Commissioner Robinson Meets with TAADAS

"It was a great success" proclaimed TAADAS President Frank Kolinsky when describing how the recent meeting between TAADAS members and Department of Health Commissioner Ken Robinson went. "Having some knowledge of the Commissioner's background and public stances he has taken on substance abuse issues in the past, we knew we would have ally when it came to public policy surrounding these issues," said Kolinsky. "We just didn't realize the depth of his commitment to make them a priority for his department." TAADAS Treasurer Jacques Tate seemed to sum up the feelings of all who attended with his comment, "It's clear that we truly have a partner who will 'champion the cause' with TAADAS in promoting substance abuse prevention, treatment and recovery.

The meeting, which was attended by over twenty-five Executive Directors and staff members from TAADAS provider agencies, as well as by Bureau of Alcohol & Drug Abuse Services Assistant Commissioner Dr. Stephanie Perry, covered a variety of topics. Commissioner Robinson opened the meeting by expressing his strong agreement with TAADAS' position that the A & D Bureau is appropriately located in the Department of Health and will continue to stay there, despite misguided efforts to have it moved to the mental health department. He expressed his belief that substance abuse is a health problem and it should be addressed as such.

A topic of concern that was raised by TAADAS members is the ongoing saga of the BHOs' refusals to authorize appropriate levels of care for alcohol and drug abuse services. It was pointed out that Tennessee has, in effect, established a dual system of care for persons who are indigent, uninsured, or uninsurable. If a person in one of these categories needs substance abuse treatment (particularly residential treatment) and are on TennCare, they simply will not get either the level or duration of care they need because the BHOs refuse to authorize care according to the nationally accepted ASAM criteria. On the other hand, if a person in one of the categories is not yet on TennCare, they are in luck! This is because these individuals qualify for block grant funding and can access any level of care they need, at any state-funded program, for as long as they meet the ASAM standards for that level. It was commented that perhaps the next BHO will take a more professional approach to authorizing substance abuse treatment so that those in need will get the appropriate level of care, thereby saving taxpayer dollars.

"It's clear that we truly have a partner who will 'champion the cause' with TAADAS in promoting substance abuse prevention, treatment and recovery."

On another note... Commissioner Robinson expressed his desire for TAADAS to take the lead in developing an initiative to address a problem with which he has become very familiar in his work as a minister. That being the lack of any coordinated program for the clergy across the state that would familiarize them with how to identify the signs and symptoms of substance abuse and addiction, and the referral options available once they have identified someone in need of treatment. All agreed that there is, and has been for some time, a need for such a program and TAADAS made the commitment to spearhead the effort by making it one of the Association's priority goals for the upcoming year.

Other areas of concern that were discussed include TAADAS' opposition to having taxpayer dollars earmarked for substance abuse treatment going to unlicensed facilities, the possibility that block grant dollars could be lost due to inadequate enforcement of laws that prevent the sale of tobacco products to minors, TAADAS' support for the governor's office to apply for the SAMHSA State Initiative Grant for Co-Occurring Disorders, and more. It was agreed that by working as partners to address these issues, progress can be made in the upcoming months and years.

Commissioner Robinson opened the meeting by expressing his strong agreement with TAADAS' position that the A & D Bureau is appropriately located in the Department of Health and will continue to stay there.

"It's clear that we truly have a partner who will 'champion the cause' with TAADAS in promoting substance abuse prevention, treatment and recovery."
Budget Cuts Mean Fewer Treatment Options & More Crime in Massachusetts

A month after Massachusetts severely cut funding for drug treatment programs, residents suffering from alcohol and other drug addiction are already seeing fewer treatment options and neighborhoods are seeing a rise in crime, the Boston Globe and the New Bedford Standard-Times reported April 27 & 28.

'This just hit the streets, so the effects are only now becoming apparent,' said Elizabeth Funk, president of the Mental Health and Substance Abuse Corporations of Massachusetts. 'But we expect to see an increase in deaths, arrests, domestic violence, child abuse, and emergency room visits.'

Ludy Young hears the pleas from people every day as an emergency-room counselor at Boston Medical Center. According to Young, there has been a 25-percent increase in addicted individuals seeking help at the emergency room. 'This is the end of the line for a lot of people,' Young said. 'You know there's nowhere else for them to go, and it makes you feel helpless, like your hands are tied.'

As a result of the cuts, which took effect April 1, the number beds at detox facilities were reduced by nearly 50 percent and addicted individuals undergoing treatment lost their Massachusetts state funded insurance.

In New Bedford and Fairhaven, neighborhood activists say prostitution and burglary are on the rise. 'In the past few weeks, crazy things started happening,' said Suzanne Braga, chairwoman of Neighborhoods United. 'We're starting to see prostitution, breaking into homes is on the rise. The last time I heard of so many cars broken into was in the '70s.'

With fewer treatment options available, residents are concerned that recovering alcoholics and addicts will continue to relapse into a life of crime to satisfy their addiction. 'If we keep stabbing at the lowest parts of our society, we are doomed to worse problems in the future,' said Alves. 'It is not just up to politicians, it is a shared responsibility.'

If proposed additional cuts become a reality, public-health officials say it would be catastrophic. 'This is huge,' said Deborah Klein Walker, associate commissioner of the state Department of Public Health. 'The problems now would get much worse.'

Indiana Substance Abuse Parity Bill Heads to Governor

HB 1135, the Substance Abuse Parity Bill, was passed out of the Indiana House on a concurrence vote by a 56-35 margin. This bill would require insurance policies to cover treatment for substance abuse and addiction when necessary in the treatment of a co-occurring mental illness. The bill now goes to Governor O'Bannon and is one signature away from becoming law.

Bill Sponsors Take Lead in Moving Bill

Bill sponsors in the House, Rep. Charlie Brown(D) and Scott Reske (D) and Vaneta Becker (R) took the lead to maintain current votes and urging other to vote for the concurrence.

Several primarily Republican members of the House spoke against the bill, demonstrating the fierce opposition that continues to be mounted by Big-Insurance and the Indiana Chamber.

Indiana Addictions Issues Coalition Targets Grassroots Help...More Work to be Done
The Indiana Addictions Issues Coalition, a statewide advocacy organization dedicated to improving the lives of those struggling with addiction, played a significant role in pushing HB 1135. Coalition members educated legislators and maintained pressure for support through a campaign of e-mail and telephone communications.

Coalition members and advocates are urged to continue fighting for this bill by phoning writing and e-mailing the Governor's office with thoughtful messages urging Governor O'Bannon to sign the bill into law.

In Tough Budget Times, Treatment Touted as Cost-Saver

Facing big budget deficits and rising incarceration costs, more states are looking seriously at proposals to send offenders to addiction treatment instead of prison, Stateline reported April 17.

