At the June Board/Organizational meeting the TAADAS membership elected and empanelled the organization’s Board of Directors for the coming fiscal year. The Nominating Committee, headed by John York of the Samaritan Recovery Community, presented the slate of officers for consideration. A number of the officers from the previous year agreed to remain in office for an additional year. The officers for Fiscal Year 2010-2011 are Paul Fuchcar of CADAS, President; Debbie Hillin of Buffalo Valley, Vice-President; Albert Richardson of CAAP, Treasurer; Daryl Murray of Welcome Home Ministries, Secretary; Reve McDavid of CCS, East TN Representative; Jude White of Renewal House, Middle TN Representative; Joe Pickens of JACOA, West TN Representative; James Settles of Aphesis House, At Large Representative; and John McAndrew, Consumer Representative. Sharon Trammell of Grace House, the Immediate Past President will continue to serve as an Ex-Officio Member.

The Membership applauded the past year’s leadership and welcomed the new members as well as those carrying their terms over into a second year of service. Under the leadership of the Board, TAADAS continues its efforts to be Tennessee’s One Voice for Addiction, Co-occurring, Prevention and Recovery Support Services and to be true to its mission of providing a collaborative voice across the continuum of care to affect positive change.

The past year has been one of change and challenge for the organization as two major milestones were accomplished. After five years at its midtown location on Church Street, TAADAS moved into its new offices at 1321 Murfreesboro Pike on April 1. Secondly, in June TAADAS was a co-sponsor and coordinator for the statewide Tennessee Advanced School on Addictions (TASA) held in Nashville. This was TAADAS first year to be involved at this level with the TASA conference. Both of these efforts have proven to be great successes and position the organization to look forward to even greater things in FY 2010-2011.

Under the leadership of the new Board of Directors TAADAS will continue its efforts to expand its membership and represent the full spectrum of the A&D continuum of care. A major effort is on the horizon to connect more closely with the Prevention and Anti-Drug Coalition community. With Health Care Reform moving forward, the leadership and member organizations of TAADAS will focus its efforts on understanding and responding to this monumental systems change at the Federal and State levels. The TAADAS staff and membership is looking forward a exciting and productive new year of responding to the challenges of change and providing ongoing services and advocacy for the Addiction, Co-occurring, Prevention, and Recovery Supportive Services field.
Mark Your Calendar

In celebration of Recovery Month, Samaritan Recovery Community is hosting a Fish Fry! Friday, September 17, 2010, 11:00 a.m. - 2:00 p.m., 319 South Fourth Street, Nashville, 37206. Join us for great food, fellowship and fun!

Special thanks to Jack Cole Catering who is donating all of the food and doing all of the cooking!

JOURNEY TOGETHER 2010

The 21st Annual Journey Together Conference will be held at the Hotel Preston from Sept. 13 through Sept. 16, 2010. Plenary speakers for the conference are Phil Guinsburg and Toby Abrams (Relationship Tools), Jerry Moe (Addiction Through a Child's Eye) and Marc Fomby (Gang Awareness).

There will be 5 Tracks including media treatment and culture, healing, adolescence, counseling skills, and clinical issues. There will be 2 oral preparation classes.

The conference will offer 28 CEU's for LADAC people and LCSW people.

The brochure for this conference is on the following web site: MTAADAC.org. For further information contact Toby Abrams, Conference Co-Chairperson at 615 386-3333.
Nearly One-Third of Current Smokers Began Smoking When They Were 15 or Younger

Smoking initiation rates decrease with age, according to data from the National Health Interview Survey (NHIS). One-fifth of adults are current smokers, meaning that they have smoked at least 100 cigarettes in their lifetime and currently smoke. Of these current smokers, nearly one-third (32%) began smoking fairly regularly at age 15 or younger, compared to around one-fourth who started smoking at ages 16 to 20 and 17% who began smoking at age 21 or older (see figure below). While cigarette use among youth has been declining in recent years (see CESAR FAX, Volume 18, Issue 45), these findings suggest that youth smoking prevention efforts need to continue unabated.

