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.

TAADAS TIMES

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TAADAS PRESIDENT AND VICE PRESIDENT RECEIVE SUMMIT AWARD

The 25th Annual Tennessee School on Alcohol and Other Drug Studies, THE SUMMIT was held in Nashville, the last week of May. “The Silver Summit: Climbing to the Top... 25 Years of Education, Opportunity and Excellence” not only reflected cutting edge issues - but looked ahead to the societal and traumatic concerns we all must face, as a country and as individuals.

At the Silver Summit, the most prestigious of awards was presented to three very dedicated and deserving individuals. The purpose of the Summit Award is to pay tribute to a selected individual in the field of addictions by the Bureau. The criteria for the Summit award include having fifteen years or more of dedication to the field of addiction. Presented with the “Summit Award” were, Frank Kolinsky, Allen Richardson, and John Mulloy.

Frank Kolinsky, the President of TAADAS, has been the Executive Director of E.M. Jellinek Center in Knoxville, Tennessee for over twenty years. Notably a former football star for the University of Tennessee, he also received the highest honor bestowed on any UT athlete, the Humanitarian of the Year award during the U.T/ Vandy half time event last year. His efforts in building a partnership and his sense of team work is evident with TAADAS and the Bureau of Alcohol and Drug Abuse Services working together, for the benefit of Tennesseans that need our professional services. Upon receiving the award, in true fashion Kolinsky recognized three employees that were in attendance, John Vaughn, Steve Atkins and Gary Cooley, and praised them for their work at E.M. Jellinek Center.

Allen Richardson, Vice President of TAADAS has been in the Alcohol and Drug Abuse Services field for the past 19 years. He has been a licensed alcohol and drug abuse counselor since 1987. For the past seven years, he has been the Executive Director of one of the oldest treatment centers in Tennessee, Serenity Recovery Centers in Memphis. Serenity is currently undergoing a $3 million dollar renovation and expansion to better serve Tennesseans in need. Richardson gives back to his former football team by providing the Alcohol and Drug Training for the University of Memphis Athletics Department. Richardson has been married to Cherri Rast-Richardson, an LCSW at St. Jude Hospital for 15 years.

"It is a privilege to be able to work with chemically dependent Tennesseans and to play some small part in helping them achieve sobriety and to become productive family members and citizens again,” said Richardson on being chosen for the award.

John Mulloy, past director of the Alcohol and Drug Council of Middle Tennessee, has helped numerous people with the mission of helping the suffering alcoholic by whatever means necessary. Mulloy has worked vigorously not only politically but also personally for well over twenty years. Mulloy is one of TAADAS’ charter members.

The first recipient of the Summit Award was Dr. David Knott retired Medical Director of Memphis Mental Health Institute. Since 1994 there have been only four other recipients: Dr. Fredia Wadley, Robbie Jackson, Sharon Trammell, and Hershel Warren.
**Alcohol & Drug Field Loses a True Friend**

As many of you already know, Tommy Chastain, founder and former executive director of the Tony Rice Center in Shelbyville, died this past month.

Tommy founded the Tony Rice Center in 1990 and served as its executive director for over ten years. He was also one of the founding members of the Halfway House Association of Tennessee.

Through Tommy's efforts, countless numbers of persons suffering from addiction have been helped and are now living fruitful lives, free from alcohol and drug abuse. "In the many years that I have known Tommy, I have never known him not to help an alcoholic or addict in need," commented John Vaughn of the E. M. Jellinek Center in Knoxville.

Tommy will be sadly missed by all of his friends and particularly by those of us in the TAADAS family whose lives he touched. Our thoughts and prayers are with Bernice and his other family members.

**TAADAS Executive Director Resigns**

After a two year tenure with TAADAS, Executive Director Rogers Thomson has resigned to pursue other endeavors. Rogers' friends and colleagues at TAADAS thank him for his service to the organization and for his unwavering commitment to alcohol and drug abuse treatment & prevention.

At this time management services for TAADAS will be provided by Xebec Management, Inc., a firm that specializes in nonprofit management and human resource services.

Xebec has provided management services to TAADAS member agency Samaritan Recovery Community for the past seventeen years and provides services to several other nonprofits in the Nashville area including Urban Housing Solutions, Nashville Public Library Foundation, Woodbine Christian School, Supportive Housing Systems, and Congregation Sherith Israel. TAADAS has signed an interim, three-month management contract with Xebec.

**Kudos to the TAADAS Times**

The following is a copy of an email sent from Catharine Brunson, Executive Director of the Metropolitan Drug Commission in Knoxville. Thank you Catherine! We hope that everyone will find the TAADAS Times as useful a resource to them as well.

"Great Job! I just wanted to take a moment and tell you all what an outstanding newsletter you produce. It is full of the most timely and relevant information surrounding substance abuse. It is the only piece of mail that doesn't get thrown in the trash or skimmed -- I read it cover to cover and ask the same of my staff.

I recently took part in a focus group with CSAP regarding the ranking of information dissemination. They asked about the different mediums as well as all the national resources. When they asked 'what resource I rely on the most for my information, I responded with TAADAS.' Kudos and keep up the good work!"

