Older church members also can be resistant to change.

Ironically, all the public attention to faith-based programs and funding has made some church leaders wary of outsiders seeking to become partners for prevention or treatment. "Many churches are suspicious now," Harris said. "They ask what we're doing here, and why we're interested in them all of a sudden."

Churches can be suspicious -- and even downright hostile -- to each other, too. The Coalition for a Drug-Free Greater Cincinnati has a faith partnership with 32 local congregations called the Reviving Human Spirit Project. Coalition president Rhonda Ramsey-Molina says the biggest challenge the project has faced is resolving conflicts between members: some ministers say it is against their beliefs to pray with non-Christians or even members of different Christian denominations.

But the coalition was determined to be inclusive. "It cost us some partners," Molina noted.

Ann Comiskey, a eucharistic minister and executive director of the Troy Community Coalition, has helped established a faith-community prayer breakfast to promote cultural awareness, a prevention Sabbath supported by coalition-designed prevention materials and suggested sermon material, and a youth dialogue day that involves local faith leaders. She says it's vital to overcome the obstacles and get the faith community involved in community-based prevention efforts.

"We need to make the faith community understand how important they are," she said. "They have greater reach than any coalition."

For more Information, request a copy of CADCA's Strategizer #45, "Research Findings on Coalitions and the Faith Community," by contacting CADCA, 1-800-54-CADCA. This Feature Story originally ran on TAADAS’ News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted directly via email at curleybob@jointogether.org.

Stay Tuned!!
Upcoming TAADAS Initiatives...

TAADAS releases “Voices of Recovery, Voices of Hope”, a collection of treatment success stories from across the state.

TAADAS leads efforts for Prevention Special Certification for Tennessee.

TAADAS to establish "Tennessee Institute on Problem Gambling" with a mission of providing educational resources, prevention information, and treatment options for those affected by problem gambling and clinicians who treat the disorder.

Capitol Hill... Continued

pare perhaps $40 million out of a system that costs about $1 billion. His hope, particularly for our manufacturing sector, is to enhance our state's ability to attract and retain good paying jobs.

Our legislative friends continued to develop their initiatives with respect to our state lottery. After enacting a statute to implement our new state lottery in 2003, they addressed the issue of charitable gaming events this year. They have enacted a statute that permits a not for profit entity to apply to the secretary of state's office for an annual event such as a raffle. Because the agencies must also approve legislative approval, this year's application process is complete, but the secretary of state will soon be accepting applications for 2005. Our legislative friends also proposed amendments to our state constitution concerning several different agendas, as varied as: gay marriage, they oppose; property tax relief for the elderly, they support; and removing a 1796 fifty dollar fine restriction, they are ambivalent. Those must also be addressed by the 104th General Assembly, so I shall save other words for another day. We will not, however, face the prospects of a constitutional amendment on the 2006 ballot on abortion because the House Subcommittee on Public Health and Family Access killed a proposal that would have restricted abortion rights for women. Subsequent efforts to overturn that subcommittee vote failed in the full committee and on the floor of the House.
When considering a friend's drug use.

Also available is When It's Not Your Kid, How Do You Deal With Drug and Alcohol Use? (Early Intervention Adult Influencer brochure) and Suspect Your Teen is Using Drugs or Drinking?: A Brief Guide to Action for Parents (Early Intervention Parent brochure) both for parents and other caring adults.

To get your free copy of the featured publications, or any of the hundreds of other prevention materials, call the Clearinghouse at 615.780.5901 ext 5 or order online at www.taadas.org.

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 month's feature is Step Up: You've Got the Power to Help a Friend or Sibling Who Uses Drugs or Drinks.

There is no specific rule about when to talk to a friend or sibling about their drug or alcohol use. Some might argue that even one puff of a joint or sip of beer is enough bring the issue up... take this simple brochure which will give you some things to think about when considering a friend's drug use.

Also available is When It's Not Your Kid, How Do You Deal With Drug and Alcohol Use? (Early Intervention Adult Influencer brochure) and Suspect Your Teen is Using Drugs or Drinking?: A Brief Guide to Action for Parents (Early Intervention Parent brochure) both for parents and other caring adults.

