TAADAS Recovery Month Celebration & Dinner 2005—a Great Success!

On September 8, 2005, the Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) held its 4th annual Recovery Month event to honor individuals in recovery and send the message to all Tennesseans that recovery from addiction is powerful and possible. Drug and alcohol addiction are equal opportunity diseases. People in recovery from these diseases come from all walks of life . . . and deserve to be treated with kindness and respect for fighting and winning one of the hardest battles there is. The TAADAS event, kicked off statewide activities for the 16th annual observance of National Alcohol and Drug Addiction Recovery Month to celebrate the voices for recovery, because recovery heals lives, families, and communities.

Approximately 200 individuals gathered to salute those in recovery and the treatment providers and recovery support program officials who contributed to their success. The special guest speaker, Earline Larsen and pianist, John McAndrew took the audience on a spiritual and musical journey as they performed. The evening closed with recognition to individuals who have given back to their communities by reaching out to those who are suffering from addiction. Karen Starr, MSN, RN, LADAC, MAC, PMHNP, BC of Nashville was awarded the 2005 Voice of Recovery Award, TAADAS CEO of the Year honors were awarded to Albert Richardson, LADAC, NCAII, Executive Director of the Cocaine and Alcohol Awareness Program, Inc. in Memphis, and Patricia A. “Patti” Hall, founder and former Executive Director of the Detoxification Rehabilitation Institute in Knoxville was awarded the inaugural Lifetime Achievement Award.

You are cordially invited to the
Annual TAADAS Holiday Open House

Thursday, December 8
Noon—2 pm

Good Friends, Good Fellowship, Good Food

John McAndrew will be performing

Free Ben & Jerry’s Ice Cream

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1800 Church Street, Suite 100 • Nashville, TN
2005 TAADAS Voice Of Recovery
Ms. Karen Starr

Established in 2000, the TAADAS Voice of Recovery Award honors those who unselfishly give of her/his time, energy, dedication, and expertise in service to those in need of assistance with substance abuse and addiction, making a significant impact in the battle against Tennessee’s number one health problem - substance abuse. Nominations came in from across the state making the job of the judges tough. They narrowed down the list to two finalists – Judge Don Ash of Murfreesboro for his work establishing the Drug Court program in Rutherford County and legislation enabling other counties to implement similar programs and Karen Starr, Psychiatric Nurse Practitioner Division of Addiction Medicine, Vanderbilt Medical Center. With two such deserving nominees, it was a hard choice to make.

The 2005 Voice of Recovery winner was Karen Starr, MSN, RN, LADAC, MAC, PMHNP, BC. Karen has been in the field of medicine for the past 30 years. In addition to being a psychiatric nurse practitioner who specializes in addictions, Karen is also an assistant professor of psychiatry, nurse consultant, expert witness, has a private practice and has been in the U.S. Army Nurse Corps Reserve where she is currently a lieutenant colonel, for 28 years. Her certifications and licenses include CAODAC, LADAC, NCACII, NAADC and MAC. She has made more than 70 presentations on addiction topics in Tennessee, 30 national presentations, including training and consulting for health care professionals at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in South Africa.

Ms. Starr’s special appointments include: Consultant, National Resource Center for Prevention of Perinatal Abuse of Alcohol and Other Drugs, Center for Substance Abuse Prevention in Washington, D.C.; Consultant to Russia, The International Institute for Alcoholism Education and Training; Consultant, Fighting Back National Program Office, Robert Wood Johnson Foundation; and Consultant to Australia, People for Alcohol Concern and Education at Flinders University. She is currently the board secretary on the Tennessee State Board of Licensed Alcohol and Drug Abuse Counselors.

Ms. Starr is a published author and co-author of 14 journal articles and contributed to more journal articles. Her numerous professional activities include co-founding the Coalition for Identification and Treatment of Chemical Abuse in Pregnancy (CITCAP) in 1989, Alcohol and Drug Liaison Coordinator for the 125th United States Army Reserve Command from 1992-1996, a lecturer for the

2005 TAADAS CEO of the Year
Mr. Albert Richardson

The TAADAS CEO of the Year Award honors the Executive Director/CEO of one of the TAADAS Sustaining Member agencies for their hard work and dedication to substance abuse services in Tennessee. Drug and alcohol addiction are equal opportunity diseases. People in recovery from these diseases come from all walks of life and deserve to be treated with kindness and respect for fighting and winning one of the hardest battles there is. After carefully reviewing the nominations, the committee narrowed the field to two very deserving finalists—Ms. Sharon Trammell, BS, NCACII, Executive Director of Grace House in Memphis and Mr. Albert Richardson, LADAC, NCACII, Executive Director of the Cocaine and Alcohol Awareness Program, Inc. in Memphis. The decision was a tough one with two equally deserving nominees. The 2005 TAADAS CEO of the Year winner was Albert Richardson.

Mr. Richardson founded the Cocaine and Alcohol Awareness Program (CAAP) in Memphis with two other gentleman in 1989. In the early days CAAP was just the 3 men and a Coke Machine. Mr. Richardson worked at a local convenience store during the day while conducting 12-step group sessions at night to get the program going. He even maintained the daily operations with his own personal finances. From its humble beginnings, Mr. Richardson directed the growth of the agency from a single dimensioned program into multiple components such as a supportive housing program, Veterans Administration Facility, Community Corrections, Domestic Violence, Residential, Extended Residential, and DUI Programs. Now, some sixteen years later, the CAAP organization has grown to a budget of over $2 million annually.

Mr. Richardson leads his agency by example. There is no job that he is not willing to do including leaving his suit and tie for work clothes so that he can help paint, hang sheet rock, and even lay floor tiles. His willingness to remain humble has inspired and motivated employees to go beyond their job descriptions.

For more information about CAAP and their many programs, log onto their website at www.caapincorporated.com.
2005 TAADAS Lifetime Achievement Award
Ms. Patti Hall

A new honor for 2005, the TAADAS Lifetime Achievement Award honors those who have made a lasting impression on alcohol and drug abuse programs, services and policies over the course of many years. Though similar to the Voice of Recovery Award, the TAADAS Lifetime Achievement Award honors someone who has either retired from the field or is no longer formally working in the field of addiction services. This is a person who, throughout their career, has made a difference in the field of addiction services. Nominations came in from across the state and were narrowed to two very deserving finalists, Patricia A. “Patti” Hall, founder and former Executive Director of the Detoxification Rehabilitation Institute (DRI) in Knoxville and Robbie Jackman, Executive Director Office of Minority Health in Nashville.

Patti Hall was awarded the inaugural Lifetime Achievement Award. As an emerging woman of the 70’s, she changed the face of alcohol and drug treatment in the East Tennessee Region. Not only did her leadership and business open the doors for those needing treatment services, but she was a role-model for other men and women seeking to work in the treatment field. Under her guidance DRI grew from a single unit to a twelve program enterprise. She made sure that the community had access to specialty programs for women, children, adolescents, and HIV outreach and prevention.

She advocated for the clients who had no insurance or limited other resources. She spent her entire career making sure those with the greatest need and fewest resources were able to get high quality treatment. Ms. Hall also served on numerous boards, committees, and task forces to advocate not only for clients, but for alcohol and drug professionals as well.

When the financial climate changed in the 90’s, and many other alcohol and drug centers closed, Ms. Hall unselfishly relinquished her role as Executive Director of her beloved DRI and merged with a sister organization to ensure that the alcohol and drug programs she helped create would endure for those most in need.

