

# THE TADA TIMES

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## CHALLENGES FOR THE FIELD OF ADDICTION BY FREDIA S. WADLEY, M.D.

While I had the opportunity to talk to a few providers of alcohol and drug services on several occasions, I am sure many of you wonder about my level of commitment to these services and what I view as the direction that should be taken with the block grant dollars. Therefore, I thought this article would be a good way to answer your questions without you having to ask.

I view alcohol and drug addiction as one of the most significant public health problems facing the country today. It is impacting every aspect of our society. In fact, if we could only convince everyone how greatly this problem affects education, employment, crime, judicial and correctional systems, mental and physical health, child abuse, developmental problems, etc., then I feel we would have won half the battle. Unfortunately, the cost of addiction is ignored and the perception of those addicted does not generate sympathy for action.

The Department of Health has a county health council in all 95 counties, as well as regional health councils. We used the Community Diagnosis process statewide to determine the priority health needs. Eighty-five percent of our counties rated alcohol and drug problems as one of their top three health problems, while the remainder had it among their top ten. Since county councils are exploring ways of dealing with their priority health problems, their high ranking of alcohol and drug problems

shows their commitment to the issue also.

So what are the challenges and where should we be going with the block grant funds?

**1. Convince the general public and policy makers of the cost of addiction to society.**

We have started the process with our county health councils, but we still have a long way to go. Unfortunately, this problem really has the greatest impact upon the resources of government (law enforcement, judicial and correctional system, unemployment, welfare, etc.) but we rely too heavily upon the health care system as a payor to adequately address the issue. Maybe if we could get a handle on the real cost of addiction to state government, then an investment in services outside the medical model could be better supported.

**2. Use research to design best practice guidelines for different categories of clients with varying severity.**

There is not a cohesiveness among providers about what are the best practices for alcohol and drug treatment. It would be difficult to convince many people of the effectiveness of treatment if we were all singing from the same hymnal, but then there is the lack of agreement among the providers themselves, then this is often used as an argument that "no one knows what works".

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**TN Dept of Health**



**Commissioner  
Fredia Wadley**

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**Special points of interest:**

- TADA's new President speaks
- TEDS data released
- Date Book

## EXTRA! EXTRA! READ ALL ABOUT IT! THE TADA TIMES DEBUTS

"Your assignment, if you choose to accept it, is"....remember that often-repeated line from the 70's television show *Mission Impossible?*

As you can tell by looking it's an assignment an old news reporter like myself couldn't turn down. The mission was to create, write, edit, and distribute an interesting A&D newsletter with all the trimmings. Well, this is the first edition of this bi-monthly periodical. Most of the stories will be written by the Tennessee Statewide Clearinghouse Executive Director Sharon K. Williams, former WLAC AM & FM News Reporter / Anchor and WSMV-TV Associ-

ate Producer. This newsletter would not be possible without TSC staff Tammy Williams and Laura Durham. Thanks So Much!!

Features will include articles from TN. Dept. of Health Commissioner Dr. Fredia Wadley, Asst. Commissioner Dr. Stephanie Perry, Bureau of Alcohol and Drug Abuse Services, TADA's President, and news from the field. For article submissions, suggestions, or comments contact Sharon by phone at 615.532.3579 or 1.800.889.9789, fax 615.262.6144, or by e-mail at tnclrhse@USIT.net. Happy reading!!!

## FROM TADA'S PRESIDENT .....

**REVE MCDAVID**

This article is written on behalf of the Tennessee Alcohol & Drug Association (TADA). The current members of TADA are planning to re-focus our purpose and goals. In doing so, we hope to involve *all state-funded non-profit alcohol and drug services agencies*. We feel that TADA has been pushed in a direction toward the Mental Health Department and mental health issues and we feel that this has been the wrong direction. We want to re-focus on alcohol and drug specific issues, adequate funding levels for existing programs and for any new programs. We do not feel having mental health agencies as members TADA is conducive to meeting our goals or our purpose. Our goals and issues differ almost 180 degrees with mental health. A recent change in our (TADA) by-laws excludes mental health agencies from membership in TADA.

This is the beginning of a bi-monthly newsletter in an effort to begin to make people aware of alcohol and other drug issues. We will also be starting a publicity campaign relating to the various issues we are hoping to address. Commissioner Fredia S. Wadley, M.D. has agreed to write an



**From the desk of TADA's President...**

article for our newsletter on a regular basis. She plans to meet with us as a focus group on a quarterly basis. Assistant Commissioner Stephanie Perry, M.D. has agreed to do the same. Other Bureau of Alcohol and Drug Abuse Services (BADA) employees will contribute articles relating to Bureau issues and to attend our meetings in order to share information and build a stronger relationship between providers and BADA.

