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Getting Help in Tennessee: Is Traditional Treatment a Thing of the Past? *By Sharon K. Williams*

This is the first issue of the *TADA Times* in the new millennium and I thought to myself "why not start the year off with a look at substance abuse services in Tennessee?" I feel confident that most everyone in A&D knows for a fact that Prevention and Treatment work, but does anybody else?... and how well do Prevention and Treatment work in Tennessee?" Maybe as professionals we need to speak it a little bit louder so the general public can get the message that these services are not only cost-effective, but lifesaving too. It appears that we've been so busy saving lives we have forgotten to blow our horns about our success stories in Tennessee. I think we thought our good work would speak for itself and subsequently our message got a little drowned out.

Anyone who has been in the field more than five years knows that there are fewer places for people to go for help. Even the general public is slowly becoming acutely aware that when they need help for themselves or a loved one there are very few options available. (A situation that professionals deal with daily.) The demand for services is greater than the availability to deliver.

Everyone of us in the field need to be advocates for change. Change for the better, not just for the sake of change. The *TADA Times* Staff hopes this year to bring the latest on trends in service delivery, new research findings, science-based data, and new and emerging substances in Tennessee and the United States.

I took the question of "Does Treatment Work in Tennessee?" to the Tennessee Dept. of Health Bureau of Alcohol and Drug Abuse Services (BADA) Director of Treatment Services, Donna Caum. Donna and her staff members, Kay Chavis and Linda McCorkle, certainly have their work cut out for them. This team is responsible for keeping an eye on BADA's continuum of care for alcohol & drug abuse treatment services delivery system, and making important recommendations on new and existing programs. McCorkle was all smiles when she said new Treatment Dept. consultants will be hired to make sure Treatment Works in Tennessee. Kay Chavis balances out the trio, and expressed pride in that fact she will be guiding a brand new initiative to fruition. This one will involve the Families First population. (We will have more on this initiative in the future.)

Over the years it has become quite an adventure or (as I like to call it) maze of confusion trying to keep up with all the changes that have taken place in A&D during the decade of the 1990's. "I don't think it's a secret that there are fewer treatment centers in Tennessee offering the traditional treatment services that were here 5 or even 7 years ago," Caum says. Though the Bureau's responsibility does not include keeping track of "for-profit" Centers, Mental Health Center mergers could be part of the reason



L-R Linda McCorkle, Kay Chavis, Sharon Williams, front Donna Caum

why it seems like there are fewer Treatment Centers in Tennessee, and there doesn't seem to be a wait for getting into those facilities" Caum says.

She is the first to admit however, that funding doesn't go as far as it used to and "they (BADA) encourage agencies not to rely solely on the block grant dollars that come into Tennessee from the Federal Government." She says the Bureau is aware that it cost more than it used to in offering services and funding doesn't seem to go as far as it should. Caum says that is why some facilities have received one-time monies to help with the crunch. "People have to work a lot harder than they did in the past in order to be successful" according to Ron Hunsicker Executive Director of the National Association of Addiction Treatment Providers. Hunsicker says addiction treatment providers must diversify and offer a continuum of care. Those words were echoed by Tennessee's Director of Treatment Services. Caum says they are encouraging agencies to add other levels of care like partial hospitalization or hospitalization to their service delivery. Innovation seems to be the order of the day for treatment providers. Hunsicker says a number of providers are going beyond treatment by offering other services that will help their clients stay sober and survive because treatment alone won't cut it.

Co-Occurring Disorders Initiative Gears up for Statewide Trainings

It has been two years in the making, and now the State Dept. of Mental Health, BADA, and their consultants are just about ready to kick-off another phase of the Co-Occurring Disorders Initiative.

A Training of Trainers (TOT) event is coming soon and Dr. Stephanie Perry, Asst. Commissioner TDH, says 50-professionals will receive the specialized training. Perry says a newly written manual will be released in conjunction with the TOT. The document is to be used by professionals as they work with the substance abuse and mental health population. A population the consultants feel is underserved in Tennessee.

Melanie Hampton, Asst. Commissioner of Mental Health, commissioned the project and hopes when all is said and done that some of the stigma associated with mental health illness will be put to rest. For more info on the training call Jay Jana at the Bureau 615.741.1921.

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The Sense of Saving Drug Addicts

By Alan I. Leshner, Ph.D. Director of the National Institute on Drug Abuse

More than 4 million Americans are addicted to drugs, and fewer than half of the have received any treatment. Many of the remaining millions have actively sought treatment, but have been turned away for lack of programs and resources. The consequence of this severe nationwide shortfall in resources is unnecessary devastation for the addicts, their families, employers, and communities.

Consider these facts:

⇒ Lost workforce productivity due to drug abuse costs the Nation at least \$14 billion annually, including losses due to unemployment, impairment, absenteeism, and premature deaths. On the other hand, research shows that treatment increases the likelihood of employment by 40 percent or more.

⇒ Crime related to drug addiction costs the nation an estimated \$57 billion per year, not including victims' and law officers' medical costs. However, research has shown that addicts who undergo treatment are 40 percent less likely to be arrested for violent or nonviolent crimes.