During her 27 year career, no matter how busy Ms. Hall was, she took the time to mentor others new to the field, ensuring the sustainability of the addiction field. She exemplifies unconditional positive regard in her treatment of clients from all walks of life. With her retirement this past June, Ms. Hall leaves a legacy of hard-work, dedication, perseverance, and adaptability. “Patti is one of the main reasons I remain in the addiction treatment field today,” said Hilde Phipps, Assistant Director Alcohol and Drug Services, Helen Ross McNabb Center in her nomination of Ms. Hall.

A Note of Thanks
I want to tell you how very honored I was to receive the first ever “Lifetime Achievement Award” from your organization. I admire each of you for the wonderful job you do in advocating and serving our clients. You have all made such a difference to so many in your communities. Again—I am honored. Thank You and Blessing as you continue your life saving and life giving work. You each deserve the award and I am humbled to be in your presence. Love and Light.

— Patti Hall

Earnie Larsen & John McAndrew performed “The Promise” at the Annual Recovery Month Celebration & Dinner.

Dr. Stephanie Perry enjoyed herself at the annual dinner and commended TAADAS on a wonderful event!

Folks from across the entire state came out for the annual celebration and to hear Earnie Larsen & John McAndrew perform.

To see more pictures log onto the TAADAS Website www.taadas.org

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FIELD ASKS CONGRESS TO INCLUDE ADDICTION SERVICES IN DISASTER RESPONSE

Addiction counseling should be included as a distinct component of emergency services delivered to disaster victims by the federal government, the Addiction Leadership Group wrote in a letter sent to the leaders of the House Committee on Energy and Commerce.

The letter, endorsed by more than a dozen groups, including Community Anti-Drug Coalitions of America, the National Association of State Alcohol and Drug Abuse Directors (NASADAD), Faces and Voices of Recovery, and the National Council on Alcohol Abuse and Alcoholism, urged committee chair Rep. Joe Barton (R-Texas) and ranking minority member Rep. John Dingell (D-Mich.) to amend Section 416 of the federal Stafford Act, which establishes the Federal Emergency Management Agency's Crisis Counseling Training and Assistance Program (CCP).

CCP provides mental-health assistance to people coping with the aftermath of disasters like Hurricane Katrina and is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Section 416 of the Stafford Act currently reads: "The President is authorized to provide professional counseling services, including financial assistance to State or local agencies or private mental health organizations to provide such services or training of disaster workers, to victims of major disasters in order to relieve mental health problems caused or aggravated by such major disaster or its aftermath." The Addiction Leadership Group is requesting that lawmakers add "substance abuse" to both places where the law currently references only "mental health."

"We believe these recommendations will strengthen our collective response to future disasters by distinctly acknowledging in statute the fact that trauma is a significant risk factor in substance use," the letter stated. "Further, we believe these recommendations will improve our efforts to help children impacted by disasters and therefore prevent drug and alcohol use from becoming a problem in the first place."

NASADAD recently issued a policy brief on trauma and addiction. Some in the addiction field have criticized the federal response to addiction problems in the wake of Katrina as inadequate.

Meanwhile, a pair of recent Katrina-related bills introduced in Congress also addresses addiction issues, the Legal Action Center reported. "The Emergency Health Care Relief Act of 2005," introduced by Sen. Charles Grassley (R-Iowa), calls for treatment of addictive disorders determined to result from the hurricane and its aftermath. "The Louisiana Katrina Reconstruction Act," introduced in the House and Senate, would provide $400 million to the Louisiana Department of Health and Hospitals' mental-health division, including $100 million earmarked for addiction assessment, early intervention, prevention, and treatment.

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TENNESSEE DEPARTMENT OF COMMERCE & INSURANCE AWARDED $350,000 TO HELP COMBAT PRESCRIPTION DRUG ABUSE

Tennessee was one of the 22 states awarded $6.2 million for the Harold Rogers Prescription Drug Monitoring Program by the Department of Justice (DOJ).

The grant will support the continuance or initiation of prescription drug monitoring programs across the U.S., strengthening state-to-state communication, and will include specialized technical assistance for organizations in need.

Studies show that states with monitoring systems in place significantly curtail the amount of pharmaceutical abuse; the five states with the lowest incidence also had long-standing monitoring programs.

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Governor Appoints Another TAADAS Member to Statewide Board

By John York

Governor Bredesen recently appointed TAADAS nominee Sharon Trammel, Executive Director of Grace House in Memphis, to the Board of Alcohol and Drug Abuse Counselors.

This is a great honor for Sharon and also speaks well for TAADAS. We now have three of our members on statewide boards that regulate our profession. Albert Richardson Jr. chairs the Board of Alcohol and Drug Counselors, Estelle Garner was recently appointed to the Healthcare Facilities Licensure Board, and now Sharon! These appointments help ensure that quality treatment will continue to be delivered with the highest of ethical and professional standards.

I know everyone joins me in congratulating Sharon on her appointment, knowing that she will provide excellent representation for the Alcohol and Drug field in Tennessee.

John York is a Managing Director of TAADAS. He may be reached by email at johny@xebecmgt.com.
NEWS FROM CAPITOL HILL

By Nathan Ridley

Nissan is coming! With a large crowd assembled in the Old Supreme Court Chamber on the First Floor of the State Capitol, Nissan president and CEO Carlos Ghosn announced the moved of the corporate headquarters for Nissan North America from Southern California to Middle Tennessee. 1300 jobs will land in Williamson County off Interstate 65 just south of Nashville. Nissan expects to realize lower operating costs for its headquarters through cheaper electricity and lower business taxes. The headquarters also fits nicely with the manufacturing facilities in Smyrna and Decherd, Tennessee. Our state government and our local government friends are continuing to work their strategic plans of seeking the good paying jobs associated with corporate headquarters. Both the Nashville and Memphis areas have enjoyed some successes in this regard and that is good for all of us.

Buoyed by the success of landing the Nissan headquarters, Governor Phil Bredesen has opened his budget hearings. As he did as Mayor of Nashville, Governor Bredesen is conducting open budget hearings with each department of state government. These hearings started on Monday, November 14 and will end during the first full week of December. The hearings may be viewed with your Internet browser pointed to http://www.tennessee.gov/governor. Commissioner Robinson will present the Health Department budget on Friday, December 2, at 2:30 p.m.

Early reports from the budget wizards indicate no large shocks to state revenue projections for the upcoming fiscal year. While the national economy has been buffeted by the hurricanes and rising energy prices, the outlook for the next fiscal year in Tennessee remains good. As usual, the demand for the new dollars flowing into the state's coffers will be high. The state's K-12 education program always receives growth dollars, the state's pension fund will need almost $80 million to continue to be actuarially sound, and local governments will receive the $20 million that were cut in the first year of the Bredesen administration. After these increases are granted, the competition for new funds in the governor's proposed budget in the new fiscal year becomes very intense.

The New Year will see the beginning of some serious politicking. Governor Bredesen's reelection prospects are improving on a daily basis. Because we are now less than a year away from the November 2006 election, I am now assuming that Governor Bredesen will not have a formidable Republican opponent. On the federal level, the State Republican Party seems focused on retaining the seat now held by Senator Frist. At the state level, the Republicans will aggressively pursue a majority in the State House where the Democrats presently hold a 54-45 majority. In 2006, all State House seats will be up for election, and the odd numbered State Senate Seats will be up. In addition, all state court judicial seats will be up for election in the August 2006 general election.

The Tennessean in Nashville continues to berate our legislative friends for their many perceived sins, as the new editor and a cadre of young reporters strive to make their marks. Sadly, with all the ethical posturing, all of our state policy makers have been distracted from their usual work. Instead, the special joint legislative ethics committee has just completed its work, and their proposal will now be submitted to the General Assembly when it reconvenes on January 10, 2006. While the proposed legislation may well tidy up some areas that needed mending, with apologies to Handel, it will be interesting to see if any legislation may make the rough places plain, and the crooked, straight.