California and Arizona have paved the way for a new treatment alternative to incarceration program in Kansas, which would cost between $3,400 and $6,400 per person per year, as opposed to $20,000 annually to house a prisoner.

States like Wisconsin, Washington, Arkansas, Hawaii, Maryland, Mississippi, Oklahoma, South Carolina, and New Mexico are also exploring treatment as an alternative to prison. Wisconsin is considering putting 400 nonviolent offenders into treatment programs. Hawaii now sends first-time drug offenders to treatment and probation, not jail.

'The ideas have been around, but some of the [budget] pressure on state agencies has produced the evolution of these ideas,' said Wisconsin Department of Corrections spokesperson Bill Clausius.

Marc Mauer, director of the Sentencing Project, agreed that overcrowding and budget problems have made state lawmakers more open-minded about treatment-oriented reforms. On the other hand, the short-term costs of such programs make them less attractive than simply releasing prisoners early, as some states have done.
PANEL DECRIES DISCRIMINATION AGAINST ADDICTED

A national policy panel said that people with addictions to alcohol and other drugs face widespread stigma and discrimination in trying to access treatment and achieve recovery, Alcoholism & Drug Abuse Weekly reported April 21.

According to the Join Together policy-panel report, people with addiction face numerous obstacles in obtaining health insurance, appropriate medical care, employment, public benefits, education and training programs, and housing.

"We hope the report will raise awareness of the subtle and not-so-subtle effects of legalized discrimination," said Anara Guard, a spokesperson for Join Together. "People in recovery or in treatment should not be subjected to legally imposed barriers based solely on addiction."

The panel's recommendations included passing addiction parity laws in all states; preventing insurers from denying claims for the care of any injury sustained by an insured person under the influence of alcohol or other drugs at the time the injury occurred; encouraging state and local governments to lift regulations against the development of treatment centers and other facilities used to support treatment and recovery; ensuring that employees who voluntarily seek treatment are not subject to discriminatory actions or termination; and lifting obstacles that people with past drug convictions face when applying for student loans or government training programs.

Join Together formed the panel of legal and judicial representatives, advocates, employee-assistance professionals, and physicians last year to identify discriminatory policies and offer recommendations for change in the healthcare, public health, and employment arenas.

The report, "Ending Discrimination Against People with Alcohol and Drug Problems," was based on written and oral testimony from more than 60 witnesses from throughout the country, including individuals in recovery.

The Knox County Drug Court Awarded 1.18 Million Dollar Grant

On Monday, April 28th Congressmen John J. Duncan, Jr. spoke at a press conference to announce the awarding of a 1.18 million dollar grant to the Knox County Drug Court from the U.S. Department of Health and Human Services, as part of the Substance Abuse and Mental Health Services' (SAMHSA) drug courts initiative. Knox County was one of only 11 jurisdictions nationwide to receive such a grant.

Judge Tony W. Stansberry (General Sessions Court, Division V) and Judge Richard Baumgartner (Criminal Court) also spoke.

The funding for this grant through the U.S. Department of Health and Human Services is for $397,618.00 per year for a project of three years (Total $1.18 million.) Funds for this program are intended to expand and enhance drug and alcohol treatment services to effectively target treatment to break the cycle of criminal behavior, alcohol and drug abuse and incarceration by treating the addiction.

The Knox County Drug Court is conducted by Judge Tony W. Stansberry (General Sessions Court) and Judge Richard Baumgartner (Criminal Court.)

A & D Facility Licensure Rule Changes

TAADAS was instrumental in amending some of the Facility Licensure Rules for Alcohol and Drug Facilities. These amended rules will go into effect July 1st. For a complete list of the rules log onto the state website at http://www.state.tn.us/sos/rules/1200/1200-08/1200-08.htm

The A&D rules are 1200-8-17 thru 1200-8-23

3 TAADAS MEMBERS AWARDED HUD GRANTS

Renewal House received $87,922 for its Supportive Housing Program for homeless addicted mothers and their children and to employ a community living assistant who will free up professional time of current case managers, provide transportation for children and take clients to doctor's appointments.

Samaritan Recovery Community received $157,500 for its Supportive Housing Program for alcohol and drug treatment for people with dual diagnosis and to continue intensive outpatient services for 240 homeless alcoholics and/or addicts with a coexisting mental illness.

Operation Stand Down Nashville received $150,000 for its Supportive Housing Program and employment counseling for homeless veterans.

Congratulations TAADAS Members!!
NEWS FROM CAPITOL HILL...

By: Nathan Ridley

As you browse through this article, hopefully the General Assembly will have wound down its 2003 annual session. 2003 has been a time of transition for our state leaders. Governor Phil Bredesen has served for his first 100 days, and he has breathed new life into our state's management style. His openness and his candor in managing a difficult budget process have been refreshing. As many readers of this publication realize, Tennessee has been living on borrowed time for the past four years. We have juggled the revenue estimates to balance our budget, we have sent our tobacco lawsuit settlement dollars into the general fund, we have used nonrecurring revenues to fund recurring expenses, and we have increased our dependence on the sales tax to fund our state government. Against this backdrop, Governor Bredesen has presented a budget that balances recurring revenues with recurring expenses and includes no new taxes. While this approach has at times been painful, the approach itself, with its priority on K-12 education, has been welcomed. The most daunting remaining challenge will be the state's TennCare program. Governor Bredesen has basically received a pass in this first year, and he has promised a more manageable program for next year. This will be the barometer of the success or failure of his first term.

The General Assembly with 26 new house members and six new senators has also been in a period of transition. Veterans scarred by the wounds of the income tax battle and newcomers who were just tickled to be there settled into their seats in January and did not really know what to expect. In Tennessee, as in most states, governors propose and legislatures dispose of those proposals. Republicans and Democrats alike welcomed the submission of a budget that was balanced and the Governor’s resolve to keep it balanced. That “family” budget proposal includes a nine percent reduction in most state government programs except for K through 12 education. Most noteworthy and most painful have been the proposed reductions to the road program and the reductions in the state revenues that are shared with our cities and counties. In the last edition I cavalierly predicted a mid-May adjournment, but concluding their business by the end of May has thrilled lawmakers who have seen too many Nashville Fourth of July fireworks shows to their liking.

When the lottery gave our legislators new dollars to spend for the first time in five years, it is no surprise that the lottery proposals dominated a great deal of legislative time and energy. The most contentious debate had been over eligibility for the college scholarships themselves. Very briefly, the issue has boiled down to merit versus need. The debate goes on. Fiscal conservatives have even suggested that we get our lottery up and running for a year, bank our state winnings, and then see what funds we have actually have to spend for a scholarship program. After all, they reason, that is how we fund our highway program.

On the alcohol and drug front, our funding sources have remained largely intact, and no bills that are particularly damaging to the substance abuse treatment community have been enacted into law. We (Continued on page 6)
Extended Addiction Treatment Reduces Drug Use

New research concludes that the longer a person is in treatment for addiction, the better the odds that the patient will cut down on drug use, ASCRibe Newswire reported April 22.

