TAADAS Celebrates 30 Years as the Voice of Addiction Services for Tennessee

March marks the 30th anniversary of TAADAS serving as the voice for addiction services in Tennessee. 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.”

Since then, the field of addiction services has been ever changing and evolving and so has TAADAS! Beginning as a handful of agency directors from across the state with the common goal of helping a suffering addict, over the past three decades, TAADAS has grown tremendously. The organization has added programs such as the Statewide Clearinghouse, Tennessee RECLINE, Recovery Books & Things, Partnership for a Drug-Free Tennessee, Clergy Outreach, HIV/AIDS Outreach, and most recently a Gambling Initiative. As TAADAS grows, member agencies continue to represent the field of addiction services well.

- Of the five members of the Licensed Alcohol and Drug Abuse Counselor Board, two are Executive Directors of TAADAS member agencies and one is a staff member of a TAADAS member agency.
- Governor Bredesen recently appointed another TAADAS member agency director to the Board of Licensed Healthcare Facilities.
- Other TAADAS member agency representatives and TAADAS staff members also serve on the TennCare Round Table Committee.
- TAADAS also recently negotiated with a national drug testing firm to offer drug testing services for members.
- TAADAS Attorney, Nathan Ridley keeps members abreast of things that might affect addiction services “On the Hill” and sends weekly updates via email when the legislators are in session.
- Another well kept secret of TAADAS is our Online Job Postings. TAADAS members are able to post job openings in their agency on our website free!
- Beginning in 2006, TAADAS membership levels will include Organizational, Individual, Student, Vendor, and Corporate Members. The Organizational member category is open to any organization or entity that provides alcohol, drug, and/or other addiction treatment prevention, advocacy or recovery support services. The Organizational

TAADAS Board Revises By-Laws & Membership Categories

In December, the Board of Directors updated the agency by-laws better representing the views of the organization as a whole.

Membership is now open to any person or organization whose philosophy in regard to alcoholism and drug addiction is consistent with the 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

(Continued on page 2)
TAADAS CELEBRATES 30 YEARS!

(Continued from page 1)

members will meet quarterly to discuss issues in the field with our annual meeting for all members being held in September.

Over the last thirty years, TAADAS has gone through several changes. “I have hung in there all these years because I truly believe the A&D field needs a united voice across the state,” says TAADAS Secretary/Treasurer, Sharon Trammell, Executive Director of Grace House in Memphis, “I believe that TAADAS still has the ability to truly become that voice, as long as we keep our focus on the true object of our reason for being—the suffering addict, be they dually diagnosed or not.”

Through tremendous growth, and after thirty years of service, our mission remains the same – “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 has a lot to offer. Whether you came by last week, or it has been a while since you’ve checked us out, we would like to invite you to check us out again!

(Continued from page 1)

problem arising from, or a symptom of, a mental disorder. Alcohol and drug dependence is successfully treatable and subject to prevention measures.”

Another notable change was the creation of new membership levels for Organizational and Vendor members. The Organizational members will meet quarterly with the Board of Directors beginning in March to provide input to the Board of Directors on all key issues and other matters affecting the field of addiction services in Tennessee.

Also, TAADAS memberships have been moved to a fiscal year basis now, with all memberships running from July 1 – June 30 of each year. To assist in implementing this change, all members joining or renewing after January 1, 2006 will remain members until June 30, 2007 – A great bonus for those joining and/or renewing in March or April!

Membership in TAADAS is more than the purchase of services, it is also an investment in a philosophy—in a cause. It is a shared belief that alcohol, drug and other addictions are treatable and preventable, that the availability of quality treatment and prevention services to all Tennessee citizens is important and that by joining together we can do more than we can individually.

NEBRASKA REPORT CALLS FOR METHAMPHETAMINE TREATMENT

A Nebraska legislative panel on drug sentencing says the state needs to build a locked treatment facility for methamphetamine addicts involved in the criminal-justice system, the Associated Press reported December 3rd.

The state Community Corrections Council, chaired by legislative Speaker Sen. Kermit Brashear, recommended spending approximately $17 million to construct a medium-security treatment center in Norfolk, Neb. The panel was tasked with determining how to ease prison crowding with alternative sentencing for drug offenders.

"We have to begin implementation now," said Brashear. Added Sen. Mike Flood: "Long term, it's a way to save money. It's either $100 million on a new Tecumseh (prison), or take a crack at treatment."

Flood called the proposal a companion to a bill passed last year to control sales of cold medicines containing chemicals that can be used to make meth. "The issue left unanswered is what to do with the 80 percent of folks who get meth from other places, are addicted and go to prison," he said.

The Norfolk treatment facility also would complement Nebraska's plan to increase community-based treatment and corrections. "A group of offenders will always exist whose resistance to treatment and recovery will outpace even the most complete system of intervention services ... prior to incarceration with the Department of Correctional Services," the panel's report noted.

TENNESSEE “OUTS” METH MAKERS

The state of Tennessee has established a searchable online database listing the name, alias, and date of birth of anyone convicted of manufacturing methamphetamine, Newsweek reports in its January 30 issue.

Law-enforcement officials say the registry — believed to be the first of its kind in the U.S. — will help landlords screen prospective tenants and weed out those who might turn their home or other property into a meth lab. They also hope the list will have a deterrent effect on meth users.

"Meth is unique in the way it’s a public threat," said Jennifer Johnson, a spokesperson for the Tennessee Bureau of Investigation, which populated the database with the names of everyone convicted in Tennessee of meth production since last March. Officials say the names will stay on the list for seven years, at which point offenders can petition to have their name removed.

Some critics worry, however, that the list will present a barrier to meth offenders who have served their criminal sentences and are looking to reintegrate into society.
Panel Seeks Input on Improving State Policies for Addiction Treatment and Prevention

Feature Story by Bob Curley

Government-funded programs provide most of the addiction treatment and prevention services in the U.S., and states are in the forefront of efforts to prevent and treat alcohol and other drug abuse. Who should lead this fight at the state level, how government entities and services can best be structured, and which state criminal-justice policies can serve as models for others are among the issues under consideration by the new State Systems Policy Panel convened by Join Together.

The national Blueprint for the States Policy Panel held its first meeting on Dec. 15, 2005, and has begun gathering public testimony in anticipation of releasing a set of key recommendations in June 2006. Public hearings were held in Santa Fe, New Mexico on January 30 and in Washington, D.C. on February 13 during the annual meeting of Community Anti-Drug Coalitions of America. New Mexico Gov. Richardson provided the lead testimony at the New Mexico hearing.

"We hope to hear from other people who have had success in their own states, so we can develop policies that all 50 states can incorporate to prevent substance abuse," said panel member Pat George, a Republican member of the Kansas House of Representatives. George added that lawmakers need to hear the economic arguments in favor of investing in addiction treatment and prevention. "The savings over the long haul will far outweigh the short-term appropriations to provide substance-abuse treatment," he said.

"States are on the front lines of the fight against substance abuse; state governments and legislatures have to lead, and I don't think that's happening," said former Massachusetts governor and presidential candidate Michael S. Dukakis, who chairs the policy panel. "I'd love for us to put together an agenda so that both previous and newly elected governors have a blueprint in front of them."

Dukakis said his work on the panel stems in part from frustration that drug prevention efforts undertaken by him and other state lawmakers in the 1980s seem to have fallen by the wayside in recent years. "That bothers me; nor do we see particularly impressive leadership nationally," he said. "It's all enforcement oriented, with very little focus on prevention and education, but I believe states can have an impact on changing that.

Strengthening State Leadership, Systems

The panel's recommendations will largely be driven by the public testimony received, but the group's early work has already revealed some guiding themes and areas of concern. For example, panel members have expressed an interest in defining the appropriate role and structure of the single state agencies (SSAs) that have primary responsibility for administering drug and alcohol programs. "We have an important opportunity to make recommendations that will provide guidance to improve state substance-abuse systems," said panel member Barbara Cimaglio, deputy commissioner of the Division of Alcohol and Drug Abuse Programs for the state of Vermont. "Strengthening state leadership is critical to building quality services throughout the country."

