TAADAS Board Names Vernon Martin Executive Director

The Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) Board has selected Vernon Martin as the association’s Executive Director.

Martin joined the TAADAS staff in March of 2004 as the Community Outreach Director, responsible for a number of programs including the statewide Clergy Training Community Outreach Initiative and the Partnership for a Drug-Free America Tennessee affiliation. As Executive Director, Martin will oversee the day-to-day operations of the association and will lead TAADAS as the voice of alcoholism, drug abuse, and other addiction services in Tennessee.

In addition to his most recent duties with the association, Martin brings with him an extensive background in both the public and private sectors having worked for corporations such as Hospital Corporation of America, Laguna Medical Systems, CompCare, and Mental Health Management. His public sector work includes being the Director of the Drug and Alcohol Abuse Center at Middle Tennessee Mental Health Institute; working as a Neighborhood and Community Organizer for the Nashville based Neighborhoods Resource Center and having a four year tenure with the Alcohol and Drug Abuse Council of Middle Tennessee; where he served as a Program Coordinator with the Nashville Prevention Partnership and later as the Director of the Nashville Area Recovery Alliance Project.

As only the 4th Executive Director in the association’s 30 year history, Martin looks forward to continuing the growth of the association. “I’m honored to be given the opportunity to be a part of the leadership of an organization with such a long and positive history,” said Martin. “There is no more important work than the treatment, recovery, and prevention services provided by TAADAS and our member agencies. TAADAS touches lives everyday through the programs of the member agencies, the information and referral services of the A&D Clearinghouse and the Tennessee Redline. We need to continually tell the positive story of treatment, recovery and the life changing impact that these programs have on Tennesseans suffering from the devastation of alcoholism, drug dependency and other addictions. I look forward to leading TAADAS into the future as we go about this vitally important work.”

“The Board of Directors are extremely happy to

TAADAS Annual Recovery Month Dinner Planned

TAADAS Annual Recovery Month Celebration and Dinner has been scheduled for Thursday, September 7, 2006. The event will honor individuals that work with those suffering from addiction and send the message to all Tennesseans that recovery from addiction is powerful and possible. This years event will be held at the Embassy Suites Hotel in Nashville in conjunction with the annual Tennessee Association of Alcohol and Drug Abuse Counselors’ (TAADAC) Journey Together conference. To celebrate this collaboration, conference attendees will be offered a special package for tickets.

TAADAS is pleased to announce that Earnie Larsen and John McAndrew will make a return appearance for the event. Larsen and McAndrew were so popular last year, they have been asked back for an encore performance. “Larsen and McAndrew were the talk of the week after their performance last year,” said Stacy Bernard, TAADAS Library Specialist. “Nearly every person coming into the bookstore at the TAADAC conference was talking about Earnie and John.”

(Continued on page 9)
NATION'S LARGEST TREATMENT CENTER PLANNED FOR INDY

Indianapolis' former Winona Memorial Hospital could become the largest addiction treatment center in the U.S., with more than 800 treatment slots for drug offenders, the Indianapolis Star reported April 21.

Money is currently being raised to support the opening of the center, which would be based on the Healing Place program model pioneered in Louisville, Ky., and provide long-term (12- to 18-month) residential treatment.

The hospital has been closed for about 18 months, but Indianapolis Mayor Bart Peterson said he would only support the treatment program moving in if it had community backing. "These kinds of facilities are needed," he said. "The question is where they should be located." Supporters also are looking for contracts with the Indiana Department of Correction.

However, the president and CEO of the nearby Indianapolis Children's Museum expressed skepticism about the project. "The Children's Museum has invested significant resources toward the ongoing enhancement and improvement of the neighborhood in which we reside," said Jeffrey Patchen. "We are extremely concerned about any entity which could jeopardize the safety of our neighbor residents and museum members and visitors, or potentially diminish that investment."

The head of a neighboring private school expressed similar concerns. But James Gaither, an addiction-medicine specialist who is leading the campaign for the new treatment center, said the facility would help, not hurt, the community. "There's a lot of money being wasted now by locking up people with untreated chemical dependency," said Gaither. "There's a need for this kind of proven program."

Program Tailored to Fathers and Kids

Odyssey House in Salt Lake, Utah opened the state's first residential substance use treatment program designed specifically for fathers and their children, KSL TV reported on May 2.

The program, begun last fall, lasts an average of ten months and offers group therapy, parenting classes and vocational training for substance-dependent fathers.

"There's less resistance because they get to bring their children with them and work on something that's important to them, being a better parent," said Glen Lambert, executive director of Odyssey House.

The children, who may have suffered emotionally or physically as a result of their parents' addiction, also receive therapeutic services. "We see real anxious babies and toddlers who have a hard time calming down," said Kate Tolsma, Odyssey House Children's Services Director.

"They come often developmentally behind, so what this does is help them catch up," said Lambert.

OREGON STUDY ON THE IMPACT OF FUNDING CUTS IS A WARNING AND MODEL FOR OTHER STATES

A report from the Oregon Governor's Council on Alcohol and Drug Abuse Programs details the dramatic negative effects of cutting funding for addiction treatment programs. Called "The Domino Effect: A Business Plan for Rebuilding Substance Abuse Prevention, Treatment, and Recovery," the report details the impact of back-to-back spending reductions in addiction treatment on foster care, accidents, crime, health and health costs, access to treatment, workforce, and other areas. The funding cuts also put Oregon's allocation of the federal block grant at risk due to "maintenance of effort" requirements. Given competing demands to restore funding cuts in other areas, the impact of the report will not be known until the state legislature passes a biennial budget in 2007. See: http://www.oregon.gov/DHS/addiction/publications/07-09businessplan.pdf.

REPORT: $7 GAIN FOR EVERY $1 SPENT ON TREATMENT

A recent study concludes that society earns $7 in benefits for every $1 spent on addiction treatment, including savings on medical care, mental-health services, and welfare payments, increased employment, and reductions in criminal activity.

The report, "Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment 'Pay for Itself?'", estimated that the average stay in treatment cost $1,600 and yielded $11,500 in benefits during a nine-month study period. The latter included a $7,500 reduction in crime- and incarceration-related costs, and $3,400 in increased work earnings.

Outpatient treatment was estimated to have a benefits-to-cost ratio of 11:1, while inpatient treatment had an estimated 6:1 benefits-to-cost ratio.

"Even without considering the direct value to clients of improved health and quality of life, allocating taxpayer dollars to substance-abuse treatment may be a wise investment," the study concludes.


Benefits-to-Cost Ratio of Substance Abuse Treatment

Outpatient—$11 of benefits for every $1 of treatment

Inpatient—$6 of benefits for every $1 of treatment
Treatment No Panacea for Nation's Drug Problems, Researchers Say

Feature Story
by Bob Curley

"We can't arrest our way out of our drug problems" has become a familiar mantra in recent years among advocates for more spending on addiction treatment and prevention, including some progressive law enforcement officials. In a new report, however, noted drug-policy researcher Peter Reuter and colleague Harold Pollack offer a sobering counterpoint: the U.S. can't just treat its way to a drug-free society, either.

