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.

INSIDE THIS ISSUE

Mark Your Calendar ..................... 2
5 Million in Self-Help Groups ...... 3
Featured Publication ................. 4
Parents Back Alcohol Screening
   During Pediatric Visits .......... 5
News from Capitol Hill .......... 6 - 7
82% Don’t Receive Treatment or
Think They Need It ............. 7
Longer Treatment Stays
Prove Beneficial .................... 8
Quitting Smoking and Drinking Simultaneously .................... 9
Smoking Rate at Historic Low ..... 9
Addiction Medicine Conference 10
Training ........................... 10 - 11
A&D Council Open House ........ 12
Problem Gambling in TN .......... 13
Youth Use of Legal Drugs .. 14 - 15
Featured Video ...................... 16
Pathfinders’ New Facility ........ 17
TAADAS Members .................. 18
What is TAADAS? ................... 19

Holiday Open House 2008

Neither rain, nor cold, nor threat of snow would keep these intrepid addiction treatment professionals from their appointed destiny with fellowship and food. About 100 people joined us for our annual celebration of the season. The gloomy, rainy cold outside was brightened and warmed inside by friends’ hugs and smiles, good food and music. Everyone enjoyed outbidding their friends for the more popular selections in our Silent Auction. Special thanks to everyone who donated items:

- Bongo Java
- CADAS
- CCS
- Dex Imaging
- Claude Genzel
- Grace House
- Grins Café
- Holiday Inn Express
- Memphis Recovery Center
- Maxwell House Hotel
- Nashville Predators
- Nashville Sounds
- Samaritan Recovery Community
- Serenity Recovery Centers
- Tennessee Titans
Mark Your

February 8 - 14
Children of Alcoholics Week
sponsored by the National Association of Children of Alcoholics.
NACoA's goal is to have a society in which children of alcoholics are encouraged to seek help and have access to caring adults who can help.

February 22 - 28, 2009
National Eating Disorders Awareness Week (NEDAW)
Held annually since 1987, the nation’s largest eating disorders outreach effort.

Daylight Saving Time Begins
March 8th
Spring Forward
One Hour!

March 1 - 7, 2009
7th Annual Problem Gambling Awareness Week
sponsored by the National Council on Problem Gambling (NCPG)
The goal of this campaign is to educate the general public and health care professionals about the warning signs of problem gambling and raise awareness about the help that is available both locally and nationally. NCPG research finds that 2%-3% of the US population, or 6-9 million Americans, will have a gambling problem in any given year. Yet only a small fraction seek out services, such as treatment and self-help recovery programs.

TAADAS will be closed for the following holidays:

January 19th:
Martin Luther King, Jr.’s Birthday

February 16th:
President’s Day

March 15 - 21, 2009
17th Annual National Inhalants & Poisons Awareness Week (NIPAW) Campaign
Campaign information is at http://www.inhalants.org/nipaw.htm
Five Million Americans Attend Self-Help Groups

Approximately five million people in the U.S. attend addiction self-help groups like AA and NA, according to a new report from the Substance Abuse and Mental Health Services (SAMHSA).

The 2006/2007 study, based on data from a survey of 135,672 Americans over the age of 12, showed that about 45% of those attending self-help groups reported that they abstained from drugs and alcohol in the month before the survey, and more than 30% said they participated in formal addiction treatment programs in the past year.

“The data reinforces the fact that participation in self-help groups is associated with abstinence and recovery,” said Stephen Wing, SAMHSA’s associate administrator for alcohol policy.

Of the 5 million people attending self-help groups, 66% were male, and 80% were over the age of 25. SAMHSA did not have data on whether attendance at self-help groups had increased.

Five Million Americans Attend Self-Help Groups

Supportive Housing Systems *

- Sierra House
- Cypress House
- Heartland Place
- Sunshine House

Safe, affordable, alcohol & drug free housing in attractively furnished recovery homes

All of our recovery homes are located in stable, residential neighborhoods.
Conveniently located on bus lines, they offer housing, support meetings and other structured recovery activities in a serene and supportive environment.

For a free, confidential screening, call 615-228-9804

*A Program of Samaritan Recovery Community

Serving West Tennessee One Individual at a Time Since 1964
900 East Chester Street, Jackson, TN 38301
731-423-3653 www.jacoa.org

Funded in part by the Tennessee Department of Mental Health and Developmental Disabilities and the United Way

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 Mental Health and Developmental Disabilities. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other 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 on the REDLINE. Callers are provided with at least three referral sources when possible. REDLINE staff does not offer therapy or counseling to the caller or substance abuser, but gives them the information to put them in touch with someone who will provide a diagnosis, prognosis or assessment of the mental or physical health of the substance user/abuser. The REDLINE strives 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 apply with the REDLINE to be included in their referral database. For an application contact the Information Specialist at 1-800-889-9789 or download the form here.

REDLINE Provider Questionnaire

Tennessee REDLINE

The data reinforces the fact that participation in self-help groups is associated with abstinence and recovery,” said Stephen Wing, SAMHSA's associate administrator for alcohol policy.