Catherine T. Brunson
Executive Director
Metropolitan Drug Commission
PO Box 53375
Knoxville, TN 37950-3375
Phone: 865-588-5550
Fax: 865-588-0891
Website: www.metrodrug.org
Email: mdrugcom@bellsouth.net and MKThatcher1@aol.com

**TAADAS Announces Kickoff of Statewide Substance Abuse Recovery Campaign**

The 13th annual observance of National Alcohol and Drug Addiction Recovery Month (Recovery Month) will begin September 1, 2002. TAADAS and its member agencies will launch a statewide campaign during the month to increase public awareness about the continuing need for quality drug and alcohol addiction treatment and recovery services and programs. The campaign will support the national theme: "Join the Voices of Recovery: A Call to Action."

This year's theme supports the collective guidelines for positive action of the treatment community as set forth in Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment. This is a public and private sector endeavor sponsored by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. Changing the Conversation envisions a society in which people with a history of alcohol and substance abuse or addiction, people in recovery and their families, and people at risk for these problems are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. It also urges that addiction be recognized as a public health issue, an illness for which individuals deserve treatment.

Watch for announcements in your local press about Recovery Month activities in your community and make plans to support these activities. TAADAS will send out announcements as we become aware of planned events and let all support the national theme: "Join the Voices of Recovery: A Call to Action."
WHEN FATHERS RECOVER FROM SUBSTANCE ABUSE, CHILDREN SHOW IMPROVED BEHAVIOR, FUNCTIONING

Researchers at the University at Buffalo's Research Institute on Addictions (RIA) and Old Dominion University (ODU) in Norfolk, Va., have found that when fathers recover from substance abuse, children exhibit significant improvements in psychosocial functioning.

Furthermore, these improvements may be enhanced if behavioral couples therapy is included as part of substance-abuse treatment, they reported in the April issue of the American Psychological Association's Journal of Consulting and Clinical Psychology.

This is the first study to examine systematically the secondary effects of behavioral couples therapy on children of substance abusing parents. In addition, it is unique in that both alcohol- and drug-abusing parents were included in the study and similar results, in terms of children's psychosocial functioning, couples' relationships, and father's substance-use frequency, were found with both types of couples. Lastly, in contrast to previous research, children's psychosocial adjustment was assessed both prior to treatment and at regular intervals during the year after treatment.

William Fals-Stewart, Ph.D., RIA investigator and research associate professor in the UB Department of Psychology, said the findings are of particular importance given that before treatment, approximately one third of the children living with an alcohol-dependent father and one half of children living with a substance-abusing father exhibited symptoms of significant psychosocial impairment.

"Many of the children we saw initially were anxious, angry, or depressed, and having trouble in school, either with their studies or interacting with peers," added Fals-Stewart. "Following their parents' involvement in behavioral couples therapy, when both communications skills between the partners and the couples' relationship improved, the home environment improved sufficiently to make a real difference in the quality of the children's lives and their functioning."

William Fals-Stewart conducted the study with Michelle L. Kelley, Ph.D., of the Department of Psychology at ODU. Funding was provided by over $4 million in grants from the National Institute on Drug Abuse.

"Compared with individual treatment alone," Fals-Stewart explained, "behavioral couples therapy, in conjunction with individual treatment, appears to be a more effective form of treatment for the men in these families and is more beneficial in terms of its secondary effects on children."

Behavioral couples therapy is aimed at rebuilding and strengthening a couple's relationship by teaching them to express positive feelings, share activities and reward abstinence. Studies have shown lower divorce and separation rates in the two years after couples participate in behavioral couples therapy.

"Alcoholism and drug addiction are among the most insidious and devastating public health concerns today," Fals-Stewart said.

"In 1992 and again in 1996, the U.S. Department of Health and Human Services found that nearly 30 percent of female and 18 percent of male adult problem drug users live with children and that more than six million children are being raised by substance-using parents. The results of this study suggest a dynamic relationship among child, parent, couple, and family adjustment. An intervention such as behavioral couples therapy that addresses all these issues concurrently is likely to have the most positive effects on children."

Contact the Research Institute on Addictions, University of Buffalo for more information at 716.887.2585 or visit their website www.ria.org
When you are reading this, the August 1 Primary Election will have come and gone. The winners are now girding their loins and preparing for the November 5 General Election. Once again, I encourage you to invite the candidates to your facilities or your board meetings or both. Stress the importance of the services you provide to your community and the importance of state funding to your agency. For the curious, take a look at the state's Registry of Election Finance website for a current list of candidates. Here is the address: http://www.state.tn.us/tref/cam_fin/Candidates2002.htm

While we often talk about our candidates for state political offices such as legislative seats or the governor's office, I encourage you to reach out to your candidates for local and federal offices as well. Not always, but occasionally, those folks can make telephone calls and initiate discussions that you and I cannot accomplish.

On the alcohol and drug front, be sensitive to the changes brought about in the DUI law with the enactment of Chapter 855 of the Public Acts of 2002. That is the new statute that lowers the blood alcohol content necessary for a DUI conviction from .10% to .08%. The portions of the statute that require an alcohol and drug assessment and the use of ignition interlock device for a second or subsequent violation go into effect on October 1, 2002. The portions of the statute that implement the .08% blood alcohol provisions go into effect on July 1, 2003. The portions of the statute that authorize the Department of Health to promulgate rules for the administration of the alcohol and drug treatment (ADAT) fund went into effect on July 4, 2002. With respect to the ADAT fund, the appropriations act for fiscal year 2002-03 increases the fund expenditures limit from one million dollars to three million dollars. As a consequence, even though other demands, such as the purchase of ignition interlock devices, have been placed on the ADAT fund, ADAT grants should increase this year.