Other potential topics include the role of governors and other senior government leaders, sentencing policies, statewide collaboration, treatment integration, proper funding levels for addiction-related services, workforce development, and data collection and outcomes measurement.

"As a manager and advocate for quality alcohol and drug services, I am concerned that the national focus has shifted away from outcomes to evidence-based practices as the goal," said Ken Stark, director of the Mental Health Transformation Project and former director of the Washington Division of Alcohol and Substance Abuse and another panel member. "While evidence based practices are a means to the end (of good outcomes), evidence-based practices themselves are not the outcomes. Too many legislative bodies are now requiring use of evidence-based practices with little attention to monitoring whether these practices have actually improved the outcomes previously being achieved. Hopefully, through these public hearings some attention will be focused on the outcomes themselves."

Other panel members include Sidney L. Gardner, president of the group Children and Family Futures; Diana Bonta, vice president of public affairs for Kaiser Permanente's Southern (California) Region; Judge Karen Freeman-Wilson (ret.), CEO of the National Association of Drug Court Professionals and chair of the Governor's Commission for Drug Free Indiana; Patricia Kemphorne, First Lady of the state of Idaho; Tom McHale, work family representative for the United Auto Workers-General Motors Commercial Truck Center and board member of Faces and Voices of Recovery; Katie McQueen, M.D., assistant professor at the Baylor College of Medicine and University of Texas Health Science Center in Houston and medical director of the Harris County Hospital District Screening, Brief Intervention, Referral and Treatment Program; and Paul Roman, director of the Center for Research on Behavioral Health and Human Services Delivery's Institute for Behavioral Health Research.

"The work of the policy panel is addressing some of the most critical issues facing state government at a time of many (Continued on page 5)
NEW ADVOCACY TOOLKITS TO FIGHT CRIMINAL RECORD DISCRIMINATION AVAILABLE

The Legal Action Center and our National H.I.R.E. Network are delighted to announce that we have constructed and posted on our web site a series of toolkits that organizations and individuals all over the country can use to advocate for removal of unfair roadblocks facing individuals with criminal records.

People with criminal records face a daunting array of counterproductive, debilitating legal barriers that make it much more difficult for them to succeed in almost every important aspect of life. The Legal Action Center’s groundbreaking report, After Prison: Roadblocks to Reentry, documents and grades each state on the legal obstacles that people with criminal records face as they seek to become fully productive members of society and recommends legislative and policy changes to remove those roadblocks.

We developed toolkits to help advocates eliminate these unfair roadblocks.

The first four toolkits, listed below, are complete and ready for your use.

- Prohibit Inquiries About Arrests That Never Led to Conviction
- Standards for Hiring People with Criminal Records
- Certificates of Rehabilitation
- Sealing Arrests and Convictions

Check back over the next several weeks for 8 more toolkits on such topics as Housing, Opting Out of Federal Ban on Food Stamps and TANF, Drivers Licenses, and more.

Each advocacy kit contains:
- Brief explanation of the roadblocks, why they need to be eliminated, and how to eliminate them;
- Model laws and policies;
- Action Alerts;
- Sample Letters;
- Links to relevant sections of After Prison: Roadblocks to Reentry that provide additional information; and
- We soon will add Sample Editorials that can be used for media outreach.

All parts of each advocacy kit can be downloaded for printing, e-mailing or other dissemination. The Action Alerts, Sample Letters, and Sample Editorials can be shaped to address the specific reforms an advocate is seeking to achieve.

For more information about the Legal Action Center or the new toolkits please contact:

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www.lac.org

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* Administrative Office
15% of U.S. Workers Report Workplace Alcohol Use or Impairment in Past Year

An estimated 19.2 million U.S. workers (15.3%) reported using or being impaired by alcohol at work at least once in the past year, according to recently released data from the National Survey of Workplace Health and Safety. The most common alcohol-related workplace behaviors were being hungover at work (9.2%) and using alcohol during the workday (7.1%), primarily during lunch breaks. Despite the relative magnitude of the problem, most workplace alcohol use or impairment occurred infrequently—70% of workers reported using or being impaired by alcohol on a less than monthly basis, 19% reported it on a monthly basis, and 11% reported doing so weekly. According to the authors, “the prevalence of alcohol use and impairment in the workplace was sufficiently high to suggest that employers need specific policies directed at alcohol use and impairment at work and employees need to be aware of these policies.”

For details, including data charts, source information and caveats, download the PDF file at www.cesar.umd.edu/cesar/cesarfax/vol15/15-05.pdf.

Reprinted from CESAR Fax, a weekly, one-page overview of timely substance abuse trends or issues, from The Center on Substance Abuse Research (CESAR) at the University of Maryland.

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Panel Seeks Input on Improving State Policies for Addiction Treatment and Prevention

(Continued from page 3)

changes in the field of treatment and prevention services," said Gardner. "We are looking forward to Join Together raising these issues and the panel's findings to higher national visibility. The cross-section of national viewpoints assembled for the panel promises to offer an excellent scan of the policy environment in state policymaking in the years ahead."

For more information about the Panel and their findings, log onto http://www.jointogether.org/blueprint-for-the-states.html

This Feature Story originally ran on TAADAS’ News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted directly via e-mail at curleybob@jointogether.org.
NEWS FROM CAPITOL HILL

By Nathan Ridley

**Done with extraordinary legislating! Time now for regular legislating!** Having completed the work of the extraordinary session, our legislative friends are now going about filing their bills and preparing for committee hearings.

**What extraordinary was accomplished?**

**Ethics commission.** We will have a new six member Tennessee Ethics Commission (TEC), appointed by the Governor and the two speakers. The TEC will deal with lobbying activities and accept conflict of interest reports. The TEC will also screen reports presently filed with the ethics committee of each house. Tennessee will become the 40th state to have such a body. The TEC will have the authority to conduct audits annually on a random basis of two percent of those it regulates. The existing Registry of Election Finance will continue to be the body of choice for campaign finance matters and its investigatory authority was expanded and also includes random audit authority.

**Cash will be restricted.** Fifty dollars is now the largest acceptable amount of cash for a political contribution. If you would like to contribute more, you will need to write a check or use your plastic. Candidates for state and local office will now have to follow the federal practice and need to obtain and report the occupation and employer of a political contributor. The General Assembly threw a high hard one under the chin of the Governor by prohibiting him from raising campaign funds while the General Assembly is in session.

**Lobbyist entertaining will be restricted.** One on one entertaining of state officials by lobbyists is significantly restricted. A reception to which all members are invited is still permissible. An employer of a lobbyist may, however, entertain a legislator in his or her district as long as the employer of a lobbyist does not spend more than fifty dollars on no more than two such events a year.

**Lobbyist money.** Employers of lobbyists will have to report in ranges what they pay to lobbyists. Tennessee will also become the 18th state to prohibit a lobbyist being paid a contingency fee for getting a bill passed or defeated.

While some have been skeptical of having an extraordinary session, in the final analysis, some introspection by our legislative friends may not have been a bad thing. In the business world, cash is still king as a method of payment, but we all recognize the difficulties of managing cash payments. Restricting cash political contributions will raise the floor for better behavior. Hopefully, our new ethics commission will work towards teaching our public officials and assisting in their compliance with the law, rather than providing a forum for checking traps and ensnaring the unwary.

**Budget news.** Governor Bredesen delivered his State of the State address on February 6, 2006, to kickoff the regular second annual session of the 104th General Assembly. The proposed budget is a good reelection budget. The proposed budget calls for the expenditure of $25.63 billion for the fiscal year starting July 1, 2006 and ending June 30, 2007. The proposed budget is actually 2.6% less than the current year’s, and, of course, calls for no new taxes.