Calendar Notes: State offices will be closed Thursday and Friday, November 24 and 25 for the Thanksgiving Day holidays, and Friday and Monday, December 23 and 26 for the Christmas holidays, December 30 and January 2 for the New Year's holidays, and January 16 for the Martin Luther King Day holiday. November 29 is the special primary election in Polk, Meigs counties, and a portion of Bradley County to fill the vacancy in the 22nd State House District that was created by the resignation of Representative Chris Newton. Democrat Sally Love will be unopposed in the Democratic primary. Dan Howell, Elizabeth Kalabus, Alexander Mosely, Eric Watson, and Fred Wilcoxson will vie for the Republican nomination. The special general election for that seat will be January 12, 2006.

In closing, I would like to hope that each of you and your family members experience the joy and peace of the coming holiday season.

Nathan Ridley is an attorney with the Nashville firm, Bout Cummings, Connors & Berry, PLC. You may contact him by e-mail at nridley@boutcummings.com.

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ALCOHOL SCREENING YIELDS 2-TO-1 SAVINGS, GROUP SAYS

Employers can save $2 for every dollar they spend on screening patients for alcohol problems and referring them to treatment, according to a research group at the George Washington University Medical Center.

Ensuring Solutions to Alcohol Problems said companies' return on investment for alcohol screening – 215 percent – was more favorable than investing in BlackBerry wireless e-mail devices (162 percent) and in the same ballpark as investing in heart-disease management programs (278 percent).

Savings come from increased productivity, lower medical costs, and fewer days of work missed due to alcohol problems. Ensuring Solutions has developed an online Alcohol Treatment Return on Investment Calculator that employers can use to determine their own potential savings.

"If alcohol screening and treatment were as pervasive in today's workplace as BlackBerries, companies would see increased productivity, a stronger workforce, and real savings in health-care expenses," said Ensuring Solutions director Eric Golperud, Ph.D. "Employers and health plans need to do a better job screening and treating employees who suffer from alcohol-related problems because it saves money and it's the right thing to do."

UCLA RESEARCH SEES BIG SAVINGS FOR TREATMENT INVESTMENT

Researchers at the University of California at Los Angeles (UCLA) say that society saves $7 for every $1 invested in addiction treatment – $11,487 for the average $1,583 cost of treating someone with alcohol or other drug problems.

The UCLA study calculated the treatment costs for 2,567 clients in 43 California treatment programs, then compared those costs to clients' declining use of medical care as well as mental health services, as well as costs of criminal activity, increased personal earnings, and the costs of government programs like unemployment and public aid.

The biggest healthcare savings were in reduced utilization of emergency-room care.

"Even without considering the health and quality-of-life benefits to drug treatment clients themselves, spending taxpayer dollars on substance-abuse treatment appears to be a wise investment," said lead researcher Susan Ettner.

The study found that the average cost of outpatient treatment was $838, compared to $2,791 for inpatient care.

The research appears online in the journal Health Services Research at www.hsrc.org.

According to the study, Society Saves $7 for every $1 Invested in Addiction Treatment

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TENNESSEE YOUTH RISK BEHAVIOR SURVEILLANCE SURVEY
2003 vs. 2005
INHALANTS, METH, COCAINE, AND HEROIN

By Harvey Weiss

The latest results of Tennessee’s Youth Risk Behavior Surveillance Survey indicate some interesting patterns among Tennessee’s youth. I’ve pulled together data on various substances and have done a comparison between 2003 and 2005 results. There is good news to report and a number of problematic areas to be concerned about.

GOOD NEWS: Overall substance abuse declined for inhalants, meth, cocaine, ecstasy and heroin. With all of the concern about meth it is good to report that for most youth population groups the decline exceeded 50%. The only blight on the meth front is that use by 12th grade males increased by three percentage points (while male use declined).

CHALLENGES: I wish I could report the same for inhalant abuse especially among TN’s youngest children. Inhalant abuse increased for those 15 and younger and those in 9th grade and the chasm between inhalants and meth, cocaine, ecstasy and heroin grew ever wider. Inhalant abuse has also increased by 4 percentage points for 9th grade females while declining for males.

Another point of concern is female use. For a number of substances female use increases, exceeds male use and/or increases while male use declines.

There are challenges ahead.

We are all at a starting point working toward altering the inhalant problem in Tennessee and we now have a reference point with the 2005 data. We can change this situation by working together – I’ve seen it before. Consider doing inhalant presentations and workshops in your community (in the last month I’ve conducted four in the Chattanooga area). Make plans to join the 2006 National Inhalants & Poisons Awareness Week (NiPAW) campaign March 19th – 25th.

I’d like to thank Jerry Swaim, TN Dept. of Education, for alerting me about the survey, which can be found at http://www.k-12.state.tn.us/yrbs/

OVERALL:
1. Slight decrease in inhalant abuse – however male use declined while female abuse increased to where it is greater than male abuse. Overall, in 2005 more young people “huffed” than did meth, cocaine, ecstasy or heroin.
2. Meth use declined by over 50%.
3. Overall abuse declined for ecstasy and cocaine (however, there was a slight increase in cocaine use for females and a decrease by males).
4. Heroin use remained stable with males and females about equal in use.

AGE 15 OR YOUNGER
1. Inhalant use increased from 2003 to 2005 (from 12.6% to 13.5%) for both males & females with females continuing to huff more than males; more than twice as many youngsters huff than do meth (4.8%), cocaine (5.2%), ecstasy (3.8%) and heroin (2.6%).
2. Heroin also increased overall and for both males and females (for females it was almost by a full percentage point); female use was slightly greater than male use.
3. Overall meth use declined, however more females did this than males.
4. Declines in cocaine and ecstasy use.

AGES 16 OR 17
1. Inhalants were the primary substance of abuse.
2. Meth declined by over 50%; however the declines were the result of declines in male use while female use remained constant.
3. Slight increase in overall (Continued on page 12)

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**2ND ANNUAL RECOVERY AWARENESS FAIR**

The CARF acclaimed Recovery Awareness Fair took place Saturday, September 17, 2005 at West Town Mall in Knoxville. Spearheaded by CenterPointe’s Daniel Harris, this event was in conjunction with the celebration of National Alcohol and Drug Addiction Recovery Month. Helen Ross McNabb Center and the East Tennessee Association of Alcohol and Drug Abuse Counselors (ETAADAC) co-sponsored the fair. Approximately 22 Knoxville area substance abuse organizations participated, and 20 businesses donated door prizes like Beanie Babies, socks, massages, and gift cards. It was an excellent opportunity for the community to find out what resources are available to better the lives of people in East Tennessee.

AGAPE, Inc. was just one of the TAADAS members participating in the Recovery Awareness Fair in Knoxville.

**What’s Going on at TAADAS Members’ Agencies Across the State...**

**US DEPT OF VETERANS AFFAIRS AWARD GRANT TO OSDN**

The US Dept of Veterans Affairs recently announced the award of a grant to Operation Stand Down Nashville, Inc. (OSDN). The grant will be used to purchase and remodel a house for the OSDN Transitional Housing Program increasing the number of beds in the program to 42. The grant also includes funds for remodeling improvements in three of our current houses and funds to purchase a van for use by the OSDN Service Center and Transitional Housing Program.