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

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A NOTE OF APPRECIATION TO TENNESSEE

By: Sandra Jones, Vice President of Operations, Orion Healthcare Technology

I want to take this opportunity to thank the members of TAADAS for the warm welcome and hospitality that was extended to me at the last TAADAS meeting held on July 12, 2002. The TAADAS officers, members and state directors were all extremely receptive to my presentation and allowed me to experience some of the local events and discuss some of the important issues regarding behavioral health care in the state of Tennessee. I was overwhelmed with excitement after seeing the passion and dedication to improving the behavioral health field in the eyes of the TAADAS members and the behavioral health field.

For those of you who I did not have the chance to meet, please allow me to introduce myself. My name is Sandra Jones and I am the vice president of operations at Orion Healthcare Technology based out of Omaha, Nebraska. After ten years of work in human services, I joined Orion as a clinical director, which has allowed me to continue to contribute to the field by delivering a product that assists counselors and agencies in becoming more effective in the business of treating people.

When I started with Orion six years ago, we had just one automated Addiction Severity Index (ASI) product. Thanks to our loyal customers and by working with people dedicated to improving the behavioral health field, like Tennessee, we now offer a complete clinical, management and research system. Our AccuCare Behavioral Healthcare System, provides the user the ability to complete a variety of assessments based on the ASI including adult, adolescent, co-occurring disorders, criminal justice, and Native American. The software also contains ASAM PPC-2 placement guidance, treatment plans, progress notes, discharge summaries, TEDS, MHSIP, outcome research and database management. AccuCare can increase clinical effectiveness, decrease time you spend with paperwork and provide you with a database that can be easily accessed for reporting and research.

We believe passionately in what we do and how our product can help the field. I believe those who attended the last TAADAS meeting were able to see that Orion is not an organization whose interests are to just sell software. We believe that if you invest in us, than we will invest in you. Our focus on superior customer service has always come first, and with the commitment of our dedicated staff, we will always be here for you to provide solutions to your behavioral health needs.

I’d like to send special thanks to Frank Kolinsky and John Vaughn with the E.M. Jellinek Center for their assistance and support on my trip to Nashville. Their insight along with other members of TAADAS has allowed me to get a better understanding of the behavioral health needs of Tennessee.

Sandra may be contacted at Orion Healthcare 1.800.324.7966 or via email at sandy@orionhealthcare.com.
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Organizers of smoking-cessation groups are seeing more participants after several U.S. states substantially raised cigarette taxes, the Associated Press reported July 12.

"Do the tax increases make more people want to quit? You better believe it," said Helene Zarember, who runs a smoking-cessation group at Beth-Israel Medical Center in New York.

Zarember said her group usually has about nine members. But when city and state taxes raised the price of a pack of cigarettes to more than $7, the number of participants grew to 19.

A similar program at New York City's Metropolitan Hospital Center also saw referrals jump 62 percent from a year ago.

In the 17 other U.S. states that raised cigarette taxes, smokers are also reaching out for help. Kathy Drea, director of public policy for the American Lung Association of Illinois, said calls to the Illinois "Quitline" jumped from 100 a day to 150 after the state increased cigarette taxes by 40 cents to a total of 98 cents a pack.

"We always ask people what inspired them to call," Drea said. "In the past couple of weeks, people have been talking about the tax increase."

In addition to hotlines, more smokers are turning to website or contacting local organizations for smoking-cessation assistance.

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A new national survey, published in the June 2002 issue of Annals of Emergency Medicine, found that the general public is unaware that alcohol policies are effective in reducing the risk of injuries and deaths involving alcohol.

The research, conducted by the Uniformed Services University of the Health Sciences in Bethesda, Md., involved a telephone survey of 943 adults from across the United States. The poll found that while most adults are aware that alcohol is often involved in falls, drownings and poisonings, they were less informed about the effect of alcohol-control policies.

For instance, only 21 percent of the respondents thought increasing alcohol taxes would prevent unintentional deaths, while studies have shown that higher drinking ages have prevented more than 20,000 deaths during the last quarter century.

Dr. Deborah C. Girasek, lead author of the study, said the findings show that the public is often not made aware of the science supporting alcohol-control policies.

“We in the field have got to do a better job of communicating with the general public, letting them know that treatment and advocacy do work when it comes to alcoholism,” said Stacia Murphy, president of the National Council on Alcoholism and Drug Dependence.

“Having facts and figures at our disposal is one thing, but passing that information on to the general public in such a way that they understand it is another. Communication is always a two-way street, and we need to make sure that the information we are presenting to the general public is being received.”

In an editorial titled “Alcohol still kills!” that accompanies the study in Annals of Emergency Medicine, authors Roy D. Ary, MD, Marlena M. Wald, MLS, MPH, and Wesley Rutland-Brown, MPH, noted that “Studies can produce all the ‘conclusive data’ imaginable, but unless the applicability and importance of these studies are impressed on society, the results of the research will be negligible. Alcohol still kills far too many people, and we believe something can be done about it.