Governor Bredesen is still managing to get by on the one penny on the dollar sales tax increase enacted in the dying days of the Sundquist administration. Growing pains are already starting to creep in though as economic growth and the demand for government services outstrips the growth in our state sales tax. Teachers and higher education employees are slated for a 2% raise, and state employees are looking at 1% across the board increase with some class compensation dollars available to address salary compression issues. On first reading, higher education institutions did not receive any additional operational funding, so significant tuition increases will continue to be borne by students and parents. That’s a bit curious when you have mention in the State of the State address of our need to encourage better college graduation rates.

**Housekeeping:** Continue to review the legislative website for updated information at www.legislature.state.tn.us. Both the House and the Senate continue to expand the offerings on the site. The House has streaming video of its floor and most committee sessions, and the Senate has streaming audio of its floor and committee sessions. Both houses also have put access to the floor voting records on the web through their journal entries.

**Congratulations:** Congratulations to Eric Watson of Cleveland who defeated Sally Love in the January 12 special election to fill the vacancy created by the resignation of Chris Newton for 22nd State House District seat.

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Alcohol Cancer Risk Often Overlooked

Most people associate cancer primarily with smoking, but alcohol use also is strongly associated with many cancers, Reuters reported January 30.

Mouth, larynx, esophageal, liver, colon and breast cancer have been linked to excessive drinking, according to researcher Paolo Boffetta of the International Agency for Research on Cancer.

"Alcohol is underestimated as a cause of cancer in many parts of the world," said Boffetta. "A sizable proportion of cancer today is due to alcohol intake and this is increasing in many regions, particularly in east Asia and eastern Europe ... Alcohol is probably the main factor responsible for increased risk of head and neck cancer recorded in various countries, particularly in central and east Europe."

Researchers have found that cancer risk rises along with the amount of alcohol consumed, and recommended that people drink only in moderation. "Total avoidance of alcohol, although optimum for cancer control, cannot be recommended in terms of broad perspective of public health, in particular in countries with high incidence of cardiovascular disease," said Boffetta.

The research appears in the journal Lancet Oncology.


Alcohol Risk Factors Differ for Men and Women

Women and men appear to have different genetic and environmental risk factors for alcoholism, Reuters reported January 24.

A quartet of new family studies on alcoholism show, for example, that while both sexes are more likely to develop alcoholism if they have a history of aggressive behavior in childhood, women who experienced severe physical punishment in childhood were also at elevated risk, while men were not.

"Clearly, there are some common antecedents (to alcoholism), such as conduct disorder or symptoms, but there are also predictors unique to each gender," said researcher Aruna Gogineni of the Johns Hopkins University School of Medicine. "These are the kinds of findings that call out for many more studies on women in order to determine how the mechanisms of alcoholic parental risk may differ in men and women."

Researchers affirmed that children of alcoholics were generally more likely to have alcohol problems themselves, but said that genetic makeup may be more important for men, while environmental factors may have more of an impact on women. For example, one study comparing children of biological and adopted parents with alcoholism found that male children of alcoholics related by blood were more likely to be alcoholics themselves.

The research appears in the February 2006 issue of the journal Alcoholism: Clinical & Experimental Research.

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One in five students in America has used an inhalant to get high by the time he or she reaches the eighth grade. Parents don’t know that inhalants, cheap, legal and accessible products, are as popular among middle school students as marijuana. Even fewer know the deadly effects the poisons in these products have on the brain and body when they are inhaled or “huffed.” It’s like playing Russian Roulette. The user can die the 1st, 10th or 100th time a product is misused as an inhalant.

Prevention through education has proven to work against this popular form of substance abuse. This is why the National Inhalant Prevention Coalition has developed National Inhalants & Poisons Awareness Week (NIPAW), an annual media-based, community-level program that takes place the third week in March. NIPAW is designed to increase understanding about the use and risks of inhalant involvement. It is an inclusive program that involves youth, schools, media, police departments, health organization, civic groups and more. It has proven to be an effective means of mobilizing communities to reduce inhalant use. Almost 2,000 organizations and individuals from 46 states participated in the last NIPAW campaign.

Does NIPAW work? Yes. Results from Texas, where extensive state-wide NIPAW campaigns have been conducted, have been remarkable. Between 1992 and 1994, there was a reduction of more than 30 percent in elementary school inhalant use and a reduction of more than 20 percent at the high school level (based on state agency surveys of more than 176,000 students). This translates into over 100,000 students who may have used inhalants but didn’t.

Who should join? NIPAW Partners have included sponsors from state government agencies (education, health, alcohol & drug, etc.), state associations such as retailers, medical and pharmacy groups, state alliances of the Partnership for a Drug-Free America, local anti-drug coalitions, community and regional drug and alcohol councils, police departments and DARE officers, district attorneys, scout troops, firefighters, the National Guard, PTO/PTA chapters, faith communities, civic and voluntary organizations, student councils, local retailers, schools, individual parents, Poison Control Centers, local medical communities (hospitals, emergency medical services, individual doctors and nurses, retailers, pharmacists, etc.) and TV and radio stations - just to mention a few. If you fall into any of these groups and want to prevent or reduce inhalant use in your community, this campaign is for you. The campaign can be conducted anytime and anywhere there is a need for inhalant awareness education.

To join or for more information about inhalants, contact Harvey Weiss, Executive Director, National Inhalant Prevention Coalition at 1-800-269-4237 or check out their website at www.inhalants.org. The TAADAS Clearinghouse also has free materials and videos available to check out on Inhalants—log onto www.taadas.org.

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NATIONAL INHALANT PREVENTION AWARENESS WEEK—MARCH 19-25

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NEWS FROM CAPITOL HILL CONTINUED...

(Continued from page 6)

Calendar Notes: The qualifying deadline for state legislative offices is Thursday, April 6, 2006. State offices will be closed Friday, April 14, 2006, for the Good Friday holiday.

Nathan Ridley is an attorney with the Nashville firm, Boul Cummings, Conners & Berry, PLC. You may contact him by e-mail at nridley@boulcumings.com.
Focus Healthcare of Chattanooga Celebrates Their First Anniversary!

Focus Healthcare Alcohol and Drug Abuse Treatment Center of Chattanooga hosted an open house on January 26th, 2006 to celebrate its first year anniversary. The event offered everyone the opportunity to tour the facility, meet the staff and learn more about the specialized services Focus Healthcare offers. Food, hors d'oeuvres and a special gift for all attendees was provided. John McAndrew the singer, song writer and story teller provided the evenings entertainment which was an inspirational celebration of the event. John also was gracious to return the following day to provide a special interactive concert for patients. The Chattanooga Chamber of Commerce honored the occasion by providing a ribbon cutting ceremony to acknowledge the first year anniversary and open house. The facility at 7429 Shallowford Road is located off I-75 at Exit 5, the Shallowford Road exit. The 33,000 square foot facility containing 48 beds is situated on almost four acres. It is a private, elegant facility with home like furnishings and decor. Focus Healthcare is a privately held limited liability company and a nationally recognized provider for state of the art, quality chemical dependency and psychiatric care. Since 1990, Focus Healthcare has helped thousands of families find a new way of life. The adult treatment facility offers comprehensive inpatient and outpatient services tailored to the individual's needs, with on-site family involvement as a strong part of the recovery process. Programs available include, inpatient medical detoxification, inpatient residential services, partial hospitalization, intensive outpatient services, impaired professionals program, relapse prevention, sexual addictions program, family programs, aftercare services and alumni programs. Focus believes that the 12 Step Programs of Alcoholics Anonymous and similar 12 Step Programs provide the optimum support groups for patients during and following treatment. Admission to Focus Healthcare can occur at any time 24 hours a day, seven days a week. The facility has 35 staff members, including physicians, psychologists, licensed clinical social workers, licensed alcohol and drug abuse counselors, nurses and other healthcare professionals.

For more information please call David Cunningham, Clinical Director, or Jim Marcotte, Executive Director, at (423) 308-2560.

Use your story

USA Today and HBO are looking for people with recovery stories to share as part of a series that they are producing.

Email your contact information to addictionstories@usatoday.com.

You may be contacted by a reporter or producer wanting further information and must be willing to share your name and have your information published.

