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Special points of interest:

- Title 33 Commission Joint Position Statement
- TN State Action Plan
- Meet the TADA staff
- TADA Holiday Open House & Reception for Lt. Gov John Wilder

TADA Elects New Board Officers

The times they are a changing... It is an exciting time for TADA — our membership has more than doubled over the past year, we’ve hired a full time Executive Director, and have moved the TADA offices and Clearinghouse into our new home in Metro Center. The momentum is definitely with us and we expect that to translate into even more members and bigger things. In October, TADA elected new Board Officers. The new President is John York, Frank Kolinsky is the Vice President, and Allen Richardson is the Secretary/Treasurer. With over 50 years of experience in the Alcohol and Drug Abuse field, the trio looks forward to bringing TADA back to its rightful place as the voice of Substance Abuse Services in the state of Tennessee.

John York has been in the A & D field for 16 years and was in the mental health field as a psychological examiner for seven years prior to that. He still holds his psychological examiner license. For the first three years that he was in the A & D field, John was with the Division of Alcohol and Drug Abuse Services in the Department of Mental Health. For the past 13 years, he has been the Executive director of Samaritan Recovery Center in Nashville (with a one year break in 1993). According to York, The Samaritan Recovery Center has been a member of TADA for at least the last sixteen years. York has served as a TADA Board Officer a couple of times in the past, but this is his first term as President of the association.

“As President of TADA, my primary goal is for the association to become the leading advocate and voice for alcohol and drug abuse providers, professionals and consumers in Tennessee. This will occur only if we continue to increase our membership of provider agencies and look for ways for all A&D professionals and other interested parties to participate in TADA,” says York. “We’ve already begun to explore this issue and are considering establishing other categories of membership for individuals, and affiliation agreements with other associations such as the Halfway House Association of Tennessee (HAT) and the Tennessee Association of Alcohol and Drug Abuse Counselors (TAADAC). We all deal with the same issues and treat the same clients on a daily basis, it’s only natural that we get together and speak as one voice.”

“There are other important issues on the horizon where TADA can and should have an impact over the coming year — issues that have the potential to greatly affect the delivery of alcohol and drug abuse services across the state. One is the continuing effort by some to have the laws, administration and functions of alcohol and drug abuse services moved into the mental health laws (Title 33) and under the auspice of the Department of Mental Health and Developmental Disabilities. This effort has resulted in a formal recommendation to the Governor from the Title 33 Revision Commission to do just that. Unfortunately, the recommendation was made without input from alcohol and drug abuse providers or professionals from the field, and it is strongly opposed by TADA. Before such a drastic action is taken, it is our view that the much anticipated A&D Task Force be appointed by the Governor as soon as possible and charged with the task of looking at all A&D services and funding in Tennessee, and then developing a comprehensive plan for overall management and administration of the services — similar to what the Title 33 Commission did for mental health services. Historically, A&D services and programs have been spread out over various departments and state agencies. They need to be consolidated under one State A&D

(Continued on page 2)
IN ROGERS’ WORDS...

A new day has dawned at the Tennessee Alcohol and Drug Association and the Statewide Clearinghouse. With the best of the past as a firm foundation, a new spirit has evolved just in time to welcome the new millennium. The future holds great promise for creating a seamless system for those in need of help, as TADA provides leadership for alcoholism and drug addiction services in Tennessee.

TADA membership is currently eighteen (18) service providers, with plans to open up an associate membership category to individuals and organizations who are interested in TADA’s goals and objectives and have a desire to have their voices heard. Of particular interest is finding an acceptable way to mobilize the thousands of recovering people in Tennessee. When this happens, enlightening will strike in ways never before seen. The results of effective prevention and treatment will be self-evident, for treatment is prevention and prevention is treatment. If all people of Tennessee who are in recovery from addiction, or who have loved ones in recovery, turned purple for a day, there would be a lot of purple folks. Maybe we will someday have a “Purple-for-a-Day Campaign,” and just see where it takes us. What color would people turn that needed to be in recovery? I wonder, how many would there be?

Blessings to all.
Rogers

“Through the resources of power we are able to show up. Through the resource of love, we are able to pay attention to what has heart and meaning. Through the resource of vision we are able to give voice to what we see. Through the resource of wisdom we are able to be open to all possibilities and unattached outcome. May we find the power, the love, the vision, and the wisdom we need in our lives (and in TADA).”

—Andeles Arrien

NEW BOARD OFFICERS CONTINUED...

(Continued from page 1)

Authority. It is also our view,” continues York, “that a majority of the Task Force members be alcohol and drug abuse professionals and their constituents from across the state, including representation from the Tennessee Alcohol and Drug Association, the Halfway House Association of Tennessee, and the Tennessee Department of Health’s Bureau of Alcohol and Drug Abuse Services.”