To get your free copy of the featured publications, or any of the hundreds of other prevention materials, call the Clearinghouse at 615.780.5901 ext 5 or order online at www.taadas.org.

The Clearinghouse has over 800 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the collection. This edition’s Feature is AIDS Update: The Latest Facts about HIV and AIDS.

This timely program reviews the latest new information on HIV, explains precautionary measures that help to lower the risks of HIV infection and also answers other frequently asked questions about this most lethal of STDs. The FDA recently approved a rapid HIV diagnostic test kit that provides extremely accurate results in minutes. Program explains the new test to teens and provides crucial details on what it means if the test comes back positive. The Teacher’s Resource Book includes activities to help students consider whether their own behaviors are putting them at risk of infection, and provides fact sheets to remind students of the dangers of this deadly virus.

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.
Federal health officials are warning parents that more teenagers are mixing stimulants like Ritalin with inhalants like correction fluid and room deodorizers, the Cincinnati Post reported March 25.

According to health officials, there has been a rise in the number of teens and children as young as age 10 who have died from the drug combination.

"I would be primarily and most concerned about a potential fatal interaction, with the Ritalin having an adrenalin-like effect and the inhalants such as correction fluid enhancing the possibility of Sudden Sniffing Death in the individual huffing the correction fluid," said Dr. Earl Siegel, co-director of the Drug and Poison Information Center at Cincinnati Children's Hospital Medical Center in Ohio.

According to Siegel, the combination of Ritalin and "huffing" disturbs heart rhythm.

"The combination of a stimulant and an inhalant could lead to a fatal interaction," said Siegel. "This is particularly concerning because of the number of teens and children who are experimenting with these substances."

"We have seen cases where the combination of these drugs has led to fatal outcomes," added Siegel. "Parents should be aware of the dangers of mixing these substances and keep a close eye on their children."

TAADAS Times

WORKSHOPS & TRAININGS

Upcoming NARA Recovery Learning Circles:

“How Criminal Records Affect Employment Opportunities... Can You Overcome Them?”
Facilitated by Don Trotter, Employment Consultant
June 8, 6:30-8:00 PM, Alcohol and Drug Council,
2612 Westwood Ave, Nashville, TN
To Register call Lisa @ (615) 269-0029 x106

“Nicotine Addiction-The Tools for Recovery”
Facilitated by Nan Casey, L.A.D.A.C.
June 15, 6:30-8:00 PM Alcohol and Drug Council,
2612 Westwood Ave, Nashville, TN
To Register call Lisa @ (615) 269-0029 x106

“A Discussion of Spirituality VS Religion Part I”
Facilitated by Stan Bumgardner and Reverend Bob Coleman, Vanderbilt School of Divinity,
June 22, Alcohol and Drug Council,
2612 Westwood Ave, Nashville, TN
To Register call Lisa @ (615) 269-0029 x106

“A Discussion of Spirituality VS Religion Part II”
Facilitated by Stan Bumgardner and Reverend Bob Coleman, Vanderbilt School of Divinity,
June 29, Alcohol and Drug Council,
2612 Westwood Ave, Nashville, TN
To Register call Lisa @ (615) 269-0029 x106

RECOVERY FEST 2004

Recovery Fest 2004, the third annual event to celebrate recovery and the recovery lifestyle will be held in Nashville on Saturday, September 11, 2004 from 12:00-10:00PM. This annual festival, sponsored by the Nashville Area Recovery Alliance (NARA) promises an array of local and national musical acts, kid’s activities, vendors, information booths, food, and fellowship.