Bradford Health Services Partners with Summit Medical Center to Offer Lunch and Learn Series

Summit Medical Center and Bradford Health Services have joined forces to host a “Lunch and Learn” Series for members of the healthcare community. The next Lunch and Learn will be on Thursday March 30th and will cover “Treatment of Addiction in Patients with Pain Management Issues” and will be presented by Dr. Jack Whites. Dr. Whites is a recipient of the Nelson J. Bradley Lifetime Achievement Award in the field of Alcoholism and Drug Dependency.

The Lunch And Learn will begin at noon in the Summit Medical Center Classroom.

For more information about the Lunch and Learn Series or to register, please call Julie Sumrall at 615-428-9041.
### Workshops & Trainings

**A Look at Integration: Adult Self Embraces Child of the Past**  
Facilitators: David Tiner & Barbara Larew-Adams, Cool Springs, March 3 & 4, Contact: Monica Furlong, 615.353.4313

**Trance Dance**  
Facilitators: Rev. Dr. Jane Abraham, Ana Pagani, Keith Henderson, The HART Center, Memphis, March 3, Contact: Jane Abraham, 901.828.1332

**ASAM PPC-2R**  
Facilitator: Frances Clark, Helen Ross McNabb Center, Knoxville, TN, March 4, 2006, Contact: Martha Culbertson, 865.329.9087

**HART Work**  
Facilitators: Rev. Dr. Jane Abraham, Keith Henderson, The HART Center, Memphis, March 4, Contact: Jane Abraham, 901.828.1332

**Healthy Boundaries**  
Facilitator: Susan Beiler, Nashville, March 7, 12, 21 & 28, Contact: Monica Furlong, 615.353.4313

**HIV Prevention Counseling**  
Facilitator: Aqeel Khalsa, Helen Ross McNabb Center, Knoxville, TN, March 9-10, 2006, Contact: Martha Culbertson, 865.329.9087

**Orientation Core Function**  
Facilitators: Rev. Dr. Jane Abraham, Keith Henderson, The HART Center, Memphis, March 11, Contact: Jane Abraham, 901.828.1332

**Living With the Aftermath of Addiction ACOA**  
Facilitator: Millie Nygren, Cool Springs, March 11, Contact: Monica Furlong, 615.353.4313

**Release Work**  
Facilitators: Rev. Dr. Jane Abraham, The HART Center, Memphis, March 17, Contact: Jane Abraham, 901.828.1332

**Teens Only—Life Management Stage II Recovery**  
Facilitators: Noelle Kirkham/Holly Cook, Cool Springs, March 18 & 19, Contact: Monica Furlong, 615.353.4313

**Forgiveness: Clearing Old Shame and Blame**  
Facilitator: Sharon Trammell, Helen Ross McNabb Center, Knoxville, TN, March 22, 2006, Contact: Martha Culbertson, 865.329.9087

**Foundations of Chemical Dependency**  
Facilitator: Fred Luce, Helen Ross McNabb Center, Knoxville, TN, March 24, 2006, Contact: Martha Culbertson, 865.329.9087

**Trance Dance**  
Facilitators: Rev. Dr. Jane Abraham, Ana Pagani, Keith Henderson, The HART Center, Memphis, March 24, Contact: Jane Abraham, 901.828.1332

**Grief Release**  
Facilitators: Rev. Dr. Jane Abraham, Keith Henderson, The HART Center, Memphis, March 25, Contact: Jane Abraham, 901.828.1332

**Relapse Prevention—The Marsh Experience**  
Facilitator: Bobby Chapman, Cool Springs, March 25, Contact: Monica Furlong, 615.353.4313

**High Ropes Adventure Course**  
Facilitator: Bobby Chapman, Cool Springs, March 26 or May 7, Contact: Monica Furlong, 615.353.4313

**Cultural Sensitivity**  
Facilitators: Rev. Dr. Jane Abraham, Keith Henderson, The HART Center, Memphis, March 31, Contact: Jane Abraham, 901.828.1332

**Trance Dance**  
Facilitators: Rev. Dr. Jane Abraham, Ana Pagani, Keith Henderson, The HART Center, Memphis, March 31, Contact: Jane Abraham, 901.828.1332

### Featured Publications:

**Your Child Needs You! A guide to help your child lead a healthy drug-free life.**

The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This month’s feature is: *Your Child Needs You! A Guide to help your child lead a healthy, drug-free life.*

This brochure for parents and caregivers provides information on becoming familiar with illicit drugs available today, talking with kids about drugs and alcohol, identifying the signs of drug and alcohol use, and intervening now if a child is in trouble. This brochure is available in English, Spanish, and Chinese languages.

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

### Voices of Recovery—Voices of Hope

**Some ask...”Does substance abuse treatment really work?” The booklet, “Voices of Recovery, Voices of Hope.” answers that question with a resounding - YES!**

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Order your free copy of this inspiring booklet today! Log onto the TAADAS website at www.taadas.org.

### Featured Video:

**In the Mix: Alcohol: What You Don’t Know Can Hurt You**

The Clearinghouse has over 800 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is: *In the Mix: Alcohol: What You Don’t Know Can Hurt You.*

It’s true: What you don’t know CAN hurt you! With the highest incidence of drunk driving accidents in teens occurring around graduation, *In the Mix* takes a hard look at drinking. In this 30 minute tape geared towards middle and high schoolers, we meet some teens who are recovering alcoholics and a guy who paid a high price for drinking and driving: he was left partially brain damaged from an accident. We take a look at a high school program where upperclassmen hold workshops on drinking for younger students and what really goes on at a police sobriety checkpoint. Plus, find out what’s myth and what’s truth about alcohol and ways to sober up.

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50 per shipment. Call the Clearinghouse at 615.780.5901 x 6 to check out this video or any other videos in our collection. A complete video catalog is available online at www.taadas.org.
**Brain Protein Linked to Cocaine Craving**

Researchers say that a brain protein called orexin A appears to prompt craving for cocaine, HealthDay News reported February 15.

“We have looked at the protein orexin A, and found that it causes plasticity in an area of the brain that has been shown to be involved in reward behaviors,” said study author Stephanie L. Borgland of the Ernest Gallo Clinic and Research Center at the University of California at San Francisco. Orexins are regulatory proteins produced in the lateral hypothalamus region of the brain.

The research could provide clues about the development of medications to block craving. "This gives us a better understanding of a pathway that’s involved in addiction," Borgland said.

“There is plenty of evidence here to move forward the idea that orexin receptors represent novel targets for developing new medications that are intended to treat addiction," agreed Steven Shoplaw, a researcher at the Integrated Substance Abuse Programs at the University of California at Los Angeles.

The research appears in the February 16, 2006 issue of the journal Neuron.


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**Workshops & Trainings**

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<th>Living a Practical Spirituality—The Labyrinth Experience</th>
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<td>Facilitator: Paul Kaufman, Nashville, March 30 &amp; April 2, Contact: Monnie Furlong, 615.353.4313</td>
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**HART Work**
Facilitators: Rev. Dr. Jane Abraham, Keith Henderson, The HART Center, Memphis, April 1, Contact Jane Abraham, 901.828.1332

**Child Within/Adult Without**
Facilitators: Rev. Dr. Jane Abraham, The HART Center, Memphis, April 1 & 2, Contact Jane Abraham, 901.828.1332

**Moving Through Anxiety and Depression**
Facilitator: Lesti Jacobs, Nashville, April 4, 11, 18, 25, May 2 & 9, Contact Monnie Furlong, 615.353.4313

**Grief and Healing**
Facilitator: Susan Beyler, Nashville, April 5 & 6, Contact Monnie Furlong, 615.353.4313

**HIV/AIDS**
Facilitators: Rev. Dr. Jane Abraham, Keith Henderson, The HART Center, Memphis, April 7, Contact Jane Abraham, 901.828.1332

**Assessment Core Function**
Facilitators: Rev. Dr. Jane Abraham, Keith Henderson, The HART Center, Memphis, April 8, Contact Jane Abraham, 901.828.1332