**Age at Which Current Adult Smokers Started Smoking fairly Regularly, United States, 2005-2007 Annual Average**

![Age Distribution Chart]

NOTES: Data are annual averages from the 2005 to 2007 National Health Interview Survey (NHIS), a survey of the U.S. civilian non-institutionalized population collected using computer-assisted personal interviews of adults aged 18 years and older. Estimates are age-adjusted using the projected 2000 U.S. population as the standard population.

Future of Prevention Funding Lies in Broad, Public-Health Approach

Fueled in part by national healthcare reform, a quiet revolution is taking place in how the federal government conceives of prevention and funds preventive services, and the upshot could mean more money for programs that take a public-health approach to addiction and mental health problems and less for standalone programs that focus solely on alcohol and other drugs.

The healthcare reform bill passed by Congress includes a plan to spend $15 billion on disease prevention, and while many advocacy groups want that money to be spent on disease-specific interventions targeting problems like smoking and diabetes, others have called for using the money on broader community health initiatives.

“This is the first time in all of the debates over healthcare reform that prevention is being taken somewhat seriously,” said Kenneth Warner, Ph.D., Dean of the School of Public Health at the University of Michigan, who chaired an Institute of Medicine (IOM) panel that released a landmark report on prevention in 2009.

The report, *Prevention of Mental, Emotional and Behavioral Disorders Among Young People*, concluded that prevention of addiction and mental illness has been proven to be scientifically feasible, but said that only public-health approaches are demonstrably effective.

“Currently, treatment interventions tend to isolate single problems, but there is growing evidence that well-designed prevention interventions reduce a range of problems and disorders and that these efforts are sustained over the long term,” the report noted. “These programs often help children, families, and schools build strengths that support well-being. A focus on prevention and wellness can have multiple benefits that extend beyond a single disorder.”

The report identified five proven approaches to prevention, including:

- Strengthening families by targeting problems such as substance use or aggressive behavior; teaching effective parenting skills; improving communication; and helping families deal with disruptions (such as divorce) or adversities (such as parental mental illness or poverty).
- Strengthening individuals by building resilience and skills and improving cognitive processes and behaviors.
- Preventing specific disorders, such as anxiety or depression, by screening individuals at risk and offering cognitive training or other preventive interventions.
- Promoting mental health in schools by offering support to children encountering serious stresses; modifying the school environment to promote prosocial behavior; developing students' skills at decision making, self-awareness, and conducting relationships; and targeting violence, aggressive behavior, and substance use.
- Promoting mental health through health care and community programs by promoting and supporting prosocial behavior, teaching coping skills, and targeting modifiable life-style factors that can affect behavior and emotional health, such as sleep, diet, activity and physical fitness, sunshine and light, and television viewing.

“The key to most of these approaches is to identify risks — biological, psychological, and social factors — that may increase a child's risk of MEB disorders,” the report noted. “Some of these risks reside in specific characteristics of the individual or family environment (such as parental mental illness or substance abuse or serious family disruptions), but they also include social stresses such as poverty, violence, lack of safe schools, and lack of access to health care.”

(continued on page 5)
Future of Prevention Funding (continued)

It all sounds fairly innocuous, but researcher Dennis Embry, Ph.D., president and CEO of the Paxis Institute, says the report is a “sleeping giant that will sweep through U.S. prevention,” in part because the report concludes that most addiction problems can be prevented in early childhood. “So much for having all those lessons about the harms of drugs or having a drug prevention program for every drug,” said Embry.

Relatively few federal prevention dollars go to programs with proven outcomes, or to those that step outside their silos to address a broad range of behavioral problems, but that may be changing. The Obama administration’s new Successful, Safe and Healthy Students program — slated to replace the Safe and Drug-Free Schools grants — is a good example, with its broad focus on creating “an improved school climate that reduces drug use, violence, and harassment and improves school safety and students’ physical and mental well-being.” The Substance Abuse and Mental Health Services Administration’s strategic goal of creating “prevention prepared communities” by addressing addiction, mental health and other issues to improve “emotional health,” is another.