Of the 5 million people attending self-help groups, 66% were male, and 80% were over the age of 25. SAMHSA did not have data on whether attendance at self-help groups had increased.

Join Together News Summary November 25, 2008
Featured Publication

The clearinghouse resource center has numerous publications on substance abuse and related issues. In each edition of the TAADAS Times, we introduce one of the publications. This month we present:

**Drugs, Brains, and Behavior: The Science of Addiction**

Throughout much of the last century, scientists studying drug abuse labored in the shadows of powerful myths and misconceptions about the nature of addiction. When the study of addictive behavior began in the 1930s, people addicted to drugs were thought to be morally flawed and lacking in willpower. Those views shaped society’s responses to drug abuse, treating it as a moral failing rather than a health problem, which led to an emphasis on punitive rather than preventative and therapeutic actions. Today our views and responses to drug abuse have changed dramatically. Discoveries about the brain have revolutionized our understanding of drug addiction, enabling us to respond effectively to the problem.

We know that addiction is a disease that affects both brain and behavior. We have identified many of the biological and environmental factors and are beginning to search for the genetic variations that contribute to the development and progression of the disease.

Despite these advances, many people today do not understand why individuals become addicted to drugs or how drugs change the brain to foster compulsive drug abuse. This booklet fills that knowledge gap by providing scientific information about the disease of drug addiction.

To get your free copy of our featured publication, or any other materials, call the Clearinghouse at 615.780.5901 or order online at www.taadas.org.

---

Comprehensive Community Services

- **Residential Treatment**
  - 28 day Adult Treatment, 120 day Adolescent Treatment

- **Alcohol and Drug Services**
  - Prevention, Intervention, Counseling, Assessments,
  - Drug Court & Drug Screening

- **Outpatient Services**
  - Individual, Group, Family

- **Educational Services**
  - DUI School, Moral Reconciliation Therapy, Driver Improvement,
  - Anger Management, Tobacco Free Teens, Life Skills, Parenting

---

Administrative Office:

**Washington County**
- 321 W. Walnut St.
- Johnson City, TN 37604
- 423.928.6581*
- Fax: 423-928-6215
- ccsjc@chartertn.net

**Sullivan County**
- 1241 Volunteer Parkway Suite 300
- Bristol, TN 37620
- 555 East Main Street, Suite 102
- Kingsport, TN 37660
- 6145 Temple Star Road
- Kingsport, TN 37660
- 423.349.4070

**Greene County**
- 124 Austin Street, Suite 1
- Greeneville, TN 37743
- 423.639.7777

**Knox County**
- 107 Main St.
- Knoxville, TN 37902
- 865.552.3622
Parents Back Alcohol Screening During Pediatric Visits

A multi-center study conducted by the Center for Adolescent Substance Abuse Research (CeASAR) at Children’s Hospital Boston finds that parents would be receptive to alcohol screenings during children’s pediatric visits.

Nearly 90 percent of the 879 parents responding to an anonymous questionnaire said they would be open to being asked about their alcohol use during pediatric appointment; 75 percent of parents who screened positive for alcohol problems also indicated acceptance of screening. Because pediatricians have a close relationship with children and their families, they “have a unique opportunity to screen parents for alcohol use and refer them for further assessment and treatment,” said lead study author Celeste Wilson.

One out of every nine of the parent participants (11.5 percent) had a positive alcohol screen, a high number for a volunteer-only study. “It is possible that those parents who declined participation in the study were the ones with the most severe alcohol problems,” Wilson said, adding that “if this is true, our results represent an underestimate of the actual problem.”

The researchers suggested that implementation of pediatric screening for alcohol would involve a screening tool incorporated into a health survey that would be completed by the parent before their child’s clinic appointment.

The study appeared in the November 2008 issue of the journal *Pediatrics.*
106th Tennessee General Assembly. At noon on January 13, 2009, the newly elected General Assembly will convene in its organizational session. Ron Ramsey of Blountville in Sullivan County is expected to win reelection for his second term as Speaker of the Senate and Lieutenant Governor. He will preside over a Senate where Republicans hold a comfortable 19-14 majority over the Democrats. Comfortable in that last year, he walked a tightrope to lead a Senate that split evenly with 16 Republicans and 16 Democrats and one Independent. In January, now as speaker, he is expected to appoint strong Republican majorities to the Commerce Labor and Agriculture Committee and the Finance Ways and Means Committee, in addition to the other committees. The other end of the long second floor hallway of the State Capitol may well hold higher drama or at least a greater sense of historical significance. While nationally, Democrats celebrated on the evening of November 4, Tennessee House Democrats cried in their beer, as they lost three of four open seats and two seats held by Democratic incumbents, to lose a majority they have held since the post Civil War Reconstruction period. Thus, at noon on the Tuesday, January 13, most observers expect to see Jason Mumpower of Bristol in Sullivan County ride a razor thin 50-49 Republican to Democrat majority to be sworn in as Speaker of the House. As Speaker, Mumpower will have the power to appoint each member of the House’s 13 committees and to assign bills to appropriately hospitable committees.