The primary focus of TADA will be what is best for the client and how we can best meet those needs through the delivery of services. By keeping this focus we believe that the Dept. of Health, BADA, the TADA members and non-member agencies will arrive at the correct and best decision in providing services to the citizens of Tennessee.

We invite each of you to participate by becoming a member of TADA.

Please participate and support these efforts whether you belong to TADA or not. The Association needs your involvement, input, ideas and your support in order to begin bringing these goals to fruition.

We look forward to working with each of you in the coming years.

*"Our goal and issues differ almost 180 degrees with mental health", says Reve McDavid, TADA's New President.*

## CHALLENGES FOR THE FIELD CONTINUED

There is more available on best practices than we use, but until recently we did not even collect enough information on intake to properly categorize patients for evaluation of outcomes.

While Central Intake may be seen as a hassle to providers, it is giving us the information we have needed: (1) We can collect data to better categorize clients and place them in an appropriate treatment setting; (2) with this information, evaluation of outcomes is more comparable; (3) now treatment sites can be better compared for outcomes; (4) this data can be compared to third party payor data to see which placement criteria have the best outcomes; (5) with this type of data, new best practices have a better chance of being identified and put into operation; (6) the data is more convincing to policymakers for investment into alcohol and drug treatment services; and (7) we can now more accurately identify the gaps in services and work with county health councils and providers to build an adequate continuum of care.

Of course, most of us feel we doing the Lord's work so evaluation is no needed or welcome. But it is needed if we are to survive in the resource game and if we expect to ever have equity with physical health for insurance coverage.

### 3. *Develop an adequate network for treatment that has:*

- K Capacity for the different levels of care needed and these are geographically distributed
- K Willingness and expertise for managing dual diagnoses simultaneously
- K Services for women with dependent children
- K Cultural sensitivity and understanding

I recognize the many barriers to achieving this. Services for women with dependent children needs additional dollars for wrap around services. We may have additional dollars for this available soon. Reimbursement issues will have to be addressed before others want to undertake treatment for dual diagnoses. Some boards or facilities cannot embrace mental health treatment along with addiction if medication is required. And the laws for licensing facilities, is not helping to create an environment for treating both problems simultaneously.

### 4. *Provide technical assistance and incentives for accreditation efforts*

Not only does this bring credibility to sites, but will someday be necessary for third party reimbursement.

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## OPIATES LEAD COCAINE IN NATIONAL TREATMENT ADMISSIONS DATA

Opiates have taken the lead over cocaine in National treatment admissions. The Substance Abuse and Mental Health Services Administration's (SAMHSA) latest study of substance abuse treatment admissions revealed that the number of treatment admissions of opiates—primarily heroin—surpassed cocaine admissions in 1997.

“Heroin is back—and it’s cheaper, more potent, and more deadly than ever”, according to White House National Drug Policy Director Barry McCaffrey. He says the new modes of heroin abuse—smoking and snorting—give the illusion of safety, but the same certainty of danger and death.

The study, *National Admissions to Substance Abuse Treatment Services: The Treatment Episode Data Sets (TEDS) 1992-1997*, attempts to capture all admissions to specialty A&D treatment providers that receive any public funds. (TEDS does not include admissions to providers receiving no public funds or providers reporting to other federal agencies.)

The 1997 TEDS also shows a continuing trend in rising treatment admissions for stimulants, primarily methamphetamine, with admissions from 1.5 percent of all admissions in 1992 to 4.5 percent of all

admissions in 1997.

“This latest report all too clearly illustrates the regional nature and shifting trends in illicit drug use—heroin concentrated in the far west and northeast, methamphetamine spreading from west to east, and marijuana in the central and northeast states—and resulting chances in treatment need”, says SAMHSA Administrator, Nelba Chavez..

Other findings include:

- ◆ Alcohol continues to lead all substances as the cause for treatment admissions at 48 percent.
- ◆ A third of admissions for heroin use were among Mexican Americans.
- ◆ 35 percent of heroin admissions were at least 40 years old, and 48 percent of heroin admissions were white.
- ◆ 61 percent of smoked cocaine admissions were African American, compared to 25 percent of all admissions.