“And to be sure our position is clear, let me emphatically state that TADA applauds and supports the Title 33 changes that were passed into law last June. Those were needed changes that will undoubtedly enhance the services for citizens with mental disorders and developmental disabilities. Our opposition is to the recommendation to move A&D services into the mental health arena — a recommendation that was developed without input or support from A&D providers and professionals in the field.”

“Another issue that TADA will continue to be vocal about is the ongoing issue of TennCare services (or lack thereof) for A&D clients … particularly residential treatment services. Because of the BHO’s refusal to adhere to the American Society of Addiction Medicine’s criteria for alcohol & drug abuse treatment, citizens of this state are being denied needed and appropriate care, all in the name of the BHO’s state-sanctioned 15% profit margin. The BHOs need to recognize the fact that treatment works and that in the long run, it is much more cost effective to provide the appropriate level of care the first time instead of perpetuating the revolving door phenomenon that we see so often with TennCare clients.”

“These are just some of the things TADA will be facing over the next year … there are many others. Hopefully our membership roles will continue to increase so that we can have some real impact on these and other issues, and so that those citizens suffering from the disease of addiction will have a vocal advocate in their corner.”

Frank Kolinsky, the new TADA Vice President, is a former University of Tennessee football star. He has been in the A & D field for the past 20 years as the Executive Director of the E. M. Jellinek Center in Knoxville. This is Kolinsky’s first term as a Board Officer. The Jellinek Center became a member of TADA again about a year ago.

As Vice President, Kolinsky has a several goals for TADA during his term in office. “First, I would like TADA help facilitate a high quality of care to every individual who needs alcohol and drug abuse services in the state of Tennessee,” says Kolinsky.

“TADA also needs to help facilitate formal training for counselors, prevention workers, H.I.V. employees and all others who work directly with the population we serve. There needs to be an increase in the understanding of alcohol and drug abuse issues and to ensure quality services to our participants,” continues Kolinsky.

“TADA should educate in all areas that services are needed. We need to assist in keeping Tennessee as a ‘state of the art’ provider team and to keep the rapport and networking open to all agencies,” Kolinsky finished.

Allen Richardson, TADA’s new Secretary/Treasurer has been in the A & D field for the past 17 years. The last five and a half years he has been the Executive Director of Serenity Recovery Centers in Memphis. Richardson is a former University of Memphis football player. And even though the University of Tennessee and the University of Memphis are rivals, Kolinsky and Richardson come together for the common goal of the association.

During Richardson’s term as Secretary/Treasurer, he hopes to see TADA increase their membership and to become the voice for alcohol and drug abuse services in the state.
Tennessee Alcohol & Drug Association &
Halfway House Association of Tennessee
Joint Position Statement

From November 1998 through January 2000, the Title 33 Revision Commission met on a monthly basis to perform a comprehensive review of Title 33 - the laws that govern the delivery of mental health services in Tennessee. The Commission recommended significant changes to the statutes that were originally enacted in 1965 and many of those recommendations were passed into law earlier this year. The Tennessee Alcohol & Drug Association (TADA) and the Halfway House Association of Tennessee (HAT) applaud the much needed changes which will undoubtedly enhance services for those citizens with mental disorders and developmental disabilities.

In addition to the substantial portions of the recommendations that were passed into law, the Commission also made recommendations which span laws other than Title 33, and which were not enacted into law. However, these recommendations remain a part of the official report to the Governor and there are strong efforts by some to have these recommendations also enacted into law. It is one of these recommendations with which TADA and HAT members take issue, not only because of the detrimental effect it will have on both the delivery of alcohol and drug abuse services in Tennessee and on the persons suffering from the disease of addiction, but also because of the manner in which it came about. It is clearly a recommendation driven by representatives of the mental health profession with no regard for the opinions or views of the alcohol and drug abuse professionals in Tennessee. And the documentation and reasoning used to influence the Commission to support the recommendation are faulty at best, and appear to be intentional misrepresentations of the facts in some instances.

Specifically, the recommendation states, “The Commission strongly recommends that the laws, administration and functions of alcohol and substance abuse services be in Title 33 and under the auspice of the Department of Mental Health and Mental Retardation.” The report then attempts to justify the recommendation by listing several considerations that “compel” the recommendation - many of which are distortions of fact and misquotations of national statistical data.

The Tennessee Alcohol and Drug Association and The Halfway House Association of Tennessee, both of whom represent alcohol and drug abuse providers and professionals across the State, unequivocally oppose this recommendation and strongly object to the tactics employed by its authors in a misguided attempt to bolster its credibility and mislead the Title 33 Commission members.