Legislative Agenda. The only bill the General Assembly has to pass during its annual session is the appropriations bill, which authorizes the expenditure of state and federal funds and some local funds. Typically in Tennessee, the Governor crafts a budget and then the General Assembly will tweak it a bit and pass it largely as the Governor originally proposed. Facing a potential billion dollar shortfall, many expect the General Assembly this year to enact whatever painful and bloody wreck of a balanced state budget that the Governor does propose. Skirmishes will ensue around the fringes of the budget, but generally what Bredesen proposes is what will be the framework of state expenditures for the fiscal year beginning July 1, 2009. Meanwhile to flex a bit of partisan muscle, the Republicans will shepherd through the legislative process social legislation on such topics as abortion and home schooling. The Republicans will also oversee a rambunctious debate between permit holding handgun owners and property owners who want to restrict who may carry a weapon on their property. The first fray in that arena will involve handgun owners and restaurant owners who serve alcohol. In addition, various facets of the health care industry and the business community will coalesce around the issue of limiting civil damages in civil litigation involving medical malpractice or nursing homes.

Legislative Schedule. The General Assembly is expected to meet in its organizational session for one week and then recess for three weeks to reassign office space and staff members. So, the regular legislative session should get started on Monday, February 9. With that starting date, the significant bill filing deadline should be around February 19.

Local Nashville Happening. On January 22, 2009, Metropolitan Nashville Davidson County will conduct a special election on two charter amendments proposed and strongly supported by Councilman Eric Crafton. The first would make English the official language of Metropolitan Nashville and specify that no one has a right to services in any other language, with the exception of health and safety services. The second would permit petition driven amendments at every general election and at one special election a
Most of Those Who Need Treatment for Illicit Drugs Do Not Receive It or Think They Need It

According to data from the 2007 National Survey on Drug Use and Health (NSDUH), 82% of the estimated 7.5 million who needed treatment for an illicit drug problem in the past year did not receive it. While there are many reasons for not receiving treatment, a primary one appears to be a lack of perceived need. Nearly all (91%) of those who were assessed as needing but did not receive treatment for illicit drug problems said that they did not feel that they needed treatment (see figure below). Similar results were found for alcohol treatment. A lack of perceived need for treatment may mean that people don't think they have a problem, they think their problem is not serious enough to warrant treatment, or they think they can handle their substance use problem on their own.

*Respondents were classified as needing treatment if in the past year they met the diagnostic criteria for abuse or dependence on the substance or received treatment for the substance at a specialty facility. A specialty facility was defined as an inpatient or outpatient rehabilitation facility, an inpatient hospital, or a mental health center.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2007 National Household Survey on Drug Use and Health: National Findings, 2008.
Lengthier treatment stays for addiction have better rates of success, research shows, and some traditional 28-day programs have extended their programs to up to 90 days, the Los Angeles Times reported Nov. 10.

The Betty Ford Center in Rancho Mirage, Calif., for example, now has a 90-day residential treatment program. More than 50% of the clients in Promises Treatment Center in Malibu are in 45- to 90-day treatment programs; the young-adult program at Promises has been extended from 30 days to 90 days.

Visions, an adolescent addiction center in Malibu, increased its program length from 30 days to 45. Hazelden also is expanding to meet the demands for treatment programs of 90 days or more.

Although 28- or 30-day treatment programs are still common, addiction experts say that longer treatment programs will help to curtail the cycle of hospitalization and relapse.

“There was a belief that 30 days was the right number,” said David Sack, chief executive of Promises and an addiction psychiatrist. “But there was absolutely no data to say 30 days was the right number. What we’re seeing now is this much broader view for how to manage addiction.”

Recent research suggested that programs of 90 days or longer have a significant impact on relapse rates. A 1999 study published in Archives of General Psychiatry found that 35% of cocaine users who were in treatment for 90 days or less said they used drugs the following year, compared with 17% of those who were in treatment for 90 days or longer. Similarly, a UCLA study on adolescents found that those in treatment for 90 days or more had significantly lower relapse rates than teens in 21-day programs.

“The more you have a treatment that can help you become continuously abstinent, the better you do,” said Lisa Onken, chief of the National Institute on Drug Abuse (NIDA) behavioral and integrative treatment branch. “You still have to figure out ways not to use,” Onken added. “The longer you are able to do that, the more you are developing skills to help you stay abstinent.”

Bennett Fletcher, a senior research psychologist at NIDA, said that the first month of treatment is now viewed as a preliminary step consisting of learning to cope with withdrawal symptoms while establishing a relationship with a therapist. This theory is supported by brain scans of recovering addicts which show that changes are still occurring three months or more after treatment.

The cost of longer treatment stays is out of reach for some patients, however. Although most states have laws mandating that group health insurance plans include addiction-treatment coverage, programs vary in the amount of inpatient care covered. Some plans cover 30 days of inpatient care per year; other insurers will discontinue inpatient coverage after a week or two if a patient is physically stable; some pay for treatment lasting more than 30 days.