"Even with a well-funded treatment sector, a nation will still face chronic problems of disease, addiction, crime, and disorder associated with illicit drugs," wrote Reuter and Pollack in the March 2006 issue of the Journal Addiction. "There does seem to be a population prevalence of the disease [of addiction], similar to population prevalence of other diseases. Treatment alone does not make that prevalence disappear," agreed David Rosenbloom, director of Join Together. "Since we have never had a comprehensive treatment strategy in the country, we don't know what the population prevalence really is."

Reuter, director of the program on economics of crime and justice policy at the University of Maryland School of Public Policy, and Pollack, an associated professor at the University of Chicago School of Social Service Administration, are quick to note that "the argument for treatment expansion is strong." Reuter told Join Together that although the risk exists that someone outside the addiction field might conclude from the paper that treatment doesn't work, "a little skepticism for the faithful is just fine."

Broad But Limited Effect

Not only can addiction treatment reduce individual drug use, crime, and incarceration costs, Reuter and Pollack say, but there is evidence that treating dealers who also are addicts may also reduce drug supply. "If broad treatment provision appreciably shrinks the pool of users willing to work in the drug trade, it is possible that treatment can have substantial supply-side side-effects, without the larger personal and social costs that come with incarcerating nonviolent drug offenders," write Reuter and Pollack.

However, research from several countries that - unlike the U.S. - have offered treatment more-or-less on demand has shown that treatment alone cannot solve the problems of addiction to drugs like heroin or cocaine. "No democratic nation with a major opiate problem has managed to cut the number of regular users sharply within a decade, even when a large proportion of the eligible individuals are served by treatment services," the paper notes.

In the 1990s, for instance, the Netherlands provided treatment to about 50 percent of its heroin-dependent population, but failed to put a dent in the number of heroin users, a 2001 study found. Reuter and Pollack note that the stubbornly high number of Dutch heroin users could not be explained by new users taking the place of those who quit using the drug. Rather, they said, many treatment clients simply continued to use heroin, albeit often at a reduced rate.

"Treatment is generally acknowledged to be useful, frail, and incomplete," the authors wrote. "Viewed at the population level, treatment is cost-effective and perhaps cost-saving. Viewed at the client level, treatment reduces but rarely fully halts problem alcohol use or the use of illicit drugs."

Prevention, Enforcement Outcome Data Lacking

For all of its limitations, however, treatment has a stronger research base and proven track record of effectiveness than other anti-drug strategies, namely prevention and law enforcement and interdiction.

"For primary prevention, the research base is scientifically impressive but programmatically barren," write Reuter and Pollack. "Surprisingly little is known about the effectiveness of prevention programs as implemented ... Research has been dominated by school-based programs, which are studied more readily than those in less-controlled settings. The gap between best-practice and typical interventions is large; many school-based prevention interventions are poorly implemented."

The research landscape on supply reduction is even more bleak, with the authors citing a "near-total absence of impact or outcome evaluation and a near-total absence of public or policymaker demands that such evaluations be performed."

"There is, at present, no empirical basis for estimating how much any of these enforcement efforts contribute to reductions in drug use and related problems, let alone a basis to evaluate the broad costs and benefits of competing enforcement approaches for society," Reuter and Pollack write. "... Prevention and treatment have been studied much more carefully, in part because policymakers and clinicians have demanded that these evaluations be performed to justify program funding."

Call for Harm Reduction, Support for Coerced Treatment

The authors' recommendations for improving the U.S. approach to the drug problem is an interesting mixed bag: an endorsement of coerced treatment via drug courts on the one hand, and a call for pragmatic harm-reduction strategies on the other.

Reuter and Pollack note that interdiction does help keep drugs like heroin and cocaine out of reach and save. Viewed at the population level, treatment is effective and perhaps cost-saving. Viewed at the client level, treatment reduces but rarely fully halts problem alcohol use or the use of illicit drugs."

(Continued on page 8)
Psychiatry 'Bible' Written by Experts with Ties to Pharmaceutical Industry

The Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA) is considered the bible of mental-health treatment, defining every commonly accepted mental and addictive illness as well as treatment protocols. But new research shows that half of the 170 experts involved in drafting the DSM have financial ties to the pharmaceutical industry, which stands to profit from decisions made in defining illnesses and treatments.

The Washington Post reported April 20 that the analysis by clinical psychologist Lisa Cosgrove of the University of Massachusetts found that all of the experts who worked on the DSM’s mood-disorders and psychotic disorders sections had industry ties of one kind or another. "I don't think the public is aware of how egregious the financial ties are in the field of psychiatry," said Cosgrove, who said she got interested in the topic after discovering that five of the six panel members deciding if certain premenstrual problems were psychiatric disorders had ties to Eli Lilly & Co., which wants to market Prozac to treat these problems. The APA said it will require disclosure of industry ties among DSM experts when the next edition of the manual is released, probably around 2011. APA research director Darrel Regier said the concerns about industry influence over the DSM were a relatively recent phenomenon.

"It shouldn't be assumed there is a true conflict of interest," said John Kane, a schizophrenia expert who worked on the DSM and also is a paid consultant to a number of pharmaceutical firms. "To me, a conflict of interest implies that someone's judgment is going to be influenced by this relationship, and that is not necessarily the case."

Some doctors see the drug companies’ hand in an over-reliance on drugs to treat mental illness. "As a profession, we have allowed the biopsychosocial model to become the bio-bio-bio model," said APA president Steven Sharfstein. "If we are seen as mere pill pushers and employees of the pharmaceutical industry, our credibility as a profession is compromised."

But Sharfstein said it is not surprising that many of the DSM drafters have industry ties. "They are the major researchers in the field, and are very much on the cutting edge, and will have some kind of relationship - but there should be full disclosure," he said.

Cosgrove’s study was published in the April 2006 issue of the journal Psychotherapy and Psychosomatics.


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GLOBAL METH USE EXCEEDS COCAINE AND HEROIN USE COMBINED

There are more people using methamphetamine worldwide than users of heroin and cocaine combined, according to U.S. Drug Enforcement Administration (DEA) head Karen Tandy.

The BBC reported May 10 that Tandy, speaking at the 24th International Drug Enforcement Conference in Montreal, described meth use and trafficking as a growing "global threat."

"More than 26 million people worldwide use amphetamines -- largely methamphetamines," she said.

Some experts said that growing meth use could lead to a worldwide increase in related crime. "We know that many of the people that are arrested in Los Angeles -- about 40 percent of them -- have been using methamphetamine," said California-based neuroscientist Paul Thompson. "We're worried that as this drug is spreading throughout the US and overseas, this could produce a massive increase in violent crime."

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CAUSES OF METH BRAIN DAMAGE EXPLORED

Animal studies show that amphetamines are converted into free radicals in the brain, which in turn can cause brain damage, HealthDay News reported April 13.

University of Toronto researchers said the mouse studies could explain how methamphetamine causes brain damage, even after the drug has been metabolized out of the body. The study authors said the enzyme prostaglandin H synthase (PHS) appears to play a role in converting amphetamines into free radicals, which can cause neurodegenerative diseases like Parkinson's and Alzheimer's.

The study was published in the April 2006 issue of the FASEB (Federation of American Societies for Experimental Biology) Journal.