For more information, to volunteer or for booth space call Lisa @ 615-269-0029 x106
Bredesen Establishes Meth Task Force

On April 7, Governor Phil Bredesen signed an executive order establishing the Governor's Task Force on Methamphetamine Abuse to develop a comprehensive strategy for addressing the manufacture, trafficking and abuse of the drug. The task force is charged with presenting findings and recommendations on a broad strategy to the Governor by September 1. The panel will consist of 20 representatives from a range of fields, including law enforcement, health care, education and human services, as well as 12 ex-officio members who will provide general advice and counsel to the core group. Meetings will be held in communities across Middle and East Tennessee - the heart of meth territory in Tennessee. "The meth scourge represents a clear and present danger to the health and well being of our state," Bredesen said, in signing the 18th executive order of his administration. "This is a task force that won't be anchored in Nashville, but will go into ground zero of the problem - the Cumberland Plateau, the Sequatchie Valley and wherever else meth is destroying lives and communities." Ken Givens, commissioner of the Department of Agriculture, will serve as the task force chairman. Given, a former state representative from Hawkins County, has a firm understanding of the predominantly rural social and health issues associated with meth abuse. Givens also is a longtime advocate for children's health.

Methamphetamine, a powerfully addictive stimulant that affects the central nervous system, is produced in clandestine laboratories across Tennessee with relatively inexpensive over-the-counter ingredients. The drug has been on the rise in recent years. The U.S. Drug Enforcement Administration estimates that Tennessee now accounts for 75% of meth lab seizures in the Southeast.

Meth abuse also is disproportionately affecting children. Between January 2002 and July 2003, more than 700 children were placed in state custody as a result of meth allegations. Based on the rapid increase in cases, the Tennessee Department of Children's Services expects that number will nearly double during the next year. Bredesen cautioned Tennessee's meth problem won't be solved overnight. "It's taken a generation to create this problem. But as a state, we have an obligation to act now." He added: "Some people say we've already lost a generation to meth. I don't intend to lose another one." For more information on meth in Tennessee, visit the DEA's website at http://www.usdoj.gov/dea/pubs/states/tennessee.html or contact the TAADAS Clearinghouse at www.taadas.org.

TAADAS Member, Boomer Brown from CADAS will serve on the Governor's Meth Task Force

Police: Meth Addiction Linked to ID Theft

Police across the country are seeing a link between identify theft and methamphetamine addiction, MSNBC reported March 9.

According to law-enforcement officials, meth users are stealing mail from people's mailboxes to trade for the drug or earn money to buy drugs. Last year, the Federal Trade Commission said 10 million consumers were victims of ID theft. Police officials said in many ID-theft rings, the criminals are meth addicts.

"ID theft is so easy to do," said Detective Jim Dunn of the Thurston County Sheriff's office in Washington. "They can steal mail. They have the time, meth keeps them up so long. They have the time to sit and make counterfeit checks, fake driver's licenses." According to police detective Steve Williams in Eugene, Ore., "90% of our ID-theft cases deal with drugs."

Williams added, "You don't see a lot of meth users robbing banks. You see someone on heroin do that. Meth users are less likely to get themselves shot. Plus, they can make more money in a fraud crime than they can sticking a gun in someone's face. If you bring a gun in a bank, you can face life in prison. Or you can write a series of bad checks and score 10 times that amount and get parole."

The link between meth and identity theft is garnering nationwide attention. During last summer's congressional hearings on the Fair Credit (Continued on page 16)
VUSTN, MECARRY INTRODUCE SUBSTANCE ABUSE TRAINING TO PRIMARY CARE PROVIDERS

Vanderbilt School of Nursing is pooling resources with Meharry Medical College, as part of the Meharry-Vanderbilt Alliance, to introduce substance abuse intervention education for residents, nurse practitioners, and other health care professionals in a primary care setting.

Research shows 20% to 25% of the population is drinking alcohol at high-risk levels, but don’t meet the criteria for substance abuse dependency. That’s why a national research project, called Project Mainstream, has been organized to address the needs of these high-risk patients by teaching future primary care professionals how to identify the problem and perform an intervention.

Project Mainstream is funded by the Health Resources and Services Administration (HRSA), in partnership with the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT), and is administered by the Association for Medical Education and Research in Substance Abuse (AMERSA).

The Meharry-Vanderbilt Alliance was chosen as one of 15 sites nationwide to participate in this project that emphasizes an interdisciplinary team teaching approach.