**The Healing Will of Intention**
Facilitator: Rev. Dr. Jane Abraham, The HART Center, Memphis, April 15 & 16, Contact Jane Abraham, 901.828.1332

**Harmony Through Horses**
Facilitators: Al Adams/Diane Priami, Cumberland Furnace, April 15 or May 20, Contact Monnie Furlong, 615.353.4313

**Family Dynamics**
Facilitator: Rev. Dr. Jane Abraham, The HART Center, Memphis, April 21, Contact Jane Abraham, 901.828.1332

**Communication Skills**
Facilitator: Keith Henderson, The HART Center, Memphis, April 22, Contact Jane Abraham, 901.828.1332

**Life Management Stage II Recovery**
Facilitator: Al Adams, Cool Springs, April 22 & 23, Contact Monnie Furlong, 615.353.4313

**The Breath of Life**
Facilitator: Rev. Dr. Jane Abraham, The HART Center, Memphis, April 28 & 29, Contact Jane Abraham, 901.828.1332

**Codependency and Addiction**
Facilitator: Bobby Chapman, Cool Springs, April 29, Contact Monnie Furlong, 615.353.4313

**Violence Prevention**
Facilitator: Keith Henderson, The HART Center, Memphis, May 6, Contact Jane Abraham, 901.828.1332

**Letting Go of the Past—The Ashes Experience**
Facilitator: Bobby Chapman, Cool Springs, May 6, Contact Monnie Furlong, 615.353.4313

**Treatment Planning Core Function**
Facilitators: Rev. Dr. Jane Abraham & Keith Henderson, The HART Center, Memphis, May 13, Contact Jane Abraham, 901.828.1332

**Reiki Level II**
Facilitator: Rev. Dr. Jane Abraham, The HART Center, Memphis, May 14, Contact Jane Abraham, 901.828.1332

**Women's Issues**
Facilitator: Sharon Trammell, The HART Center, Memphis, May 19, Contact Jane Abraham, 901.828.1332

**Domestic Violence & Substance Abuse**
Facilitator: Keith Henderson, The HART Center, Memphis, May 20, Contact Jane Abraham, 901.828.1332

**Trance Dance**
Facilitators: Rev. Dr. Jane Abraham, Ana Pagni, Keith Henderson, The HART Center, Memphis, April 26, Contact Jane Abraham, 901.828.1332

**Rage Release**
Facilitators: Rev. Dr. Jane Abraham & Keith Henderson, The HART Center, Memphis, May 27, Contact Jane Abraham, 901.828.1332
NCADD Celebrates the 20th Annual Alcohol Awareness Month in April

Since 1987, the National Council on Alcoholism and Drug Dependency (NCADD) has sponsored Alcohol Awareness Month, encouraging local communities to focus on alcoholism and alcohol-related issues.

Alcohol Awareness Month began as a way of reaching the American public with information about the disease of alcoholism – that it is a treatable disease, not a moral weakness, and that alcoholics are capable of recovery. As a national public awareness campaign, Alcohol Awareness Month has featured honorary chairpersons such as Senator George McGovern, Dr. David Satcher, the former Surgeon General, Barry McCaffrey, the Director of the Office of National Drug Control Policy, New York Yankees baseball star Derek Jeter, and spouses, Federal agencies, and public and private groups focused on preventing the use of alcohol by children ages 9 to 15. A primary focus of Alcohol Awareness Month over the past ten years has been Underage Drinking and the devastating effects it can have on our youth.

An integral part of Alcohol Awareness Month has been Alcohol-Free Weekend, which takes place on the first weekend of April (April 7-9, 2006). Alcohol-Free Weekend is designed to raise public awareness about the use of alcohol and how it may be affecting individuals, families, and businesses. During Alcohol-Free Weekend, NCADD extends an open invitation to all Americans to engage in three alcohol-free days. Those who experience difficulty or discomfort in this 72-hour experiment are urged to contact local NCADD affiliates, Alcoholics Anonymous and Al-Anon to learn more about alcoholism and its early symptoms. Essentially, it is a community consciousness-raising effort about alcoholism and health related issues and may serve as a trigger to recovery.

National Alcohol Screening Day

The 8th annual National Alcohol Screening Day (NASD) will take place on April 6th. Scheduled as part of National Alcohol Awareness Month, NASD is an education and screening event designed to raise individual awareness on how alcohol affects health; help individuals evaluate their alcohol use; and provide referrals to local treatment and support resources for those who need further evaluation. For more information or to register to host an NASD screening event, visit www.NationalAlcoholScreeningDay.org

Some pertinent facts on underage drinking:

- Alcohol is the most frequently used drug by high school seniors, and its use appears to be increasing along with the use of tobacco and marijuana. In 1998, 52% of high school seniors consumed any alcohol in the last 30 days, compared to 26% who used any illicit drug in the last 30 days.
- High school students lack essential knowledge about alcohol and its effects. Nationwide, an estimated 5.6 million junior and senior high school students are unsure of the legal age to purchase alcohol; one third do not understand the intoxicating effects of alcohol; and more than 2.6 million do not know a person can die from an overdose of alcohol. A projected 259,000 students think that wine coolers or beer cannot get you drunk, cannot make you sick, or cannot do as much harm as other beverages.
- Due to heavy or binge drinking, nearly one out of every five teenagers (16%) has experienced “black outs,” after which they could not remember what happened the previous evening.
- Alcohol is a factor in the four leading causes of death among persons ages 10 to 24: motor-vehicle crashes, unintentional injuries, homicide, and suicide.
- Girls are beginning to drink at younger ages. In the 1960s, 7% of 10- to 14-year-old females used alcohol; by the early 1990’s, that figure had risen to 31%.
- More than 67% of young people who start drinking before the age of 15 will try an illicit drug. Children who drink are 7.5 times more likely to use any illicit drug, more than 22 times more likely to use marijuana, and 50 times more likely to use cocaine than children who never drank.
- Of the estimated 5.4 million junior and high school students who have ever consumed five or more drinks in a row, 39% say they drink alone; 58% drink when they are upset; 30% drink when they are bored; and 37% drink to feel high.
- Approximately 88% of 10th graders and 75% of 8th graders report that it’s very easy or fairly easy to get alcohol.
- The typical American young person will see 100,000 beer commercials before he or she turns 18.
- The total cost of alcohol use by youth is $58,043 billion per year, the equivalent of $216.22 for every man, woman and child in the United States.

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SAMHSA Launches Partners for Recovery Website

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the launch of a website dedicated to the advancement of prevention, treatment and recovery from substance use and mental health disorders. The new Partners for Recovery website facilitates communication and resource-sharing for organizations and groups that help individuals and families achieve and maintain recovery.

The Partners for Recovery (PFR) website features news and documents on recovery. SAMHSA's mission to build resilience and facilitate recovery for people with or at risk for alcohol and drug problems and mental illness.

Examples of resources available on the PFR website include:

- a Know Your Rights brochure for people in treatment and recovery from alcohol and drug problems;
- presentations on challenges and issues facing the addictions treatment workforce;
- papers on developing leadership within the addiction treatment field; and
- state and federal resources on developing recovery-oriented systems of care.

The website also invites individuals, organizations and states working on recovery, stigma reduction, workforce development and leadership development issues in addiction prevention, treatment and mental health to share information about these activities so they can be made available more broadly through the website.

For further information on Partners for Recovery, visit www.pfr.samhsa.gov.

Kentucky Governor Funds New Women’s Treatment Facility

As part of the Recovery Kentucky Initiative, Governor Ernie Fletcher approved a $900,000 Community Development Block Grant to fund Women’s Addiction Recovery Model (WARM), a new 100-bed treatment facility, the Evansville Courier reported on January 10.

WARM has engaged many different community members. The facility will be built on a 4-acre site, with half of the property being donated by a local couple. Dr. and Mrs. Tom Logan said they are "so happy something like this will be available to our community."

The project is led by the Rev. Ed Bradley, who also helped establish two local homeless shelters. The center will be overseen by a five-member committee chaired by local businessman Dale Sights, who has long supported area efforts to increase access to treatment.