Hope of East Tennessee, Inc.
Oak Ridge, Tennessee

Founded in 1976 as a non-profit organization

- Long term treatment for both men and women
- No insurance required
- Intensive Outpatient available
- Priority services given to clients who are pregnant, IV drug users, or HIV positive

865-482-4826 office  865-481-0503 fax  www.hopeofet.org

Partially funded by the Tennessee Department of Mental Health and Developmental Disabilities and United Way
Quitting Smoking and Drinking Simultaneously May Aid Sobriety

Research suggests that people trying to quit drinking experience more cognitive improvements when they simultaneously stop smoking, as well, *HealthDay News* reported Oct. 24.

Researchers at the University of California at San Francisco studied brain scans of 37 subjects in treatment for alcohol dependence, 12 of whom were smokers. The 25 non-smokers in the study abstained from drinking for 6 to 9 months, while the 12 smokers also abstained from drinking but continued to smoke.

“We found that the smoking alcoholics over 6 to 9 months of abstinence did not recover certain types of brain function as the non-smoking alcoholics did,” said study author Dieter Meyerhoff. The researchers assessed various aspects of participants’ cognitive functioning like decision-making skills, thinking speed, 3-D visualization and short-term memory.

Addiction treatment programs don’t always address nicotine dependence, but recent research shows that about half now do so and encourage smokers to quit.

Experts say that a delay in addressing nicotine addiction could lead to chemical-dependency relapse if smokers try to quit while in early recovery. “The alcoholics have shown that they are willing to change one behavior, namely excessive drinking,” Meyerhoff said. “If they are in that mindset, it is a great opportunity for treatment specialists to also convince them of the negative effects of continued chronic smoking.”

Reprinted from *Join Together* October 28, 2008

U.S. Smoking Rate Hits Historic Low

The smoking rate in the U.S. may be at its lowest level since mass consumer marketing of tobacco products began in the 1920s.

*WebMD* reported Nov. 13 that the U.S. smoking rate declined to 19.8 percent in 2007, down from 20.8 percent in 2006, according to the federal Centers for Disease Control and Prevention (CDC).

That’s the first time that fewer than one in five Americans has smoked since at least the 1960s, when the CDC began tracking smoking prevalence. Tom Glynn, director of international cancer control for the American Cancer Society, said the rate is the lowest since the late 1920s.

“We think the proportion is dropping because of excise taxes that make cigarettes more expensive, smoke-free [workplace] laws, and the availability of counseling and medications,” said Matthew McKenna, MD, MPH, director of the CDC’s Office on Smoking and Health, who noted that the number of former smokers in the U.S. is now larger than the number of active smokers.

Despite the progress, the U.S. appears unlikely to reach the target of 12 percent adult smokers set in the Healthy People 2010 initiative.
WORKSHOPS & TRAININGS

January 8 - Traveling Together into Recovery
Treatment Planning - 6 hours
Facilitator: Kathy Benson

January 9 - Listening Beyond the Words
Counseling - 6 hours
Facilitator: Kathy Benson

Each workshop $55 ($60 day of workshop)
Attend both workshops for $100

All workshops at Helen Ross McNabb Center
Contact Martha Culbertson (865) 329-9087

January 9 - Clinical Consultation
6 hours - $50 - Facilitator: Adam Webster

January 23 - Addiction Severity Index
6 hours - $30 - Facilitator: Adam Webster

February 5 - ASAM PPC-2R
6 hours - $30 - Facilitator: Adam Webster

March 6 - Treatment Planning M.A.T.R.S
$50 - 6 hrs - Facilitator: Adam Webster

March 27 - Searching for God as We Understand God
$50 - 6hrs - Facilitator: Stan Bumgarner, M.Div.

April 14: Gang Awareness
$50 - 6hrs - Facilitator: Marc Fomby

May 1 - Adventure-Based Experiential Counseling II - $75 - 6hrs
Facilitators: Travis Tweed & Phyllis Hoppes

May 8 - Integrative Care
$50 - 6hrs - Facilitator: Jane Abraham

All workshops at CADAS unless otherwise noted.
Contact Adam Webster (423) 756-7644

WORKSHOPS & TRAININGS

Addiction Medicine Conference

CADAS, in a joint effort with the UT College of Medicine, will be conducting the first Addiction Medicine Conference February 19th & 20th at the UTC Student Center in Chattanooga.

Studies show Tennessee has the largest number of prescriptions written per capita within the United States. Given the growing population of those addicted to prescription drugs on a nationwide level, it stands to reason Tennessee ranks among the highest with populations needing help. This conference is designed to provide knowledge concerning the science of addiction. While qualifying as a required Continuing Education (CME) course for physicians, this conference will also provide numerous skills necessary to:

- re-educate patients on the appropriate and inappropriate use of controlled substances.
- understand the science of addiction
- address the social, psychological, spiritual and physical needs of an alcohol and/or drug dependent patient
- identify drug seeking behavior
- utilize Tennessee’s online prescription monitoring database
- determine when drug testing would be appropriate
- learn about the Stages of Change and the implementation of that knowledge into clinical practice

Addiction knows no boundaries, and the organizers of this conference feel everyone, whether they be members of the clergy, teachers or parents could benefit in one way or another. They believe addiction, whether to prescribed medication or street drugs, is, and will continue to be, an epidemic within our communities. Understanding the disease concept of addiction and its signs, along with treatment, organizers say, are the first steps towards providing the necessary help.