The intervention education course requires four hours of training, and is taught by Susie Adams, MSN, director of VUSN’s Psychiatric Nurse Practitioner Program, Dr. Zia Wahid, director of Residency Training in the Department of Psychiatry at Meharry, and Beth Hogan, Ph.D., from the Division of Community Health Sciences at Meharry.

This interdisciplinary teaching team trained 200 nurse practitioner students and 45 nursing faculty members in the School of Nursing this spring, and will train 70 residents at Meharry this summer.

Adams says faculty and students have quickly caught on to the idea of this intervention. “This five- to seven-minute intervention engages patients in recognizing when their drinking patterns are beyond ‘safe levels,’” Adams said.

The National Institute on Alcohol Abuse and Addiction has determined that a man who drinks more than 14 drinks a week or more than four drinks on any one occasion, and a woman or person over age 65 who drinks more than seven drinks per week or more than three drinks on any one occasion are at risk for significant physical and emotional health problems.

“Our goal is to help health care providers screen and offer early, brief intervention to motivate patients to reduce their alcohol intake to safe amounts,” Adams said.

By this fall, all VUSTN advanced health assessment in clinical reasoning courses will have integrated the substance abuse intervention training into their curriculum, and Meharry’s new residents will receive the training as part of their orientation.

Finding a way to permanently incorporate the substance abuse intervention education into current curricula nationwide is a primary goal of Project Mainstream.

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Chronic Cocaine Use Appears to Lower Brain's Dopamine Neurons

A postmortem brain-tissue study found that individuals who were chronic cocaine users suffered damage to their brain’s dopamine system, the Medical Post reported April 13.

The study found lower striatal levels of the vesicular monoamine transporter protein (VMAT2) in cocaine users. The protein helps move dopamine molecules into storage vesicles.

"This is the clearest evidence to date that cocaine dependency results in deleterious changes in dopamine neurons," said Dr. Karley Little, chief of the Ann Arbor VA Medical Center's Affective Neuropharmacology Laboratory and associate professor of psychiatry at the University of Michigan medical school.

Little led a team of researchers in a study that compared the dopamine system of 35 cocaine users and 35 non-users with the same age, sex, race, and cause of death.

The study is published in the American Journal of Psychiatry.

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Massachusetts to Lose Federal Treatment Aid

Massachusetts is set to lose $9.2 million in federal grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) because it is not maintaining constant levels of treatment funding, the Boston Globe reported April 5.

Since 2001, the state has cut $11 million in alcohol and other drug treatment services. In next year's budget, Gov. Mitt Romney wants to cut an additional $2 million.

As a result of the cuts, the state will lose 13 percent of the $34.3 million it was expecting to receive from SAMHSA for the upcoming budget year.

Treatment-center executives said the reduced funding would prove devastating as the state tries to address a heroin epidemic and Massachusetts faces an increase in deaths from other opioids like OxyContin.

"The potential loss of another $9 million in substance-abuse funding would be disastrous to the Commonwealth," said John Auerbach, executive director of the Boston Public Health Commission. "Our treatment and prevention efforts have already been significantly crippled and the prospect of facing millions of dollars of additional cuts would bring our substance-abuse system to its knees."

Mark Weber, a spokesman for SAMHSA, acknowledged that the $9 million in cuts would be detrimental to drug users.

"As much as it may pain us to do this, it's the law, and we'll be carrying it out," said Weber. State public-health authorities are appealing for a reprieve. Last year, the federal government accepted the state's economic-hardship argument and issued a waiver. But this year, a SAMHSA executive said, the state failed to prove that it was facing "extraordinary economic conditions" that warranted an exemption.

Recovery Centers Open Across Vermont

The recovery advocacy movement continues to grow nationally -- especially in Vermont.

Last year, Vermont legislators earmarked $165,000 for the creation of recovery centers across the state, according to Patty McCarthy, director of Friends of Recovery-Vermont (FOR-VT). With more funding forthcoming, FOR-VT expects that each of Vermont's 14 counties will have at least one recovery center.