Warner told Join Together that the report’s call for funding evidence-based “holistic, population-based interventions” will inevitably spark turf battles. Notably, the first reaction to the Successful, Safe and Healthy Students program included concerns that funding might be diverted away from anti-drug programs. The report’s recommendations seem to have been well-received by policymakers, however. The just-released National Drug Control Strategy from the Obama administration emphasizes that drug abuse needs to be addressed as a public-health issue, with a focus on early interventions and a national community-oriented prevention system.

“It’s getting some traction, and people are paying attention to it,” Warner said. “There's certainly a lot of discussion of the report, but whether that translates to any policy changes remains to be seen.”

“Organizational barriers are being challenged; cherished boundaries are going to get weaker,” predicted Embry. “State governments will get whacked by this, because they often follow federal guidelines, and rarely read ahead of what is clearly in the literature.”

On the other hand, said Embry, “Our kids might just possibly benefit, because we could have a prevention policy that is both scientifically informed and grounded in common sense that almost every preventionist in the field knows: problems we want to prevent run in packs. We need community strategies and government policies that enable preventionists to work across the artificial boundaries to help make America’s future safer, saner, more sober and less stoned.”

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**Tennessee REDLINE**

The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS and funded by the Tennessee Department of Mental Health and Developmental Disabilities. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction information and referrals to all citizens of Tennessee at their request.

The Tennessee REDLINE is promoted and calls are received from all over Tennessee. Treatment and other program referrals are made on the REDLINE. Callers are provided with at least three referral sources when possible. REDLINE staff does not offer therapy or counseling to the caller or substance abuser, but gives them the information to put them in touch with someone who will provide a diagnosis, prognosis or assessment of the mental or physical health of the substance user/abuser. The REDLINE strives to provide the caller with specific referrals based on their stated needs.

Referral sources are not limited to TAADAS member agencies, state funded programs, or to any specific area of the state. Any program can apply with the REDLINE to be included in the referral database. For an application contact the Information Specialist at 1-800-889-9789 or download the form here.

**REDLINE Provider Questionnaire**
News from Capitol Hill

August 20, 2010
Nathan Ridley

Election Year. The most important election is the next one. The next election in Tennessee is the general election on Tuesday November 2. For state offices, to be decided are: the office of governor, 17 state senate seats, and all 99 state house seats.

Democratic businessman and attorney Mike McWherter will face Republican businessman and Mayor of Knoxville Bill Haslam to decide who will be Tennessee’s 49th Governor.

In the Senate, the 19 to 14 Republican majority is not expected to be in any jeopardy. While 17 Senate seats will be filled, the close contests will be in: District 7, where Tim Burchett chose not to seek reelection in order to become Knox County’s next County Mayor, Republican Stacy Campfield will face Democrat Randy Walker; District 17 where incumbent Republican Mae Beavers after a hotly contested primary victory will face Democrat George McDonald; District 27 where incumbent Democrat Lowe Finney will face Republican Don McLeary in a repeat presentation of their 2006 race.

In the House, the Republicans are excited about defending their 51 to 48 majority and are hoping to extend it. Two of the most hotly contested seats will be open seats where the incumbents have chosen not to seek reelection. In District 10 in Hamblen County, John Litz chose not to seek reelection in his unsuccessful quest to run for county mayor; the candidates seeking to replace him are Republican and church administrator Don Miller and Democrat and businessman Larry Mullins. In District 60 in Davidson County, Ben West is retiring; the candidates seeking to replace him are Republican and AT&T retiree and Metro Councilman Jim Gotto and Democratic attorney and Metro Councilman Sam Coleman.

The importance of the 2010 election revolves around the federal constitutional requirement of a census every ten years. The federal constitution also requires each district to have just about the same number of people. So armed with the new census numbers, legislative bodies across the country will redraw or reapportion the district lines. That process tends to be intensely partisan. If our Tennessee Republican friends maintain their majority in the State House, our Tennessee Democratic friends need to pack their bags for a long trip to the political wilderness.

Appropriations Act Success. As you visit with our legislative friends during the upcoming campaign season, thank them for restoring cuts in alcohol and drug treatment funding originally proposed for this fiscal year’s budget. The campaign season is also a good time to begin the conversation with new legislative candidates about the importance of your treatment services in your communities.