For further information contact Adam Webster at (423) 756-7644 ext.166 or on-line at www.cadas.org
WORKSHOPS & TRAININGS

January 2, 3, 4 - Regional Event
The Child Within/The Adult Without
Facilitators: Jane Abraham & Keith Henderson

January 2 - Ethics for Addiction Counselors
Facilitator: Karen Dennis

January 30 - Disease of Addiction
Facilitator: Karen Dennis

February 5 & 6
The Admission Process with Adolescents
Facilitator: Karen Dennis

February 7 - HART Work
Facilitators: Jane Abraham & Keith Henderson

February 19 & 20 - Regional Event
Addicts and Co-Occurring Axis II Disorders
Facilitator: Karen Dennis

March 5 & 6
Assessing and Treatment Planning with Teens
Facilitator: Karen Dennis

March 7 - Spirit Dance
Facilitators: Jane Abraham & Keith Henderson

March 20 - Regional Event - Death and Dying
Facilitator: Jane Abraham

March 26 & 29
The Therapeutic Use of Cinema
Facilitator: Karen Dennis

All workshops at The HART Center, Memphis
Contact Jane Abraham (901) 828-1332
Contact Karen Dennis (901) 358-3748

January 16 - CEBT
8:30 - 4:00 at JACOA
Contact Barry Cooper (731) 423-3653
The Alcohol & Drug Council of Middle Tennessee held its annual Open House on December 4th to express thanks to their many friends in the community for their support.

Mary McKinney, Brian Collins, John Mulloy

Frances Clark, John McAndrew, Pam Check, Sherri Gray, Nancy Potts

**Word Search Puzzle**

Search for these words that are related to addiction and treatment. They may be vertical, horizontal, diagonal or backwards in any direction. Solution is on page 17.

**Addiction**  **Alcohol**
**Drugs**  **Treatment**
**Detox**  **Co-Occurring**
**Outpatient**  **Suboxone**
**Gambling**  **Anonymous**
**Opiates**  **Abuse**
There is Help for Problem Gamblers in Tennessee

**What is Problem Gambling**

As defined by the National Council of Problem Gambling, problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term “Problem Gambling” includes, but is not limited to, the condition known as “Pathological,” or “Compulsive” Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, “chasing” losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

**Is there Problem Gambling in Tennessee?**

Based on a report published by the University of Memphis, it has been estimated that there are over 200,000 persons in Tennessee with gambling problems. (Satish Kedia, Ph.D., *The SAT Report*, University of Memphis, Vol. 1, No. 3, 2004)

**Are You a Compulsive or Problem Gambler?**

Only you can decide. In short, problem gamblers are those whose gambling has caused continuous problems in any facet of their lives. The following 10 questions may help you to decide if you are a compulsive or problem gambler.

Have you …

- often gambled longer than you had planned?
- often gambled until your last dollar was gone?
- had thoughts of gambling that caused you to lose sleep?
- used your income or savings to gamble while letting bills go unpaid?
- made repeated, unsuccessful attempts to stop gambling?
- broken the law or considered breaking the law to finance your gambling?
- borrowed money to finance your gambling?
- felt depressed or suicidal because of your gambling losses?
- felt remorseful after gambling?
- gambled to get money to meet your financial obligations?

If you or someone you know answers “Yes” to any of these questions, consider seeking assistance from a professional.

For confidential assistance, call the 24 hour, 7 days a week toll-free Tennessee REDLINE for help with gambling problems.

1-800-889-9789

The Tennessee Department of Mental Health & Developmental Disabilities, Division of Alcohol & Drug Abuse Services, offers services for problem gamblers and their loved ones.

**If you or someone you know is concerned about gambling, please contact the following agencies:**

**East Tennessee**
Helen Ross McNabb Center
865-523-4704 ext. 3407
www.mcнabbcenter.org
E-mail: questionsaboutgambling@mcнabb.org

**Middle Tennessee**
Buffalo Valley, Inc.
1-800-626-6709
www.buffalovalley.org
E-mail: stopgambling@buffalovalley.org

**West Tennessee**
The Gambling Clinic at the University of Memphis
901-678-STOP (7867)
www.thegamblingclinic.memphis.edu
E-mail: gambling@memphis.edu
Youth Use of Legal Drugs Eclipses Illicit-Drug Use, Annual Survey Reports

By Bob Curley

The War on Drugs has long been cast as a battle against illegal narcotics, but the latest federal data shows that seven of the top 10 drugs being misused by high-school seniors are legal prescription or over-the-counter medications.