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NEWS FROM CAPITOL HILL

By Nathan Ridley

Ever since its unveiling on the evening of March 27, Governor Bredesen’s “Cover Tennessee” plan has dominated the administration’s legislative energies. By the time of that unveiling, Senator Don McLeary of Humboldt had decided that Republicans have more fun and switched political parties. Shortly thereafter, the entire Senate declared Senator Ophelia Ford’s 13 vote special election victory “incurably uncertain” and void. Those two events shifted the partisan dynamic in the State Senate in the Republicans’ favor and forced compromises Governor Bredesen would have preferred not to make.

Nevertheless, Cover Tennessee is Governor’s Bredesen’s approach to the issue of making health insurance more readily available to Tennesseans. Tennessee has a state population of almost six million folks. Of those, we have an uninsured population of more than seven hundred thousand. Those numbers give an important sense of perspective to the almost two hundred thousand who were removed from the TennCare rolls during last summer’s program cuts. Cover Tennessee is a three way partnership among employees, employers and the state. Each would contribute fifty dollars a month to purchase bare bones health insurance coverage that would have a pharmaceutical benefit. The employee share would be higher for smokers and the overweight. The state will issue a request for proposals this fall to solicit from insurance companies a manageable format for this endeavor. Hopes are for the plan to be available on January 1, 2007. I would suspect that would create a nice backdrop to a second Bredesen inaugural address.

The General Assembly has completed its work for the year. They have benefited from improvements in the national economy and been able to sweeten the appropriations bill, as we have not seen during the early years of the Bredesen administration. The discussion now becomes an electoral one. Notwithstanding Republican difficulties on the national stage, our state Republican friends have one item on their wish list. Make the State House a Republican House. While the House Democrats now hold a 53-46 majority, obtaining four seats is concededly difficult. With several long term Democratic incumbents not seeking reelection, such an outcome is not beyond the realm of possibility. The fall campaigns will be spicy.

Housekeeping: Now that the General Assembly has completed its work, we all have the opportunity to visit with those who are seeking reelection and those who are running for the first time. I encourage you to do so. Our complacent apathy often gives us the democracy we so richly deserve.

Continue to review the legislative website for final action information at www.lagarutute.state.tn.us. Both the House and the Senate continue to expand the offerings on the site. Both the Senate and the House have archived streaming video of all floor and most committee sessions. Both houses also have put access to the floor voting records on the web through their journal entries.

DEA WARNS ABOUT TEENAGE USE OF “CHEESE”

The Drug Enforcement Administration has issued an advisory about teenagers using a mixture of ground-up cold medicine and a small amount of heroin that is called “cheese” and which DEA considers to be “starter heroin.” The mixture has been discovered in middle and high schools in Dallas. It is a tan powder, meant for snorting, primarily composed of acetaminophen and diphenhydramine HCL (the active ingredients of cold medicines), mixed with up to 8 percent heroin.

Varenicline Seen as Promising Anti-Smoking Drug

A drug that stimulates dopamine production as well as blocking nicotine receptors in the brain is currently undergoing a priority review at the U.S. Food and Drug Administration (DFA), Eureka Alert reported May 3.

The review of varenicline began in late 2005, said Dr. Jonathan Foulds of the Tobacco Dependence Program at the University of Medicine and Dentistry of New Jersey. "Trials carried out so far have yielded promising results, suggesting that varenicline could be a major advance in the treatment of nicotine dependence," he said. "Drugs are normally earmarked for priority review by the FDA if they are felt to address health needs that are not currently being adequately met. What makes varenicline different to existing medication is that it is the first treatment specifically designed to target the neurobiological mechanism of nicotine dependence."

Foulds recently conducted a review of previous studies on the effectiveness of stop-smoking therapies and found that, overall, about 18 percent of participants are abstinent after one year, compared to 10 percent of those receiving placebos. Success rates for those receiving drugs like bupropion, nortriptyline and clonidine ranged from 14.6 percent to 24.9 percent.

The review was published in the May 2006 issue of the International Journal of Clinical Practice.

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EARLY RESEARCH ON COCAINE DRUG PROMISING

Modafinil, a drug used to treat narcolepsy, is also the most promising potential therapy for cocaine addiction currently being studied by the federal government, the Associated Press reported April 24.

The drug is currently undergoing human trials involving hundreds of cocaine users, part of a $19.8-million National Institutes of Health research project. Nora Volkow, director of the National Institute on Drug Abuse, said modafinil is the top prospect for treating cocaine addiction by restoring the brain’s dopamine system, which is damaged by cocaine use.

The drug increases activity in the brain’s prefrontal cortex, which typically is inhibited in cocaine users, and appears to improve the ability to think strategically and make decisions based on risks and variables.

Researcher Charles Dackis of the University of Pennsylvania said that, surprisingly, modafinil also blocked the euphoric effects of cocaine to the point where some users had flushed their stash down the toilet. "I've been treating cocaine-addicted patients for something like 25 years, more, and I've never heard of anybody throwing away cocaine," he said.

The biggest side effect of modafinil use is insomnia, researchers said.

The biggest side effect of modafinil use is insomnia, researchers said.

PathFinders accepts most insurance plans, is a grantee of the Tennessee Department of Health and an equal opportunity employer. Preference for admission is given to pregnant women and IV drug users.
TREATMENT NO PANACEA FOR NATION'S DRUG PROBLEMS, RESEARCHERS SAY CONCLUDED...

(Continued from page 3)

more expensive; they point out that while Federal Express could ship a kilo of cocaine from Bogota to Miami for about $100, it currently costs smugglers about $15,000 to avoid law enforcement and deliver the same amount of drugs.

Street-level law enforcement, they add, can make dealers more discreet, hinder new users from getting drugs, and (potentially) sweeping addicts into treatment programs. When Swiss officials cracked down on an open heroin scene in Zurich in the 1990s, for example, demand for methadone maintenance programs rose.

The authors stressed the need for better coordination between law enforcement and the treatment system to reduce drug use among criminal offenders.

"Treatment may be frail, but it is likely to work more effectively if providers have many opportunities to treat the same person," write Reuter and Pollack. "Existing evidence suggests that treatment episodes motivated by criminal-justice pressure are no less successful than those with other motivations." If primary prevention is not fully capable of deterring drug use, and relapse is an acknowledged part of addiction treatment and recovery, more attention needs to be paid to secondary and tertiary prevention aimed at users both in and out of treatment, argue Reuter and Pollack. "For this reason, harm reduction -- by which we mean interventions to help people to more safely consume drugs if and when they continue to use -- becomes an integral part of any prevention program," they write, even while acknowledging that "abstinence is the right ultimate goal."

Reuter told Join Together that harm reduction is best construed as a framework for examining the harms caused by drug policy itself, not as a definition of individual interventions. In this sense, he said, even drug courts can be considered a form of harm reduction. "Drug courts are willing to take a risk that people who are drug-court clients may use more drugs, but the overall harm to individuals and society will be reduced," he said.

A "drug-free America" is an impossible goal, Reuter and Pollack conclude, and the U.S. should feel no shame in failing to eliminate its drug problems. However, they said, the nation's failure to contain the social harms related to drug use -- such as more than 193,000 AIDS cases among injection drug users, many of which could have prevented via clean-needle programs -- "deserves greater condemnation."

"The problem is not that the United States has failed to achieve the impossible, but that it has failed to achieve things that could readily be achieved," write Reuter and Pollack. "...

Harm reduction remains essential because, despite our best use-reduction efforts, drug misuse will remain prevalent and socially costly."