**Title 33 Recommendations Assertions Vs. Facts**

Below (in quotation) are some of the assertions from the Commission report presented in support of the recommendation to move A&D services and administration into the Department of Mental Health & Developmental Disabilities and have them fall under the auspice of Title 33. Each of the assertions is followed by the actual documented facts regarding each issue.

**ASSERTION:** “Laws governing all admissions for hospitalization for alcohol dependence and drug dependence treatment are in Title 33.”

**FACT:** The laws referenced here apply only to involuntary admissions to locked, hospital based, alcohol and drug units. While there were some of these units around the state years ago, one would be hard-pressed to find one today. Locked psychiatric units for involuntary admissions exist (and should remain under Title 33), but not locked alcohol and drug units. It should also be noted that Title 33 has never governed admissions to the vast majority, if any, of the community based alcohol and drug treatment programs, be they residential rehabilitation programs, halfway house programs, or outpatient programs. So using this argument as justification for moving all A&D services into Title 33 or into the Department of Mental Health & Developmental Disabilities simply does not hold water. It is merely an attempt to manufacture a need to do so when one has never existed and never will exist.

**ASSERTION:** “State laws governing confidentiality of re-

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(Continued from page 3)

records are important for protecting information which, if disclosed, can stigmatize a person for getting treatment for his or her condition.”

FACT: State laws governing confidentiality of records are totally irrelevant when it comes to confidentiality of A&D patient records, UNLESS they are more restrictive than the federal alcohol and drug confidentiality laws (42 CFR, part 2) - which is not the case in Tennessee, nor in most states. More specifically, the federal statutes make it clear in subpart B, section 2.20 that they supersede any conflicting state laws regarding confidentiality. Further, the federal confidentiality regulations governing alcohol and drug abuse patient information are much more restrictive in scope than those of most any other profession, including the mental health and medical professions. So as before, this assertion is also a moot issue and certainly in no way supports the Commission’s recommendation.

ASSERTION: “The National Co-morbidity Survey found 52% of those with lifetime alcohol and drug abuse or dependence also had a lifetime mental disorder.”

FACT: This is a misquote of the National Co-morbidity Survey. The actual quote can be found on page 16 of the “Substance Abuse and Mental Health Statistics Source Book 1998” published by the Substance Abuse and Mental Health Services Administration (SAMHSA). After stating the fact that about 27% of the population age 15 to 54 years have experienced a substance abuse disorder in their lifetimes, it goes on to state, “Of those with a substance abuse disorder during their lifetimes, 52 percent also have had a mental disorder.” It does not state, as asserted in the report, that they had a lifetime mental disorder, nor does it characterize anyone as having a “lifetime” A&D disorder. The conclusions that can be drawn from the misquote versus the true statement are vastly different with regard to the actual numbers of people who may be experiencing both disorders. And incidentally, on page 12 in the SAMHSA book, it states that “About 14 percent of the population age 15 to 54 has had both a substance abuse and a mental disorder in their lifetimes.” This is a far cry from the statement implying that 52% have had a “lifetime” A&D and mental disorder. And when the timeframe is narrowed from “lifetime” to “within the past year” (which, statistically, is much more accurate for measuring prevalence and extent of the problem at any given time) the Source Book (p.12) states, “About 5 percent of the population experienced both types of disorders during the past year.” While the issue of co-occurring disorders is a serious one that receives too little attention and too little funding in both the mental health and A&D fields, there is no reason to believe that it would be addressed any better by moving A&D services into Title 33. And there is certainly no justification for either profession to inflate statistics and misrepresent facts in an attempt to bolster their views.

ASSERTION: “Extensive co-morbidity of alcohol and drug abuse or dependence and mental disorder places demands on treatment professionals to understand the complexities of both disorders and to devise appropriate treatment and interventions for people who experience both.”

FACT: This is one assertion on which both MH professionals and A&D professionals can agree. But of course the implication here is that A&D professionals don’t understand the complexities and can’t devise appropriate treatment plans. This is an affront to all A&D professionals who have been trained in the treatment of co-occurring disorders and are providing quality services and experiencing success in various dual diagnosis programs across the state. The implication of this statement is strongly rebutted by TADA, HAT, and their members, and the arrogance of it exemplifies what seems to be the attitude of many who represent the mental health professionals in this state. Fortunately, this does not seem to be the attitude of the majority of the rank and file MH professionals who are actually working with the A&D professionals to meet the needs of our mutual clients.

ASSERTION: “Philosophical differences of alcohol and drug abuse providers and mental health providers tend to fragment treatment services unless they are organized and targeted to work cooperatively to overcome professional differences on behalf of clients.”