Factor in the high rates of use of legal alcohol and tobacco by teens, and the incoming Obama administration will face a very different battle than that waged by the current president and his predecessors since the early 1970s.

The 2008 Monitoring the Future report released this week shows that 15.4 percent of 12th-grade students reported nonmedical use of legal prescription or over-the-counter medications, including 11 percent who misused Vicodin and 4.7 percent who misused Oxycontin. The annual report is based on surveys of about 50,000 8th-, 10th-, and 12th-graders nationally.

Prescription amphetamines, sedatives, tranquilizers, and the attention-deficit hyperactivity disorder medication Ritalin also were among the most popular drugs of abuse among high-school seniors, along with over-the-counter cough medications.

“Prescription drug use is at or near peak levels,” said Lloyd Johnston, Ph.D., principal investigator of the MTF study and a research professor at the University of Michigan’s Population Studies Center. “I think this will be difficult to deal with, because the source of these drugs is an informal network of family and friends, not dealers.”

Johnston added that 40 percent of teens said they used leftovers from their own prescriptions. “I think the [pharmaceutical] industry is going to have to be involved, and we will need to educate parents and the health professionals who are distributing these drugs,” he said.

Marijuana continues to be the most popular illicit drug among adolescents, used at least once in the past year by nearly a third of high-school seniors, 23.9 percent of 10th-graders, and 10.9 percent of 9th-graders.

However, “the MTF survey indicates that marijuana use ... which has shown a consistent decline since the mid-1990s, appears to have leveled off,” according to the National Institute on Drug Abuse (NIDA), which funds the MTF study. “Heightening the concern over this stabilization in use is the finding that, compared to last year, the proportion of 8th-graders who perceived smoking marijuana as harmful and the proportion disapproving of its use have decreased.”

Youth smoking rates have fallen to the lowest rate ever recorded by MTF researchers, thanks largely to a decline in reported smoking by 10th-graders. Still, more than one in 10 high-school seniors remain daily smokers. Likewise, alcohol remains the most popular drug used by adolescents despite steady year-over-year decreases in reported use.

“While the long-term general decline is encouraging, especially for cigarettes and alcohol, some of the other findings this year amplify our concerns for potential problems in the future -- especially the non-medical use of prescription drugs,” said NIDA Director Nora D. Volkow, M.D.

Johnston said that the decline in smoking was a pleasant surprise since the youth smoking rate
Youth Use of Legal Drugs Eclipses Illicit-Drug Use, Annual Survey Reports (continued)

appeared to have plateaued recently after steadily decreasing for many years. “We’re seeing a further significant drop in smoking, which is wonderful news,” he said.

Bush: Our Strategy Works

In contrast to the measured statements by NIDA, the White House Office of National Drug Control Policy (ONDCP) used the MTF data -- along with an unrelated new study pointing to increased cocaine prices and decreased purity on U.S. streets -- to claim vindication for the Bush administration’s drug-control strategy, which on the demand-reduction side of the ledger has included an emphasis on drug testing in schools, the billion-dollar, marijuana-centric Youth Anti-Drug Media Campaign, vouchers for addiction treatment, and support of drug courts.

“Since 2001, teenage use has declined by 25 percent. That means 900,000 fewer teens on drugs,” said President Bush at a White House roundtable discussion held on the day the MTF data was made public.

“President Bush insisted on a balanced effort against demand and supply,” added John Walters, director of ONDCP. “The use of drugs has dropped broadly, steeply, and rapidly, while the supply of these poisons has been cut dramatically. Taken together, this impact is historically unprecedented.”

Those assertions drew scoffs from critics, who noted that overall drug-use rates remain at higher levels than in the early 1990s. “None of this is true,” said former ONDCP budget director John Carnevale of the presumed valedictory by Walters, who like Bush will soon be exiting the White House. “The only good news is the decline in youth drug use, and that started in the mid-1990s ... They’re basing their claim for success on something that started before they showed up.”

Carnevale also pointed out that the Bush administration has devoted the bulk of its antidrug spending to supply reduction, cut prevention spending, and barely increased funding for treatment. “There’s no way they can claim to have a balanced budget,” he said.

“The ebb and flow of drug use rates among young people is much more a function of fad and fashion than anything that government does or doesn’t do,” said Ethan Nadelmann, executive director of the Drug Policy Alliance. “The greatest drug-related threats to young people involve binge drinking and the misuse of pharmaceutical drugs. Hopefully, the next director of ONDCP will focus his or her greatest attention on those types of drug use that pose the greatest threats. The last thing this country needs is yet another drug czar obsessed with marijuana.”

MTF researcher Johnston said that it is “difficult to parse what the influences are” on youth drug use, but “I am hesitant to try to tie trends to what any administration does.” In fact, trends may vary from drug to drug. A few years ago, for example, many observers were concerned about a coming epidemic of methamphetamine abuse, but Johnson believes the negative publicity about the drug’s effects have helped cut use rates by two-thirds.

On the other hand, cultural changes, secondhand-smoking laws, ads that artfully attacked the tobacco industry, and price increases all seem to have played a role in the decline of cigarette use by youth. “More than 75 percent of kids now say they don’t want to date someone who smokes,” noted Johnston.