Reuter said that despite the advent of drug courts and innovations like Proposition 36 in California, he remains pessimistic that U.S. political leaders are ready for fundamental drug-policy reform. Few politicians think well of the drug war, he said, but "because there's so little interest, nobody sees the benefits of taking the risk of making significant changes."

This Feature Story originally ran on TAADAS' News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted directly via email at curleybob@jointogether.org.
U.S. DEPARTMENT OF LABOR HONORS OPERATION STAND DOWN NASHVILLE, INC. FOR CREATING OPPORTUNITIES IN THE WORKPLACE

Operation Stand Down Nashville, Inc. (OSDN) was among three companies and organizations honored by the US Department of Labor with the Exemplary Public Interest Contribution Award (EPIC). The EPIC, presented during an annual awards ceremony hosted by DOL's Office of Federal Contract Compliance Programs (OFCCP) in Washington DC, recognizes innovative workplace programs and initiatives that increase equal employment opportunity for the American workforce.

Secretary of Labor Elaine L. Chao speaking of the awardees stated: "Their commitment to ensure that people with disabilities, veterans, people of color and women have access to gainful employment and the American dream is laudatory."

Established in 1993, Operation Stand Down Nashville, Inc. has been "helping the community reestablish ties with its veterans" since 1993 when a coalition of service organizations, Federal and State agencies and private companies held the first Stand Down Nashville event for homeless veterans. Now a full time non-profit agency, OSDN's mission is to provide social services to honorably discharged veterans of the United States Armed Forces, including employment services, transitional housing or referrals and coordination of the activities of other agencies in the delivery of such services with emphasis placed on those who are homeless.

OSDN’s employment program is characterized by a holistic approach to helping homeless veterans succeed in the workplace. To date, approximately eighty per cent of all OSDN’s employment client veterans become gainfully employed with an average starting salary of more than $10 per hour.

Secretary Chao presented the award to OSDN Executive Director, Mr. William J. Burleigh, and Stan McClain, Employment Services Representative, Mr. Burleigh thanked his dedicated staff for their efforts and, most importantly, the courageous veterans who made the decision to leave the streets and work their way back to becoming responsible members of their communities.

Other EPIC awardees were: the Tommy Nobis Center, Marietta, Georgia and the Cypress Mandela/ Women in Skilled Trades Training Center, Oakland, California.

For More information about OSDN, contact, William J. Burleigh, Executive Director Operation Stand Down Nashville, Inc. 1101 Edgehill Avenue, Suite 1000 Nashville, TN 37203 (615) 321-3919 or log onto their website at www.osdnashville.org.

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Program, brochure, registration and hotel information available at: www.saasnet.org or call 202-546-4600

SAAS is the national organization of state provider associations representing prevention and treatment programs for addiction disorders.

State Association of Addiction Services (SAAS)
236 Massachusetts Ave, NE, Suite 505
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MARTIN NAMED EXECUTIVE DIRECTOR CONCLUDED...

(Continued from page 1)

welcome Vernon Martin into his new position as our Executive Director,” said TAADAS President, David “Boomer” Brown, “After our search committee went through the long process going over 120 applications, we ended up with one of our own employees. We are looking forward to working with Vernon in his new position.”

A native of Nashville, Martin attended MTSU and holds a Masters degree in Clinical and Counseling Psychology. In addition to his graduate work at MTSU, he also completed a one-year Internship in Human Service Management at the Vanderbilt Graduate School of Management.

Martin is a member of Inglewood United Methodist Church where he has served as Lay Leader and taught young adult and senior adult Sunday School classes. He is also a former UMC District Director of Lay Speaking and member of the Nashville District Committee on Ordained Ministry.
WORKSHOPS & TRAININGS

Choices from the Inside Out
Facilitator: Susan Beyler, The Estuary,
June 5, Contact Monnie Furlong, 615.353.4313

Financial Recovery
Facilitator: Deena Turner, Cool Springs,
June 10, Contact Monnie Furlong, 615.353.4313

How Dope Works
Facilitator: Fred Lunce, A & D Council of Middle TN,
Nashville, June 16, Contact Susan Young, 615.269.0029

Pharmacology Update 2006
Facilitator: Glenn Farr, UT Conference Center, Knoxville,
TN, June 16, 2006, Contact Martha Culbertson,
865.329.9087

Primary Function #9: Client Education
Facilitator: Paul Hart, CADAS, Chattanooga, June 17,
Contact Adam Webster 423.643.1666

Addiction & the Role of Emotional Attachment
Facilitator: Emily Stevens, CADAS, Chattanooga,
Part I June 19 & Part II June 20, Contact Adam Webster
423.643.1666

To the Mountaintop… Connecting Prevention Resources
Facilitator: Hilde Phipps, Plateau Mental Health Center,
Cookeville, June 23, Contact Adam Webster 423.643.1666

Letting Go of the Past—Mud Experience
Facilitator: Bobby Chapman, Cool Springs,
June 24, Contact Monnie Furlong, 615.353.4313

Low Ropes Adventure Course
Facilitator: Bobby Chapman, River Road,
June 25, Contact Monnie Furlong, 615.353.4313

Working With Families
Facilitator: Sherri Gray, A & D Council of Middle TN,
Nashville June 25, Contact Susan Young, 615.269.0029

Living a Practical Spirituality
Facilitator: Paul Kaufman, River Road,
June 29, Contact Monnie Furlong, 615.353.4313

Introduction to the Use of Hypnosis in Therapy
Facilitator: Clifton Mitchell, Helen Ross McNabb Center,
Knoxville, TN, June 30, 2006, Contact Martha Culbertson,
865.329.9087

FEATURED PUBLICATIONS:

Get Informed, Get the Facts About HIV/AIDS and other Sexually Transmitted Diseases (STDs)

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: Get Informed, Get the Facts About HIV/AIDS and other Sexually Transmitted Diseases (STDs)

This 29 page guide offers general information about HIV/AIDS and other STD’s, testing, treatment, talking about HIV/AIDS statistics and more. All in an easy to read, concise, colorful booklet format good for anyone from the general public to clinicians.

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FEATURED VIDEO:

Earnie Larsen’s Secret To A Satisfied Life

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: Earnie Larsen’s Secret To A Satisfied Life

Earnie Larsen knows the secret. He is willing to share it with you: The Secret to a Satisfied Life is first of all dealing with me, with my attitude, and perceptions. It’s not what happens. It’s how I respond to what happens. Earnie guides you to answers with these questions – and to a new sense of satisfaction: If you want to improve your life, does it mean you’re sick? What attitudes do you bring to parenting? What opportunities can you find in rough time? As Earnie reminds you, the power to change is always yours.

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50 per shipment. Call the Clearinghouse at 615.780.5901 x 6 to check out this video or any other videos in our collection. A complete video catalog is available online at www.taadas.org.
The CEO of the Year Award honors the CEO of an Organizational Member Agency for their hard work and dedication to substance abuse services and highlights the importance of executive leadership in an organization's achievement of mission-related results.

The Voice of Recovery Award was established in 2000 and honors those individuals who unselfishly give of his or her 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.

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 will honor 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. Nomination information is available on the TAADAS website www.taadas.org.