Most are modeled after the Turning Point Club of White River Junction, which has been open for over a decade. After receiving a start-up grant, organizers generally establish a membership fee and use donations from local businesses and residents to keep the clubs going. At the Turning Point Club of Rutland, which has been open for a year, everything from furnishings, a pool table, and handmade kitchen cabinets were donated.

Rep. Tom Koch, chairman of the House Health and Welfare committee, pushed for funding for recovery centers. "The community needs to realize that recovery is not a process that ever ends," he said in a Barre Times Argus article in December. "Recovery is a process that lasts the rest of your life."

Gov. Jim Douglas has been equally supportive of recovery centers. "It's a model that works," he said when attending the opening of Turning Point Club in Barre. Douglas describes substance abuse as "one of the most insidious problems confronting Vermont" and has proposed additional increased funding. "I believe it has to continue to be a top priority for our state," he said.

In celebration of “National Drug Court Month”, the Unicoi-Washington County Alcohol and Drug Treatment Court held its annual picnic on Friday May 7, 2004 at the Rotary Park in Johnson City, Tennessee. The purpose was not only to celebrate “National Drug Court Month”, but also to help increase drug court awareness in the community.

With over two-hundred invitations given throughout the state, the annual drug court picnic highlighted the accomplishments of the drug court participants since its establishment in Unicoi and Washington County in 2001. All members of the drug court team-the judges, the prosecutors, the public defenders, law enforcement officers, treatment professionals, and the drug court participant’s families were all on hand to take part in the festivities. Team members from the neighboring Greene County DUI Treatment Court and the planning committees involved with the Kingsport and Bristol, Tennessee drug courts attended, celebrating in the success of the participants and “National Drug Court Month”. Comprehensive Community Services hosted the annual picnic in Johnson City on Friday May 7 to celebrate May being National Drug Court Month.
GAMBLING PROBLEMS CONTINUED...

Training in gambling-related issues is mandated for pilot program staff, said Givens. Training for addiction treatment professionals in the treatment of problem gamblers is “critical for connecting the dots and gaining a better understanding” of the problem, she said.

ODADAS currently does not have the authority to fund treatment for individuals with compulsive-gambling problem who don’t also present for alcohol or chemical dependency issues, Givens said. The agency is working with state lawmakers on legislation to expand its scope of services to include gambling addiction as well as co-occurring alcohol and/or drug and gambling addictions.

Givens said, however, “It’s a tough fiscal environment. We have to be cognizant. Of what is the prudent thing to do. Expansion (of the scope of services) will take up additional state revenue.”

ODADAS would like to bring the treatment of gambling problems with co-occurring disorders to a “full statewide continuum of care,” said Givens.

At present, a statewide problem gambling helpline service accepts calls from people with gambling issues providing a “loop back into our five pilot sites connecting them to treatment,” said Givens.

Training efforts

The Ohio Council on Problem Gambling provides training for counselors and other professionals around the state, with funding from the Lottery Commission. The council president told ADW that the training on treatment of problem gambling is not limited to those involved with the state’s pilot efforts; it also incorporates mental health and justice professionals, as well as workers in both the public and private sectors.

“We want to throw a broader net [and provide] training for anyone with other addiction and mental health professionals in the state,” said Lori Rugle, Ph.D., a nationally certified gambling counselor and the coordinator of gambling treatment at the Louis B. Stokes Cleveland Department of Veterans Affairs Medical Center.

There is a challenge in convincing counselors that they need training to treat individuals with gambling problems, Rugle said. Treatment counselors might say, “An addict is an addict. What do I need training for?” she said. While addiction treatment professionals have a fundamental skill set, they need to understand critical differences in working with gambling-related issues, said Rugle.

A problem gambler “becomes addicted to the unpredictability of it,” said Rugle. “Their sense of shame falls a lot deeper than an alcoholic’s.”