One-third of the treatment beds will be reserved for the Kentucky Department of Corrections, who are expected to refer many clients from drug courts, according to Bradley.

"We see so many mothers who come into court with addiction issues," said Family Court Judge Sheila Nunley Farris. "The facility will be of great assistance to all the courts and a wonderful [resource] for local therapists who are treating people not involved with the courts."

Other inpatient treatment facilities are far away and difficult to get to without a car, Farris added. WARM will enable mothers to access treatment by bus and remain close to their children.

Most of the center's funding will come from state and federal resources, and those with limited resources will be charged on a sliding scale or will not be charged at all.

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This project is funded in part under an agreement by the State of Tennessee

PRESCRIPTION DRUG ABUSE, SMOKING HIGHER AMONG TEEN GIRLS

More teenage girls than boys now smoke and abuse prescription drugs, and girls also are starting to use marijuana, alcohol, and cigarettes at a higher rate than boys, according to the White House Office of National Drug Control Policy (ONDCP).

The Washington Post reported Feb. 9 that the rise in teen female drug use is opposite overall trends, which indicate less use of illicit drugs. ONDCP drew its conclusions from an analysis of the 2004 National Survey on Drug Use and Health. Increased stress, concerns about appearance, and the need to escape the trauma of physical or sexual abuse are among the factors that may be involved in the trend. "Girls want to do what older guys are doing or they want to be cool," said Meghan Ward, 18, who volunteers with a Connecticut group called Peer Advocates. "Girls do feel a lot of stress -- everything from school, to most of us work, we have boyfriends and we want to maintain good friendships. It's hard."

More girls were first-time marijuana users in 2002, 2003, and 2004, and many more used prescription drugs illicitly than boys of the same age.

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Partially funded by the Tennessee Department of Health and United Way
HIV Vaccine Awareness Day
May 18

May 18th is HIV Vaccine Awareness Day. It is a day to educate Americans about the need for vaccines to prevent HIV. This year’s theme is “HIV vaccine research. Hope for the future.” We would like to take this opportunity to acknowledge the contribution of thousands of study volunteers, scientists and health professionals who bring much needed hope to the fight against HIV/AIDS through their commitment to finding a vaccine to stop the spread of HIV. With the help of those behind the science, much progress has been made toward developing a safe and effective preventive HIV vaccine. Currently, there are over 20 HIV vaccine candidates in various stages of testing. Yet, there is still no vaccine. All Americans, especially at-risk populations such as communities of color and those who are sexually active, need to learn more about HIV vaccine research and be a part of making an HIV vaccine a reality.

The statistics are staggering.

Today, approximately 40 million people around the world are estimated to be living with HIV/AIDS. Of these, 37 million are adults and 2.5 million are children under the age of 15. In the United States, 40,000 people contract HIV each year, with half of all new infections occurring in young people under the age of 25. That is more than 100 people per day. More than fifty percent of those new infections in the United States are among people of color.

Hope in the fight against HIV/AIDS.

Despite the grim statistics, TAADAS shares the hope for developing a truly effective HIV vaccine someday. Overall, great strides have been made against HIV/AIDS, as evidenced by the progress that prevention and treatment programs have made. Prevention efforts in the U.S. have reduced HIV infections from approximately 150,000 per year to around 40,000 per year, and in treatment, we have seen the positive impact of advances in HIV therapies. Scientists believe they are getting closer to finding an effective preventive HIV vaccine and are working to speed up the research process. More vaccines are being tested than ever before, and the number of HIV vaccine trial sites is expanding worldwide.

Community participation is essential.

By raising awareness and encouraging study participation, individuals and communities can contribute to the successful development of HIV vaccines. Although more than 12,000 people have already volunteered to take part in HIV vaccine studies, many more will be needed. A large HIV vaccine trial will require thousands of additional HIV-negative participants of all races/ethnicities, genders and socioeconomic backgrounds to ensure that the vaccine works in all populations.

Therefore, community support is essential in efforts to break down stigma and myths about HIV vaccine research. Developing an effective HIV vaccine depends upon individuals and communities informing, educating and supporting others. And this is why TAADAS continues their HIV/AIDS Outreach, Education, & Referral program demonstrating our support and commitment to finding an HIV vaccine.

HIV Vaccine Awareness Day is commemorated with an upside-down AIDS Ribbon.

The upside-down red AIDS ribbon is the symbol for HIV Vaccine Awareness Day and gives individuals a unique way to show their personal support for HIV vaccine research. The upside-down AIDS ribbon forms a “V,” for “vaccines,” and symbolizes a vision of the world without AIDS. By encouraging people to wear their AIDS ribbon upside down on May 18, we are recognizing the commitment to find HIV vaccines that work, the advances being made by researchers and the hope that one day we can add a preventive HIV vaccine to the other important prevention and treatment tools already used in the global fight against HIV/AIDS.

What can you do?

You as an individual can take action to show your support for HIV vaccine research and HIV Vaccine Awareness Day. Here are just some of the things you can do:

• Wear your red AIDS ribbon upside down and explain why you are doing so when asked.
• Let others know you support HIV vaccine research.
• Educate others about the need for an HIV vaccine.
• Support vaccine trial volunteers and/or consider volunteering yourself.

To learn more about HIV Vaccine Awareness Day or HIV vaccine research, please visit www.aidsinfo.nih.gov, www.vrc.nih.gov or www.hvtn.org or call 800-HIV-0440 for a free brochure (available in English and Spanish).

The TAADAS Clearinghouse also has a host of free informational pamphlets and brochures as well as videos that can be checked out on HIV/AIDS available. Log onto www.taadas.org for more information.

Jacques A. Tate, LADAC, NCACI, RTC, CCGC
Chief Executive Officer

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CLERGY TRAINING EVENTS HELD IN KNOXVILLE AND NASHVILLE

By Vernon Martin

TAADAS continued with its statewide Clergy Training Community Outreach Initiative by holding one day training events in Knoxville and Nashville. The Knoxville event was held on November 10th and the Nashville events were September 22nd and February 2nd. The events were co-sponsored by E.M. Jellinek Center and the Samaritan Recovery Community respectively. Brochures were mailed to approximately 1000 churches in each of the areas and produced a diverse group of attendees including Clergy and other pastoral ministers, members of the faith community, other interested parties and individuals representing organizations participating in the Tennessee Access to Recovery Program.

As with the previous trainings, the topic was Alcohoism, Drug Addiction and Recovery in the Faith Community.

As in previous trainings the agenda for the day included presentations on:

- The Disease of Alcoholism and Drug Addiction and How to Recognize it in Your Congregation,
- Intervention Skills and Referral - Treatment Referral Sources,
- Recovery and the Church - Spiritual Issues in Addiction and Recovery / Understanding 12 Step Programs,
- Congregational Re-Entry: Dealing with Stigma and Shame; Developing a Recovery Supportive Church

Speakers and trainers for the Knoxville session included Kim Burchett, Dr. Gil Smith and Vernon Martin of TAADAS. In Nashville the trainers included John Edwards, Rev. Susan Gray, Dr. John Ishee, Dr. Francis Clark and Vernon Martin.

In addition to the training handouts and presentation materials each participant received a copy of the newly developed TAADAS publication “Alcoholism, Drug Addiction and Recovery in the Faith Community: A Primer for Clergy and other Pastoral Ministers.”

As always, thanks go out to all of the trainers who volunteered their time for these events and to Samaritan Recovery Community and the staff of the E.M. Jellinek Center for their generous sponsorship and efforts as part of this training project. Special kudos to go to Dr. Gil Smith and the staff and congregation of Cokesbury United Methodist Church for hosting the Knoxville event.

The next training is planned for Nashville in mid-March and Memphis and Chattanooga later in the spring. Plans are being completed for these events. Watch for details on the TAADAS website at www.taadas.org. The TAADAS Clergy Training Program is designed for Clergy, Pastoral Ministers and the Faith Community, but is open for any interested person to attend.