Johnston said that the softening of attitudes about marijuana harm among 8th-graders reported in MTF is troubling because such shifts have consistently presaged increases in use by about a year. The veteran researcher also is concerned about a possible resurgence of LSD and Ecstasy use, and warns that the worsening economy could lead to more relapse among people in recovery from addictions.

“Who knows what the future holds?” he said. “There’s always a new drug being invented or rediscovered.”

Reprinted from Join Together, December 11, 2008
The Clearinghouse has over 800 videos on substance abuse, addiction and related issues. Videos range in length and subject as well as targeted audience. In each edition of the TAADAS Times we feature a video from our collection. In this issue we present:

**It Ain’t Love**

Most Americans are aware of the growing problem of domestic violence — but few know this same kind of trouble can affect teen relationships. *It Ain’t Love* follows the young, spirited members of FACES, a gutsy improv theater company, based in New York City, combining acting and therapy, known for “telling it like it is.” Given three months to create a show about abusive relationships, the kids start by boldly exploring their own love lives, reenacting the violence they’ve experienced and inflicted. Intense reenactments bring the violence they’ve experienced and inflicted dramatically to life. The process is both exhilarating and painful, but the members of FACES gain a growing understanding of abuse — and, in the end, their new show is triumphant.

You can view our entire video catalog online at www.taadas.org or visit our library to preview videos. Video membership is free to residents of Tennessee but a shipping fee is charged to mail videos to customers outside the Nashville area if they are unable to visit the library in person. Please call 615-780-5901 if you have any questions or need additional information.
New Residential Treatment Facility Now Underway at the PathFinders Rehabilitation Campus in Castalian Springs Tennessee

If anyone has been out to the Rehabilitation Campus in Castalian Springs lately they would see progress on the new Residential Facility. “This new facility will greatly enhance the ability of the PathFinders to further aid in the treatment of area alcoholics and drug addicts. It will have state of the art group rooms, assessment rooms, laundries and a full service cafeteria. Our goal is to give the patient a clean, convenient and well staffed experience during their treatment at the PathFinders.” said Dan Hoyle, President.

The new facility has been in the planning stages for several years. Mr. Hoyle’s dream of providing treatment to many more people who are in need is becoming a reality.

James Garver Construction Company is in charge of the project. Mr. Garver said, “I am very excited about being a key player in building a place that is badly needed in our community. With this facility, the clients in the Middle Tennessee area will have a much better option when it comes to treatment experience.” Mr. Hoyle added, “When you look at the facilities, staff experience, overall cost and one of the highest recovery rates in the state at over 76%, the PathFinders is a CARF accredited state-of-the-art option for treatment in our area.” The new facility will be completed by March 2009.

Membership Has Its Benefits!

TAADAS members enjoy discounted rates at Holiday Inn Express, Downtown Nashville, 920 Broadway. Newly renovated rooms, 24-hour fitness center, complimentary covered parking, complimentary breakfast bar, complimentary wireless internet, just blocks from the downtown entertainment district. Call Karen Dooley, 615-780-5901, ext. 16, for more information.

See page 19 for other membership benefits. Join before January 15th and receive full membership benefits through June 30, 2008, at half the annual membership rate!
TAADAS Members

We thank the following members for their support and involvement in Championing the Cause!

Organizational Members

A&D Council, Nashville
Agape, Inc, Knoxville
CADAS, Chattanooga
Cocaine & Alcohol Awareness Program, Memphis
Comprehensive Community Services, Johnson City
E.M. Jellinek Center, Knoxville
English Mountain Recovery, Sevierville
Grace House, Memphis
Harbor House of Memphis, Memphis
Hope of East Tennessee, Oak Ridge
Innovative Counseling, Memphis
JACOA, Jackson
Jack Gean Shelter, Savannah
Memphis Recovery Center, Memphis
New Directions, Memphis
New Life Lodge, Burns
Operation Stand Down, Nashville
The Pathfinders, Inc., Gallatin
Place of Hope, Columbia
Samaritan Recovery Community, Inc., Nashville
Serenity Recovery Center, Memphis
Youth Town of Tennessee, Jackson

Corporate Members

Center for Professional Excellence
Nashville
Center for Youth Issues
Nashville
Employee Benefit Specialists, Inc.
Morristown
Healing Arts Research Training Center
Memphis
HealthConnect America
Nashville
New Hope Recovery Center
Morristown
Peninsula Lighthouse
Knoxville
TN Professional Assistance Program
Nashville
Turning Point Recovery Residences
Nashville

Board Officers

Sharon Trammell,
President
Joe Pickens, Vice
President
Paul Fuchcar,
Secretary/Treasurer

Individual Members

Marvin Altstatt
C.J. Baker
Susan Binns
Rex Cannon
Nan Casey
Frances Clark
Joanna Crews
Deana Crossley
Tom Diffenderfer
Gary Eubank
Monnie Furlong
Estelle Garner
Claude Genzel
Sharon Goodwin
David Guenther, CPA
Carrie Hawk
Charlotte Hoppers
Helen Hutcherson, MD
Satish Kedia
Alex J. Leonard
Wayne McElhiney
Harold Montgomery
Joe Osterfeld
Nathan Ridley
Debra Roberson
Gene Marie Rutkauskas
Julie Smith
Richard Soper, MD
Brenda Thomas
Linda Wells
James White
Gary Woodward-Smith
Evelyn Yeargin
John York
What is TAADAS?
The Tennessee Association of Alcohol, Drug and other Addiction 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.” The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions. TAADAS programs are funded in part by a grant from the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services.