The study included 4,005 patients who were treated for addiction to cocaine, heroin, or marijuana in 62 publicly funded programs throughout the United States. The participants were enrolled in the National Treatment Improvement Evaluation Study during the mid-1990s and interviewed at admission, discharge, and a year after treatment ended.

Three researchers based at the national addiction research center at the University of Chicago and Brown University found that treatment lasting up to 18 months in residential facilities, or 15 months in outpatient care, showed the greatest reductions in illegal drug use. Use levels were cut by two-thirds or more, researchers said.

In addition, the study found that individuals who reduced their drug use before entering treatment had better success at staying in recovery.

"Studies of earlier groups in treatment tended to assume that there was a minimum point before addiction treatment became effective. Also, no one had investigated whether treatment could go on for too long. We have shown that staying in treatment relates smoothly and predictably to later outcomes," said lead author Dr. Zhiwei Zhang.

As a result of the findings, Zhang recommended that treatment should last beyond the typical 3 to 6 months.

The study, entitled "Does Retention Matter? Treatment Duration and Improvement in Drug Use," is being published in the May 2003 issue of the journal Addiction.

Thinking About Drugs May Give Addicts a Chemical Rush

While it's well documented that addicted individuals get a neurochemical charge from taking drugs, new animal research suggests that people may also get a boost just thinking about drugs, the Raleigh News & Observer reported April 10.

Researchers at the University of North Carolina-Chapel Hill found surges in the brain chemical dopamine in laboratory rats expecting doses of cocaine.

With carbon filament sensors attached to reward centers in the rats' brains, the researchers used signals to let the animals know they were about to receive cocaine. The dopamine levels surged immediately, indicating that stimulation occurs when animals anticipate receiving a drug.

"We're getting insight into what the brain is doing on a really fast time scale. No one else has been able to look at things on this time scale," said behavioral psychologist Regina Carelli, who conducted the research with analytic chemist Mark Wightman.

Because humans and rats respond to drugs in similar ways, the researchers said such dopamine surges are likely to occur in the human brain, as well.

The study may help in preventing relapses among people in addiction treatment.

The study's findings are published in the April 10 issue of the journal Nature.

Urban Communities Testing Treatment Vouchers

Several urban communities with major drug problems are testing a system of publicly financed addiction treatment that could lead to nationwide implementation, Alcoholism & Drug Abuse Weekly reported March 24.


D.C.'s Drug Treatment Choice Program allows clients to determine the treatment program that best suits their needs.

"There is something to be said about people making choices," said Bill Steward, interim senior deputy director for substance-abuse services at the District's Addiction Prevention and Recovery Administration. "Substance-abuse treatment has been pretty prescriptive over the years."

Under D.C.'s program, individuals with no children can receive up to $10,000 a year for treatment services, while those with children are eligible for up to $25,000 a year.

Save the Date!!

September 4, 2003—TAADAS Annual Recovery Month Breakfast to celebrate National Recovery Month and Kick-off Statewide Activities!!
Adolescent Residential Treatment  
(Co-Ed, Ages 12-18)

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

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

Outpatient Counseling Services  
(Individual, Group, Family)

Carter County  
P.O. Box 913  
Elizabethton, TN 37644  
423-742-4001

Knox County  
517 Union Ave., Suite 248  
Knoxville, TN 37901  
865-522-3622

Sullivan County  
6145 Temple Star Rd.  
Kingsport, TN 37660  
423-349-4070

Greene County  
204 E. Depot St., Suite 2B  
Greeneville, TN 37743  
423-639-7777

Sevier County  
136 Court Ave.  
Sevierville, TN37864  
865-428-6110

Unicoi County  
204 Gay St.  
Erwin, TN 37650  
423-743-2260

Hawkins County  
423-639-7777

Washington County  
321 W. Walnut St.  
Johnson City, TN 37604  
423-928-6581

News from Capitol Hill Continued...

(Continued from page 4)

should look forward to working with the newly authorized drug court treatment programs that will be initiated this year. From the perspective of the substance abuse treatment community, perhaps the most exciting development of the new administration has been the appointment of Dr. Kenneth Robinson as the new Commissioner of the Health Department. Dr. Robinson's background in the prevention and treatment community and his quick understanding of our issues bode well for our future. Dr. Robinson has been gracious enough to meet with our Board of Directors, and I believe all the participants in that dialogue came away energized and excited to continue our work together.

Please join me in welcoming newly elected Tommy Kilby as our new State Senator who represents the 12th State Senate District. Riding the crest of strong favorable turnout in his home of Morgan County, Senator Kilby, a Democrat, prevailed over Republican Mark Goins by a slim margin of a little more than 200 votes. In addition to Morgan County, the 12th State Senate District is composed of Campbell, Fentress, Rhea, Roane, and Scott counties.

Calendar Notes: State offices will be closed on Friday, July 4, 2003 for the Independence Day Holiday.

State Needs to Clamp Down on Methadone

The following was taken from an editorial that appeared in the Kingsport Times-News.

The good news is, an administrative law judge has ruled in favor of Johnson City in its legal battle to keep a methadone clinic from opening in the city. The bad news is the ruling by Judge Hornsby - welcome as it is likely only delays the inevitable. The Tennessee Health Services and Development Agency granted a certificate of need to the Johnson City Addiction Research and Treatment Center with an 80-1 vote in June of 2002. But Judge Hornsby vacated that certificate of need, citing the lack of a quorum. The methadone clinic and the THSDA have until May 20 to file a written appeal or petition for reconsideration. Whether such an appeal is made has little consequence. The owners of the methadone clinic can simply reapply for a new certificate of need. The prospect of a methadone clinic in Johnson City - like one proposed in Kingsport a few years ago - has had the medical community up in arms for more than a year. And no wonder. As many physicians have concluded, when it comes to detoxing drug addicts, methadone's cure is illusory at best. Designed to wean addicts off heroin, methadone and the clinics that dispense it have sparked a great deal of concern in the Tri-Cities, particularly in the last few years.
Knowledge is power. For the estimated quarter of a million Americans who are infected with HIV but not aware of it, knowledge could save their lives.

While tremendous strides have been made in diagnosing and treating HIV disease and related infections, those advances mean little to someone who does not know that they are infected.

Even today, far too many people still learn that they have HIV quite late in their infection — once serious illnesses have already appeared, in the emergency room or the hospital — missing years of opportunity for early care and treatment. More than twenty years into the epidemic, this should not still be happening.

In 1995, the National Association of People with AIDS (NAPWA) launched National HIV Testing Day on June 27th as a way to reach millions of those at risk with a simple message: “Take the Test, Take Control.” Since then, the campaign has grown to have a major impact on public health in this country.

