Dear TAADAS Members, Supporters and Friends,

I wanted to take this opportunity to invite you to join us at our annual TAADAS Recovery Month and Celebration Awards Dinner. This year TAADAS is celebrating over thirty years of service to the Recovery Community and the Citizens of Tennessee. We are truly fortunate to have members and supporters like you that have made this possible.

This event is our opportunity to honor individuals that have made a difference in the Treatment, Prevention and Recovery field and to celebrate Recovery and its impact on individuals and families in Tennessee. This event is also a way for TAADAS to raise awareness of the ongoing need for additional funded treatment capacity in our State. As I tell people almost every day, “Tennessee is blessed by a wealth of wonderful treatment programs all across our state. Our challenge is that on any given day there are not enough funded treatment slots to meet the overwhelming need of those individuals and families desperately seeking services.”

Our Recovery Month Dinner is also an opportunity for you to help us financially in our programs. The tickets that you buy or the donations that you make help to fund the ongoing activities of TAADAS and its programs such as the Statewide A&D Clearinghouse and the TENNESSEE REDLINE information and referral service. These are valuable resources for Tennessee and we invite you to share in their ongoing success. Once again, from all the staff at TAADAS, thanks for all you do to support us. We hope to see you at the Millennium Maxwell House on Thursday evening September 13th.

Thanks,

Vernon Martin
TAADAS Executive Director

TAADAS Annual Recovery Month Celebration
AN EVENING WITH Jana Stanfield

Dinner & Awards Ceremony
IN THE CROWNE BALLROOM
MILLENNIUM MAXWELL HOUSE HOTEL
NASHVILLE, TN
THURSDAY, SEPTEMBER 13, 2007

FOR INFORMATION ON TICKETS OR ADVERTISING AND SPONSORING OPPORTUNITIES, CONTACT NATALIE LUCAS @ 615.780.5901 EXT 15.
Substance Abuse Treatment Facilities Provide Programs to Fit Clients

The vast majority of substance abuse treatment facilities are providing special programs tailored to such clients as adolescents, seniors, post-partum mothers and people with HIV/AIDS, according to a 2005 survey by the Substance Abuse and Mental Health Services Administration. Nearly three-quarters of even the smallest facilities offered at least one special program or group.

The most commonly reported special program in the National Survey of Substance Abuse Treatment Services in 2005 was for clients with co-occurring psychiatric and substance abuse disorders (38 percent). About one-third of the 13,371 facilities that responded to the annual survey of public and private facilities in the United States offered special programs for adult women (33 percent) or adolescents (32 percent).

“Treatment programs designed around the specific needs and concerns of women, teens, people with co-occurring disorders and others can help improve the outcome," said Terry Cline, Ph.D., SAMHSA Administrator. “To help individuals seeking treatment, SAMHSA offers an online Substance Abuse Treatment Facility Locator that allows users to search for facilities that are close to home, or individuals can call 1-800-662-HELP for telephone assistance.”

About 83 percent of all responding facilities reported offering at least one special treatment program. The percentage was slightly higher (88 percent) for large facilities, which treat 120 or more clients, although 72 percent of facilities that treated fewer than 15 clients also offered a special program.

The special programs or groups reported in the survey varied by the type of care—hospital inpatient, outpatient and non-hospital residential—but programs for those with co-occurring disorders or for adult women were consistently among the most frequently reported. Other special programs addressed the needs of those arrested for driving under the influence of alcohol or drugs or driving while intoxicated (31 percent), other criminal justice clients (28 percent), adult men (25 percent), pregnant or post-partum women (14 percent), people with HIV/AIDS (11 percent), seniors (7 percent) and gays/lesbians (6 percent).

While the type of organization running a facility—private non-profit group, private commercial group, or government entity—did not affect whether a special program would be offered, the primary treatment focus of a facility did. Those facilities that offered substance abuse and mental health services or solely substance abuse treatment were more likely than other facilities, at 87 percent and 83 percent respectively, to offer a special program. Less likely to offer a special program were general health care and mental health facilities.