For more information about the TAADAS Annual Recovery Month Celebration and Dinner including tickets, advertising and sponsorship opportunities check the TAADAS website at www.taadas.org or call Tammy Kelly at 615.780.5901 ext 12.

For more information about the TAADAC Journey Together Conference, logon to their website www.taadas.org.

Returning this year is the Lifetime Achievement Award, Voice of Recovery Award, through the CEO of the Year suffering from addiction, reaching out to those who are helping others in their communities by unselfishly giving of their time, energy, dedication, and expertise in service to those in need of assistance with substance abuse and addiction. This is a person who, throughout their career, has made a difference in the field of addiction. Nomination information is available on the TAADAS website www.taadas.org.

For more information about the TAADAS Annual Recovery Month Celebration and Dinner including tickets, advertising and sponsorship opportunities check the TAADAS website at www.taadas.org or call Tammy Kelly at 615.780.5901 ext 12.

Living with the Aftermath of Addiction ACOA
Facilitator: Millie Nygren, Cool Springs, July 22, Contact Monnie Furlong, 615.353.4313

Life Management Stage II Recovery
Facilitator: Al Adams, Cool Springs, July 29, Contact Monnie Furlong, 615.353.4313

Teen Workshop—Life Management Stage II Recovery for Teens
Facilitator: Noelle Kirkham, Cool Springs, August 5, Contact Monnie Furlong, 615.353.4313

Grief and Healing
Facilitator: Susan Beyler, The Estuary, August 12, Contact Monnie Furlong, 615.353.4313

Redefining and Enriching Relationships
Facilitator: Lesli Jacobs, The Estuary, August 19, Contact Monnie Furlong, 615.353.4313

Letting Go of the Past—Cavern Experience
Facilitator: Bobby Chapman, Cool Springs, August 26, Contact Monnie Furlong, 615.353.4313

Living a Practical Spirituality
Facilitator: Paul Kaufman, River Road, August 31, Contact Monnie Furlong, 615.353.4313

45th Annual Southeastern School of Alcohol and Other Drug Studies

11th Annual Health Summit of Minority Communities ~ Embracing a Common Destination: Improving Health Outcomes for Communities of Color~
August 16-18, 2006 Knoxville Marriott Hotel, Knoxville. For more information call Toll Free: (877) 606-0089
Combination of Cognitive-Behavioral Therapy and Motivational Incentives Enhance Treatment for Marijuana Addiction

New research supported by the National Institute on Drug Abuse (NIDA), National Institutes of Health, indicates that people who are trying to end their addiction to marijuana can benefit from a treatment program that combines motivational incentives with cognitive-behavioral therapy. The study is published in the April 2006 issue of the Journal of Consulting and Clinical Psychology.

"Demand for effective treatments for marijuana addiction increased significantly in the United States during the 1990s," says NIDA Director Dr. Nora D. Volkow. "Marijuana remains one of the most widely used drugs of abuse. Heavy use of the drug impairs a person's ability to form memories, recall events, and shift attention from one thing to another. Someone who smokes marijuana regularly may have many of the same respiratory problems that tobacco smokers do, such as daily cough and phlegm production, more frequent acute chest illnesses, and a heightened risk of lung infections. Thus, treatments to reduce and eliminate marijuana abuse will offer substantial public health benefits."

Dr. Alan Budney, of the University of Arkansas, and his colleagues at the University of Vermont followed 90 adult men and women diagnosed with marijuana dependence during the 14-week study. Participants were randomly assigned to one of three groups: (1) individuals who received vouchers as incentives to remain drug-free; (2) participants who received cognitive-behavioral therapy only (CBT); and (3) those who received both cognitive-behavioral therapy and vouchers (CBT+V). Vouchers were awarded for having marijuana-free urine samples. In cognitive-behavioral therapy people are taught to recognize unhelpful patterns of thinking and reacting, and modify or replace these with more realistic or helpful ones.

At the end of 3 months of treatment, 43 percent of the CBT+V group was abstinent throughout the entire 14-week study. Participants were randomly assigned to one of three groups: (1) individuals who received vouchers as incentives to remain drug-free; (2) participants who received cognitive-behavioral therapy only (CBT); and (3) those who received both cognitive-behavioral therapy and vouchers (CBT+V). Vouchers were awarded for having marijuana-free urine samples. In cognitive-behavioral therapy people are taught to recognize unhelpful patterns of thinking and reacting, and modify or replace these with more realistic or helpful ones.

"We found that vouchers generated greater rates of marijuana abstinence during treatment compared with CBT alone, but that CBT enhanced the maintenance of the voucher effect during treatment," says Dr. Budney. "Together, the combination of vouchers and CBT resulted in higher abstinence rates during the year following treatment than vouchers alone. This suggests that CBT helps maintain the initial positive effect of using vouchers to initiate abstinence during treatment."

The maximum amount of earnings for patients receiving vouchers for abstinence was $570, (i.e., the amount earned if they were abstinent throughout the entire 14 weeks of treatment). Earnings could be redeemed for retail goods and services (movie passes, sports/hobby equipment, and work materials), but not for purchases that might encourage substance use. CBT alone consisted of 50-minute sessions each week, with fixed-value voucher payments to encourage participation. In CBT+V, participants reviewed their voucher earnings with their therapists at each visit and discussed how they might be used to support treatment goals of positive lifestyle changes and increased drug-free activities.

The scientists point out that the demographics of the study population - primarily white and male - may limit the ability to generalize their findings to other settings or populations.

"In addition," says Dr. Volkow, "although the study results are largely positive in that they show techniques that can lead marijuana-addicted patients to choose a more healthful lifestyle, there should be continued efforts to develop and evaluate effective treatments for marijuana addiction."
"Silent Treatment: Addiction in America' Website Debuts

Public Access Journalism LLC (PAJ) has launched www.silenttreatment.info, the first phase of "Silent Treatment: Addiction in America," a public education project in partnership with the Robert Wood Johnson Foundation (RWJF).

The interactive website offers a wealth of resources to help people choose and find quality treatment and recovery services locally and nationally, and features Recovery Radio podcasts and "Living It," a blog chronicling the daily lives of people in recovery.

"Silent Treatment" is a multi-media project that examines the latest research on causes and treatment of substance abuse to help the nearly 23 million Americans age 12 and older with addiction issues. The second phase will launch August 2, with the release of a five-part newspaper series and comprehensive resource guides, distributed free to newspapers nationwide through Knight Ridder/Tribune Information Services (KRT), and featured on the companion website, www.silenttreatment.info.

"Many Americans who are dependent on drugs or alcohol have difficulty finding quality addiction care," said Victor Capoccia, RWJF senior program officer. "The personal, family and community consequences of addiction are well documented. Less well known is the success with proven treatment approaches. The series will tell those stories to help people find treatment that works for them."

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing the United States. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 30 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. For more information, visit www.rwjf.org.

Public Access Journalism LLC brings together veteran journalists, nonprofits and a national news service to bring practical resources and analysis of complex issues directly to the public through multi-media outlets. Its feature series have run in more than 300 newspapers and their websites for a total circulation of over 13 million.

Knight Ridder/Tribune Information Services is a news and features content service partnership between Tribune Company and Knight Ridder. KRT provides news stories, photos, news and features graphics, illustrations, caricatures, paginated news and feature products, and material for young readers to news organizations in the U.S. and internationally. With contributions from more than 50 U.S. newspapers and its own staff in the United States and Europe, KRT features appear in more than 600 newspapers worldwide with a daily circulation of more than 80 million. KRT is also a major provider of content to leading online services.