FACT: This is another assertion on which we can all agree - we need to work together! The fact is, there are a number of A&D programs who are already working with mental health professionals in their dual diagnosis programs to provide quality, concurrent MH & A&D treatment for their dual clients. Psychiatrists, psychologists, LCSWs, and other MH therapists work in conjunction with licensed A&D professionals in these programs to meet the needs of the clients. Perhaps it is only the organized (or self-appointed) representatives of the mental health field who feel a need to exploit philosophical differences of the two disciplines - like, for example, making divisive statements such as the one cited in the previous assertion above.

ASSERTION: “The flow of funds to the mental health and substance abuse systems suggests that mental health and alcohol and substance abuse should be administered under one auspice.” RELATED ASSERTION: “Resources from the federal block grants come from one agency, Substance Abuse and Mental Health Services Administration (SAMHSA); the amounts are significant: $4.6M for MH and $25.9 for A&S (Alcohol & Substance Abuse).”

FACT: SAMHSA’s allocation of funds (depicted above) makes it profoundly clear as to where their priorities are and where Tennessee’s should be - 15% of their funding goes to mental health and 85% to alcohol and drug abuse. If indeed the funding should be administered under one auspice, the federal government couldn’t make it any clearer as to what that auspice should be - the State A&D authority. Further, a majority of the other 50 states seem to agree with SAMHSA’s priorities. According to SAMHSA’s “National Directory of A&D Treatment Programs - 1998,” only seven states place their A&D services in their mental health departments, with the remaining 43 states keeping their A&D authority a separate and distinct entity within the health (or related) department, or as its own cabinet level commis-

(Continued on page 5)
ATION: “Many, but not all, alcohol & substance abuse service providers are community mental health agencies. All community mental health centers, case management agencies, psychosocial programs and other agencies provide or arrange for alcohol and substance abuse services because of the high incidence of co-occurring disorders as described above.”

FACT: The overwhelming majority of the agencies providing A&D services are not mental health agencies. They are freestanding alcohol & drug abuse treatment providers. And, just as our mental health center counterparts assert that they arrange for A&D services to be provided to their clients, all A&D treatment providers either provide or arrange for mental health services to be provided for their clients. Moving A&D services under the auspices of the mental health department will not affect either of these. With regard to the “high incidence of co-occurring disorders” (and as stated earlier), the SAMHSA Statistics Source Book, page 12, states, “About 14 percent of the population age 15 to 54 has had both a substance abuse and a mental disorder in their lifetimes.” When the timeframe is narrowed from “lifetime” to “within the past year” (which, statistically, is much more accurate for measuring prevalence and extent of the problem at any given time) the Source Book (p.12) states, “About 5 percent of the population experienced both types of disorders during the past year.”

ATION: “Access to mental health services is determined primarily on the basis of a diagnosis of mental illness. The definition of mental illness in Title 33, which includes alcohol and drug dependence, is based on prevailing diagnostic tools.”

FACT: The convoluted logic of this assertion requires a road map to get to its implied conclusion, which appears to be that addiction is, or at least is somehow related to, mental illness. 1) The first sentence of this assertion is a self-evident fact that is totally irrelevant with regard to supporting the recommendation that A&D services be moved into Title 33. Of course access to mental health services is based on a diagnosis of mental illness. The relevant fact here is, access to alcohol and drug abuse services is never based on a diagnosis of mental illness. 2) According to those involved with the Title 33 revisions, the “prevailing diagnostic tools” mentioned in this assertion refer to the Diagnostic and Statistical Manual of Mental Disorders –Fourth Edition (DSM-IV) which indeed includes diagnostic categories for alcohol and drug abuse/dependence. However, even the DSM-IV cautions its readers to avoid inferring that just because a disorder is in the manual, the disorder must be a mental illness. On page xii of the DSM-IV, in the first paragraph of the section entitled “Definition of a Mental Disorder,” it states, “Although this volume is titled the Diagnostic and Statistical Manual of Mental Disorders, the term ‘mental disorder’ unfortunately implies a distinction between ‘mental’ disorders and ‘physical’ disorders....” It states further, “The problem raised by the term ‘mental’ disorders has been much clearer than its solution, and, unfortunately, the term persists in the title of DSM-IV because we have not found an appropriate substitute” (emphasis added). 3) While the definition of mental illness found in a law that is 35 years old (Title 33) may indeed include alcohol and drug dependence as a mental illness, to suggest that any competent mental health, alcohol and drug, or medical professional today subscribes to this antiquated view of addiction is ludicrous. The American Medical Association, American Psychiatric Association, American Psychological Association, American Society of Addiction Medicine, National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration, - and the list goes on - have for years affirmed their position that alcohol and drug addiction is a single, separate disease characterized by a definitive set of symptoms and is not simply a symptom of some other disease, and is certainly not a mental illness. To use this outdated and archaic view of “addiction is a mental illness” as justification to move A&D services into Title 33 speaks volumes about either the knowledge, motives, or ethics of its authors.