Understanding the Population

About 1.5% of the state’s adult population has a pathological gambling problem, with... (Continued on page 18)

METH ADDICTION LINKED TO ID THEFT CONCLUDED

(Continued from page 12)

Reporting Act, Evan Hendricks of The Privacy Times testified before the U.S. Senate Banking Committee about meth and ID theft rings in the Phoenix, Ariz., area. "They have their own terminology. They don’t work, they live in hotel rooms and stolen vehicles; they keep late hours. They love to gamble," Hendricks said. "Someone will know someone who will trade Social Security numbers."

Because the problem is overwhelming local police departments, authorities are pleading for more federal assistance. "What is the federal government doing?" questioned Detective Joe DeJournette of Yakima, Wash. "What will help the little towns across the country with our one fraud detective, to fight these crimes?"

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SHARE Receives Inaugural Prism Award

Every year, the Entertainment Industries Council (EIC) honors the accurate depiction of drug, alcohol and tobacco use and addiction with the PRISM Awards.

This year, EIC is launching a special honor -- the PRISM Share Award. According to an EIC press release, the award "recognizes an entertainment industry project, whether a production, campaign or outreach effort, that not only raises awareness but leaves behind a legacy. In essence, it 'shares' back with the public to have a lasting effect on drug, alcohol or tobacco use and addiction."

SHARE -- Songs of Hope, Awareness and Recovery for Everyone -- is the inaugural recipient of the PRISM Share Award. The SHARE committee promotes the treatment and prevention of substance use disorders using Nashville artists, songwriters, promoters, and technicians. The video for "When Love Rules the World" was also nominated for a PRISM award.

After releasing a CD and video for the SHARE signature song, "When Love Rules the World," the legacy continues with live performances by the artists and songwriters. The Committee received support to create the CD from Join Together. The 8th Annual PRISM Awards were awarded on April 29th and the ceremony was broadcast on May 16.

You can purchase a copy of the SHARE CD from TAADAS Bookstore, Recovery Books & Things. Call in your order toll free at 1.877.863.6914. For more information about SHARE, contact Al McCree at : sharesongs@bellsouth.net.

SHARE RECEIVES INAUGURAL PRISM AWARD

Study Examines Factors Impeding Aftercare

A study now in progress is examining factors that may influence whether an addicted person shows up for their first treatment appointment after inpatient care, according to a March 30 news release from the Temple University Health System.

"The first aftercare appointment is critical to patients who want to stop using drugs," said Dr. Ralph Spiga, director of research in Temple's Department of Psychiatry and Behavioral Sciences and principal investigator of the study. "We've found that only 40 percent of patients discharged ... actually attend their first follow-up appointment."

The study is testing a program called Multi-System Behavioral Treatment (MSBT), which is aimed at ensuring that patients get to their first appointments. Through MSBT, specific goals that the patient wants to achieve are defined and incentives to accomplish them are examined.

"We help develop strategies to minimize barriers so that patients can get to that first appointment," said Spiga. "If we get them to that first appointment, we have a much better chance of them attending subsequent appointments."

The first phase of the study is focusing on behavioral therapy sessions that examine patient behaviors and environmental factors that can impact relapse rates.

A database is also being created that presents patient information geographically so that doctors can learn more about the barriers that keep patients from returning, such as a lack of transportation, distance from outpatient providers, or the presence of liquor stores in the patient's neighborhood that promote relapse into drug use.

The first aftercare appointment is critical to patients who want to stop using drugs.
Gambling Concluded...

(Continued from page 16) another 1.5% having significant problems with gambling. National studies suggest that about 10–30% of the substance-abusing population has a problem gambling issue, said Rugle.

"Seniors are a rapidly expanding patient population for this disorder," she said. "It's really becoming a recreational therapy of choice." A common pattern among the senior population reveals that many may have been abstinent from alcohol for an extended period of time "but did not see gambling coming," said Rugle. Gambling addiction "is not even on their radar screen."

For adolescents with gambling issues, said Rugle, they are also more likely to be involved in other high-risk behaviors. "Many have started gambling at an earlier age, ...Gambling [has been regarded as] so much more permissible."

It is easy for individuals who have a gambling addiction to keep the problem away from professionals, Rugle said. "There is no way of testing the way you would someone with [substance] addiction issues. Basically, we only know if they tell us. The problem could go on for a much larger period of time.