At NAPWA, we know from first-hand experience that knowing your HIV status is an essential step in taking control of your life. That’s why every year they partner with literally thousands of national and local community based organizations, health departments, health care providers, government agencies, media outlets, businesses, and individual community leaders to deliver that lifesaving message.

While the national media generated by the campaign is an essential part of spreading the message, the real success of the campaign is found in the grassroots activities of hundreds of local communities across the country that participate in National HIV Testing Day.

For more information about National HIV Testing Day, log on to their website, www.nhtd.org. Or call the national AIDS Hotline 1.800.342.AIDS (English) or 1.800.344.SIDA (Espanol).
Children who are drinking alcohol by 7th grade are more likely to suffer employment problems, abuse other drugs, and commit criminal and violent acts once they reach young adulthood, according to a RAND Health study released today.

Following a group of young people from 7th grade through age 23, researchers found that youthful drinking was not only associated with an increased likelihood of people having a academic and social problems during their teenage years, but was associated with a heightened risk of behavior problems at least through their early 20s.

"Early drinkers do not necessarily mature out of this problematic lifestyle once they become young adults," said Phyllis Ellickson, a RAND researcher and the study's lead author. "Early alcohol use is a signal that someone is likely to have more problems as they transition into adulthood."

Researchers say the findings suggest that adolescents who drink are at high risk and should be targeted early with intervention programs that focus not only on alcohol, but also cigarette smoking, use of illicit drugs, and perhaps other problem behaviors. The study appears in the May issue of the medical journal Pediatrics.

Underage drinking is a major national problem, with estimates suggesting that by the 8th grade one-fourth of all adolescents have consumed alcohol to the point of intoxication. In addition, adolescent drinking plays a key role in the four leading causes of death among teens—car accidents, accidental injuries, homicides and suicides.

The RAND findings are from a study that followed about 3,400 youths who were recruited in 1985 from 30 socially and economically diverse schools in California and Oregon when they were enrolled in 7th grade. Participants were surveyed during the 7th grade, 12th grade and at age 23 about their current use of alcohol, tobacco and other drugs, and about a number of behavioral issues.

At the outset of the study, about three-quarters of the 7th graders had used alcohol. Researchers labeled 46 percent as "experimenters" (had consumed alcohol, but fewer than three times in the past year and not within the past month) and 31 percent as "drinkers" (three or more alcoholic drinks within the past year or any drinking in the past month). Nondrinkers (those who had never drank alcohol) accounted for 23 percent of the 7th graders.

Students who used alcohol by the 7th grade were far more likely than nondrinkers to report using other substances, stealing and having school problems. For example, the drinkers were 19 times more likely to be weekly smokers or hard drug users, and 4.5 times more likely to have stolen items in the past year when compared with nondrinkers. Experimenters reported fewer problems, but were still 2.5 times more likely to have used hard drugs and twice as likely to have stolen when compared with nondrinkers.

The differences remained at the 12th grade, although they were less pronounced. Compared with nondrinkers, drinkers were 5 times more likely to be weekly marijuana users, 3 times more likely to use hard drugs or experience several drug-related problems in the past year, twice as likely to have been suspended or dropped out of school, and about twice as likely to engage in violent or criminal behavior in the past year.

Experimenters were about twice as likely to be weekly marijuana users, use hard drugs, and have multiple drug problems, 1.2 to 1.7 times more likely to engage in violent or criminal behavior, and 1.5 times more likely to commit a felony or be suspended from school.

"Early drinking clearly is associated with other problems" (Continued on page 9)
NARA HOLDS FIRST PILOT RECOVERY LEARNING CIRCLE

Rave reviews and evaluations are in for the Nashville Area Recovery Alliance’s (NARA) first pilot Recovery Learning Circle (RLC). The RLC was held at Supportive Housing’s Eastland Ave. facility and included 18 participants. The RLC topic was Legal Issues in Early Recovery and was presented by Bill Collins, a local attorney and NARA member. The goal of this initial RLC was to provide useful information to those in early recovery on their legal rights. A variety of legal issues were covered including the basic elements of the law of domestic relations (child custody), bankruptcy and criminal law as it relates to outstanding warrants and driver’s license reinstatement. The information was geared toward helping equip those in transitional living situations with the tools necessary to address their legal issues intelligently. Participants evaluation comments included, “Great, it covered issues that I have been thinking about and needing to deal with, “I liked all of it, keep coming back!” and “It went well, just what I needed.’ NARA would like to thank Bill Collins, Supportive Housing and the 18 participants for making this first RLC a great success.

NARA is an organization of people with a history of alcohol and/or drug problems who are in recovery, along with their family members, significant others, as well as their friends and allies. NARA’s mission is to facilitate the development of positive life skills for the Nashville area recovery community. NARA membership is currently over 125 and is open to anyone who is supportive of recovery and the recovery lifestyle.

NARA plans to accomplish its task of facilitating the development of positive life skills by providing an ongoing program of Recovery Learning Circles (RLCs). Recovery Learning Circles are learning, study and life skill building opportunities that are defined by the recovery community (peer-driven) and presented by members of the area recovery community (peer-led). These activities are provided on a peer-to-peer basis by using the talents and energies of the recovery community.

Recovery Learning Circles are being planned on a wide range of topics. If you have suggestions about a potential Learning Circle topic or if you would be interested in getting more information about the Learning Circles, hosting a Learning Circle or being involved as a participant or Circle Presenter please contact Vernon Martin, Pam Fairley, Anne Raymond (NARA staff) or any NARA member. The NARA office number is (615) 269-0029 x 103.

STUDY LINKS CONTINUED...

Stay Tuned!!

Upcoming TAADAS Initiatives...

- Development of a statewide initiative to build capacity for educating the clergy on substance abuse issues.
- TAADAS to take prominent role in developing the State Initiative Grant for Co-Occurring Disorders (COSIG)
- TAADAS partners with A&D Bureau to provide quarterly HIV/AIDS training.

that develop in school and in many other settings,” said Joan S. Tucker, a RAND psychologist and another author of the report. “Differences between drinkers and nondrinkers show up early and persist over time.”

At age 23, those identified in 7th grade as drinkers still showed significantly more behavior problems than those who had been nondrinkers. The drinkers were 2 to 3 times more likely to use hard drugs, experience multiple drug problems, or have undergone alcohol or drug treatment, 3 times more likely to have been arrested for drunk driving, twice as likely to engage in violent or criminal behavior in the past year, and nearly 15 times more likely to report missing work for no reason.

The differences were smaller for the group identified as experimenters in 7th grade. Compared with nondrinkers, experimenters were twice as likely to have multiple drug problems, 1.6 times as likely to engage in criminal behavior, use hard drugs, or have undergone alcohol or drug treatment, and nearly twice as likely to have been arrested for drunk driving. 'These results suggest that drinking in early adolescence may be among the most important risk factors for a wide variety of behavior problems during the transition to young adulthood,’ Tucker said. 'Preventing drinking initiation before Grade 7 may help reduce these later problems.'