Myths Get in the Way of Good Health, Study Finds

Americans subscribe to a number of myths about smoking and other issues that could be dangerous to their health, the Washington Post reported July 31.

“The Internet can expose myths, but it can also perpetuate them”

A new American Cancer Society survey found, for example, that 15 percent of Americans wrongly believe that so-called “low tar” cigarettes are less dangerous than other cigarettes, and 25 percent think that smoking early in life won't affect their health later on (it does).

About two-thirds of those surveyed also believe that the cancer rate is increasing in the U.S.; it's actually declining about 1 percent per year. Men, less-educated Americans, and those with lower incomes were more likely to buy into such myths.

Study author Kevin Stein called the findings "disheartening." Experts said that the problem could actually be getting worse due to misinformation spread via the Internet.

"The Internet can expose myths, but it can also perpetuate them," said Diana Zuckerman, president of the National Research Center for Women. "It's amazing what people believe."

The survey results appear in the Sept. 1, 2007 issue of the journal Cancer.

Fewer Youths Exposed to Alcohol Ads, CAMY Reports

The Center on Alcohol Marketing and Youth (CAMY), an industry watchdog, offered rare praise for alcohol companies in reporting that youth exposure to alcohol ads in magazine fell 49 percent between 2001 and 2005.

CAMY reported that most alcoholic-beverage firms have limited their advertising to publications with underage readerships of 30 percent or less. Under 1 percent of industry ad expenses went to publications with youth readership in excess of this voluntary industry standard in 2005, down from 11 percent in 2002.

The voluntary standards were adopted by the alcohol and distilled-liquor industries in 2003. However, CAMY would like to see the industry standard lowered to 15 percent youth readership, noting that 44 percent of alcohol ads and half of spending goes to publications with youth readership greater than 15 percent.

"The alcohol industry has done a good job of following its voluntary standard when it comes to advertising in magazines, but the standard itself is not strong enough to adequately protect youth from needless exposure to this advertising," said CAMY director David Jernigan.
Flavored Meth Worries

National news reports have highlighted concerns about drug dealers adding kid-friendly flavorings to methamphetamine, but actual incident reports about such concoctions have been sketchy, at best.
The Emporia (Kan.) Gazette reported May 18 that reports of so-called "strawberry" meth originated in Carson City, Nev., where a police informant purchased pink meth from a dealer. "He purchased it. He brought it back to us and said the guy called it 'strawberry meth,'" said Sgt. Darrin Sloan of the city's Special Enforcement Team. "When I looked at it, I'd never seen anything like it. I don't know how they did it ... My own thoughts were, once this hits the streets, it's just more attractive to the kids."
However, that was the only case of colored meth reported in Carson City. The report led to the Nevada Department of Public Safety issuing a statewide warning, which in turn was circulated nationally via e-mail.
Reports of flavored meth then surfaced in Arkansas. But officials there later said that police who raided a meth lab only found packages of strawberry flavored drink mix in the trash.
"What we're telling everybody is that this is not a problem in our area yet," said Chris Harrison of the Arkansas Crime Laboratory. "It has not been seen enough to really be considered any kind of trend. We just have some anecdotal evidence that it might be coming into Arkansas."
"Drug dealers have consistently marketed their drugs any way they can, using flavorings and colors, different kinds of candies, ever since they've been selling drugs," Harrison added. "People think they're getting something new and they'll maybe be more likely to buy it from you rather than someone else."
But Harrison added, "We've had a couple of colored drugs but nothing that really seems to be flavored."