Calendar Notes: State offices will be closed Monday, September 6 for the Labor Day holiday. The last day to register to vote for the November general election is Monday, October 4. The early voting period for the November general election is from October 13 through October 28.

Nathan Ridley is an attorney with the Nashville firm, Bradley Arant Boult Cummings, LLP. You may contact him by e-mail at nridley@babc.com.
You are invited to the following event:

"Together We Can" Meeting of the Continuum of Care

Hosted by the TAADAS, Tennessee Association of Alcohol, Drug, & other Addiction Services and CADCAT, Community Anti-Drug Coalitions Across Tennessee, in collaboration with the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol & Drug Abuse Services

Date: Thursday, September 9, 2010 from 9:00 AM - 4:30 PM (CT)

Location: Otter Creek Church (go to back entrance)
        409 Franklin Road
        Brentwood, TN 37027

For more information and to register click here: Together We Can
Featured Video

The Clearinghouse has over 800 videos (VHS and DVD) on substance abuse, addiction and related issues. Videos range in length and subject as well as targeted audience. In each edition of the TAADAS Times we feature a video from our collection. In this issue we are focusing on Prevention. Following are some of the titles in our collection.

- Alcohol & Drug Prevention 101
- Doing Hard Times: The Teen Files Flipped
- Drug Free Kids: A Parent’s Guide
- Dying High: Teens in the ER
- In Their Shoes: Teen Documentary
- Keeping Your Kids Tobacco, Alcohol, And Drug Free
- Preventing Substance Abuse: A Distorted State of Mind
- The Truth About Drugs
- The Truth About Drinking
- What Should I Tell My Child About Drinking?

You can view our entire video catalog online at [www.taadas.org](http://www.taadas.org) or visit our library to preview videos. Video membership is free to residents of Tennessee but a shipping fee is charged to mail videos to customers outside the Nashville area if they are unable to visit the library in person. Please call 615-780-5901 if you have any questions or need additional information.
E. M. Jellinek Center, Inc.
Hope and Help for Chemically Dependent men in Knoxville, Tennessee
A proud member of the TAADAS Team!
This project is funded in part under an agreement with the State of Tennessee

Featured Publication

The clearinghouse has numerous publications on substance abuse and related issues. In each issue of the TAADAS Times, we highlight a publication. Our feature in this is the

2010 Recovery Month Toolkit

The 2010 Recovery Month toolkit focuses on the effectiveness of substance abuse and mental health prevention and treatment services and the hope of recovery. The toolkit features helpful statistics, resources, event ideas, suggestions, and samples on how to reach local media, fact sheets for key constituency groups, special audiences, and more. All of the materials can help you convey the 2010 observance theme: Join the Voices for Recovery: Now More Than Ever! Targeted outreach includes public safety officials, older Americans, the workforce and families.

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

Recovery Books & Things
Each month we feature special discounts and sales ... take advantage of these specials during the next three months:

25% off All Meditations through September 30th!

Call or come by our store:
1321 Murfreesboro Rd, Suite 155
Nashville, Tennessee 37217
877-863-6914 or 615-780-5901
Monday - Friday, 8 am - 5 pm

Visit our website recoverygifts.org

HARBOR HOUSE
1979 Alcy Road, Memphis, TN 38114
Phone 901-743-1836 Fax 901-743-3853

Programs for Men Including
• Social Detox  • Residential Rehabilitation  • Halfway House
www.harborhousememphis.org

Funded in part under an agreement with the Tennessee Department of Mental Health and Developmental Disabilities
What is Problem Gambling

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

Is there Problem Gambling in Tennessee?

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

Are You a Compulsive or Problem Gambler?