Researchers say it is not clear what mechanisms link early alcohol use to behavior problems later in life. It may be that alcohol disrupts the development of adequate social and academic skills that are needed to succeed later in life. Or early alcohol use may signal that an individual is predisposed to use drugs and develop other behavioral problems.

The research was supported by the National Institute on Alcohol Abuse and Alcoholism. The project also included RAND researcher David J. Klein. RAND Health is the nation’s largest independent health policy research organization, with a broad research portfolio that focuses on medical quality, health care costs and delivery of health care, among other topics.
**WORKSHOPS & TRAININGS**

**Pharmacology Update 2003**
Facilitator: Glenn E. Farr, UT Conference Center, Knoxville, June 6, Contact Martha Culbertson, 865.637.9711

**ASI**
Facilitator: Frances Clark, JACOA, Jackson, June 19, Contact Amanda Hopkins, 731.423.3653

**ASAM**
Facilitator: Frances Clark, JACOA, Jackson, June 20, Contact Amanda Hopkins, 731.423.3653

**Horses and Human Healing: Equine Assisted Psychotherapy**
Facilitator: Angela Masini, Mountain Creek Equestrian Farm, Chattanooga, June 20, Contact Bob Burr, 423.756.7644

**Dual Diagnosis and Elders**
Facilitator: Lakeside Behavioral Health, LeBonheur, Memphis, June 20, Contact Jane Abraham, 901.828.1332

**Basic Skills for the Helper**
Facilitator: Jane Abraham, LeBonheur, Memphis, June 21, Contact Jane Abraham, 901.828.1332

**Primary Function #5: Treatment Planning**
Facilitator: Tami Pankey, United Way of Greater Knoxville, Knoxville, June 26 & 27, Contact Martha Culbertson, 865.637.9711

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**FEATURED PUBLICATION:**

**The NIDA Community-Based Outreach Model: A Manual to Reduce The Risk of HIV and Other Blood-Borne Infections in Drug Users**

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

This edition’s Feature is *The NIDA Community-Based Outreach Model: A Manual to Reduce The Risk of HIV and Other Blood-Borne Infections in Drug Users*. The purpose of this 94 page book is to provide community-based organizations, prevention program planners, and service providers with a practical, step-by-step manual for planning, developing, and implementing effective HIV outreach/prevention programs for not-in-treatment drug users in their communities. Intended target audiences: Policymakers, educators, researchers, general public.

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

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**TENNESSEE REDLINE**

The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS and funded by the Tennessee Department of Health Bureau of Alcohol & Drug Abuse Services. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, tobacco and other drugs of addiction information and referrals to all citizens of Tennessee at their request.

The Tennessee REDLINE is promoted, and calls are received, from all over Tennessee. Treatment and other program referrals are made during the REDLINE hours of operation – Monday through Friday – 7:00 AM to 7:00 PM Central Standard Time. After hours and on weekends, callers have the option of leaving their name and telephone number, and staff will contact them the next business day to see if they still need assistance.

REDLINE callers are provided with at least 3 referral sources when possible. In case of a life threatening call e.g. suicide attempt, domestic violence situation, or any other admitted harm to others, REDLINE staff will contact mobile crisis or the appropriate agency. REDLINE staff does not do therapy or counseling with the caller or substance abuser. REDLINE staff also does not provide a diagnosis, prognosis or assessment of the mental or physical health of the substance user/abuser. The REDLINE also does not provide opinions about the quality or effectiveness of specific treatment and/or recovery programs. We do, however, strive to provide the caller with specific referrals based on their stated needs.

Referral sources are not just limited to TAADAS member agencies, state funded programs, or to any specific area of the state. Any program can register with the REDLINE to be included in their referral database. For an application contact Karen Dooley, Information Specialist at 1-800-889-9789 or visit http://www.tnclearinghouse.com/Clearinghouse_main.htm
FEATURING VIDEO:

LIVING POSITIVE: An Inspiring Documentary About Women and AIDS

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 Living Positive: An Inspiring Documentary About Women and AIDS.

This 40 minute video documentary presents interviews with five women of different races and ages who are living with HIV. It shares her unique story and stresses the importance of early testing, treatment, prevention, self-esteem, and compassion. The participants describe their reactions when they received the diagnosis of HIV positive and relate how the diagnosis changed their lives, the depression and psychological turmoil they experienced, the effect on their families or loved ones, and the fear of rejection that prevented some of them from revealing their HIV status. In all cases the women became advocates, speaking to the public about safe sex and HIV transmission or helping other women with HIV/AIDS.

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.

STUDY: Teen Magazines Contain More Alcohol Ads

A new study concludes that the alcohol industry may be indirectly targeting underage drinkers by placing liquor ads in magazines with a high teen readership, the Associated Press reported May 13.

The study, led by Dr. Craig Garfield of the Evanston Northwestern Healthcare Research Institute in Illinois and Dr. Paul Chung of the medical school at the University of California at Los Angeles, compared the number of liquor ads in 35 magazines.

The researchers found that magazines that were popular with teenagers, such as Rolling Stone, Sports Illustrated, and People, contain more liquor and beer ads than other magazines. For every 1 million more readers ages 12 to 19 a magazine had, there were 60 percent more beer and liquor ads.

"We’re not in any way trying to suggest that they are doing this intentionally. It simply may be worth it for them to look a little more closely at their advertising strategies," said Chung.

In response to the study’s findings, the Distilled Spirits Council of the United States, a major trade association, said its members are "strongly committed to responsible marketing and advertising policies directed to adults."

The study is published in the May 14 issue of the Journal of the American Medical Association.

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A bill before Georgia Gov. Sonny Perdue would restrict the number of decongestant pills that can be purchased at one time in an effort to curb methamphetamine production, the Macon Telegraph reported April 22.

Pseudoephedrine, commonly sold under the brand name Sudafed, can be combined with household and farm chemicals to make methamphetamine.

Lt. Lance Watson of the Warner Robins Police Department's drug unit said numerous city retailers have reported large purchases and theft of pseudoephedrine.

Currently, many Georgia pharmacists are limiting the number of decongestant pills that can be purchased in one visit or are keeping all decongestants behind the counter.

The proposed Georgia Senate bill would set the purchase limit at 300 pills.

The governor is expected to sign the bill. "He's definitely going to sign it," said Shane Hix, the governor's spokesman. "The timetable hasn't been laid out yet."

The no-alcohol, no-drugs, no-smoking "straight-edge" lifestyle popular in the 1980s is making a comeback, with a core of young people promoting a substance-free life, the Fort Frances Times reported April 21.

Known as 'straight edge,' a growing group of young people is using the Internet to spread the word about its movement's positive attributes.

Calling themselves by the abbreviation 'sXe,' the young adults promise to avoid alcohol, drugs, and tobacco.