Conclusions & Recommendations

For the reasons discussed herein, the Tennessee Alcohol and Drug Association, the Halfway House Association of Tennessee, and the alcohol and drug abuse providers and professionals represented by each, strongly oppose the Title 33 Commission’s recommendation that the laws, administration and functions of alcohol and drug abuse services be in Title 33 and under the auspice of the Department of Mental Health and Developmental Disabilities.

Instead, it is TADA’s and HAT’s recommendation that the much anticipated A&D Task Force be appointed and begin its task of reviewing policy and administration of all alcohol and drug abuse services in Tennessee for the purpose of making recommendations to the Governor regarding the overall management, administration, and delivery of those services – much the same as the Title 33 Commission did for mental health services. It is further recommended that a majority of the Task Force members be alcohol and drug abuse professionals and their constituents from across the state, including representation from the Tennessee Alcohol and Drug Association, the Halfway House Association of Tennessee, and the Tennessee Department of Health’s Bureau of Alcohol and Drug Abuse Services.

Should the Task Force not be appointed, it is recommended that the State Alcohol and Drug Authority (currently the Bureau of A&D Services) become a cabinet level commission or department responsible for overseeing all alcohol and drug abuse services and funding in Tennessee which are currently spread out over numerous departments and state agencies.

Unless or until one of these two things occur, there should be no changes in the administration, oversight, or delivery of alcohol and drug abuse services in Tennessee.
TENNESSEE STATE ACTION PLAN
SUMMARY OF THE 3 DAY SUMMIT

A three-day summit to create strategies and commitments to ensure the supply of mental health and behavioral health services and providers was held in Nashville, Tennessee, October 30 – November 1, 2000. The Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored the Summit. Each of the thirteen states that serve the Appalachian Region were represented and each state focused on the question: How is it possible to create thriving, community-based settings for primary care, mental health, behavioral health and substance abuse services that can effectively engage consumers who are currently under-served, and including those with co-occurring illnesses? Each state developed a plan of action. Following is a summary.

Intention of Summit:
✔ To bring together key players within each of the thirteen states to create a shared commitment and collaborative approach to address the primary care, mental health and behavioral health needs, including substance abuse, of persons who are underserved and those who have co-occurring illnesses. In other words: daring, passionate leadership and extraordinary results!

Expected Outcomes
✔ An opportunity for sharing ideas, success stories and resources among participants within states, across states and with the sponsoring agencies and organizations.
✔ A successful consumer and provider focused planning process that reflects commitment from state leaders and advocates beginning or continuing the shift in their state toward a desired service delivery system.

Plan for Follow-up
✔ State participants will be asked to create ways to stay in communication with each other, engage others locally and roll out the action plan, make use of available technical assistance, and be prepared to report on progress six months following the Summit.

The Tennessee Action Plan Outline is as follows:
1. Identification of Local Needs, Resources and Barriers
2. Key Elements of a Service Delivery System
3. “Snap Shot of Current System and Challenges”
4. “What’s Working Now”
5. Revenue Enhancements
6. Human Resource Development
7. Requests for Technical Assistance
8. Coordination with Other Local Planning Efforts
9. Development of a Seamless System of Care

For a complete copy of the plan on diskette, please contact Rogers Thomson at the TADA office.

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TADA was recognized by Governor Don Sundquist and Nashville/Davidson County Mayor Bill Purcell for their efforts in the 11th observance of National Alcohol and Drug Addiction Recovery Month in September. The 2000 Recovery Month theme was "Recovering Our Future: One Youth at a Time." Both Governor Sundquist and Mayor Purcell issued proclamations to TADA for their work.

The Recovery Month effort aims to promote the societal benefits of substance abuse treatment, laud the contributions of treatment providers and promote the message that recovery from substance abuse in all its forms is possible. The observance is coordinated by the Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Substance Abuse Treatment (CSAT).

TADA Members were well represented at the Annual Meeting, with representatives from most of TADA’s eighteen (18) members present. They heard presentations from each of the Bureau staff, all of whom had helpful information to share. All reports indicated that mutually supportive relationships continue to exist between the Bureau and the alcohol and drug service providers.