“We are very appreciative of the continued support by the US Dept of Veterans Affairs. OSDN is the only nonprofit organization in this region whose sole clientele are honorably discharged veterans. Contributions like this enables OSDN to continue providing a variety of social services to almost 500 veterans a year, most of whom are homeless.” Says OSDN Executive Director, Bill Burleigh. “Thank you for your continued support of those who have served our country.” For more information about Operation Stand Down, log onto their website at www.osdnashville.org.

**Bradford's First Annual Tennessee Golf Tournament**

Bradford Health Services sponsored the first annual Tennessee Golf Tournament on October 20, 2005 at the Vanderbilt Legends Golf and Country club. This tournament was held to show appreciation for the efforts of colleagues in supporting addiction treatment and recovery. The tournament was a great success with sixty-six players participating. Door prizes were drawn and prizes were awarded to the top three scoring teams. Grand prize winners were from the first place team consisting of players, John Greer, Dan Ruskin and Cooper Jones. Congratulations to all winners and we thank you for your participation!

Bradford Health Services provides substance abuse treatment and free community support throughout Tennessee. For additional information on Bradford’s programs or a free consultation, call 1-800-677-8209 or visit our website at www.bradfordhealth.com.

**Grand prize winning team players, John Greer, Dan Ruskin and Cooper Jones.**

**Thanks!**

Thank You to the many volunteers who attended the 13th Annual Operation Stand Down event at the National Guard Armory, October 14-16, 2005. Coordinators, Mr. John Rollins and Mr. Rodger Enlow worked hard to make this event a success. Attendees were helped tremendously by the many outstanding AA and NA meetings held during the event. We are grateful for the support of the community in reaching out to those in need.

—Bill Burleigh, OSDN Executive Director
WORKSHOPS & TRAININGS

Core Competency Training and other Pastoral Ministers
Jackson Area Chamber of Commerce, December 2, Contact Amanda Hopkins, 731.423.3653

Eating Disorders: Clinical Issues in 12-Step Recovery Treatment
Facilitator: Lori Martin, Helen Ross McNabb Center Administrative Building, Knoxville, December 2, Contact Martha Calbertson, 865.329.9087

Creative Visualization & Cognitive Strategies to Deal with Compassion Fatigue
Facilitator: Maria O'Shaughnessy, Helen Ross McNabb Center Administrative Building, Knoxville, December 2, Contact Martha Calbertson, 865.329.9087

Case Management
Facilitator: Karen Dennis, ACAR Center, Memphis, December 3, Contact Karen Dennis, 901.527.3100

Moving from Chaos to Clarity
Facilitator: Bobby Chapman, Harmony Landing, Nashville, December 3 & 4, Contact Monnie Furlong, 615.353.4313

Ethics Boundaries & Beyond
Facilitator: Nita Mehr, JACOA, Jackson, December 6, Contact Amanda Hopkins, 731.423.3653

Hijacking of the Brain
Facilitator: Merrill Norton, Jackson Madison County Health Department, Jackson, December 16, Contact Amanda Hopkins, 731.423.3653

Clutter-Free & Organized: Practical Advice for Healthcare Professionals
Facilitator: Mary Pankiewicz, Helen Ross McNabb Center Administrative Building, Knoxville, December 16, Contact Martha Calbertson, 865.329.9087

Clergy Core Competencies
The HART Center, Memphis, January 7, Contact Jane Abraham, 901.828.1332

Positive Images: A Group for Women Who Struggle with Food and Body Image
Facilitator: Lesli Jacobs, The Estuary, Nashville, January 12—February 16, Contact Monnie Furlong, 615.353.4313

Screening
The HART Center, Memphis, January 14, Contact Jane Abraham, 901.828.1332

Addiction Pharmacology: The Downs
Facilitator: Karen Dennis, ACAR Center, Memphis, January 14, Contact Karen Dennis, 901.527.3100

Reiki
The HART Center, Memphis, January 15, Contact Jane Abraham, 901.828.1332

Disease of Addiction
The HART Center, Memphis, January 20, Contact Jane Abraham, 901.828.1332

Addiction Pharmacology: The Ups
Facilitator: Karen Dennis, ACAR Center, Memphis, January 21, Contact Karen Dennis, 901.527.3100

Domestic Violence & Substance Abuse
The HART Center, Memphis, January 21, Contact Jane Abraham, 901.828.1332

FEATURED PUBLICATIONS:

Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach

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: Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach.

This manual presents a relapse-prevention approach that uses the cognitive-behavioral and self-management intervention (CB/SM) in a counselor-led group treatment setting to help older adults overcome substance use disorders. This guide provides counselors and treatment providers with background and how-to directions for introducing relapse-prevention techniques to older clients.

To get your free copy of our featured publication, or any of the hundreds of other materials, call the Clearinghouse at 615.780.5901 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!

Within the pages of this 14 page booklet there are real people with real stories told in their own words. Stories about our neighbors...our friends...our families...people right here in Tennessee. People who have overcome tremendous odds to achieve their dreams. They are stories of recovery from addiction; stories of hope for the future.

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Log onto the TAADAS website at www.taadas.org.

FEATURED VIDEO:

Working With Stress

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: Working with Stress.

This 17 minute video, available in both VHS and DVD formats, describes workplace stress factors, and suggests measures for stress reduction. 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 ext 6 to check out this video or any other videos in our collection. A complete video catalog is available online at www.taadas.org.
**Partnership for a Drug-Free America & TAADAS Launch New Meth Health Education Program**

**Health Initiative Seeks to Reduce Teen Meth Use**

November 1st marked the beginning of a new state-wide education campaign to reduce meth use by teenagers. The program, created by the Partnership for a Drug-Free America®, is based on work done by the PDFA in the Phoenix and St. Louis markets and represents the first statewide project of its type. The Meth Health Education Campaign consists of an intensive advertising and public relations effort targeting parents and their teenagers. The campaign will use a series of hard-hitting, research-based anti-drug messages provided by the Partnership, supplemented by testimony from local pediatricians, who will serve as the primary spokespeople for the media effort. Campaign coordinators believe the voice of the medical community will resonate with parents.

Over the weekend of November 5th and 6th, Pediatricians in Nashville and Memphis attended an intensive training program on methamphetamine related health issues. The morning sessions were presented by Mike Townsend and Tom Hedrick of the PDFA New York office, as well as Dr. Ken Winters, Ph.D., Director of the Center for Adolescent Substance Abuse Research and the University of Minnesota, and Deborah Augustine, the Victim Witness Program Manager for the Drug Enforcement Agency (DEA). In addition, the afternoon sessions were led by John Van Mol and a team from Dye, Van Mol and Lawrence, a Nashville based Public Relations firm. The pediatricians received specialized media training and message training and on camera media opportunities.

The new PDFA methamphetamine public services announcements were previewed. It is anticipated that they will be released to the major markets in Tennessee in late November or early December. This training program will be repeated in Chattanooga and Knoxville later in the year. The Tennessee Chapter of the American Academy of Pediatricians is a major supporter of this project and is identifying interested pediatricians to be involved in these efforts.

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 of the TAADAS staff is the statewide media coordinator for this project. For additional information or to be involved, please contact Vernon at (615) 780-5901 x 18 or via email at Vernon@taadas.org.

For more information on the health risks of methamphetamine, 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 methamphetamine information. To get help for a someone that may have a substance abuse problem, contact the TENNESSEE REDLINE at (800) 889-9789 for referral to a treatment program near you.