To find out more about the study contact the TSC at 1-800-889-9789.

## CHALLENGES CONCLUDED

The latter is very important if we are to have a healthy provider network in Tennessee. The block grant dollars cannot begin to resolve the alcohol and drug treatment problem for the entire state and all its residents. Private and public insurance must be part of the solution and they will require more in the way of credentials and outcomes that we have required for the block grant funds. Small providers do not want to hear this just as public health departments did not want to hear it when managed care came along. But you may have to adapt or you go the way of the dinosaur. Some may resent my bringing this message but to many of you, the message arrived a long time ago.

### 5. We will always have to keep pulling people out of the river if we never go upstream and fix the bridge

Almost everyone has heard this old prevention story so I won't repeat it. However, having spent my career in public health, I cannot ignore that we do little for prevention—primary and secondary—for addiction problems. We much prefer to do secondary prevention after youth have already been recognized to have high risk factor for abuse or have already been identified as a user. And yet the work of David Hawkins at Washington University and others keeps encouraging us to do intervention and prevention services early in life if we truly want to decrease youth addiction, youth violence, teen pregnancy, school drop outs, mental health problems, etc. Some providers feel that any funds used in the first three years of life for preventing these problems that way. All want to deal with older children or teens even with data showing prevention is best when it occurs early in life.

I have asked that a group be established including five alcohol and drug providers, central intake staff, and members of the Bureau to meet on a regular basis for resolving issues of TennCare reimbursement, central intake, dual diagnosis, etc. The ongoing communication is necessary to accomplish our mutual goals.

## TN. REDLINE DATA CONNECTS TO NATIONAL TRENDS

Alcohol leads the way in the US, Tennessee is no exception. The TN. REDLINE for Alcohol & Drug Information and Referral releases quarterly and annual summaries of data extracted from callers several times a year.

For last fiscal year 1997-1998, drugs of choice for Tennessee show a connection to National Treatment admissions data. The top five listings are as follows:

1. Alcohol
2. Crack
3. Cocaine
4. Multiple Substances (SA reports more than one illicit drug)
5. Marijuana

The Top 5-cities for substance abusers:

1. Nashville
2. Memphis
3. Knoxville
4. Clarksville
5. Murfreesboro

Residential Treatment still leads the way as the number one requested service of the TN. REDLINE followed by literature. For more details contact the TSC at 1.800.889.9789 or the information is available at the TSC Website at <http://public.usit.net/tncrlhse/>



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state contracted Alcohol and Drug Treatment Providers*



## WHERE HAVE ALL THE \$\$ GONE?

Most of Tennessee's 390-million dollar share of the tobacco company settlement will be divided among the State's burley tobacco growing farmers. The Tennessee Tobacco Farmers Certifying Board recently announced that farm owners, landlords, managers, tenants and sharecroppers will get about \$312 million with the remainder going to quota owners, who hold the government license to market tobacco.

The settlement, calls for five tobacco companies to pay out \$206-billion over the next 25 years to 46 states that had sued the industry seeking reimbursements for treatment of smoking-related illnesses.

At least some of the money was expected to go to anti-smoking, health and youth-related non-profit organizations. A n American Heart Association and Tobacco-Free Kids recent report says many states have diverted the money away from healthcare altogether –using it to pay for such items as tax cuts, college scholarships, water projects, and prison construction.

Another report from the Centers for Disease control and Prevention says the average-sized state should spend from \$31-million to \$83-million each year on tobacco-control programs.

## ON YOUR DATE BOOK.....

Want to list your upcoming conference, training or event in the *TADA Times Date book*? Please fax them as far in advance as possible to: **Editor, TADA Times, 615.262.6144**

Red Ribbon Week - October 23–31

TAMHO Annual Meeting & Trade Show, Oct. 24-26, Memphis

Addressing Core Issues through  
Metaphor Therapy, Nov 2, A&D  
Council, Nashville

A Journey Through Ethical Dilemmas Training Nov. 5,  
CADAS, Chattanooga

13th Annual Conference—  
Counseling & Treating People of  
Colour, Nov. 6-10, Honolulu, Hawaii

TN. Legislative Retreat, Nov. 18-20, Sheraton Hotel Downtown  
Nashville

CADCA Leadership Forum Dec. 1 –4, Washington, D.C.

Mind Science: The Latest on How the Brain Works - Dec.  
3, CADAS, Chattanooga