Funding Picture

The state's pilot effort is "an ambitious project that hopefully will secure additional funds to make the treatment of problem gambling available in more areas of the state," Bill Epps, director of outpatient services at the Central Community Health Board Drug Services Program, the state's pilot program in Hamilton County, told ADAO. "The treatment of chemical dependency in Ohio and other states is not abundantly funded to begin with."

Epps said the Drug Services Program has received $50,000 from the state each year for the past two fiscal years. Epps, who indicated the amount is somewhat limited for providing the needed services, hopes the state will secure additional funds for treatment of individuals with gambling and co-occurring substance disorders without reducing overall funding for chemical dependency treatment.

Epps is encouraged that ODADAS is working with the state legislature to expand its authority to treat compulsive gamblers. "That would make possible additional funding for treating folks who only have the problem of gambling at first blush," said Epps. "I say 'first blush' because once you get to know them better [you might] learn they have a co-occurring disorder.

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Maine Police Seeing DUI Increase Among Methadone Patients

Police in Waterville, Maine, say patients from the Discovery House methadone clinic are driving under the influence after they visit the clinic, the Associated Press reported April 2.

"We've had several instances of people who have been stopped," said Deputy Police Chief Joseph Massey. "They are taking it right there at the clinic at six o'clock in the morning. It's a very high potency narcotic."

But Nancy Moore, program manager at Discovery House, said the dosage that patients receive isn't enough to give them a euphoric "high."

"Study after study after study has shown methadone doesn't produce any cognitive dysfunction or impairment," Moore said. "They are not high. They are not nodding out. They are not in any way impaired so they can't drive."

Waterville Police Detective David Caron, a certified drug recognition expert, disagrees. He said a number of tests on Scott Allen Gauthier, 34, who crashed his car into a parked van near his home after just receiving his methadone treatment at the clinic, showed he was high on methadone. "There is no doubt in my mind," said Massey.

Police are also stopping patients on their way to the clinic for motor-vehicle violations, such as speeding. Massey said patients are rushing to get their methadone to curb renewed cravings.

Massey said police patrols would increase in the area of Discovery House if the treatment center fails to take steps to address the problem. "The issue is the safety danger they pose to the general public," he said. "I'm not saying they are getting high and acting completely strange, but it's their motor skills that are affected, their judgment, their depth of perception and peripheral vision is off to some degree. That makes them a dangerous driver."

Family Treatment Shows Promise in Stopping Chain of Addiction

New research suggests that a family-treatment approach may be effective in preventing children of addicted parents from becoming addicts themselves, the University of Buffalo Reporter reported March 25.

In a collaborative study, researchers from the School of Social Work and the Centre for Addiction and Mental Health (CAMH) in Canada evaluated more than 600 families from New York's Buffalo-Niagara region and Canada's southern Ontario area who participated in the Families Working Together program.

The study found that the family-treatment approach, which emphasized communication and skill-building, was effective in preventing children from falling into the same negative patterns that led their parents to alcohol and other drug use.

"Children of alcoholics are at higher risk of certain negative outcomes, including alcoholism, substance abuse, depression, and anxiety," said Andrew Safyer, interim dean of the School of Social Work and a co-investigator on the project. "Studies show that programs that target parents, children and the family itself are more effective in preventing further substance abuse."

Reprinted with permission of Manisses Communications Group, from the March 29, 2004 issue of Alcoholism & Drug Abuse Weekly. To learn more about this newsletter or visit their website at www.manisses.com or call them at 1.800.333.7771.
What is TAADAS?

TAADAS, the Tennessee Association of Alcohol and Drug Abuse Services, Inc., 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 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 also 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 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 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
✔ 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

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

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To join TAADAS and become involved in the fight against alcoholism and drug abuse, please visit their website or contact them directly.
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:

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APPLICATION FOR MEMBERSHIP IN TAADAS

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

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TAADAS’ Mission

To educate the public and influence state and national policy decisions in order to improve services