Addicts who receive appropriate treatment in prison are 50 to 60 percent less likely to be arrested again during the 18-months following their release. According to several conservative estimates, every \$1 invested in addiction treatment yields a return of \$4 to \$7 in reduced crime and criminal justice costs.

⇒ Drug abuse treatment reduces injection drug users' risk of spreading HIV and other infections by as much as 60-percent, and abstaining addicts do not need costly emergency room treatment for overdoses.

Making high-quality drug addiction treatment widely available can alleviate much of the devastation caused by drugs in the United States. However, treatment receives relatively little support from the public. Why? The underlying problems are a lack of understanding of the true nature of drug addiction and failure to recognize the effectiveness of its treatment.

The prevailing perception is that drug addiction is simply willful and defiant anti-social behavior. This leads to the attitude that addicts do not deserve help. And if a treated addict relapses to drug use, the fall is attributed to bad character.

These might have been defensible points of view thirty years ago, based on what was then known about addiction. However, modern science has since shown them to be completely off the mark.

Most untreated addicts cannot resist abusing drugs, even in the face of severe negative health and social consequences. This compulsion comes, because prolonged drug use causes structural and functional changes in the brain. With modern brain imaging techniques, scientists actually can see these dramatic alternations in brain functions.

For some people, the fact that voluntarily drug abuse proceeds addiction means that addicts do not deserve treatment. This same logic would suggest that we should not offer treatment to people with many other chronic diseases, almost all of which involve a combination of vulnerability and choice. In hypertension, for example, there is an underlying vulnerability but the impact of the disease depends on diet, exercise, and whether one chooses to work at a stressful job.

This is not to say that addicts should be absolved of responsibility for their actions. On the contrary, the addict must actively participate and comply with treatment regimens if the outcome is to be successful.

Many treated addicts relapse, but it is wrong to conclude that

treatment has failed, or that the addict is incorrigible. Most addicts, like most patients with asthma or hypertension, gain control over their disease gradually, often over the course of many treatment episodes. Drug abuse treatment should be judged by the same criteria used for other chronic diseases like depression: Will it help lengthen the tie between relapses, ensure that the individual can function fully in society, and minimize long-term damage to the body?

A variety of studies from the National Institutes of Health, Columbia University, the University of Pennsylvania, and other institutions have all shown that drug treatment reduce use by 50 percent to 60 percent. This success rate is not ideal, but it is comparable to our better than the results of treatments for many other chronic diseases including diabetes, hypertension, cancer, depression, and heart disease.

Moreover, medical research is making addiction treatment better all the time. Science is equipping treatment providers with more and better tools to tailor treatment to individual patients needs, as determined by his or her choice of drug or (drugs), the addiction history, as well as concurrent diagnoses, such as HIV/AIDS or depression and environmental factors.

The conclusion is inescapable. As much as one might deplore the addict's initial decision to take drugs, it is clearly in everyone's interest that we rise above our moral outrage.

A variety of recent proposals suggest that the country may be at last be ready to abandon discredited, self-defeating ideas, about drug addiction. These proposals would increase funding for more treatment slots, expand the breadth and usefulness of treatment research, equalize health insurance coverage for drug addiction treatment when completed with other medical treatment's and expand treatment for addicts involved in the criminal justice system,

The sooner these proposals move forward, the sooner the national nightmare of drug addiction will abate.

(Reprinted from the Join Together, Fall 1999 Edition)

"Hunker Down and Be Positive!!"

A quote on the best way to save the entire A & D Field from Reve McDavid, TADA President.

Getting Help in Tennessee

Did you know....

- K There are about 20 adult "traditional treatment centers" (those providing 24-hour a day care in a non-hospital setting) in Tennessee that offer residential stays of 21 to 28 days. That number drops down to less than half of that (9) if you are seeking Adolescents services. (State-custody centers are not included in the count.) No traditional treatment centers
- K Shelby County, in West TN. has more treatment facilities than any other area of the state. East Tennessee has the fewest.
- K The State of Illinois turns away half-a-million people needing treatment for addiction per year.

Thirteen Principles of Effective Drug Addiction Treatment

More than two decades of scientific research have yielded a set of fundamental principles that characterize effective drug abuse treatment. These 13 principles, which are detailed in the National Institute on Drug Abuse's (NIDA) new research-based guide, *Principles of Drug Addiction Treatment: A Research-based Guide* are:

- 1. No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each patient's problems and needs is critical.
- 2. Treatment needs to be readily available.** Treatment applicants can be lost if treatment is not immediately available or readily accessible.
- 3. Effective treatment attends to multiple needs** of the individual, not just his or her drug use. Treatment must address the individual's drug use and associated medical, psychological, social, vocational, and legal problems.
- 4. Treatment needs to be flexible** and to provide ongoing assessments of patient needs, which may change during the course of treatment.
- 5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The time depends on an individual's needs. For most patients, the threshold of significant improvements is reached at about 3-months in treatment. Additional treatment can produce further progress. Programs should include strategies to prevent patients from leaving treatment.
- 6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.** In therapy, patients address motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships.
- 7. Medications are an important element of treatment for many patients,** especially when combined with counseling and other behavioral therapies, Methadone and levo-alpha-acetylmethadol (LAAM) helps persons addicted to opiates stabilize their lives and reduce their drug use. Naltrexone is effective for some opiate addicts and some patients with co-occurring alcohol dependence. Nicotine patches or gum, or an oral medication, such as bupropion, can help persons addicted to nicotine.
- 8. Addicted or drug-abusing individuals with co-existing mental disorders should have both disorders treated in an intergraded way.** Because these disorders often occur in the same individual, patients presenting for one condition should be assessed and treated for the other.
- 9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Medical detoxification manages the acute physical symptoms of withdrawal. For some individuals it is a precursor to effective drug addiction treatment.
- 10. Treatment does not need to be voluntary to be effective.** Sanctions or enticements in the family, employment setting, or criminal justice system significantly increase treatment entry, retention, and success.
- 11. Possible drug use during treatment must be monitored continuously.** Monitoring a patient's drug and alcohol use during

withstand urges to use drugs. Such monitoring also can provide early evidence of drug uses that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, Tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection. Counseling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

This guide is a must read for anyone working in the field. Copies of this 54-page booklet are available free at the TSC. *Please call us at 1-800-889-9789, or stop by our office at 630 Hart Lane, Suite 100, Nashville, 37216. Order from our website. Our new address is: www.tnclearinghouse.com*

"We need to make the public more aware that treatment really does work. We all should be advocates for Treatment", says Reve McDavid TADA's President

New Foundation Helps Those in Need

Anyone who has been in the chemical dependency field in Tennessee for any length of time has undoubtedly heard of John Mulloy. Throughout his long tenure as Executive Director of the Alcohol and Drug Council of Middle Tennessee, John championed the cause of alcohol and drug abuse prevention and treatment. And even in retirement, he continues to carry that banner.

Recently, a group of John's friends and colleagues honored his legacy by founding an organization that bears his name - The John P. Mulloy Foundation. The foundation is governed by a Board of Directors that includes John, as well as a variety of other community leaders and A&D professionals. Executive Director Laura Gatrell describes the purpose of the foundation: "We hope to make a difference in people's lives by providing financial assistance to individuals in need of alcohol and drug treatment who have no other means of accessing treatment." Gatrell explains that the Foundation hopes to receive funding through grants, as well as through donations from businesses and private individuals. "The hardest part for any new endeavor like this is the initial start-up" says Gatrell. "Once you get the ball rolling with that first grant or with a few donations, more and more people will become aware of the work you're doing and, hopefully, will want to help out. Many who have known John over the years have already made donations and we're hopeful that this trend will continue as we become more well known."

All of us who work with indigent clients on a daily basis know that an inability to pay has always been one of the major obstacles to treatment for this population. We applaud the John P. Mulloy Foundation for their efforts to address the problem and remove this barrier to treatment

For more information about the John P. Mulloy Foundation contact Laura Gatrell at (615) 360-5935 or e-mail Laura at lauragatrell@cs.com. Donations may be mailed to 4117 Hillsboro Rd, Suite 103, PMB 134, Nashville, TN 37215

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state contracted Alcohol and Drug Treatment Providers*



Study Shows Decline in the Number of Treatment Centers

There is one thing that most substance abuse providers in Tennessee and across the U.S. can agree on, that there are a lot fewer treatment centers than were around 5 or 10 years ago and now there's a study to prove it. Researchers found that the number of drug and alcohol treatment programs in the United States is declining, according to the Center for the Advancement of Health.

"Access has shrunk in the last decade," says Marjorie Gutman of the Treatment Research Institute at the University of Pennsylvania School of Medicine. "Capacity falls far short of need and may be shrinking under managed care."

The research indicates that less than one in four drug abusers receives treatment for addiction. Gutman says when clients do manage to go to programs, 30-percent to 50-percent stay off drugs for at least a year.

Researchers also found the most successful drug treatment programs are those that include detoxification, assessment and diagnosis, habilitation and rehabilitation, and aftercare with or without medication. Treatment alternatives aren't simply dwindling; they are deteriorating in range, professionalisms, and duration of services, said Gutman.

The report is published in the November/December issue of the American Journal of Health Promotion.

On Your Date Book.....

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

1st SE Conference on Violence, Trauma, and Abuse, Sheraton Hotel Downtown, March 8-10, Nashville

The Power of Belief Spring 2000 Seminar, March 8, Memphis; March 17, Nashville

TN. Professional Assistance Program Spring Retreat 2000, April 6&7, Park Vista Resort Hotel Gatlinburg

Gains Ctr. For People with Co-Occurring Disorders in the Justice System Natl. Conf., April 26-28, Wyndham Biscayne Bay Hotel, Miami, Fl.

TN. Association for Child Care (TACC) Annual Conference, May 16-18, Meadowview Conference Center, Kingsport

Natl. Drug Court Professionals 6th Annual Training Conference, June 1-3, San Francisco, CA

National Crime Prevention Council Alcohol Policy Meeting, June 11-14, Washington, D.C.

Advance Practice Nurse Conference, Sept. 20-22, Fall Creek Falls