“We must work to counteract the promotional efforts by the alcohol beverage industry. Advertisements for alcohol depict healthy people in an active life-style. These ads neglect to inform society of the health risks involved in alcohol use. Without an ‘equal time’ message, where is the public to get a balanced view? Alcohol manufacturers are intent on selling their product. Although they might want to promote their definition of ‘responsible’ drinking, the bottom line is that they want to make money. For these reasons, various advertisements appeal to nearly every sector of society, and all of them show only one side of the story: the perceived potential benefits of alcohol use. As physicians, it is our duty to tell the other side of the story. We must educate people of all ages about the dangers of alcohol. “The fact is, alcohol can and does kill.”

Founded in 1944, NCADD fights the stigma and the disease of alcoholism and other drug addictions. With offices in New York and Washington, DC, NCADD provides education, information, help and hope to the public, and advocates prevention, intervention, and treatment through a nationwide network of over 95 affiliates.

For more information, visit www.ncadd.org or contact Ames Sweet, Director of Communications, via email communications@ncadd.org or at 212/269-7797, ext. 16.

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It’s no secret that people with disabilities face many challenges in their quest to live healthy, productive lives. One challenge that people are often unaware of, however, is the high rate of substance abuse among this population.

Yet, people with disabilities are at far greater risk of developing substance abuse problems than the general population. For instance, the prevalence of substance abuse among people with traumatic brain injuries, spinal cord injuries, or mental illness is approximately 50% as compared with 10% of the general population. Statistics also show that people who have conditions such as deafness, arthritis, or multiple sclerosis have substance abuse rates of at least double the general population.

There are many reasons for this. One possible explanation is that regular use of prescribed medication may serve to increase the potency of drugs such as alcohol. Another cause may be that preexisting substance abuse problems tend to continue and worsen after the onset of a disability.

**Work and the Recovery Process**

So what can be done about these discouraging statistics? One approach that has been shown to increase the effectiveness of substance abuse recovery for this population is vocational training and rehabilitation. An estimated 68% of adults with disabilities are not in the workforce, even though the majority would like to be. They may not have jobs for one of several reasons: the severity of their impairment(s) may preclude them from working at all, their level of human capital (skills, education, and experience) may make them less competitive, or physical and social barriers in the environment may prevent them from finding employment.

"Work is becoming increasingly recognized as a critical component of recovery and therefore requires that treatment services provide vocational and educational services to individuals in treatment," say authors Eileen Wolkstein, Ph.D., Rebecca Bausch, M.S., and Genevieve Wolkstein, M.S., of their paper "Work as a Critical Component of Recovery," developed for New York University in 2000.

The 1997 National Household Survey on Drug Abuse revealed that almost 14% of unemployed adults over age 18 were current substance abusers, compared with only 6.5% of full-time employed adults.

The authors of “Work as a Critical Component of Recovery” also explain that therapies that develop positive self-efficacy (often achieved by learning a skill and then obtaining employment) are showing promise in helping substance abusers move through the recovery stages toward long-lasting change. "An individual’s belief that he or she can solve a problem has been found to successfully predict outcomes in relationship to alcohol consumption, drug craving, relapse to substance abuse, abstaining from drinking after relapse, recovery from addictions without treatment, ability to cope with stress, level of interest developed, and performance attainments."

**Making Work Goals Reality**

It’s well documented that significant disparities exist between the quality of life for disabled individuals and fully functioning people. The Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) in 1990 have set the stage for progress, and recent programs such as the New Freedom Initiative and Ticket to Work have made strides to further the availability of workplace resources for people with disabilities.

The Ticket to Work program, launched by the Social Security Administration, will provide Social Security disability beneficiaries with a ticket that may be used to obtain vocational rehabilitation, job training, and other support services including expanded health care coverage. Many of the policies that would have forced beneficiaries to choose between health care coverage and work have been removed by this legislation. Initially, 13 States will participate in the program, which will be in operation nationwide by 2004.

Also, the New Freedom Initiative signed into law by President Bush in 2001 aims to help Americans with disabilities become integrated into the workforce by expanding telecommuting opportunities, encouraging swift implementation of Ticket to Work, full enforcement of the ADA, and innovative transportation solutions for people who are not able to drive.

Other initiatives put into practice in order to help disabled individuals break into the workplace are Project EMPLOY from the Office of Disability Employment Policy and the Society for Human Resource Management in partnership with other employers, and the Employment Assistance Referral Network (EARN) from the U.S. Department of Labor.

EMPLOY will provide employers with resources, ongoing support, training, and technical assistance for recruiting, hiring, and retaining disabled employees; refer qualified candidates with significant disabilities to companies; and eliminate employment barriers caused by negative stereotyping of people with disabilities. EARN is a national toll-free telephone and electronic information referral service for employers who are seeking to hire workers with disabilities.

Of course, these programs don’t guarantee all individuals who want to work will be able to, but they are positive steps and help to reinforce the idea that services for this largely neglected community can and should be continuously improved and expanded.