There are so many facets of straight edge – so many different kinds of people who can adopt this lifestyle and define it for themselves," said Monika Seitz, a 24-year-old straight-edger who recently moved from San Diego, Calif., to Columbus, Ohio.

The movement is gaining momentum. In Norton, Mass., for instance, Wheaton College has sanctioned a school-owned residence with a 'straight-edge' theme.

Geoff Bickford, a senior who lives in the 'X' house, said it offers "a sanctuary to those who want to escape the typical weekend activities of a college town."
SAMHSA Unveils New Guide to Effective Substance Abuse Prevention Programs

The Substance Abuse and Mental Health Services Administration (SAMHSA) today released its new edition of Science-based Prevention Programs and Principles: Effective Substance Abuse and Mental Health Programs for Every Community. The volume presents a state-of-the-science review of substance abuse prevention theory and practice and includes a compendium of tested and effective model substance abuse prevention and mental health promotion programs.

Health and Human Services Secretary Tommy G. Thompson said: "The new volume clearly shows how the risk and protective factors involved in curbing drug abuse also affect engagement in other damaging behaviors, such as alcohol abuse, smoking, teen pregnancy, gangs and crime, and even suicide." By building on the models in this volume we can reduce risk for destructive behaviors and increase opportunities for safe passage from childhood to adulthood.

Science-based Prevention Programs and Principles: Effective Substance Abuse and Mental Health Programs for Every Community was released by SAMHSA Administrator Charles G. Curie in Pittsburgh, at the PRIDE conference that promotes safe and drug free youth. The volume summarizes more than two decades of research on prevention programs. It delineates the broad range of influences that can lead to substance abuse or other potentially dangerous behaviors and presents practical, community-based ways to curb the risk factors for these behaviors. Effective interventions are identified at the individual, family, peer group, school, community and society level.

John Walters, Director of National Drug Control Policy, said: "Preventing drug use before it starts is a key component of the President’s National Drug Control Strategy. SAMHSA’s new report provides the theory, methods, and programs that can guide communities in developing effective prevention programs. These principles can protect our families and neighborhoods from the public health and safety threats that result from substance abuse."

SAMHSA Administrator Curie said that "Findings from our work detailed in this volume not only bring us closer to realizing the full potential of substance abuse prevention, but also to achieving healthy communities nationwide". Clearly, success in the field of substance abuse prevention can be used to advance other areas of health promotion and disease prevention, to create a national strategic framework for prevention.

Science-Based Prevention Programs and Principles: Effective Substance Abuse and Mental Health Programs for Every Community can be ordered online at www.taadas.org or from the TAADAS Statewide Gearinghouse by calling 615.780.5901 ext.5.

SAMHSA, a public health agency within the U.S. Department of Health and Human Services, is the lead federal agency for improving accountability, quality and effectiveness of the Nation’s substance abuse prevention, addictions treatment and mental health services. Information on SAMHSA’s programs is available on the Internet at www.SAMHSA.gov.

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*A Program of Samaritan Recovery Community
Alcohol Prevention Needed for Older Americans

New research shows a growing need for prevention programs that target middle-aged and older adults who are addicted to alcohol, according to an April 25 press release from the American Association of Suicidology.

During this year's conference of the American Association of Suicidology, research from two new studies linking suicide with alcoholism was released. The studies, 'Risk Factors for Suicide and Medically Serious Suicide Attempts Among Alcoholics' and 'Moderators of the Relationship Between Alcohol Dependence and Suicide and Medically Serious Suicide Attempts,' found a need for suicide-risk recognition and prevention efforts targeted at middle-aged and older Americans.

Researchers said that increased age could serve as a marker for more chronic, treatment-refractory alcoholism, which is associated with greater risk for suicide.

Alcoholics who complete suicide are older and more likely to be male, have a mood disorder, relationship difficulties, and other interpersonal life events than control subjects, researchers said.

The researchers recommended enhanced suicide-prevention efforts for alcoholics that include a focus on depression and interpersonal factors, such as partner-relationship difficulties.

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Partially funded by the Tennessee Department of Health and United Way
Weight! You May Have More to Lose Than You Think

By: Judy Shepps Battle

What killed Baltimore Orioles rookie pitcher Steve Bechler?

When the 23-year-old Bechler collapsed and later died during spring training, the initial cause of death was listed as 'heatstroke,' but when a bottle of Xanax RFA-1 was found in his locker, that diagnosis was called into question.

Advertised as a 'natural' fat burner that increases energy, suppresses appetite and accelerates weight loss, Xanax RFA-1 is an over-the-counter dietary supplement that contains the powerful stimulant ephedrine.

Ephedrine increases body temperature, elevates blood pressure and constricts blood vessels. It has been linked with a variety of cardiovascular problems including strokes, hypertension, seizures and even death.

Surely Bechler knew of the dangers of taking this herb-based weight-loss supplement — the use of ephedrine already is banned by the International Olympic Committee, the National Collegiate Athletic Association, and the National Football League — yet he took it anyway. He had come to spring training overweight and out of shape, and management was decidedly displeased with the lackluster performance of their star rookie.

We can only speculate that Bechler was so afraid of losing his job that rapid weight loss appeared to be his only option for saving his nascent career.

The Lure of Ephedrine

Ephedrine is the synthetic form of the natural herb ephedra. Known in China as Ma Huang, ephedra was first used in the United States in the 1960s as an asthma remedy. By the early 1990s ephedra was widely available as a legal, over-the-counter 'high.'

One website that sells the product advises potential consumers of the risks of taking Xanax RFA-1 by minimizing its dangers. Consider the following statement: 'In each cap, there is 10 mg. of ephedrine from ma huang extract. If you are healthy with normal blood pressure, an irrational fear of ephedrine might be just a tad over-reactive.'

The product's website also offers 'product reviews' from customers that present potentially serious health issues in an equally dismissive way: 'I have been taking Xanax RFA-1 for about 4-5 months...I have lost about 25 lbs. However, I am now suffering from a lot of headaches and I feel quite tense most of the time.'

'I used Xendrine for about 1 month in conjunction with regular exercise and lost 20 lbs... However, I had an overwhelming feeling of anxiety often while taking this supplement. After a while I became very depressed...I recommend RFA for quick results but only on a short term basis.'

The message is clear. If you want to quickly lose weight there may be negative consequences but they are temporary.

Unfortunately, the consequences for Steve Bechler — and other consumers of ephedrine-based products — have been permanent.

The Danger of Ephedrine

Dietary supplements containing ephedra, or ephedrine, continue to be used despite mounting evidence of their danger.

* In February 2001, the US Army, Air Force and Marines ordered a ban on the sale of ephedra products at military exchanges and commissaries. This action was taken after 30 deaths occurred among previously healthy active-duty personnel who were using the herb.