November Provider Meeting Highlights

The Tennessee Department of Health, Bureau of Alcohol and Drugs held its annual Provider Meeting on November 3rd at the Mid Cumberland Regional Health Office. The agenda included the "State of the Bureau" address by Assistant Commissioner Dr. Stephanie Perry. Dr. Perry reported changes in the Bureau staff and responsibilities. Rick Bradley is currently wearing three hats, the most recent being the temporary replacement for Donna Caum, former Director of Treatment Services, who has accepted a new and exciting challenge.

Dr. Perry reported that the Tennessee Department of Finance and Administration is now responsible for Site Visits. Providers can expect to be contacted by the F & A's new Contract Compliance staff to set up appointments.

TADA Members were well represented at the Annual Meeting, with representatives from most of TADA’s eighteen (18) members present. They heard presentations from each of the Bureau staff, all of whom had helpful information to share. All reports indicated that mutually supportive relationships continue to exist between the Bureau and the alcohol and drug service providers.

Advertise in the TADA Times!

The TADA Times is a bi-monthly newsletter produced by the Tennessee Alcohol and Drug Association six times a year used to increase the awareness of substance abuse and substance abuse related issues across the state of Tennessee. It is distributed to 1500 substance abuse professionals across Tennessee and published on the Clearinghouse’s internet web site, www.tnclearinghouse.com. TADA accepts paid advertising for inclusion in the TADA Times for products and/or services, which are related to the purposed of TADA. The products and/or services advertised in the TADA Times do not necessarily imply endorsement by TADA or its membership. Ads can vary in size from full page, half page, 1/4 page, 1/8 page or business card size. Prices range anywhere from $15–$200 per edition. Special discounts are available for those choosing to advertise for an entire year. For a full listing of ad rates, contact Tammy Williams at the TADA office. You can reach her by phone, 615-780-5901 or via email, tammy@tnclearinghouse.com.
**A Night at the Opera**

In a first ever collaboration, the Grace House women paired with Opera Memphis for performance of *Manon Lescault*. The production was held on November 18th and 21st. “The Opera is a whole new world for these women. Most of these women knew nothing about an opera or its production. They helped in every aspect of the opera production, from the set and costume design to the acting. It was amazing to see these women high on life and participating in the Opera,” said Sharon Trammell, Executive Director of Grace House. Congratulations to everyone involved!

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**Jack Gean Shelter Open House**

On October 19, 2000, hundreds of supporters converged on Savannah, Tennessee for the Grand Opening of the Jack Gean Shelter Outpatient Program. From Memphis, Knoxville, Chattanooga and Nashville, people came to celebrate the opening of this new program, developed to meet the needs of alcohol and drug treatment services surrounding Savannah. Lt. Gov. John Wilder was the featured speaker and guest of honor. Gov. Wilder pointed out the many contributions of the Shelter, and of the accomplishments of Ms. Scott. “Jackie Scott's work is about saving lives,” said Lt. Governor Wilder. Other guests included Rick Bradley and his staff, from the Bureau of Alcohol and Drugs, “without whom this project would not have been possible,” said Jackie Scott, Executive Director of the program.

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The Thirty-second Annual Burnt Bridges Banquet and Awards Celebration was held November 18, 2000, at the Radisson Hotel at Opryland, in Nashville. The Banquet is organized and produced each year by the Samaritan Recovery Community Alumni Association, to honor those members whose lives have been transformed with the help of the people at the Samaritan recovery program.

The guest speaker for the evening was Randy Moss, who openly shared his experience with mood altering chemicals, what happened during his personal struggle with drugs, and what life is like for him today. His story pointed to the idea that he really got a grip when he finally let go. He also challenged the “old-timers” in recovery to continue to share their wisdom, strength and hope with the new comers.

John York, Samaritan Executive Director, gave a brief report on the services provided by the center, and recognized several special guests, one of whom was Roque Fajardo, the first Samaritan Center Executive Director, now living in Athens, Georgia.

The highlight of the evening came when the Samaritan Recovery Community alumni with three or more years clean and sober, set fire to a model wooden bridge, symbolizing personal transformation from a life of despair, destruction and hopelessness, to a new life characterized by health, joy and freedom. For 30 years, Mike Coode has constructed this bridge “built-to-be-burned.”

Burning of the Bridge

Bridges are built for many purposes, And can symbolize many things. Some bridges cross troubled waters, delivering the traveler to safe, friendly shores. Others span the distances between people, Connecting each with another’s life, joys, and frustrations. Some lead in new directions, promising a brighter future on the horizon. These bridges enrich our lives and we are grateful for them. But the bridge we burn tonight symbolizes a connection with our past. A past without the warmth of love, without joy in the morning, without peace in the night. A past full of dependency, despair, and feelings of hopelessness. A past we have left behind, but will never forget. We burn this bridge with serenity and with peace of mind. We burn

JACOA WELCOMES NEW EXECUTIVE DIRECTOR

The Jackson Area Council on Alcoholism welcomes Dr. Douglas Harr as its new Executive Director. Moving from North Carolina, Dr. Harr’s background, training and experience enables him to ably “fill the shoes” of Harold Montgomery, who retired after 30 years at JACOA. Dr. Harr has a Bachelors Degree in Education and Counseling Psychology from the University of Missouri-Columbia, a Master of Science Degree in Administration (Health Services) from Central Michigan University, and earned his Ph. D. in Higher and Adult Education (Administration), also from the University of Missouri-Columbia.