The National Clearinghouse for Alcohol and Drug Information (NCADI) is a service of SAMHSA. The TAADAS Statewide Clearinghouse serves as the local branch of the National Clearinghouse for Tennesseans.
WORKSHOPS & TRAININGS

The Upcoming Role of Science-Based Prevention: The Second Step Curriculum
Facilitators: Mark Barber, Amanda Hopkins, and Julie Janke, JACOA, Jackson, August 16, Contact Amanda Hopkins 731.423.3653

Where Did We Go Wrong? Drug Abuse and Violence Among Today’s Youth
Facilitator: Patti McNeely, LeBonheur, Memphis, August 16, Contact Jane Abraham 901.272.1657

Compassion Fatigue
Facilitator: Karen Dennis, LeBonheur, Memphis, August 17, Contact Jane Abraham 901.272.1657

Professional Ethics
Facilitator: Kathy Benson, A&D Council, Nashville, August 30, Contact Susan Young 615.269.0029

Clearinghouse Stats
For the fiscal year 01/02 The Clearinghouse staff have been busy. The following represent the numbers of people and ways the Clearinghouse has ‘Gotten the Word Out’.

7884 REDLINE Calls Taken
258,738 Pieces of Literature Distributed
1832 Videos Loaned Out
10 Presentations at Exhibits
62,118 Website Hits

FEATURED PUBLICATION:
KEEPING YOUR KIDS DRUG FREE

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: Keeping Your Kids Drug Free: A How-to Guide for Parents and Caregivers

This 56 page pocket guide covers challenges parents face, how they can influence their kids, opportunities for starting a discussion and what parents can do and say to keep their children drug free. It also provides a list of resources and ways for parents to get involved in community drug-prevention activities

To get your free copy of this publication, call the Clearinghouse at 615.780.5901 or order online at www.taadas.org.

STUDY SHOWS STRONGER STATE PREVENTION ACTIVITIES MAY DISCOURAGE ALCOHOL-IMPAIRED DRIVING

Strong state activities designed to prevent driving under the influence (DUI) may reduce the incidence of drinking and driving, according to a new study from the Centers for Disease Control and Prevention (CDC). The study published in the June issue of Injury Prevention, finds self-reported cases of drinking and driving were linked with the strength of state activities to prevent DUI.

Alcohol-impaired driving is a serious public health problem in the United States. Each year, alcohol is involved in nearly 40 percent of all traffic-related deaths, according to the Centers for Disease Control and Prevention. The study in the June issue of Injury Prevention, finds self-reported cases of drinking and driving were linked with the strength of state activities to prevent DUI.

The CDC study also found 4.2 percent of the residents who consume alcohol reported they had driven after having too much to drink during the previous month. Men were nearly three times as likely as women to report alcohol-impaired driving. Single people were about 50 percent more likely to report alcohol-impaired driving than married people or people living with a partner. MADD based the grades on 11 categories that included legislation involving DUI and underage drinking, resources devoted to enforcing DUI laws, administrative penalties and criminal sanctions, regulatory control and availability of alcohol prevention and education, and victim compensation and support.

"An alcohol-related motor vehicle crash kills someone every 33 minutes and a nonfatal injury occurs every two minutes," said Sue Binder, MD, Director of CDC's Injury Center. "This study helps us understand what works to reduce these terrible tragedies."
Featured Video:
Chalk Talk on Drugs

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 Chalk Talk on Drugs.

In this 56 minute tape Father Martin with Dr. C. C. Nuckols and a group of recovering addicts join forces to make this exciting new film. Father Martin explains the answer to recovering from drug addiction regardless of the drug of choice while Dr. Nuckols explains the classifications of drugs, what they do, and how they affect the user. Personal experiences from people in recovery are interjected throughout.

Videos can be checked out from the Clearinghouse free of charge for three (3) business days. UPS shipping is available for those wanting to check out videos outside the Nashville area for $13.00. Call the Clearinghouse at 615.780.5901 to check out this or one of the other videos in our collection.

A complete video catalog is available online at the TAADAS website, www.taadas.org.

Workshops & Trainings

Chemical Use, Abuse, and Dependency
Facilitator: Tammy Stone, A&D Council, Nashville, September 6, Contact Susan Young 615.269.0029

Tobacco: History, Education, & Cessation
Facilitator: Angela Singleton, JACOA, Jackson, September 13, Contact Amanda Hopkins 731.423.3653

Counseling Skills
Facilitator: Anna Whalley, LeBonheur, Memphis, September 14, Contact Jane Abraham 901.272.1657

ASAM
Facilitator: Wayne Hyatt, LeBonheur, Memphis, September 21, Contact Jane Abraham 901.272.1657

Classroom Management for the Group Facilitator
Facilitator: Amanda Hopkins, JACOA, Jackson, September 27, Contact Amanda Hopkins 731.423.3653

Diagnosing Addiction
Facilitators: Karen Dennis, JACOA, Jackson, October 4, Contact Amanda Hopkins, 731.423.3653

Drug Addiction and Families
One Day Conference, JACOA, Jackson, October 18, Contact Amanda Hopkins 731.423.3653

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Featured Items for August & September:
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SENATE PANEL RESTORES CSAP FUNDING, BOOSTS ALL ADDICTION SPENDING

In a remarkable reversal, a Senate budget committee has not only spurned President Bush's proposed cuts in federal prevention spending but has voted a slight increase in prevention spending for fiscal 2003.

The Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education OK'd a budget plan that includes $202 million for the Center for Substance Abuse Prevention (CSAP), up from $198 million in FY2002. The Bush Administration plan had called for the CSAP budget to be cut to $153 million.