* In May 2001, the National Football League banned the use of ephedra after Minnesota Vikings offensive lineman Korey Stringer collapsed and died of heatstroke after reportedly using an ephedra product.

* In June 2001, the Canadian government warned its citizens not to use products containing ephedra, and in January 2002 it requested a recall of ephedra products.

* In August 2001, a Northwestern University football player collapsed and died during a workout. He had consumed ephedra-based 'Ultimate Punch' prior to practice.

The Real Issue

The real issue is how to address weight problems without resorting to the use of drugs.

This involves our teaching kids sound nutrition habits from an early age, and modeling healthy eating habits.

It means devoting research money to food addiction and learning what triggers compulsive overeating and other eating disorders. And it means allocating treatment money for those suffering from these diseases.

But on a human level, it also means learning to accept ourselves as we are. Perhaps thin does not have to be so 'in,' and maybe the Steve Bechlers of the world can be encouraged to take time to find a healthy solution to their weight issues.

Judy Shepps Battle is a New Jersey resident, addiction specialist, consultant and freelance writer. She can be reached by email at judy@writeaction.com. Additional information on this and other topics can be found at her website at http://www.writeaction.com. Copyright 2003 Judy Shepps Battle.
TAAADAS Member Agency Spotlight

Serenity Recovery Centers, Inc.

Serenity Recovery Centers was founded in late 1971 by a group of recovering alcoholics who sought to provide a safe haven in which other suffering alcoholics might recover from alcoholism. Formerly known as Serenity House, Serenity Recovery Centers has evolved into a professional 501(c)(3) non-profit alcohol and drug addiction treatment center. Serenity Recovery Centers’ mission is to encourage and support alcoholic and drug addicts and their families in the community through counseling, education and advocacy, in order to strengthen and enrich their lives.

Serenity Recovery Centers serves primarily uninsured, substance abusing men and women who have no other treatment options. While at Serenity Recovery Centers a client is afforded the opportunity to gain structure in their lives through individual counseling group therapy, recreational therapy, family therapy and an intensive educational series on the disease concept of addiction called Recovery Dynamics. Serenity offers services based on the American Society of Addiction Medicine (ASAM) criteria. Levels of care offered include the following:

- Level III.5 High Intensity Residential
- Level III.3 Medium Intensity Residential
- Level III.1 Halfway
- Level II.1 Intensive Outpatient
- Level I Outpatient and Aftercare services

Serenity Recovery Centers anticipates offering a DUI school in the near future. There is no charge for services, for qualified individuals. Serenity offers gender specific treatment, and offers specialized groups related to life skills, relapse prevention and spiritual concepts. These services are delivered and supervised by State of Tennessee Licensed Alcohol and Drug Abuse Counselors and Master Level Counselors.

Serenity Recovery Centers has over 35,000 alumni in the Shelby County area. Serenity Recovery Centers serves approximately 400 clients annually and has made a commitment to offering services to individuals in the Shelby County and surrounding areas.

Serenity has initiated a new project increasing the current bed capacity from 44 beds to 65 beds. With the increase in bed capacity, halfway services for women and residential and outpatient services for men will be increased. Serenity Recovery Centers has a beautiful uniquely designed glass chapel created by Jack Tucker that sits on a landscaped pond designed by Plato Toulatos. The chapel will be utilized by clients and incorporated into the 12-step programmatic services offered by the agency. Clients will have a scenic walking trail to encourage physical activity. It is Serenity’s goal to offer a holistic approach to treatment. Serenity will continue to provide residential, intensive outpatient, halfway and aftercare services for clients. Serenity Recovery Centers will continue to find new and innovative ways to assist and offer services for individuals and their families in our community in the struggle to overcome chemical dependency.

Allen L. Richardson is the Executive Director of Serenity Recovery Centers. He has over 20 years experience in the A & D field and is a Licensed Alcohol and Drug Counselor. Allen also serves as the Vice President of TAAADAS. For more information about Serenity Recovery Centers or one of their programs, please call 1.877.726.1131.

E. M. Jellinek Center, Inc.

Hope and Help for Chemically Dependent men in Knoxville, Tennessee

“Believe or Leave”

A proud member of the TAAADAS Team!
New York, NY - Recognizing that despite the best prevention efforts some teens still will choose to try dangerous substances, the Partnership for a Drug-Free America® (PDFA) is launching a new effort speaking directly to teens already experimenting with drugs and alcohol. The 'Check Yourself(TM)' campaign is designed to lead 15-to-18-year-old recreational drug and alcohol users to reconsider their relationships with their substances of choice and ultimately curtail their use.

"Based on research we estimate about 30 percent of teens ages 15 to 18 have begun using drugs and alcohol "recreationally," said Sean Clarkin, executive vice president and director of strategy for PDFA. "For many of these kids, traditional prevention messages may not be terribly relevant. Check Yourself" hopes to speak with these kids like a trusted friend or older sibling, encouraging them to take an honest look at their substance use and seek help if they need it."

'Check Yourself' is based on extensive research with teens and the input of experts in the public health, treatment and youth counseling field, and Bartle Bogle Hegarty (BBH, New York) created the first wave of ads for the campaign after helping to conceptualize the effort. Each of the 30-second TV spots depicts moments in which drug use uncomfortably intrudes into the lives of 'recreational' teen users. In one spot, a girl tries to cover up a sudden nosebleed in the middle of a class at school; in another a boy accidentally drops his packet of drugs on a fast-food restaurant counter; in a third two shaken girls are seen discussing the results of one's pregnancy test.

Each spot ends with an on-screen question asking, "Still in control?" before directing viewers to checkyourself.com, a new Web site created specifically for this campaign. According to Kevin McKeon, executive creative director at BBH, the messages are meant to tap into the private doubts research shows many experimenting teens have about their ability to manage their relationship with drugs and alcohol over time.

'It was important to us that there be no authoritarian voice anywhere in these ads," McKeon said. 'Kids are too smart, and too cynical, for that. Instead, we wanted to give them the tools to think for themselves, and make their own decisions. This work does that brilliantly, I think."

The web site created by Titan Digital (Baltimore), checkyourself.com, includes links to treatment resources, the opportunity to interact with other teens who have experienced their own 'moments of truth,' and a series of quizzes kids can take to assess the depth of their drug or alcohol problem. Some of the quizzes are designed to let kids get answers right away, while others encourage visitors to fill out a user profile about their drug and alcohol use and have it e-mailed to them for review in one, two or three months.

'Kids always say there are lines they won't cross," Clarkin said. "This is a chance for them to see just how they may be redrawing those lines."

Beyond the TV messages and the Web site, the campaign also includes live radio scripts and a 'guerilla marketing' component aimed at embedding the campaign into at-risk teen culture. The traditional public service messages are being distributed nationally to cities and states nationwide for use in pro bono media through the Partnership's State/City Alliance Program. All actors in the ads appear pro bono through the generosity of the Screen Actors Guild and the American Federation of Television and Radio Artists.