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**Workshops & Trainings**

**Living Well with Alumni: Professional Speaker Series**
Cumberland Heights River Road, Nashville, January 27, Contact Monnie Furlong, 615.353.4313

- **Trance Dance**
  - The HART Center, Memphis, January 27, Contact Jane Abraham, 901.828.1332

- **Mask Making**
  - The HART Center, Memphis, January 28, Contact Jane Abraham, 901.828.1332

- **Addiction Pharmacology: The All Arounds**
  - Facilitator: Karen Dennis, ACAR Center, Memphis, January 28, Contact Karen Dennis, 901.527.3100

- **Financial Recovery—The Masquerade of Money**
  - Facilitator: Deena Turner, Cool Springs, January 28, Contact Monnie Furlong, 615.353.4313

- **Mask Making**
  - The HART Center, Memphis, January 29, Contact Jane Abraham, 901.828.1332

- **The HART Work**
  - The HART Center, Memphis, February 4, Contact Jane Abraham, 901.828.1332

- **Screening the Adolescent**
  - Facilitator: Karen Dennis, ACAR Center, Memphis, February 4, Contact Karen Dennis, 901.527.3100

- **The Art of Intervention**
  - The HART Center, Memphis, February 10, Contact Jane Abraham, 901.828.1332

- **Intake: The Admissions Process**
  - Facilitator: Karen Dennis, ACAR Center, Memphis, February 11, Contact Karen Dennis, 901.527.3100

- **Intake**
  - The HART Center, Memphis, February 11, Contact Jane Abraham, 901.828.1332

- **Spirituality: Outside the Box**
  - The HART Center, Memphis, February 12, Contact Jane Abraham, 901.828.1332

- **Orienting the Addicted Client**
  - Facilitator: Karen Dennis, ACAR Center, Memphis, February 18, Contact Karen Dennis, 901.527.3100

- **Healing Shame**
  - Facilitator: David Tiner, Cool Springs, February 18, Contact Monnie Furlong, 615.353.4313

- **Acupuncture Detoxification**
  - The HART Center, Memphis, February 23—26, Contact Jane Abraham, 901.828.1332

- **Living Well with Alumni: Professional Speaker Series**
  - Cumberland Heights River Road, Nashville, February 24, Contact Monnie Furlong, 615.353.4313

- **Life Management: An Earning Larsen Stage II Recovery Program**
  - Facilitator: Al Adams, Cool Springs, February 25 & 26, Contact Monnie Furlong, 615.353.4313

- **Assessing the Chemical Dependent/Mentally Ill Client**
  - Facilitator: Karen Dennis, ACAR Center, Memphis, February 25, Contact Karen Dennis, 901.527.3100
TENNESSEE YOUTH RISK SURVEILLANCE SURVEY

(Continued from page 8)

cocaine use; however male use declined while female use increased and females were using more than males.

18 OR OLDER
1. Abuse dropped for all substances.
2. Inhalant abuse was second (8.9%) to cocaine abuse (10.0%).

9th GRADE:
1. Inhalant abuse increased for both males and females - with girls continuing to huff more than boys.
2. More youngsters did inhalants than any other substance by at least a two to one margin.
3. Heroin abuse also increased for both boys and girls.
4. Other substance abuse declined.

10th GRADE
1. Although there was a decline, inhalants were again the most “popular” substance by a wide margin and more females huffed than males.
2. Declines also in all of the other substances (meth use cut almost in half).
3. Although there was an overall decline in cocaine use - male use declined while female use increased; more females did cocaine in 2005 than males.

11th GRADE
1. Inhalant use declined dramatically (for males over a 50% decline) but still inhalants were the most popular substance (9.4%) - a close second was cocaine (9.2%).
2. Meth use declined by more than 50%.
3. Overall cocaine use increased - however male use decreased while female use increased.

12th GRADE
1. Overall inhalant use increased, however male use declined while female use increased by four percentage points and females abused more than males in 2005.
2. While overall ecstasy use declined, female use increased while male use decreased and female use was greater than their male counter parts.
3. Heroin use declined, but more females did it than males.
4. Cocaine use increased overall and for both males and females, however female use exceeded male use.
5. While overall meth use declined, female use increased while male use declined. Female meth use exceeded male use by about 4 percentage points.
6. While cocaine was most abused substance (14.5%), inhalants were second at 10.2%.

GENDER: 2003 vs. 2005
OVERALL USE
2003: Overall male use of inhalants, meth, cocaine, ecstasy and heroin exceeds female use.
2005: Lifetime, overall, females exceed males for inhalants and meth. Females use cocaine slightly less than males (8.6% vs. 8.7%). Both genders equal for heroin. Males exceed females for ecstasy.

AGE 15 OR YOUNGER
2003: Female use exceeds male for inhalants. Males exceed females for cocaine, ecstasy and heroin. Meth use is equal for males and females.
2005: Females exceed males for inhalants meth and heroin (for heroin by only a tenth of point). Males exceed females for cocaine and ecstasy.

AGE 16 OR 17
2003: Males exceed females for inhalants, meth, cocaine ecstasy and heroin.
2005: Females exceed males for inhalants and cocaine. Both genders tied for meth. Males exceed females by a tenth of a point for ecstasy and three tenths of a point of heroin.

18 OR OLDER
2003: Females exceeded males for cocaine & ecstasy.
2005: No data.

GRADE 9
2003: Female inhalant use exceeds male use. Males use more meth, cocaine, ecstasy and heroin.
2005: Females exceed males for inhalants and meth. Males exceed female for cocaine, ecstasy and heroin.

GRADE 10
2003: Males exceed female use for inhalants, meth, cocaine, ecstasy and heroin.
2005: Females exceed male use for inhalants. Males are ahead of females for meth, cocaine ecstasy and heroin.

GRADE 11
2003: Male use exceeds females for all substances.
2005: Males exceed females for all substances. However males are only a tenth of a point greater than females for heroin.

GRADE 12
2003: Female use of cocaine exceeds male use. Males exceed females for all other substances.
2005: Females exceed males for all substances (inhalants, meth, cocaine, ecstasy and heroin).

Harvey Weiss is the Executive Director of the National Inhalants Prevention Coalition. He can be reached at nipc@io. com or via phone at 1.800.269.4237.


**Kentucky Governor Proposes Regional Recovery Centers**

A system of 10 or more regional addiction treatment centers is being established by the state of Kentucky, according to Gov. Ernie Fletcher.

The Associated Press reported Oct. 9 that Fletcher said that four 'Recovery Kentucky' centers already have been approved and at least six more are planned. "If someone is caught in the jaws of addiction, we've got to make sure we do everything we can to make sure we give that individual the ability to reach their full potential and to get out of the jaws of addiction," Fletcher said. "It is very difficult, almost impossible, to get out of those jaws by yourself."

Fletcher cast addiction as a public-health epidemic that contributes to homelessness and domestic violence. He said rehabilitation, drug courts, and tougher law enforcement all play a role in addressing the problem.

Each Recovery Kentucky center would treat about 100 patients at a time, either male or female. The programs, which also provide housing, target addicts who either are homeless or are at risk of becoming so. "We continue our work and make sure we do everything we can to integrate those folks into society and make sure that they are able to be reestablished, get work, get the kind of training to turn their life around," Fletcher said.

"We certainly don't have nearly enough beds for the people who need treatment in Kentucky," said Teresa Barton, head of Kentucky's Office of Drug Control Policy. "And by starting out with two centers in each congressional district -- one male and one female -- that will certainly be a huge step in the right direction."

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**Baltimore Launches 'Threshold to Recovery'**

A new addiction treatment initiative will provide a variety of recovery-related services to addicts and alcoholics living in Baltimore, including acupuncture and tai chi, the Associated Press reported October 13.