However, while the Senate also increased spending at the Center for Substance Abuse Treatment from $292 million in 2002 to $310 million in fiscal 2003, that number fell short of Bush's proposal to fund the agency at $363 million.

The subcommittee also approved slight increases over the president's budget request for the addiction block grant and the Safe and Drug-Free Schools and Communities program, funding these programs at $1.795 billion and $654 million, respectively. The panel agreed with the administration's budget plan for the National Institute on Drug Abuse ($968 million) and the National Institute on Alcohol Abuse and Alcoholism ($418 million) -- both substantial increases over FY2002 spending.
Since 1964, the Jackson Area Council on Alcoholism & Drug Dependency (JACOA) has provided a variety of beneficial prevention & treatment services to the individual, families and the community. Our humble beginnings with a staff of one have grown to a staff of over 50. Today, through funding sources such as the United Way, the TN Department of Health and private donors, we continue our rich history of serving and empowering men and women who are afflicted with the disease of addiction.

Located in Jackson, our service area includes 35 counties and over 70 cities in western & mid-Tennessee. Here are just a few of the services we offer:

- Provide over 48,000 meals for clients and homeless annually
- Provide inpatient treatment for 600 men & women annually
- Provide prevention life-skills education for children & youth
- Provide education, screening & treatment for D.U.I. offenders
- Provide education & referral for under age offenders
- Provide employment drug screening
- House 20 homeless people monthly
- Provide job placement & vocational rehabilitation services
- Provide a 33-bed transitional living facility for men & 12-bed transitional living facility for women
- Provide preferential treatment for I.V. users & pregnant mothers
- Provide outpatient counseling services
- Respond to over 3200 inquiries for services annually

Last year, JACOA adopted a strategic plan with the following Vision Statement: "The Vision of JACOA is to be reposed to the ever changing and dynamic need of our community environment to treat and prevent the diseases of addiction and drug abuse through services to all people, with programs and services that improve the quality of life of the individual and our society." Notes Executive Director Dr. Douglas Harr, "Chemical addiction is not a moral problem; it is a Health Problem that must be attacked with the same vigilance as we approach cancer and heart disease. There are more deaths, disabilities, and illnesses from substance abuse than from all other preventable health conditions. JACOA is committed to changing the social stigma of addiction and to provide the best possible treatment and prevention services to our citizens."

Residential treatment allows a safe escape from the chaos of addiction. In this safe environment, men and women’s emotional, physical & spiritual needs can be addressed and improved. Our 41-bed residential program offers individual, group and family counseling to address these needs & help people begin the recovery process from the disease of addiction. Our professional treatment staff includes a clinical psychologist, licensed alcohol & drug abuse counselors (LADAC) and an LPN. We treat people from all levels of socioeconomic status, e.g. indigents to physicians; we also treat the dually-diagnosed. Residents receive education, counseling, psychological evaluations, detoxification, & weekly aftercare services.

Our Nursing Department provides daily medical care for our clients to improve their physical health. Services include: detoxification, physical examinations and medication management. Drug screening is utilized by walk-in individuals and local businesses & organizations for accurate and reliable results.

Education is one of the most important weapons in the battle against alcohol & drug abuse and addiction. The mission of the Prevention, Education & Training Department is to facilitate increased knowledge, skills, and techniques to prevent, treat and defeat addiction & abuse. We provide science-based prevention.

(Continued on page 16)
A new study indicates that a large number of young gay and bisexual men in the United States are unaware that they are infected with HIV, the Associated Press reported July 8.

The study, conducted by the U.S. Centers for Disease Control and Prevention from 1994 to 2000, involved interviews and tests of 5,719 men aged 15 to 29 at dance clubs, bars, health clubs, and street locations in Baltimore, Md.; Dallas, Texas; Los Angeles, Calif.; Miami, Fla.; New York City, N.Y.; and Seattle, Wash.

According to the study's findings, of the 573 who tested HIV positive, 77 percent had not known they were infected, and 70 percent of the Hispanic HIV-positive men were unaware of their status.

"The survey helps explain, at least in part, why many young gay and bisexual men in the United States are becoming infected," said Duncan MacKel lar, who led the study. "Many gay and bisexual men have HIV, most do not test frequently, and are engaging in behaviors that can transmit the virus."

Researchers said the study's findings could indicate that the epidemic may be in danger of accelerating again in the United States. The study's findings were presented at the 14th International AIDS Conference in Spain.
Drug Abuse: The President's Experience Should Shape His Policies

Commentary
by William C. Moyers

Center City, Minn. – If only America's so-called war on drugs could be recast in the spirit of my chance meeting with President Bush last year in the White House Rose Garden.

"Mr. President, my name is William Moyers, I'm from Minnesota and I am a person in recovery," I said.

Without batting an eye, the president grasped my hand and replied, "Sounds like we have something in common." I was all but a complete stranger to Bush. But in that moment we connected. And because I told him nothing else about me, I assume it was from the commonality of our experiences of having overcome the desperate condition of drinking too much.

I am a recovering alcoholic and addict. Whether the president labels himself the same, I don't know. But on that day at least, Bush knew exactly where I was coming from because, by his own account, he once drank too much and now he doesn't drink at all.