Creative Credits

'Bath Tub,' 'Nose Bleed' and 'Restaurant' Agency - Bartle Bogle Hegarty (BBH, New York): Kevin McKeon, executive creative director; Bonnie Goldfarb, executive producer; Baker Smith, director; Mike Hahn, art director; Ryan Blank, copywriter; and Bruce Wellington, producer.


Agency - Titan Digital (Baltimore): John Snow, president; Casey Collier, project manager; Chris Leicht, designer; and Greg Walsh, programmer.

TAADAS serves as the State Affiliate for the Partnership for a Drug Free America.
NEW YORK, NY - The recent ABC Television special titled 'Help Me! I Can't Help Myself' which aired on Tuesday, April 21, 2003, was woefully one-sided, misleading, and factually incorrect. To suggest that alcoholism is nothing more than a 'matter of choice' dangerously oversimplifies what is one of America's primary public health issues: alcoholism.

It has been many years since the American Medical Association first proclaimed alcoholism to be a 'complex disease' in their landmark statement of 1967. Considerable progress has been made in the intervening years to inform an American public overrun with misleading alcohol advertising to recognize the considerable dangers of alcoholism and to encourage alcoholics to seek help. Unfortunately, programs like the ABC-TV special reinforce the stereotypical perception of alcoholism as a moral failing and help prop up barriers to effective treatment.

By suggesting that alcoholism is simply a 'bad habit' rather than a biopsychosocial disease, the ABC special has unnecessarily brushed aside years of valid, science-based research and information. Alcohol, like heroin and other illicit substances, is an addictive drug. Over time, its use can lead to craving and impaired control. Even if the decision to drink is voluntary at first, what happens after someone takes a drink depends to a large degree on an individual's genetic vulnerability and how one's mind and body react to alcohol. 'Within the last decade, much has been clarified about brain effects in alcoholism and drug addiction,' says Dr. Robert Morse, chair of NCADD's Medical/Scientific Committee. 'For example, we now know about many of the neurotransmitter (brain chemical) changes that occur as one becomes alcoholic. Dr. Alan Leshner, former Director of the National Institute on Drug Abuse (NIDA), coined the term, 'Addiction is a brain disease' a couple of years ago. Through its research in nicotine, cocaine, and opiate addictions (both in animals and in humans), NIDA found that there may be a core biochemical change that takes place in any addiction and has to do with the neurotransmitter dopamine and the nucleus accumbens (a center in the midbrain).'

With such advances in neuroscience, there is a much better understanding of alcohol's direct effects on brain chemistry, indicating that alcoholism and addiction are far more than a 'bad habit.'

Unfortunately, the ABC-TV special, watched by thousands of viewers across the country, was particularly unbalanced, presenting only one side of the story – that addiction is the simple manifestation of personal choice and that, once addicted, individuals can simply make another choice to 'un-addict' themselves. While, clearly, there is a volitional component to alcoholism and addiction, the ABC program did not give any credence to the proven addictive properties of alcohol and other drugs and the overpowering physical and biochemical nature of addiction.

According to author James Frey, who appeared on the show, 'People need to get rid of the idea that addiction is caused by anything other than themselves. They're not victims of anything other than their own bad decisions.' Further, John Stossel, the program's moderator, summed up in this way: 'Calling addiction a choice may sound harsh, but it's actually good news. We have the power. We're not helpless victims. Whether it's drugs, alcohol, or anything else, we have the strength to conquer our bad habits.'

While this may be the moderator's wrong sentiment, the National Council on Alcoholism and Drug Dependence finds that there are millions of alcoholics across the United States who cannot simply 'un-addict' themselves and need help for themselves and their families as they try to avoid alcoholism's final consequence: death.

Regarding the stigma attached to alcoholism, Dr. Sally L. Satel, a so-called 'addiction expert,' psychiatrist and professor at Yale University who appeared on the show, said, 'Why would you want to take the stigma away? I can't think of anything more worthwhile to stigmatize?' Sadly, this short-sighted statement misses the reality that while stigmatizing alcoholism and addiction may maintain a moral hierarchy of negative behaviors, stigma also keeps people from seeking help.

As the oldest advocacy organization in the United States addressing alcoholism and drug dependence, NCADD works at the national level on policy issues related to barriers in education, prevention and treatment for alcoholics and other drug dependent persons and their families. With a nationwide network of Affiliates, NCADD provides education, information, help and hope to the public. For more information, visit: www.ncadd.org or call the national HOPE line for information and referral: 800-NO-CALL.
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 Cleaninghouse and the Tennessee RED-LINE. The Cleaninghouse is a resource center for substance abuse related materials. The Cleaninghouse 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 relationships among members of the Association; to facilitate cooperation with all agencies interested in the health and welfare of the community; to impact legislation regarding alcohol and drug abuse; to educate the community regarding alcohol and drug abuse issues; to encourage and support development of alcohol and drug services in areas that are underserved; to enhance the quality of services provided by TAADAS members.

Who can join TAADAS?

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

Why should I join TAADAS?

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

There truly is “strength in numbers”!!

What are some of the benefits of Membership in TAADAS?

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

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

How do I join TAADAS?

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

TAADAS Members

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

Sustaining Members

Agape, Inc., Knoxville
Alcohol & Drug Council of Middle TN, Nashville
Arnett Recovery Center, Jackson
Boult, Cummings, Conner, & Berry, PLC
Center for Youth Issues—Nashville, Inc.
Discovery Place, Inc.
Lloyd C. Elam Mental Health Center
Florence Gannettson Agency
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Samaritan Recovery Community, Inc.
Center for Education and Support
The Filmmaker’s Club
TN Dental Association—Concerned Dental Professionals
TN Professional Assistance Program
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Karen Scruggs
Will Shuman
Cwen Simcock
Gretchen Smith
Julie Smith
Patricia Sprague
Shannon Strawrell
Eileen White
Tammy Williams
John York

Student Members
The Tennessee Association of Alcohol and Drug Abuse Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of "creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency." TAADAS programs are funded in part by a grant from the Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services. For more information about becoming a member of TAADAS, contact the association at:

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

TAADAS Times Editor
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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.

Date: ___________________ Referring Member: (If Applicable) ___________________

Level of Involvement: Student: $20 __

Individual: $50 __

Corporate: $2500 ___ $1000 ___ $500 ___ $100 ___ Other: $ _____

Name: ________________________________

Agency: ________________________________

Address: ________________________________

City: ___________________ State: ______________ Zip Code: ___________________

Phone: ___________________ Toll Free: ___________________ Fax: ___________________

Website: ___________________ Email address: ___________________

Card Holder's Name: ___________________ Visa/Mastercard #: ___________________

Card Holder's Signature: ___________________ Exp Date: __________

TAADAS' Mission

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