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

Have you …

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

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

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

Organizational Members

Agape, Inc., Knoxville          Hope of East Tennessee, Oak Ridge
Alcohol & Drug Council of Middle Tenn., Nashville          Innovative Counseling & Consulting, Memphis
Always Hope Counseling Service, Hendersonville          JACOA, Jackson
Aphesis House, Nashville          Madison Treatment Center, Madison
Buffalo Valley, Inc., Hohenwald          Memphis Recovery Centers, Memphis
CADAS, Chattanooga          Mending Hearts, Nashville
Cocaine & Alcohol Awareness Program, Memphis          Pathfinders, Inc., Gallatin
Comprehensive Community Services, Johnson City          Recovery Community, Inc., Nashville
      E.M. Jellinek Center, Knoxville          Renewal House, Nashville
      English Mountain Recovery, Sevierville          Samaritan Recovery Community, Inc., Nashville
      Fordyce Raih Group, Brentwood          Synergy, Memphis
Franklin County Prevention Coalition, Winchester          Tenn. Professional Assistance Program, Nashville
Friend of Bill’s Recovery Houses, Lebanon          Turning Point Recovery Residences, Nashville
Grace House, Memphis          Welcome Home Ministries, Nashville
Harbor House, Memphis
Healing Arts Research Training Center, Memphis

Individual Members

Karen Dooley          Deb Marnhout          Doris Vaughn
Lori Douglas          Vernon Martin          April Watts
Laura Durham          John McAndrew          Michelle Webster
David Guenther, CPA          Wayne McElhiney
Patrick Kendall          Harold Montgomery
What is TAADAS?

The Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.” The TAADAS mission is to provide a collaborative Tennessee Voice for addiction, co-occurring, prevention, and recovery supportive services to effect positive change. TAADAS programs are funded in part by a grant from the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services.

TAADAS’s Organizational Goals:

- To provide a forum of advocacy for providers;
- To provide a forum of advocacy for consumers;
- To increase resources, services, and sustainability available to organizations and individuals serving the population;
- To increase acceptance of recovering individuals;
- To influence State and National policy decisions relative to addictions, co-occurring, prevention, and recovery supporting services;
- To further a sense of fellowship and helpful relationships among the Association’s members;
- To influence and shape the available delivery system by improving practices within the system of care

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

It’s up to US to help others understand!

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

TAADAS Membership

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

Benefits of becoming a member:

- Expand Knowledge - Take advantage of the TAADAS Statewide Clearinghouse’s extensive resource center.
- Impact Public Policy - TAADAS provides advocacy for alcohol, drug and other addiction issues.
- Networking - TAADAS offers networking opportunities with professionals and other concerned individuals across the state in the alcohol, drug and other addiction services community
- TAADAS Times Newsletter
- Discounts at Recovery Books & Things
- Discounted Hotel Rates
- Credit Union Membership
APPLICATION FOR MEMBERSHIP IN TAADAS

Membership shall be open to individuals or entities with an interest in addiction, co-occurring, prevention, or recovery support services and subject to payment of membership dues. TAADAS membership is not automatic board membership as the board consists only of the board of directors.

Organizational Member - Any organization or entity that provides addiction, co-occurring, prevention or recovery support services is eligible to become an Organizational Member of TAADAS.

Individual Member - Individual membership is open to any individual with an interest in addiction, co-occurring or recovery support services in Tennessee. Examples of persons in this category may include, but are not limited to, individuals who work in the addiction services field, licensed counselors or those working toward licensure, employee assistance professionals, risk managers or other managed care professionals. They may also be someone who has been affected by alcohol and drug abuse or other addiction, be it by a family member or a loved one, or by their own addiction. Or they may simply be someone who recognizes the scope of this problem and wants to demonstrate their support through membership in a professional association of like-minded individuals.

Annual Dues*

Organizational Member with Annual Revenue < $100,000 $100
Organizational Member with Annual Revenue = $100,000 - $500,000 $250
Organizational Member with Annual Revenue = $500,000 - $1,000,000 $500
Organizational Member with Annual Revenue = $1,000,000 - $2,000,000 $750
Organizational Member with Annual Revenue > $2,000,000 $1,000

Individual Member $100

*Minimum suggested leadership pledge ... you may pledge more

Date: ____________ * Referring Member: (If Applicable) ________________________________

Name: ________________________________

Agency: __________________________________________________________

Address: __________________________________________________________

City: __________________ State: ______ Zip Code: ________________

Phone: ____________________ Toll Free: _______________________

Fax: _____________________ Email: ______________________________

Agency Website: _________________________________________________

Agency Representative: ____________________________________________

Representative Email: _____________________________________________

Please fax your completed application to TAADAS at 615-780-5905