Ironically, our handshake occurred just after the president had used the Rose Garden ceremony to announce his nomination of John P. Walters as the nation's drug czar. Critics within the drug policy reform movement denounced the appointment, saying Walters' track record showed he was no friend of addicted people. What's more, Walters has said he sees addiction as a moral or criminal issue, rather than an illness. In policy terms, that translates into funds going to law enforcement and supply suppression rather than to the kind of treatment programs that helped me and thousands of others.

But flush with optimism that finally we had a president who understood the power of addiction and the possibility of recovery, I urged restraint in opposing the Walters nomination. Maybe now, I argued to my fellow policy reform advocates, the president's own experience would allow his administration to refocus the war on drugs, promoting effective prevention and treatment programs over previous policies that emphasized interdiction and tough law enforcement. My position was met with criticism from my colleagues in the addiction treatment field, solicited an angry call from a U. S. senator and sparked disdain from some of my fellow recovering alcoholics.

Ultimately, the Senate approved Walters' nomination, after both he and the president spoke repeatedly about narrowing the treatment gap for the 3.5 million people that the federal government estimates need treatment but are not seeking help. For a while at least, it appeared that the administration's approach had been tempered by the reality that America's war on drugs required a more balanced approach.

And then Sept. 11 happened, which abruptly rewrote the national agenda. Suddenly the war on drugs became an adjunct to the war on terrorism. The Office of National Drug Control Policy has run disdasteful television ads equating teenage drug use with support for terrorists, part of a $185-million-a-year media blitz that Walters now admits has been ineffective. Proposed funding for prevention and treatment of drug addiction did increase in the president's 2003 budget—as did federal dollars for interdiction and law enforcement. But the fact remains that two-thirds of the $19 billion the Bush administration wants to spend fighting drugs merely targets the supply—rather than treating the demand.

I had hope for a more balanced approach. The first family knows all about underage drinking and the problems it causes. And earlier this year the media reported that a relative of the president was arrested and ended up in treatment after forging a prescription for a tranquilizer in Florida. Surely these personal experiences would resonate at

(Continued on page 16)
education services to elementary & middle school children in Jackson. Bureau-accredited training is offered for counselors, social workers, educators, nurses and prevention professionals through the Regional Training program. Last year, we served the educational/training needs for over 300 professionals in western & middle Tennessee. Our DUI Offender Services program works closely with area court systems to provide education, evaluation & treatment for DUI offenders.

The transitional experience from addiction to recovery is often a time of confusion and doubt. Our transitional living programs strive to solidify the gains clients make in treatment as they re-enter society. Montgomery Hall, named in honor of retired Executive Director Harold Montgomery, is a 28-bed transitional living facility for men. It provides services such as aftercare, transportation, personal adjustment training & education to improve interpersonal relationships in the workplace & in the family, 3 balanced meals daily, and job readiness training. Homeless & respite services are also available.

JACOA added a new and exciting service on June 30, 2002. Recognizing a gap in services throughout the region, JACOA opened a 12-bed women’s transitional home. We are now equipped to help addicted, homeless women when they complete treatment. Services include: aftercare, intensive outpatient counseling, employment referrals, transportation, 3 balanced meals per day/7 days per week, and assistance in finding permanent housing. Besides identification of employment competencies and appropriate referrals to local vocational rehabilitation and employment placement, we also obtain all proper identification for employment (social security card, identification card, birth certificate, driver’s license). Historically, addicted women have been underserved. Our new women’s facility serves the community by providing safety, security and hope to women who are recovering from the disease of addiction.

In addition, the JACOA staff is available for speaking engagements to business, civic organizations, and other interested parties regarding the treatment and prevention of chemical addiction and abuse. In 1964 with a staff of one, JACOA engaged in prevention, intervention and outpatient treatment. Thirty-eight years later and with a staff of over fifty, JACOA’s services still consist of prevention, intervention and treatment. There is much more depth and breadth in the current version of JACOA, but the emphasis remains the same. We are committed to treating and defeating chemical addiction & abuse. For more information, feel free to contact us at 731-423-3653.
Discovery Place, Inc.

A Spiritual Retreat For Men

Discovery Place, Inc. is not a treatment center. It is a Spiritual Retreat for men who need Spiritual help in order to recover from addiction to alcohol or other drugs. We provide a 30-day stay that emphasizes the 12 suggested Steps to recovery of Alcoholics Anonymous.

Our Goal for each guest is that they discover how to recover, one day at a time, through practicing the Spiritual principles embodied in the 12 steps.

All our staff are PHD's (Previously Helped Drunks) and CTM's (Carriers of The Message) who share the message of their own sobriety with each individual guest.

Our cost is $3,000 (all inclusive) for a 30-day stay. We do not accept insurance nor do we accept any funds from public grants. Payment may be cash, check, or credit card and must be paid in full prior to admission.

Please direct inquiries to:

Joe Morgan
President

Discovery Place, Inc.
1635 Spencer Mill Rd.
P.O. Box #130
Burns, TN 37029

Euel B. Mahoney
Executive Director

Telephone: 615-740-8600   Toll Free: 888-749-8600   Fax: 615-740-8606
Website: www.discoveryplace.info/
E-mail Address: DPKANHLPU@aol.com
US Supreme Court Allows Drug Testing in Schools

The U.S. Supreme Court ruled that public high schools can randomly conduct drug testing of students participating in after-school activities, the Associated Press reported June 27.