The $1-million Threshold to Recovery program, funded by the Robert Wood Johnson Foundation and four Baltimore foundations, is aimed at providing services to patients on waiting lists for addiction treatment; in Baltimore, patients often wait months for a treatment slot to open up.

Supporters say the money is better spent on such support services than on opening a few new treatment slots. "Just because we don't have a slot, we don't want to send them out into the community without a resource," said Adam Brickner, president of Baltimore Substance Abuse Systems.

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SAMHSA RELEASES RECOMMENDATIONS ON TREATMENT MEDICATIONS

Best practices for use of anti-addiction medications like methadone, buprenorphine, and naltrexone are outlined in a new Treatment Improvement Protocol (TIP) released this week by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

TIP 43, titled, “Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs,” notes the importance of providing supportive services to patients on addiction medication and details steps that caregivers need to follow during the entire course of treatment.

"Many patients addicted to opiates, whether prescription narcotics or heroin, respond best to interventions that combine medication and behavioral treatments," said SAMHSA Administrator Charles Curie. "This new TIP will help continue to standardize and improve opioid addiction treatment as the best practices contained in the report are adopted by treatment providers nationwide."

TIP 43 can be ordered through TAADAS Statewide Clearinghouse online at www.taadas.org or by calling 615.780.5901.
Recognizing and Managing Substance Abuse in Healthcare Workers

By Chris Prater M.D., FAAFP

Each of us in working in the healthcare field have an ethical duty to report an associate healthcare worker who has a physical, psychological, or emotional condition that jeopardizes patient safety or compromises good medical care. This paper will emphasize the difficulties in recognizing and managing substance abuse in the healthcare workplace.

One of the first steps in controlling substance abuse in the workplace is to recognize it when present. There can be many warning signs that a coworker has a significant physical, psychiatric and/or emotional condition impairing his or her ability to provide good medical care and the Department of Justice’s Drug Enforcement Administration has delineated many of these:

- Work absenteeism - absences without notification and an excessive number of sick days used;
- Frequent disappearances from the work site, having long unexplained absences, making improbable excuses and taking frequent or long trips to the bathroom or to the stockroom where drugs are kept;
- Excessive amounts of time spent near a drug supply. They volunteer for overtime and are at work when not scheduled to be there;
- Unreliability in keeping appointments and meeting deadlines;
- Work performance, which alternates between periods of high and low productivity and may suffer from mistakes made due to inattention, poor judgment and bad decisions;
- Confusion, memory loss, and difficulty concentrating or recalling details and instructions. Ordinary tasks require greater effort and consume more time;
- Interpersonal relations with colleagues, staff and patients suffer. Rarely admits errors or accepts blame for errors or oversights;
- Heavy “wastage” of drugs;
- Sloppy recordkeeping, suspect ledger entries and drug shortages;
- Inappropriate prescriptions for large narcotic doses;
- Insistence on personal administration of injected narcotics to patients;
- Progressive deterioration in personal appearance and hygiene;
- Uncharacteristic deterioration of handwriting and charting;
- Wearing long sleeves when inappropriate;
- Personality change - mood swings, anxiety, depression, lack of impulse control, suicidal thoughts or gestures;
- Patient and staff complaints about health care provider’s changing attitude/behavior;
- Increasing personal and professional isolation.

Each healthcare worker has a responsibility to become aware of the warning signs of coworker impairment in the workplace. However recognizing the signs of substance abuse is only the first step in intervention and for many reasons it may be the easiest step. Just as an addicted individual can have a denial system that impedes their own recognition and/or acceptance of their problem with substance abuse, those working close to the affected individual can be compromised by their own denial system that prevents them from accepting the warning signs that an associate healthcare worker is impaired. The affected individual may be quite capable of reinforcing a coworker’s denial by providing convincing arguments that a significant problem doesn’t exist.

Another impediment to recognizing signs of coworker impairment can be the attempt of individuals to minimize the effects the impairment is having in the workplace. Going behind the impaired individual to correct frequently occurring mistakes may sometimes protect the individual being cared for from harm. However this behavior is also protection the impaired individual for consequences of their behavior. Along with other “enabling behaviors” such as working harder to make up for the impaired individuals decreased work performance and making excuses for their behavior only enables the impaired individual to be able to continue to be a serious threat to those being cared for.

Constructive intervention can frequently be accomplished by reporting the impaired individual to “Wellness Programs” that have been developed by many state and local medical and dental societies, including those in Tennessee. These programs usually intervene without reporting to the state’s board of medical examiners, allowing the individual to avoid sanctions as long as he or she continues to meet the society’s requirements for rehabilitation and subsequent continued sobriety.

Dr. Prater is an Addictionologist certified by ASAM and is the Medical Director for FOCUS Healthcare. For more information about Focus Healthcare or Dr. Prater, please log onto www.focushealthcare.com.

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TENNESSEE DISTRICT ATTORNEYS LAUNCH STATEWIDE METHAMPHETAMINE EDUCATION CAMPAIGN

GOVERNOR BREDeson ANNOUNCES METH DESTROYS TO FURTHER EDUCATE TENNESSEANS

Governor Phil Bredesen officially launched The Tennessee District Attorneys General Conference’s Meth Destroys statewide methamphetamine education campaign during a kickoff assembly and news conference at Merrol Hyde Magnet School on November 7th.

The campaign will help each of Tennessee’s 31 District Attorneys fight Tennessee’s methamphetamine use and manufacturing problems, by carrying a proactive message to youth, communities, and businesses about the dangers of the drug at the local and state levels.

Meth Destroys is funded by a grant from the Governor’s office following last fall’s final report from the Governor’s Task Force on Methamphetamine Abuse, which called for the state “to educate communities about the dangers of methamphetamine abuse.”

“Tennessee’s methamphetamine problem is a statewide issue and affects much more than just the user,” Gov. Phil Bredesen said. “It is a critical time to educate Tennesseans about the effects of the drug – not just on individuals, but also on their families, neighborhoods and communities. The Meth Destroys educational campaign will play a key role in preventing additional people from trying meth. The District Attorneys are leading the fight against methamphetamine abuse on a daily basis and will now have additional resources for meth education.”

The assembly included Gov. Bredesen detailing Tennessee’s meth problem, District Attorney General Ray Whitley giving an overview of the Meth Destroys campaign, a performance by the Weapons of Mass Percussion, a Dickson, Tenn., High School group formed to educate youth about methamphetamine, a viewing of the campaign’s educational DVD portraying the lives of four Tennesseans who have experienced firsthand the dangers of methamphetamine abuse and the release of the first Meth Destroys radio PSA.

A major objective of the District Attorneys’ Meth Destroys campaign will be educational outreach to youth, particularly middle and high school students. General Dan Alsobrooks has been leading the charge, spearheading the District Attorneys’ statewide efforts.

“Meth destroys lives, families, and communities. We are fighting hard against meth by seizing labs and prosecuting violators. We need the help of the entire community. The more people we convince to join the fight the safer our state will be from this threat,” said General Alsobrooks.

The District Attorneys will also work with local business leaders and city, county and state officials to inform them about the economic effects meth has on communities in the Volunteer State.

The yearlong education campaign will include:
• A Meth Destroys Web site at www.MethFreeTN.org which has educational resources, help referrals, localized information about the campaign, news articles about meth in Tennessee, and materials, TV spots and radio PSAs available to download.
• Informational brochures and posters being distributed to schools, health departments, law enforcement agencies and other state and local organizations.
• Window decals for members of the Anti-meth Task Force.
• A statewide Youth Advisory Council formed with high school students to educate others in their area about meth.
• Additional educational materials, including an adult booklet.
• Targeted fliers.