TAADAS’s purpose is to:

• promote the common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
• work in close cooperation with agencies concerned with alcohol and drug abuse, and other addiction issues;
• facilitate cooperation with all agencies interested in the health and welfare of the community;
• impact legislation regarding alcohol and drug abuse and other addictions;
• educate the community regarding alcohol and drug abuse and other addiction issues;
• encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;
• enhance the quality of services provided by Association members;
• to serve as a resource for Association members; and
• to further fellowship among those members.

As a statewide association made up of prevention programs, treatment agencies, recovery services and private citizens, TAADAS strives to be the Voice for Recovery in Tennessee through its membership and many programs.

It’s up to US to help others understand!
Alcohol and other drug dependence is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life — social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. We must join together to focus attention in support of addiction treatment, prevention, and recovery. The public needs to understand that addiction is a treatable illness and that millions of people achieve recovery.

TAADAS Membership
TAADAS is a statewide association made up of alcohol and drug abuse treatment, prevention and recovery service professionals, and others who are interested in addiction issues. TAADAS keeps alcoholism, drug abuse and other addiction issues in the forefront when public policy decisions are made and through the collective voice of its members, TAADAS directly impacts the important issues facing the addiction services field today.

• Expand Knowledge – Take advantage of the TAADAS Statewide Clearinghouse’s extensive resource center.
• Impact Public Policy – TAADAS has long been the voice for alcohol and drug abuse issues in Tennessee. TAADAS provides advocacy for alcohol, drug and other addiction issues, and first generation information on policy issues, as well as a strong voice for parity issues.
• Networking – TAADAS offers networking opportunities with professionals and other concerned individuals across the state in the alcohol, drug and other addiction services community
• TAADAS Times Newsletter
• Discounts at Recovery Books & Things
• Discounted Hotel Rates
• Credit Union Membership
APPLICATION FOR MEMBERSHIP IN TAADAS

Membership in this organization shall be open to any person or organization whose philosophy in regard to alcoholism and drug addiction is consistent with the following statement: “Alcohol and other drug dependency is a single, separate disease characterized by a definitive set of symptoms. It is not simply a symptom of another disease. It is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life – social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. While alcohol and other drug dependence is a complex illness and can co-exist with mental disorders, it should not be characterized as a behavioral problem arising from, or a symptom of, a mental disorder. Alcohol and drug dependence is successfully treatable and subject to prevention measures.”

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Minimum Annual Dues Amount</th>
<th>Min Dues Pledge July 1 - Sept 30</th>
<th>Min Dues Pledge Oct 1 – Dec 31</th>
<th>Min Dues Pledge Jan 1 – March 31</th>
<th>Min Dues Pledge April 1 – June 30</th>
<th>Suggested Leadership Pledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational</td>
<td>$500</td>
<td>$500</td>
<td>$375</td>
<td>$250</td>
<td>$125</td>
<td>1/3 to 1/2 of one percent (.0033 to .005) of the organization’s annual budget</td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
<td>$37.50</td>
<td>$25</td>
<td>$12.50</td>
<td>Can pledge more $500 - $2,500</td>
</tr>
<tr>
<td>Vendor</td>
<td>$250</td>
<td>$250</td>
<td>$187.50</td>
<td>$125</td>
<td>$62.50</td>
<td>Can pledge more $500 - $2,500</td>
</tr>
<tr>
<td>Corporate</td>
<td>$250</td>
<td>$250</td>
<td>$187.50</td>
<td>$125</td>
<td>$62.50</td>
<td>Can pledge more $500 - $2,500</td>
</tr>
<tr>
<td>Student</td>
<td>$25</td>
<td>$25</td>
<td>$18.75</td>
<td>$12.50</td>
<td>$6.25</td>
<td>Can pledge more</td>
</tr>
</tbody>
</table>

Name: _____________________________

Agency: ___________________________

Address: __________________________

City: _____________________________ State: ___________ Zip Code: ___________

Phone: ___________________________ Toll Free: ___________________________

Fax: _____________________________ Email: _____________________________

Agency Website: __________________________

Agency Representative: __________________________

Representative Email: __________________________

Please make checks/money orders payable to TAADAS or provide credit card information below.

Card Holder’s Name: __________________________

Visa/Mastercard #: __________________________ Exp Date: ___________

Card Holder’s Signature: __________________________

This project is funded under an agreement with the State of Tennessee