In a 5-4 ruling, the justices decided that eliminating drugs from school campuses outweighs students' right to privacy.

"We find that testing students who participate in extracurricular activities is a reasonably effective means of addressing the school district's legitimate concerns in preventing, deterring, and detecting drug use," Justice Clarence Thomas wrote for the court.

The ruling means that school officials can test students who participate in competitive after-school activities or teams, even if there is no reason to suspect wrongdoing. Previously, drug tests were only allowed for student athletes.

The case was brought by Lindsay Earls, a former Oklahoma high-school honors student who competed on an academic quiz team and sang in the choir and was subjected to drug testing. Although Earls tested negative, she sued over what she described as a humiliating and accusatory policy.

"I find it very disappointing that the court would find it reasonable to drug-test students when all the experts, from pediatricians to teachers, say that drug testing is counterproductive," said Graham Boyd, director of drug-policy litigation at the American Civil Liberties Union and Earls' lawyer. "The best way to prevent drug use is to involve them in extracurricular activities."

The study led by Shepard Siegel, a professor of psychology at McMaster University in Hamilton, Ontario, Canada, involved giving rats infusions of morphine over several days. The animals developed a tolerance to the pain-relieving effects of the drug.

Researchers then reduced the dose by about 10 percent. Normally, a dose that small would have no effect since the animals are used to the larger dose. But researchers found that the animals responded as if a large dose was coming.

"The finding clearly shows that internal cues can be associated with addiction to a drug," said Siegel. "The important new finding is that part of the stimuli that elicits this learned response to need more and more drug comes from early drug effects."

The research could assist doctors in prescribing potent pain-killers more safely. "The finding should have an effect on cue-exposure therapy," said Siegel. "Cue-exposure therapy is a form of desensitization. It's used for cigarette, drug, and alcohol cessation."

The study's findings are published in the July 2002 issue of the Journal of Experimental Psychology: Animal Behavior Processes.

NAADAC: Supreme Court Ruling on Student Drug Testing Misguided

Alexandria, VA - NAADAC, The Association for Addiction Professionals, spoke out today against the Supreme Court's approval of random drug tests for public school students who participate in extracurricular activities. NAADAC believes the court's decision supports misguided and ineffective efforts to address drug use.

"Protecting America's youth from alcohol and drugs requires more than a simple drug test," said Bill B. Burnett, president of NAADAC. "We need a greater commitment to prevention and treatment."

The Pottawatomie County (Oklahoma) school system argued before the court that drug tests were a deterrent for students who knew that they could not participate in their favorite activities if they tested positive for drugs.

"Denying students access to extracurricular activities is not helpful," said Burnett. "At-risk and marginal students need the support systems and mentoring relationships that extracurricular activities provide. Excluding students who test positive for drugs will likely exacerbate their problems. Other students may avoid extracurricular activities altogether, making it difficult to identify and address their potential problems."

A 1995 study conducted by the U.S. Department of Health and Human Services revealed that students who participate in extracurricular activities are less likely to engage in risky behavior, including drug use. The study, "Adolescent Time Use, Risky Behavior Outcomes: An Analysis of National Data," was prepared by the Office of the Assistant Secretary for Planning and Evaluation.


Memphis Recovery Centers, Inc
Providing Addiction Treatment Since 1970
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 dependence.

Does TAADAS have any programs?

Yes. Through a grant from the Tennessee Department of Health, TAADAS operates two programs - The Statewide Clearinghouse and the Tennessee RED-LINE. The Clearinghouse is a resource center for substance abuse related materials. The Clearinghouse includes a lending library of both books and videos, free literature for the general public as well as clinicians, and a research area. The Tennessee RED-LINE is a confidential information line to help people find available substance abuse services in their area. TAADAS serves as the host organization for the Partnership for a Drug-Free Tennessee, the Tennessee state alliance for the Partnership for a Drug-Free America. TAADAS also is the home of Recovery Books & T-Shirts - 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 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
- Grant 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.

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**TAADAS Members 2002**

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

**Sustaining Members**

A&D Council of Middle TN, Nashville
Appe, Inc., Knoxville
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Address or Name Changes?? Forward them to the TAADAS office via phone 615.780.5901, fax 615.780.5905, or email taadastimes@taadas.org

TAADAS Board Officers

Frank Kolinsky, President
Allen Richardson, Vice President
Terry Shapiro, Secretary/Treasurer

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

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

The TAADAS Times Newsletter is a Bimonthly publication edited and produced by TAADAS staff. It is distributed to 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 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
One Vantage Way, Suite B-240
Nashville, TN 37228-1562
615.780.5901
Fax 615.780.5905
taadastimes@taadas.org

APPLICATION FOR MEMBERSHIP IN TAADAS

Joining TAADAS entitles you to a host of benefits not the least of which is recognition as an active supporter of the voice of Alcohol and Drug Abuse Services in Tennessee. There are various levels of membership in TAADAS, 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: $100 ___ $500 ___ $1000 ___ $2500 ___ $10000 ___ Other $ ______
Sustaining / Voting: $500 ___ $2500 ___ $5000 ___ Other $ ______

Name: _____________________________________________________________________________

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TAADAS’ Mission

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