Dr. Harr has a wide variety of experience in the Health/Medical/ A & D Field, including 13 years as a Health Care Administrator. Harr was Senior Administrator for the Department of Psychiatry at Tripler Army Medical Center. His responsibilities included directing all activities for three inpatient wards, outpatient services, five speciality service clinics and an alcohol/drug recovery facility.

Dr. Harr’s wife Debbie has accepted the position of Lead Design Engineer for Porter Cable’s new cordless product, located in Jackson. Both Doug and Debbie were raised in St. Louis, MO. They have two children, a daughter Amber, and a son, David.

Welcome Doug, Debbie, Amber and David to Tennessee and to the TADA family.

Supportive Housing Systems *

- Sierra House
- Heartland Place
- Cypress House

Safe, affordable, alcohol & drug free housing in attractively furnished recovery homes

All of our recovery homes are located in stable, residential neighborhoods. Conveniently located on bus lines, they offer housing, support meetings and other structured recovery activities in a serene and supportive environment.

For a free, confidential screening, call 615-383-4093

* A Program of Samaritan Recovery Community
The TADA Statewide Clearinghouse is blessed to have a staff of three extraordinary people. As in any small organization, the staff must have versatility, flexibility and a willingness to get the job done. These three women have that and then some.

For starters, Becky Haskins - Administrative Assistant, is the first shining face that you see when you come into the TADA offices. Becky has been with the Clearinghouse almost a year. She serves as a Receptionist/Secretary, handling incoming calls to the office and incoming calls on the Redline. Becky maintains the TADA mailing list and Video Loan Agreements. She also handles scheduling of the TADA Conference Room, broadcast faxes to the TADA Members to keep them informed of the latest news and/or developments, the accounts payables, accounts receivables, and collections. In her "spare time," Becky orders supplies and keeps a bookstore inventory.

Tammy Williams - Information Specialist II, who has been at the Clearinghouse for almost four (4) years, maintains the Redline referral database, orders bulk items for the library, gets the latest news from the various news services on-line and from daily newspapers, and maintains the after-hours calls database. Tammy also waits on Clearinghouse customers, is the statistician for Redline data, the TADA Times editor and chief ad salesperson. Tammy is the Recording Secretary for TADA Board Meetings, and in her "spare time," is coordinating the TADA Conference currently scheduled for early fall 2000.

Laura Durham - Clearinghouse Coordinator, is a veteran, with six (6) years of distinguished service at the Clearinghouse. She maintains the www.tnclearinghouse.com website, the video catalog, the review and purchase of new videos, computer support for the office network, orders for the clearinghouse and the bookstore, issues checks for the payables and makes sure Joe Osterfeld, our outstanding CPA, gets all the information he needs to prepare the monthly financial reports. Laura prepares the Clearinghouse budget and prevention program plan for the state, as well as quarterly and annual reports. In her "spare time," Laura oversees the community service workers, waits on customers, and fulfills orders for materials (50,000 pieces a month).

All three women also assist customers with videos, library services, and bookstore purchases, fill customer orders, and answer the TN REDLINE providing confidential information and referrals. And as time permits, they exhibit at various functions across the state.

An evaluation is underway, however, preliminary findings indicate that this staff of three (3) is handling the workload of at very least six. Thank you staff for the great job that you all do!

For many years, when people thought of the Clearinghouse, they thought of Sharon K. Williams. In April of this year, Williams resigned her post as Clearinghouse Director to pursue other opportunities.

In recognition of all of her contributions to the Statewide Clearinghouse, the staff presented Sharon K. Williams with a Certificate of Appreciation for her many years of service to the program. "We wanted to acknowledge Sharon for her contributions to the Clearinghouse over a period of many years," said Rogers Thomson, TADA Executive Director. "I personally appreciate the fact that I inherited three (3) outstanding staff people that Sharon hired and trained. Her legacy to the Clearinghouse may well be in the form of Laura Durham, Becky Haskins, and Tammy Williams who so ably serve through the Statewide Clearinghouse."
**You’re invited!!**

We just love our new home in the Nashville House in Metro Center!! It took us a while to get everything back up and running at 100% but we are there! We have expanded our bookstore and enlarged the library and research areas. So far, reaction has been wonderful to the new location. TADA Board Secretary/Treasurer, Allen Richardson said, “It’s so nice to have a home again for TADA.” Former TADA Certification Director and long time Clearinghouse Customer, Kathy Benson says, “I tell everyone to take an extra minute when they come to your office to enjoy the beautiful atrium area. It is so peaceful!”