All Meth Destroys campaign materials feature images and stories of Tennessee meth users. The pictures depict the serious effects of a very dangerous drug.

The Tennessee District
(Continued on page 18)
Pathologic Gambling

By Dr. Richard Soper, MD, JD, MS

What defines gambling? Simply stated, gambling amounts to risking something of value on the outcome of an event when the probability of that outcome is less than certain. According to Marc Potenza, MD, PhD, of Yale University, Howard Shaffer, PhD, of Harvard Medical School, and Nancy Petry, PhD, of the University of Connecticut Health Center, presenters at a symposium at the 13th Annual Meeting of the American Association for Addiction Psychiatry, gamblers have variable awareness that they are putting something of value at risk. Gamblers who do poorly seem even to lack the awareness, in some cases, that the bet is irreversible and that the outcome is determined by chance. They tend to overestimate their gambling skill (as most of us do, to some extent).

Pathologic gambling is considered a major psychiatric disorder characterized by an uncontrollable impulse to gamble that, like other addictive behavior, tends to be progressive and chronic. Our capacity to find therapeutic interventions will be greatly enhanced by our ability to understand neural mechanisms of (1) the brain state prior to engagement of self-destructive behavior, and (2) pharmacotherapies (and even psychotherapies) directed at specific conditions.

The problem gambler experiences adverse consequences in personal, social, and occupational functioning, and he or she continues to gamble despite the clearly negative outcomes and even loss of enjoyment of the activity. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition defines pathologic gambling as "persistent and recurrent maladaptive gambling behavior that is not better accounted for by a manic episode." Three elements are central to the diagnosis: loss of control; increasing investment in frequency, amount gambled, time spent gambling, and obtaining money with which to gamble; and continued gambling despite negative repercussions.

The neurobiology of impulse control involves complex arrays of prefrontal and frontal cortical activity. Emotion, decision, and impulse control have been linked to decreased activity in these areas. However, no neuroimaging studies of problem gamblers have been published.

Gambling is common in virtually all societies, and in the United States 80% to 90% of respondents state that they have some experience with gambling. Pathologic gambling represents a significant public health problem, and problem gambling is clearly associated with crime, incarceration, financial ruin, alcohol and drug addiction, suicide, and psychiatric disturbance. The gambler who has legal problems is likely to be male, unemployed, single, and abusing drugs or alcohol. An interesting finding, however, is that pathologic gamblers who have not been arrested tend to be female, and they tend to be involved in what are called nonstrategic forms of gambling such as lotteries or slot machines. Among troubled gamblers, there is a high degree of comorbidity not only with substance abuse and antisocial traits, but also with mood disorders and attention deficit/hyperactivity disorder (ADHD).

Problem gambling is important, therefore, because it may serve as a model for impaired impulse control. Suicide attempts, self-mutilating behavior, and syndromes of disinhibition may have common neurobiologic mechanisms that are also central to gamblers who are out of control.

The prevalence of problem gambling is estimated at less than 3% of the general population, with a male to female ratio of 2:1. The group with the highest prevalence of gambling problems is the 18- to 25-year-old age group, and among adolescents, the percentage approaches 6% in some studies and almost 15% in others. The diagnosis of pathologic gambling generally occurs as the gambler gets older, because gambling skill often deteriorates over time – perhaps as long as 2 or 3 decades. Females tend to get involved later in life, in their thirties or forties, whereas males often begin during adolescence. Women seem to deteriorate more rapidly and seek help after only a few years; whereas with men, the problem may persist for many years, characterized by uncontrolled gambling related to significant loss, life stress, or increased exposure to gambling.

Studies show that about half of pathologic gamblers are alcohol or substance abusers, and this is particularly true among adolescents. Teen gamblers have higher rates of alcohol, tobacco, and marijuana use than nongambling peers, and among teen substance abusers, the rates of problem gambling have been estimated as high as 10% to 30% in different studies.

Although one would intuitively assume that problem gamblers have mood problems, most of us are surprised to learn just how high the rates of depression (32% to 76%), mania and hypomania (46%), and suicide attempts (12%) are within this population. The co-occurrence of ADHD is estimated at about 20%; when adult problem gamblers are compared with controls, the gamblers are significantly more likely to have childhood behavior problems.

What are the roles played by neurotransmitters? What are the differences between problem gamblers and control subjects who do not gamble? At this point, there are more questions than answers. In response to gambling cues (like viewing a videotape), problem gamblers show relatively decreased brain activities in cortical and subcortical structures. Also of interest is the finding that both groups, gamblers and controls, differ from patients in treatment for cocaine dependency.

These discrete differences may show us the way to more effective treatments. Limitations in what we know are related to the complexity of treating patients with 2 or more comorbid conditions, the nature of short-term trials, the limited number of sites suitable and available for research, and limited sample sizes. Both paroxetine and naltrexone seem to have some benefit in the treatment of pathologic gambling, but studies suffer from all of these limitations.

In summary, problem and pathologic gambling are serious public health concerns and offer us a window into the way the brain manages impulse control problems, compulsive behavior, and decision-making. Screening, education of the public, help lines, and continuing research are all parts of the future of this fascinating world of study and learning.

Dr. Soper is an Individual Member of TAADAS. He can be reached via email at: mdjd@justice.com or you may phone his office at 615.383.1995.
Alcohol Use and Unsafe Sex by People with HIV

Unsafe sex by people infected with HIV poses a grave public health risk. To examine whether alcohol use increases the likelihood of unsafe sex in people with HIV, investigators interviewed 262 patients from 2 HIV clinics. Alcohol consumption measures assessed use in the past 6 months and included drinking days, drinks per drinking day, binge drinking,* and hazardous drinking.**

- In the past 6 months, 63 percent of patients had been sexually active, 38 percent had unprotected sex (i.e., no condom), and 21 percent had multiple sex partners.
- All alcohol consumption measures were significantly associated with the likelihood of having any sex (odds ratios ranging from 1.5 to 2.9) and of having unprotected sex (odds ratios ranging from 1.4 to 2.7).
- One-third of hazardous drinkers -- compared with 9 percent of nonhazardous drinkers -- were having both unprotected sex and sex with multiple partners.

Heroin and cocaine use did not significantly affect the likelihood of having any or unprotected sex.

Comments by Jeffrey Samet, MD, MA, MPH: This study demonstrates a clear association between alcohol use and unsafe sex in patients infected with HIV. As the authors note, determining the basis of this association (e.g., risk-taking personality, lowered sexual inhibitions due to alcohol) requires longitudinal studies that demonstrate the temporal relationship between the two behaviors. Nevertheless, these findings support the case for assessing alcohol use among all patients with HIV.

* 5 or more drinks per day for men, 3 or more drinks per day for women

** at least 1 binge episode, or greater than 14 drinks per week for men and greater than 7 drinks per week for women


Meth Destroys Education Campaign Continued…

(Continued from page 16)

Attorneys General Conference is partnering with a number of organizations at the state and local levels to further educate Tennesseans about the dangers of meth. Partners include Tennessee Farm Bureau Federation, Tennessee Bankers Association, Vanderbilt University Medical Center, Tennessee Hospital Association, Tennessee Chamber of Commerce and Industry, Girl Scout Council of Cumberland Valley, Tennessee 4-H, Tennessee National Guard Counterdrug Division, South/ East Tennessee Methamphetamine Task Force, Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS), Community Anti-Drug Coalitions Across Tennessee (CADCAT), Outdoor Advertising Association of Tennessee, Tennessee Association of Broadcasters, Tennessee Highway Patrol, Tennessee Sheriffs' Association, Tennessee Association of Chiefs of Police, Tennessee Bureau of Investigation, Tennessee Department of Health, Tennessee Department of Education, Tennessee Department of Children's Services, Tennessee Department of Environment and Conservation and the Tennessee Department of Labor and Workforce Development.