The TAADAS Clergy Training Program has been approved by the Tennessee Bureau of Alcohol and Drug Abuse Services as a qualifying Core Competencies Training for the Bureau’s Access to Recovery (ATR) Program. The ATR Program, addresses the state’s growing meth problem and provides a network of treatment and community-based recovery support service providers. A key element of the ATR program is engaging the faith community to be part of the ATR process. One requirement for a faith-based organization to be part of ATR is to go through Core Competencies Training for Clergy and other Pastoral Ministers.

For more information about the Bureau of Alcohol and Drug Abuse Services’ ATR Program, please contact the Tennessee Access to Recovery Toll Free Hotline at 1-866-358-4ATR or email atr.info@state.tn.us.

For more information or to register for one of the training events, contact Vernon Martin email at vernon@taadas.org or via phone at 615.780.5901 x 18. Vernon is the Community Outreach Coordinator for TAADAS.

Faith-Based Recovery Services Database

As part of its Clergy Training and Faith-Based Community Outreach Initiative, TAADAS is updating its database of clergy, clergy coalitions and faith-based recovery services.

If you would like to be listed in this database or would like to be on the Clergy Training and Faith-Based information list, please contact Vernon Martin by phone at (615) 780-5901 x 18 or via email at vernon@taadas.org.

In addition, if you are aware of ministerial associations, clergy groups or faith-based recovery services in your area please forward this information.

E. M. Jellinek Center, Inc.

Hope and Help for Chemically Dependent men in Knoxville, Tennessee

“Believe or Leave”
A proud member of the TAADAS Team!
This project is funded in part under an agreement by the State of Tennessee
PARTNERSHIP FOR A DRUG-FREE TENNESSEE UPDATE: LOCAL PEDIATRICIANS BECOME A MAJOR VOICE IN NEW METHAMPHETAMINE HEALTH EDUCATION CAMPAIGN

PARTNERSHIP FOR A DRUG FREE AMERICA PSA MATERIALS DISTRIBUTED IN NASHVILLE AND MEMPHIS

During the weeks of January 10th and February 7th, pediatricians in the Nashville and Memphis areas were involved in a major media campaign talking about the health dangers of methamphetamine abuse and the need for parents to be talking to their children about this issue.

As reported in the last issue of the TAADAS TIMES, a group of interested pediatricians in Nashville and Memphis areas were identified by the Tennessee Chapter of the American Academy of Pediatricians and received an intensive training program on methamphetamine related health issues and specialized media and message training. During the weeks of January 10th and February 7th, staff from the Partnership for a Drug-Free America’s (PDFA) New York office and Nashville based PR firm, Dye Van, Mol and Lawrence, worked with the local pediatricians and local media and news outlets to get the TAADAS/PDFA “Meth” message on the air. PDFA representatives and the pediatricians were in high profile news reports on all the major news outlets including TV, radio and print media.

In January and February, TAADAS staff worked with staff from the PDFA to carry out this media campaign and to distribute prevention oriented Public Service Announcements in the Nashville and Memphis markets. The PDFA Winter 2005-2006 materials are part of the Partnership’s statewide Methamphetamine Health Education Program. As part of this endeavor, TAADAS has the materials localized and they are distributed to the media as the Partnership for a Drug-Free Tennessee and Partnership for a Drug-Free Memphis.

This same process is scheduled later in the Spring for the Chattanooga and Knoxville markets. The training program for pediatricians will be completed in late February and the media distribution and public relations program will be scheduled soon after that event.

TAADAS and PDFA staff met with representatives from the various TV and Radio broadcast groups in Nashville and Memphis and distributed broadcast quality tapes of TV public service announcement spots and CD’s of Radio PSA spots. Materials were distributed to the following broadcast media groups:

Nashville—Comcast Cable, WSMV TV, WKRN TV, WNXP TV (PAX 28), WTVF TV, FOX 17 TV, WB 58, and UPN 30, Cumulus Radio, (WSM Radio, Star 97, WWTN, WQKQ, Blazin’ 97) Memphis—WHBQ TV (Fox), WREG TV, WMC TV, Time-Warner Cable, WPTY ABC24, WLMV TV (UPN) and Warner Bros. TV. Infinity Broadcasting, ClearChannel Radio and the Memphis Radio Group (Approximately 40 Radio Stations), Flinn Broadcasting.

PDFA is a private, non-profit coalition of professionals from the communications industry. The PDFA is best known for its national, drug-education advertising campaign, such as the now famous “This is your brain; This is your brain on drugs!” spot. The Partnership exists to help kids and teens reject substance abuse by influencing attitudes through persuasive information. TAADAS is part of the PDFA’s State/City Alliance Program, which supports the Partnership’s mission at the local level, reaching more than 96% of all U.S. television households.

TAADAS is the state affiliate of the Partnership for a Drug-Free America via its Partnership for a Drug-Free Tennessee and Partnership for a Drug-Free Memphis projects. Vernon Martin is the statewide media coordinator for this project.

For additional information or to be involved, please contact him at (615) 780-5901 x 18 or via email at vernon@taadas.org.

For more information on the health risks of meth, or for tips on how to talk to kids about drugs, visit the Partnership’s Web site at www.drugfree.org/meth. Additionally, the TAADAS website at www.taadas.org and the new www.MethFreeTN.org site are excellent resources for meth information.

TAADAS & PDFA SEEK INDIVIDUALS WITH COMPELLING “METH” STORIES

Tennessee is the first state in America to host a statewide educational campaign to reduce methamphetamine use by teenagers. This effort is being led by the Partnership for a Drug Free America. This unique campaign attempts to change the focus of the meth problem in Tennessee to one of prevention and education. By expanding the consequences of meth use beyond social penalties (failure in school, arrest, etc.) to include negative health risks, the Partnership gives parents new information and a reason to be proactive in educating their teens about the risks of meth. Local pediatricians have been trained in Nashville, Memphis, Chattanooga and Knoxville to become the campaign’s spokespeople, an important detail in gaining the trust and attention of local parents.

The program’s goal is to reduce drug use among youth by bolstering anti-drug attitudes and increasing parent-youth dialogue regarding decisions about methamphetamine. The strategy is to communicate the fundamentally unhealthy nature of substance abuse by speaking to teens and their parents with an authoritative, medical voice.

The Partnership is looking for ways to keep the prevention message front and center with the media, teens and parents. We need your assistance in finding those willing to talk to the media about their experiences in working with meth patients or their families. We also would be interested in talking with recovering addicts or others affected by meth. Your suggestions will provide a valuable resource as we continue to work towards educating everyone on the dangers of meth. Thanks for your thoughts and contacts.

Please contact Vernon Martin with your ideas at (615) 780-5901 x 18 or via email at vernon@taadas.org.
Pathologic Gambling Update
by Richard G. Soper, MD, JD, MS

Two national surveys reported in the February issue of the American Journal of Psychiatry counter the prevailing wisdom concerning pathological gambling.

"Pathological gambling is described in DSM-IV [Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition] as a chronic and persistent disorder, but recent community-based longitudinal studies that have highlighted the transitory nature of gambling-related problems have called into question whether this is an accurate characterization," writes Wendy S. Slutske, PhD, from the University of Missouri-Columbia. "This emerging evidence of high rates of recovery coupled with low rates of treatment-seeking for pathological gambling suggests that natural recovery might be common."

Of 2,417 participants in the Gambling Impact and Behavior Study (GIBS) and 43,093 in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), 21 individuals and 185 individuals in each group, respectively, reported a lifetime history of pathological gambling disorder meeting DSM-IV criteria.

Of those individuals with a lifetime history of DSM-IV pathological gambling, 36% to 39% did not experience any gambling-related problems in the past year. Only 7% to 12% had ever sought either formal treatment or had attended meetings of Gamblers Anonymous. Natural recovery occurred in about one third of the individuals with pathological gambling disorder in these two nationally representative US samples.

Study limitations include those inherent in a retrospective cross-sectional survey and difficulty in defining full recovery.