Come and see for yourself at our Holiday Open House!

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**December is National Drunk and Drugged Driving (3D) Prevention Month...**

December is traditionally a time when families and friends come together to celebrate. Typically, these celebrations also include increased alcohol consumption. And we all know what goes hand in hand with that—Impaired Driving.

In 1999, nearly 16,000 people were killed as a result of impaired driving. More than 300,000 were injured. That’s one person dead every 33 minutes and one person injured every two minutes. An estimated 1.5 million people were arrested. In fact, the average American has a 30 percent chance of being killed or injured by an impaired driver during their lifetime. And while the number of alcohol-related fatalities are at an all-time low, impaired driving is still a leading cause of death for people under the age of 30.

The National Drunk and Drugged Driving (3D) Prevention Coalition, a public-private sector partnership, provides a focus for communities interested in participating in National 3D Prevention Month by sponsoring national campaign activities.

Community support for National 3D Prevention Month has grown dramatically since 1982 when President Reagan signed the first proclamation designating December 9-15 as 3D Awareness Week. Since that time, the National 3D Prevention Month Coalition has witnessed increased resolve among communities to expand existing programs and launch new initiatives.

Holiday Lifesaver Weekend will be December 15-17 and Lights on for Life Day is December 15th. Drive with your lights on in remembrance of the victims of impaired drivers.

For more information on 3D month, log on to their website www.3dmonth.org.

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**Holiday Open House**

You are cordially invited to the TADA Open House and Reception Honoring Lt. Governor John S. Wilder Thursday, December 14th, 2000 11:30 AM—3:00 PM at The Nashville House (Located in Metro Center) Suite B-240 One Vantage Way Nashville, Tennessee 37228-1515 615-780-5901

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**Holiday “Mocktails”**

Try serving some of these non-alcoholic ‘mocktails’ at your next holiday gathering! Thanks to the Washington Regional Alcohol Program and the Virginia Dept of Motor Vehicles for these recipes.

**Designated Driver’s Delight**

2 1/2 oz. Orange Juice
1 1/4 oz. Pineapple Juice
1 1/4 oz. Cranberry Juice
2 scoops Vanilla Ice Cream
3-4 frozen Strawberries

Mix in a blender until smooth. Serve in a hurricane glass with an orange slice and a strawberry.

**New Years Eve Kiss**

Pour 2 oz. Passion Fruit Juice in a champagne flute. Fill with Club Soda.

**Coffee Eggnog**

2 eggs, separated
1 Tablespoon vanilla extract
1/3 Cup sugar
1/3 Cup instant coffee
Dash salt
2 Cups milk, chilled
1 Cup heavy cream, whipped

In a small bowl with electric mixer at high speed, beat egg whites until soft peaks form. Gradually beat in sugar until stiff peaks form. In large bowl, beat egg yolks until lemon colored. Gradually beat in coffee, salt, vanilla, milk, and 3/4 cup water. Stir in egg-white mixture and whipped cream. Mix well. Serve well chilled, with chocolate sprinkled over each serving. Makes 12 Servings.

**Red Delicious Punch**

Pour 2 bottles of nonalcoholic sparkling cider into a punch bowl. Mix in 1 quart of cranberry juice. Float a frozen ice ring and garnish with sprigs of mint.
The TADA Recovery Store

Just in time for the holidays... The TADA bookstore has expanded to carry Recovery Gift items! That’s right, all of your recovery gift needs in one place! We now carry everything from Big Books & Basic Text, mediation & self help books to greeting cards, jewelry, affirmation & anniversary medals, t-shirts, sweatshirts, coffee mugs, bumper stickers, key chains, and much, much more!! Come by the TADA office and see what we have for yourself. We can special order anything! Orders of in-stock items placed by December 15th are guaranteed Christmas delivery. Items available for your staff, clients, even a little something yourself!

TADA Board Officers

John York, President
Frank Kolinsky, Vice President
Allen Richardson, Sec/Treasurer
Rogers Thomson, Exec Director

The Tennessee Alcohol and Drug Association (TADA) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purposes of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.” For more information about becoming a member of TADA, contact Rogers at:

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The Clearinghouse is on the web!!

WWW.TNCLEARINGHOUSE.COM

Just a couple of the new Recovery Gift Items
Available at the TADA Bookstore.