Canadian Supreme Court Says Addiction is a Disability

The Canadian Supreme Court ruled 4-3 in favor of two men denied disability benefits for addictive disorders, effectively establishing that addiction is a disability under Canadian law, Northern Life reported April 21. The high court said that government tribunals handling appeals from citizens seeking disability benefits must follow provincial human-rights codes, which define addiction as a disability.

Tranchemontagne waited more than two years for disability benefits before being denied coverage; a subsequent appeal also was denied on the grounds that the men were alcoholics and did not suffer any other significant physical disability.

The federal appeals code said that a person who "is dependent on or addicted to alcohol, a drug or some other chemically active substance" is not eligible for benefits. The Supreme Court ruled that the Ontario Human Rights Code overrides that language.

Silent Treatment: Addiction in America
www.silenttreatment.info

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♦ Residential Rehabilitation ♦
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www.harborhousememphis.org
Older Men Seeking Treatment for Alcohol

Americans ages 50 and older are more likely to seek treatment for alcohol dependence than any other drug addiction, and older men are particularly at risk of problem drinking.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) released data this week showing that 48 percent of the 164,000 Americans ages 50 and older that sought addiction treatment in 2003 were seeking help for alcohol dependence. Of these, 80 percent were men.

Many of these patients were experiencing their first serious addiction problems: 45 percent were first-time treatment participants, according to the report, "Older Adult Alcohol Admissions: 2003," drawn from the 2003 Treatment Episode Data Set (TEDS).

"Alcohol abuse among older adults is something few want to talk about, and a problem for which even fewer seek treatment on their own," said SAMHSA Administrator Charles Curie. "Too often, family members are ashamed of the problem and choose not to address it. Healthcare providers tend not to ask older patients about alcohol abuse if it wasn't a problem in their lives in earlier years. That may help explain why so many of the alcohol-related admissions to treatment among older adults are for first-time treatment, even though we know that treatment works well at every age."
GENERATION RX: NATIONAL STUDY CONFIRMS ABUSE OF PRESCRIPTION AND OVER-THE-COUNTER DRUGS “NORMALIZED” AMONG TEENS

The intentional abuse of prescription (Rx) and over-the-counter (OTC) medications to get high are now entrenched behaviors in today’s teen population. According to a national study released by the Partnership for a Drug-Free America®, the Partnership’s 18th annual study of teen drug use and attitudes confirms that Generation Rx has arrived as an alarming number of today’s teenagers are more likely to have abused Rx and OTC medications than a variety of illegal drugs like Ecstasy, cocaine, crack and meth.

Nearly one in five teens (19 percent or 4.5 million) report abusing prescription medications to get high; and one in 10 (10 percent or 2.4 million) report abusing cough medicine to get high.

“This study removes any doubt that intentional abuse of medications among teens is a real issue threatening the health and well-being of American families,” said Steve Pasierb, president & CEO of the Partnership. “We have a situation where a widespread and dangerous teen behavior has become normalized and has found its way into our homes. These findings should serve as a wake-up call to parents that their teen is facing a drug landscape that did not exist when they were teens. The abuse of prescription and over-the-counter drugs has taken root among America’s teens and the behavior is not registering with parents. Unless we all take action, it is a problem that will only get worse.”

Alarming statistics from the Partnership’s national survey confirm that intentionally abusing prescription (Rx) and over-the-counter (OTC) medications to get high are now entrenched behaviors in today’s teen population.

Key Findings:

- Abuse of Rx/OTC medicines is now so prevalent it is “normalized” among teens.
  - Nearly one in five teens (19 percent, or 4.5 million) report abusing prescription medications to get high; and,
  - One in 10 (10 percent, or 2.4 million) report abusing cough medicine to get high.

- Far too many teens have a false sense of security about the abuse of Rx/OTC medicines:
  - Two in five teens (40 percent, or 9.4 million) agree that Rx medicines, even if they are not prescribed by a doctor, are much safer to use than illegal drugs;
  - Nearly one-third of teens (31 percent, or 7.3 million) believe there’s “nothing wrong” with using Rx medicines without a prescription “once in a while;”
  - Nearly three out of 10 teens (29 percent, or 6.8 million) believe prescription pain relievers – even if not prescribed by a doctor – are not addictive; and,
  - More than half of teens (55 percent, or 13 million) don’t agree strongly that using cough medicines to get high is risky.

- With the majority of teens (56 percent, or 13.4 million) agreeing that Rx medicines are easier to get than illegal drugs, teens see these substances as readily available highs.

When asked why teens would abuse prescription pain relievers:

- More than three in of five (62 percent, or 14.6 million) say prescription pain relievers are easy to get from parents’ medicine cabinets;

- Half of teens (50 percent, or 11.9 million) say prescription pain relievers are easy to get through other people’s prescriptions; and,

- More than half of teens (52 percent, or 12.3 million) say prescription pain relievers are “available everywhere.”

- Educating parents is crucial to helping prevent/intervene with this problem – and educated parents must get through to their kids:
  - Kids who learn a lot about the risks of drugs from their parents are up to 50 percent less likely to use drugs, but,
  - Nine in 10 parents of teens (92 percent or 22 million) say they have talked to their teen about the dangers of drugs, yet fewer than one-third of teens (31 percent or 7.4 million) say they “learn a lot about the dangers of drugs.”

“With the majority of teens (56 percent, or 13.4 million) agreeing that Rx medicines are easier to get than illegal drugs, teens see these substances as readily available highs.”

Nashville’s oldest and largest provider of alcohol & drug abuse treatment services

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Partially Funded by Tennessee Department of Health Bureau of Alcohol & Drug Abuse Services
Clergy Training Event Held in Nashville

By Vernon Martin

TAADAS continued with its statewide Clergy Training Community Outreach Initiative by holding a one-day training event in Nashville on March 16th. This event was held as a follow-up to the February 2nd Nashville training event due to the high level of interest and the number of people that wanted to register for the February training. Attendees included a diverse group including Clergy and other pastoral ministers, members of the faith community, other interested parties and individuals representing organizations participating in the Tennessee Access to Recovery Program.

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

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

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

Speakers and trainers for the training included John Edwards, Rev. Susan Gray, Rev. Edwin Sanders and Vernon Martin.

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

As always, thanks go out to all of the trainers who volunteered their time for the event.

The next training is planned for Cleveland, Tennessee on Friday June 16th at the Clingan Ridge Baptist Church. Watch for details on the TAADAS website at www.taadas.org.

The TAADAS Clergy training program is designed for Clergy, Pastoral Ministers and the Faith Community, but is open for any interested person to attend.

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

Tennessee Counseling Pioneer Passes Away

TAADAS extends the deepest sympathy to the family of George Allen. A pioneer in the field of addiction services, Allen passed away Thursday, May 18th at Baptist Hospital. Allen was born June 29, 1921 in Shelbyville, Tennessee. He was an alcoholism counselor for approximately 30 years at working at Samaritan Recovery Community, Cumberland Heights, and Discovery Place. In 1985, Allen was named National Counselor of the Year.