"Pathological gambling may not always follow a chronic and persisting course," the authors write. "A substantial portion of individuals with a history of pathological gambling eventually recover, most without formal treatment. The results of large epidemiological surveys of pathological gambling may eventually overturn the established wisdom about pathological gambling disorder."

The National Institutes of Health, the National Gambling Impact Study Commission, the US Treasury Department, the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism supported these studies.

Am J Psychiatry. 2006;163:297-302

Dr. Soper is an Individual Member of TAADAS. He can be reached via email at: mdjr@justice.com or you may phone his office at 615.383.1995.

National Problem Gambling Awareness Week
National Problem Gambling Awareness Week is March 6-12, 2006. This effort will help educate the public health care providers about problem gambling warning signs, and where to call for help as well as increasing public awareness of the availability and benefits of problem gambling treatment.

During the week of March 6-12, communities nationwide are working to raise awareness of the consequences of problem gambling and the resources available for individuals whose gambling is causing disruption in their lives. Treatment for problem gambling is not only available, but is also effective in improving the lives of problem gamblers and their families. This initiative is also a celebration of the men and women who are overcoming problems associated with their gambling behavior.

The efforts of this week are geared toward creating a society where those affected by problem gambling are able to identify the problem and access professional services that help minimize the consequences of problem gambling. It envisions an environment in which treatment of gambling problems is recognized as a specialized field of expertise that provides trained and professional support to help problem gamblers are recognized for their unique knowledge, skills, and abilities.

A primary focus of this effort is to promote the fact that treatment works and is available in Tennessee. "In order to make a positive impact in the community, we need to be sure that the individuals and families that are in need of services have access to them," said Julie Smith, TAADAS Managing Director. TAADAS operates the Institute on Problem Gambling that provides information and referral to services for problem gambling in Tennessee. The Institute also offers literature and videos related to problem gambling and addiction.

Genetic Test for Addiction Developed
A UCLA researcher has developed a low-cost test for a genetic marker for addiction, the New York Daily News reported February 11.

Ernest Noble, professor of psychiatry and director of the UCLA Alcohol Research Center, developed the test for the A1 allele, which researchers have identified as signaling elevated risk of addiction. The gene is found in people who have lower levels of the neurotransmitter dopamine; most addictive drugs work by increasing dopamine production.

Users swab the inside of their mouth and send a sample to a lab for analysis. "With the test, we can get parents to concentrate and educate children on the problems of drugs and alcoholism when they're younger and more amenable to prevention," said Noble. "It's like any other disease, and if you identify it early, like diabetes, you've got a better chance of defeating it."

The test, now under development, will cost about $35; Noble's research was funded by the Christopher D. Smithers Foundation. "The test is going to be very meaningful for education and prevention of alcoholism and drug addiction," said foundation president Adele Smithers-Fornaci. "Once you've had this terrible disease strike your family you don't want to see it repeated, and this test is a terrific diagnostic tool."
What is TAADAS?
The Tennessee Association of Alcohol, Drug and other Addiction Services, Inc. is a statewide advocacy association founded in 1976. 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’ purpose is to:

- promote the common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- to work in close cooperation with agencies concerned with alcohol and drug abuse, and other addiction issues;
- to facilitate cooperation with all agencies interested in the health and welfare of the community;
- to impact legislation regarding alcohol and drug abuse and other addictions; to educate the community regarding alcohol and drug abuse and other addiction issues;
- to encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;
- to 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.

The Nation’s #1 Health Problem - Substance Abuse!
The abuse of alcohol, tobacco, and illicit drugs places an enormous burden on the country. As the nation’s number one health problem it strains the health care system and contributes to the death and ill health of millions of Americans every year and to the high cost of health care. Substance abuse—the problematic use of alcohol, tobacco, and illicit drugs—also harms family life, the economy and public safety. (Schneider Institute for Health Policy, 2001, p. 6; 111) In Tennessee, untreated substance abuse costs taxpayers $43,000 for each abuse-related incident, whereas the average cost to treat each client in a state facility is $2,670. (Substance Abuse Treatment Effectiveness in Tennessee, 2003-2004 Statewide Treatment Outcomes Evaluation, 2005, p. 78)

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

Organizational Members
Agape, Inc, Knoxville
Aspell Manor, Jackson
CADAS, Chattanooga
Cocaine & Alcohol Awareness Program, Memphis
Comprehensive Community Services, Johnson City
E.M. Jellinek Center, Knoxville
Grace House, Memphis
Harbor House of Memphis, Memphis
Hope of East Tennessee, Oak Ridge
JACOA, Jackson
Jack Geyn Shelter, Savannah
Memphis Recovery Center, Memphis
New Directions, Memphis
The Pathfinders, Inc., Gallatin
Place of Hope, Columbia
Samaritan Recovery Community, Inc., Nashville
Serenity Recovery Center, Memphis
Tony Rice Center, Shelbyville
Turning Point Recovery Residences, Nashville

Other Member Agencies
Alcopro, Inc.
Boul, Cummings, Conner, & Berry, PLC
Bradford Health Services
Center for Youth Issues—Nashville, Inc.
Cumberland Heights Alumni Association
E. M. Jellinek Center—Board of Directors
The Fillower’s Club
Focus Healthcare of Tennessee
Harbor House, Inc.—Board of Directors
Keystone Recovery Center, Inc.
Lloyd C. Elam Mental Health Center
Manna House Ministries
Nashville Drug Court Support Foundation
New Hope Recovery Center
New Life Lodge
Operation Stand Down Nashville
Peninsula Lighthouse
Roane County Probation Service
Samaritan Recovery Community, Inc.
-Board of Trustees
TN Dental Association—Concerned Dental Professionals
TN Professional Assistance Program
Xeber Management, Inc.

TAADAS p r o v i d e s advocacy for alcohol and drug abuse issues, and first generation information on policy issues, as well as a strong voice for parity issues.

Networking – TAADAS offers unparalleled networking opportunities with professionals and other concerned individuals in the alcohol and drug abuse services and recovery community across the state.

- Discounts at Recovery Books & Things
- Credit Union Membership
- TAADAS Times Newsletter
- Discounted Hotel Rates

Isn’t it time YOU joined TAADAS?

Student Members
Janice Martin-Stewart
Martha McCallie

Individual Members
Marvin Ahlstatt
Mary Avery
C.J. Baker
Stacy Bernard
Susan O. Bonn
Jackie Bracet
Chris Buchanan
Nan Casey
Martha Cheatham
Frances Clark
Deborah Crowley
Tom Diffenderfer
Lara Durham
Gary Eubanks
Minnie Furlong
Estelle Garner
Claude Gertiel
Liz Gilmer
Mary Glantz
David Guenther
Charlotte Hopper
Deanna Jick
Marcus Jenison
Kenneth Jones
Dr. Sarah Kedia
Deana Kinnaman
Judy Love
Vernon Martin
Wayne McElhiney
Harold Montgomery
Pamela Murray
Linda O’Brien
Elaine Orland
Joe Osterfeld
Jim Phillips
Nathan Ridley
Debra Roberson
Bob Rudolph
Dr. Michael Sadler
Gwen Sinnock
Julie Smith
Richard Soper, MD, JD, MS
Richard Taylor, Jr.
Sharon Trammell
Eileen White
James White
Tammy Williams
John York
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 Level</th>
<th>Minimum Dues</th>
<th>Suggested Leadership Pledge</th>
<th>Total Pledge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational</td>
<td>$500</td>
<td>1/3 to 1/2 of one percent (.0033 to .005) of the organization’s annual budget</td>
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<tr>
<td>Individual</td>
<td>$50</td>
<td>Can pledge more</td>
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<tr>
<td>Vendor</td>
<td>$250</td>
<td>$500 - $2,500</td>
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<tr>
<td>Corporate</td>
<td>$250</td>
<td>$500 - $2,500</td>
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</tr>
<tr>
<td>Student</td>
<td>$25</td>
<td>Can pledge more</td>
<td></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 #:__________________________
Card Holder’s Signature: _______________________ Exp Date: _________________________

TAADAS’ Mission:

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.