For more information about the Meth Destroys campaign log on to www.MethFreeTN.org. Additional information is available by calling the Tennessee meth hotline at (877) TN-METH (886-6384). For help overcoming an addiction, contact the Tennessee Association of Alcohol, Drug and other Addiction Services REDLINE at (800) 889-9789.

TAADAS Represented at ATR Community Provider Forum

By Vernon Martin

Mike Coupe, Director of Place of Hope, Inc. and a member of the TAADAS board and Vernon Martin, the Coordinator of the TAADAS statewide Clergy Training Program were presenters at the October 11th ATR Community Providers Forum held in Cookeville. The event was part of the Bureau of Alcohol and Drug Services', Access To Recovery (ATR) program. The theme for the day was “A Bridge to Recovery – Community Providers’ Forum on Access to Recovery.” The forum was well attended with over 100 participants, the majority being from Faith-Based organizations.

Mike and Vernon were part of the “Opportunities for Building Partnerships” forum. Mike discussed being a Faith-Based provider and gave a treatment providers’ perspective on being involved in the ATR and other grant programs. Vernon discussed the TAADAS Clergy Training, Community Outreach Initiative. The TAADAS Clergy Training Program is a BADAS approved Core Competencies Training for Faith-Based organizations wanting to be involved in the ATR program. Other presenters included State Senator Charlotte Burks, Dr. Stephanie Perry of BADAS, Dr. Warren Hewitt representing SAMHSA, Rev. Dr. Hilda Davis from the Department of Health and Debbie Hillin of Buffalo Valley. Topics included “Building Bridges to Recovery Through Government Partnerships and “How to Make ATR Work in Your Organization.”

Access To Recovery is a new statewide, multi-year program to provide expanded treatment options to people in need of recovery services. The ATR Program addresses the state’s growing methamphetamine problem and provides a network of community-based recovery support service providers. A key element of this program is engaging the faith community to be part of the ATR process. Faith based providers or organizations who have interest in this project can contact Rod Bragg of BADAS at (615) 741-7127.

Vernon is the Community Outreach Coordinator for TAADAS. He can be reached via email at vernon@taadas.org or via phone at 615.780.5901 ext 18.
What is TAADAS?

TAADAS, the Tennessee Association of Alcohol, Drug and other Addiction Services, Inc, is a statewide advocacy association whose mission is to educate the public and influence state/ national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.

How long has TAADAS been in existence?

TAADAS began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.

Does TAADAS have any programs?

Yes. Through a grant from the Tennessee Department of Health, TAADAS operates the Statewide Clearinghouse and the Tennessee REDLINE. The Clearinghouse is a resource center for substance abuse, HIV/AIDS and related materials. The Clearinghouse includes a lending library of both books and videos, free literature for the general public as well as clinicians, and a research area. The Tennessee REDLINE is a confidential information line to help people find available substance abuse services in their area. TAADAS provides Clergy Training through its Community Outreach initiative and also serves as the host organization for the Partnership for a Drug-Free Tennessee, the Tennessee state alliance for the Partnership for a Drug-Free America. TAADAS is the home of Recovery Books & Things—A store featuring self help and recovery oriented books as well as recovery gift and novelty items.

What does TAADAS do?

TAADAS’ purpose is to promote the common interest in the prevention, control and eradication of alcoholism and drug dependency and to promote such other programs as approved by the Association; to work in close cooperation with agencies interested in alcohol and drug problems; to further a sense of fellowship and helpful relationships among members of The Association; to facilitate cooperation with all agencies interested in the health and welfare of the community; to impact legislation regarding alcohol and drug abuse; to educate the community regarding alcohol and drug abuse issues; to encourage and support development of alcohol and drug services in areas that are underserved; to enhance the quality of services provided by TAADAS members.

Who can join TAADAS?

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

Why should I join TAADAS?

TAADAS wants to keep alcohol, drug and other addiction 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 and addiction Community across the state
✓ Free Subscription to the TAADAS Times, which is a quarterly newsletter bringing the latest news, agency profiles, training, and conference information
✓ Special discounted hotel rates in Nashville
✓ Discounts at Recovery Books & Things
✓ Credit Union Membership
✓ Job Postings

✓ Membership certificate suitable for framing

How do I join TAADAS?

To join TAADAS and influence the future of alcohol, drug and other addiction services in Tennessee, simply fill out the Membership Application on the back page and return it to the TAADAS office. Be part of a “fresh approach” dealing with the issues that affect service providers, substance abuse professionals, the recovery community, their families, friends, and allies statewide.

TAADAS Members

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

Sustaining Members

Agape, Inc, Knoxville
Apex Manor, Jackson
CADAS, Chattanooga
Cocaine & Alcohol Awareness Program, Memphis
Comprehensive Community Services, Johnstown, NY
E.M. Jelinek Center, Knoxville
Grace House, Memphis
Harbor House of Memphis, Memphis
Hope of East Tennessee, Oak Ridge
JACOA, Jackson
Jack Gean 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, Shellyville

Corporate Members

Booth, Cummings, Conner, & Berry, PLC
Bradford Health Services
Center for Youth Issues—Nashville, Inc.
Cumberland Heights Alumni Association
E. M. Jelinek Center—Board of Directors
The Filenworker’s Club
Florence Crittenton Agency
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
PACE International Union
Peninsula Lighthouse
Roane County Probation Services
Samaritan Recovery Community, Inc.
-Board of Trustees
TN Dental Association—Concerned Dental Professionals
TN Professional Assistance Program
Tying Point
Xebec Management, Inc

Student Members

Janice Marlin-Stewart
Martha McCallie

Individual Members

Marvin Altstatt
Mary Avery
C.J. Baker
Stacy Bernard
Susan O. Bons
Jackie Brace
Chris Buchanan
Nan Casey
Martha Cheatham
Frances Clark
Tom Diffenderfer
Lauras Durham
Kembrley Edwards
Gary Elash
Monnie Furlong
Estelle Garner
Claude Gerzuel
Liz Gilbert
Mary Glantz
David Guenther
Deanna Incek
Marcus Jenison
Kenneth Jones
Dr. Satish Kedia
Dean Kannaman
Judy Love
Vernon Martin
Harold Montgomery
Pamela Murray
Linda O’Brien
Elaine Orland
Joe Osterfeld
Jim Phillips
Nathan Ridley
Debra Roberson
Dr. Michael Sadler
Gwen Sintock
Julie Smith
Dawn Smithpeters
Richard Soper, MD, JD, MS
Herb Stone
Richard Taylor, Jr.
Sharon Trammell
Eileen White
Tammy Williams
Gary Woodward-Smith
John York
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, Drug and other Addiction 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, drugs and other addiction, 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, drugs and other addiction in Tennessee.

Date: __________________________ Referring Member: (If Applicable) __________________

Level of Involvement: Student: $20 ___
Individual: $50 ___
Corporate: $2500 ___ $1000 ___ $500 ___ $100 ___ Other $ ___

Name: __________________________

Agency: __________________________________________________________

Address: __________________________________________________________________

City: ______________________ State: _______ Zip Code: ________________

Phone: ____________________ Toll Free: __________________ Fax: ______________

Website: ____________________ Email address: __________________________

Card Holder's Name: __________________________ Visa/Mastercard #: ____________

Card Holder's Signature: __________________________ Exp Date: ____________

TAADAS’ Mission

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