He was a member of Corinthian Masonic Lodge and Brook Hollow Baptist Church. He is survived by his wife of 29 years, Betty; son, Michael Allen of TX; daughters, Michelene Crossett of TX and Joyce Loraine Allen of CA; step children, Lisa Travis of Bartlett, TN and Larry Bell of Kingston Springs, TN, and many friends of Bill W. A special thanks to Dr. Taylor Wray for his care and compassion since 1978.

A memorial service was held at the West Harpeth Funeral Home on May 20th. Honorary Pallbearers were Jackie Wright, Richard Clanton, Fernando Garcia, Charles Harris, Dr. Tom Richards, Reverend Tom Ishee, and Discovery Place Staff. The family has asked that memorials be made to Discovery Place, PO Box 130, Burns, TN 37029.
TREATMENT FOR ADDICTION – OUR ALCOHOL AND DRUG EPIDEMIC

Addiction treatment involves giving a person with an addictive disorder tools and methods to help him or her discontinue the use of a substance. A strong family history of addiction, including alcohol, is a warning that you are at a 4 to 5 times greater risk for developing addiction. Increased awareness of such a risk may help you modify your attitude towards alcohol.

One is 5 men and 1 in 10 women who visit their primary care providers meet the criteria for at risk drinking, problem drinking, or alcohol dependence (Manwell et al., 1998). Women are at a greater risk than men of developing alcoholism (National Institute on Alcohol Abuse and Alcoholism NIAAA, 1995). Women have reduced levels of gastric enzymes that metabolize alcohol; therefore women with alcohol problems have increased rates of breast cancer, cirrhosis, cardiomyopathy, and brain impairment (Journal of the American Medical Association). Furthermore, estimates suggest that alcohol dependence is found in 25 percent of persons seen in primary care settings. Many of these patients do not consult addiction professionals; consequently, their primary health care providers have an opportunity to identify and refer patients to appropriate levels of treatment.

Addiction is best treated by professionals trained in addiction medicine and other specific addiction treatment professionals. Physicians and other health care workers are best suited to manage withdrawal and medical disorders associated with addiction. A team of addiction professionals is often needed to treat the addicted person. The physician plays a key role in medical stabilization but many others are needed beyond the initial management (e.g. addiction counselors, social workers, family therapists, psychologists, pastoral care, and psychiatry).

Several levels of care are available to treat addiction. Medically managed detoxification and rehabilitation facilities are used for cases of dependence that occur with potential medical and psychiatric complications. Sometimes hospitalization is deemed medically necessary. In any treatment for addictive disorders, it is essential that the person totally abstain from mood altering substances for treatment to be successful.

The purpose of detoxification is to safely withdraw the person at the initial stage of treatment. Detoxification is not treatment; it is only the beginning phase of treatment. The purpose of a rehabilitation program is to help the addicted person accept the disease, begin to develop skills for sober living, to begin the necessary ongoing treatment and to build a recovery support system.

Many addicted people benefit from long-term programs. These programs include but are not limited to, education, group and individual therapy addressing problems contributing to or resulting from the addiction and learning skills necessary for long term recovery.

Any addiction, such as drug abuse and alcoholism, affects the entire family, not just the person who suffers from the addiction. This is also true for family members and friends of those who suffer from an emotional or psychological condition, such as depression, anxiety, schizophrenia, bipolar disorder, and other difficulties that interfere with leading a productive life. Quite often family members do not realize how deeply they have been affected by chemical dependency and mental health conditions. Family involvement is a vital component of recovery. Research studies indicate that when family members receive help and participate in their own recovery, the likelihood of long-term recovery for the addicted person increases.

Self-help groups such as Alcoholics Anonymous, Alanon, Narcotics Anonymous, Families Anonymous and many others offer a fellowship of people who are affected, directly or indirectly, by the same issues and whose common bond allows them to share their strengths, hopes, and experiences.

For more information please contact: David A. Cunningham, LADAC, NCACI, SAP, Clinical Director, National Association of Addiction Professionals (NAADAC) SE Regional Vice President, FOCUS Healthcare of Tennessee 7429 Shallowford Road, Chattanooga, TN 37421, (423) 308-2560 Office, (865) 661-2818 Cell, or via email davidc@focushc.com, or on the web at www.focushealthcare.com.
BRAIN CHEMICALS TRUMP WILLPOWER IN ADDICTS, NIDA DIRECTOR SAYS

Understanding brain chemistry, not building up willpower, is the key to preventing adolescent alcohol and other drug addiction, according to Nora Volkow, director of the National Institute of Drug Abuse (NIDA).

The Associated Press reported April 3 that Volkow said that adolescent brains are still developing and react differently to drugs than those of adults. Volkow, a researcher with a long history of exploring the brain circuitry involved in addiction, has been shifting some of NIDA’s research efforts toward examining how the brains of adolescents and people who don’t become addicted to alcohol or other drugs differ from the brains of those who do develop drug problems. “What is it that makes a person more vulnerable to take drugs or not?” said Volkow.

“Now we have Nora’s picture rather than a picture of fried eggs,” said Joanna Fowler, a former colleague of Volkow’s at the Brookhaven National Laboratory. “We can go beyond that knee-jerk picture of a brain to a real brain ... If you can conceptualize (addiction) as a brain disease rather than a moral weakness or lack of willpower, you can more easily bring resources to bear.”

Former NIDA head Alan Leshner said Volkow has promoted the idea that addiction “has to be seen as a health issue as well as a criminal or social-justice issue. She has definitely moved neuroscience forward.”

Volkow said she always has been fascinated in the brain and issues of free will. She noted that the brain is not fully matured until the early 20s, with the frontal cortex — the brain’s cognitive and reasoning center — the last to be finished. Thus, for teens, “to stand up and say I’m not going to do it is much harder than (for) an adult,” Volkow said.

Brain immaturity may also explain teen risk-taking and why scare tactics can backfire in drug prevention. “It is that notion of ‘I dare you,’” she said. “It may be appealing to an adolescent because they are seeking for danger in many instances.”

ANNUAL HIV/AIDS TRAINING HELD

TAADAS held a highly successful HIV/AIDS training in Nashville on May 10th. There were over fifty attendees from across the state, including alcohol and drug abuse service providers, members of the faith community, HIV/AIDS intervention professionals and others. The group gathered at West End United Methodist Church for a day of information, education and interaction. The event was sponsored by TAADAS in cooperation with the Tennessee Department of Health and the Bureau of Alcohol and Drug Abuse Services. The primary trainer for the day was Patrick Luther, MHS. Patrick is the Director of Prevention Education at Nashville Cares where he has served since 2000. He has an extensive background in HIV/AIDS Services and Training in New York state including serving as the OASAS HIV/Health Coordinator, AIDS Community Resources and as a HIV Education Consultant for the New York State AIDS Institute. Claude Genzel, also of Nashville Cares, facilitated one of the training sessions. Claude serves as a First Person Counselor and Outreach Consultant for Nashville Cares.

HIV, Substance Abuse and Mental Health Making Connections, provided training on: HIV 301 in Tennessee, Everything You Wanted to Ask an HIV+ Substance User, But Were Afraid to Ask, HIV, Sex, the Media and Substance Abuse – An Ambivalent Society, and What Substance Abuse and Mental Health Counselors Need to Know About HIV and SA/MH.

TAADAS provides training annually as part of its HIV/AIDS Outreach, Education, and Referrals program. As part of this program TAADAS provides statewide outreach to communities, alcohol and drug services providers, and the substance abusing population to raise awareness of the risk of HIV infection, of resources for those infected with HIV, and of resources for those who have developed AIDS.

Many thanks to the presenters and attendees for making this a very successful event. Special thanks to the staff and congregation of West End UMC for use of the facility.

GENERATION RX NATIONAL STUDY CONCLUDED

(Continued from page 15) risks of drugs^ from their parents.

Troubling Trends:

- Pharmaing - Kids “getting high” abusing Rx or OTC drugs;
- It has never been easier to get high - Internet accessibility and loose e-commerce enforcement further enable easy acquisition;
- Parents do not understand the behavior of intentionally abusing medicine to get high;
- Parents are not discussing the risks of abuse of prescription and/or non-prescription cough medicine with their children;
- Three out of five parents report discussing marijuana “a lot” with their children, but only one third of parents report discussing the risks of using prescription medicines or non-prescription cold or cough medicine to get high.

Main Substances of Concern:

- Prescription (Rx) drugs (pain relievers, tranquilizers, stimulants, sedatives)
- OTC drugs (antitussives, CNS stimulants, antihistamines)
- Inhalants (inhaled fumes)
- Methamphetamine (stimulant)

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 about this study and the campaign, visit www.drugfree.org.
What is TAADAS?
The Tennessee Association of Alcohol, Drug and other Addiction Services, Inc. is a statewide advocacy association founded in 1976. The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions.

TAADAS' purpose is to:
- promote the common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- to work in close cooperation with agencies concerned with alcohol and drug abuse, and other addiction issues;
- to facilitate cooperation with all agencies interested in the health and welfare of the community;
- to impact legislation regarding alcohol and drug abuse and other addictions;
- to educate the community regarding alcohol and drug abuse and other addiction issues;
- to encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;
- to enhance the quality of services provided by Association members;
- to serve as a resource for Association members; and
- to further fellowship among those members.

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

The Nation's #1 Health Problem - Substance Abuse!
The abuse of alcohol, tobacco, and illicit drugs places an enormous burden on the country. As the nation’s number one health problem it strains the health care system and contributes to the death and ill health of millions of Americans every year and to the high cost of health care. Substance abuse—the problematic use of alcohol, tobacco, and illicit drugs—also harms family life, the economy and public safety. (Schneider Institute for Health Policy, 2001, p. 6; 13) In Tennessee, untreated substance abuse costs taxpayers $43,000 for each abuse-related incident, whereas the average cost to treat each client in a state facility is $2,670. (Substance Abuse Treatment Effectiveness in Tennessee: 2003-2004 Statewide Treatment Outcomes Evaluation, 2005, p. 78)

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.

TAADAS Membership Benefits
- Expand Knowledge – Take advantage of the TAADAS Statewide Clearinghouse’s extensive resources.
- Impact Public Policy – TAADAS has long been the voice for alcohol and drug abuse issues in Tennessee.

TAADAS provides advocacy for alcohol and drug abuse issues, and first generation information on policy issues, as well as a strong voice for parity issues.
- Networking – TAADAS offers unparalleled networking opportunities with professionals and other concerned individuals in the alcohol and drug abuse services and recovery community across the state.

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

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

Student Members
- Janice Marlin-Stewart
- Martha McCallie

Individual Members
- Marvin Alstott
- C.J. Baker
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- Liz Gilmer
- Mary Glantz
- David Guenther
- Charlotte Hoppers
- Deanna Irick
- Marcus Jenison
- Kenneth Jones
- Dr. Sarah Keela
- Tammy Kelly
- Deana Kinneman
- Judy Love
- Vernon Martin
- Janet McCracken
- Wayne McElhiney
- Harold Montgomery
- Pamela Murray
- Linda O'Brien
- Elaine Orland
- Joe Osterfield
- Jim Phillips
- Nathan Ridley
- Steven Ritchie, MD
- Debra Roberson
- Bob Rudolph
- Gwen Sinto
- Julie Smith
- Richard Soper, MD, JD
- Richard Taylor, Jr.
- Brenda Thomas
- Sharon Trammell
- Linda Wells
- Eileen White
- James White
- John York

Isn’t it time YOU joined TAADAS?

Discounted Hotel Rates

Discounts at Recovery Books & Things

Credit Union Membership

TAADAS Times Newsletter

Board of Trustees

Board of Directors

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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.” TAADAS programs are funded in part by a grant from the Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services. For more information about becoming a member of TAADAS, contact the association at:

TAADAS
1800 Church Street, Suite 100
Nashville, TN 37203
615.780.5901 x 3
Fax 615.780.5905
membership@taadas.org

The TAADAS Times Newsletter is a quarterly publication edited and produced by TAADAS staff. It is distributed to over 2500 substance abuse professionals, business leaders, Legislators, and concerned citizens across Tennessee and published on the internet, www.taadas.org. TAADAS accepts paid advertising for inclusion in the TAADAS Times and reserves the right to reject advertising that does not reflect our mission and purpose. The products and services advertised in TAADAS publications do not necessarily imply endorsement by TAADAS or its membership. For more information about placing an ad or article in the TAADAS Times, contact:

TAADAS Times Editor
1800 Church Street, Suite 100
Nashville, TN 37203
615.780.5901 x 12
Fax 615.780.5905
taadastimes@taadas.org

TAADAS is professionally managed by Xebec Management, Inc.

APPLICATION FOR MEMBERSHIP IN TAADAS

Membership in this organization shall be open to any person or organization whose philosophy in regard to alcoholism and drug addiction is consistent with the following statement: “Alcohol and other drug dependency is a single, separate disease characterized by a definitive set of symptoms. It is not simply a symptom of another disease. It is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life – social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. While alcohol and other drug dependency is a complex illness and can co-exist with mental disorders, it should not be characterized as a behavioral problem arising from, or a symptom of, a mental disorder. Alcohol and drug dependence is successfully treatable and subject to prevention measures.”

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Minimum Dues Amount</th>
<th>Suggested Leadership Pledge</th>
<th>Total Pledge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational</td>
<td>$500</td>
<td>1/3 to 1/2 of one percent (.0033 to .005) of the organization’s annual budget</td>
<td>____________________</td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>Can pledge more</td>
<td>____________________</td>
</tr>
<tr>
<td>Vendor</td>
<td>$250</td>
<td>$500 - $2,500</td>
<td>____________________</td>
</tr>
<tr>
<td>Corporate</td>
<td>$250</td>
<td>$500 - $2,500</td>
<td>____________________</td>
</tr>
<tr>
<td>Student</td>
<td>$25</td>
<td>Can pledge more</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Name: ___________________________________ Agency:  _______________________________________
Address: __________________________________ City: __________________________________ State: ____ Zip Code: _______
Phone: ___________________________ Toll Free: ___________________________ Fax: ___________________________
Email: __________________________ Agency Website: ___________________________________________
Agency Representative: __________________________ Representative Email: ___________________________

Please make checks/money orders payable to TAADAS or provide credit card information below.

Card Holder’s Name: __________________________ Visa/Mastercard #: __________________________
Card Holder’s Signature: __________________________ Exp Date: ___________

TAADAS’ Mission:

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