Study Says Smoking Marijuana Worse for Lungs than Cigarettes

Smoking a single marijuana joint is equivalent to smoking 2.5 to 5 cigarettes in terms of damage to the lungs, largely due to differences in how pot and cigarette users smoke. The Guardian reported July 31 that researchers at the Medical Research Institute of New Zealand found that the deep drags taken by marijuana users, along with their penchant for holding smoke in before exhaling, can cause problems like obstructed airways and hyperinflation of the lungs. The lack of filters on marijuana joints also contributes to lung problems, researchers said.
The study involved 339 adult volunteers divided into four groups: marijuana-only smokers, tobacco-only smokers, marijuana and tobacco smokers, and nonsmokers. All of the smokers reported coughing and wheezing, but only tobacco smokers exhibited signs of emphysema.
The study was published online in the journal Thorax.

Reference:

Supportive Housing Systems *

• Sierra House
• Heartland Place
• Cypress House
• Sunshine 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 615-228-9804

*A Program of Samaritan Recovery Community
Provide Treatment vs. Incarceration

Jointogether.org

Many crimes are rooted in alcohol and drug addictions. Yet, too often, nonviolent offenders are simply sent to jail and not treated for the addiction problems that led them there. When we release individual with untreated addictions back into communities, they usually return to their friends, their habits, and their crimes. More than half of those in the criminal justice system who complete treatment programs and participate in aftercare do not commit new crimes. Most prisoners who serve mandatory sentences, but get no treatment, commit new crimes and start using drugs or alcohol soon after release. Drug courts are designed to help people with addictions who are facing criminal charges get through treatment and recover from their addiction. Their basic premise is to leverage the authority of the criminal-justice system to keep defendants in treatment, recognizing that the recovery process may well include lapses and relapses, but the longer a person stays in treatment, the greater chance he/she has for sustained recovery. While the participant is enrolled in the drug court, final disposition of the criminal charges is suspended and -- depending upon the participant's ultimate success or failure -- may be dismissed or otherwise changed. It is widely recognized that drug courts result in varying degrees of reduced recidivism and cost savings for the criminal-justice system, and are most effective with high-risk, defendants with a long history of addictions. In addition, drug courts produce many other societal benefits, including increased coordination and delivery of public health and mental health services, vocational training and job placement which increase the likelihood of sustained recovery.

Smoking Marijuana More Harmful than Tobacco

A study by the British Lung Foundation determined that smoking marijuana is more harmful to the lungs than smoking cigarettes, the BBC reported Nov. 11. According to the study, smoking three marijuana cigarettes a day can cause the same damage as 20 cigarettes. And those who smoke both marijuana and cigarettes are further increasing their risk of lung damage.

Dr. Mark Britton, chairman of the foundation, said that tar from cannabis cigarettes contains 50 percent more carcinogens than tobacco. Since marijuana smokers tend to inhale up to four times more deeply than tobacco users, more poisonous carbon monoxide and tar enter the lungs, he added. "These statistics will come as a surprise to many people, especially those who choose to smoke cannabis rather than tobacco in the belief it is safer for them," said Britton. "It is vital that people are fully aware of the dangers so they can make an educated decision and know the damage they may be causing." As a result of the study's findings, the group is urging the British government to implement a public-health education campaign on the health risks of marijuana smoking.

Jacques A. Tate, LADAC, NCAC1, RTC, CCGC Chief Executive Officer

1979 Alcy Road
Memphis, TN 38114

901-743-1836 Phone
901-743-3853 Fax

HARBOR HOUSE

Every Man Needs a Harbor

Programs for Men Including
♦ Social Detox ♦
♦ Residential Rehabilitation ♦
♦ Halfway House ♦

Funded in part under an agreement with the Tennessee Department of MHDD
Despite Myths, 'Light' Cigarettes as Addictive as Others

New research shows that so-called "light" cigarettes are just as addictive as cigarettes with more "tar" and nicotine, despite popular industry-fed myths to the contrary. ABC News reported June 29 that a survey of 12,000 current and former smokers found that smokers of "light" cigarettes were less likely to quit than those who smoked regular cigarettes. Researchers speculated that "light" cigarette users were less motivated to quit because they believed their health risks were lower -- another myth debunked by research.

"There's so much confusion about cigarettes, the label speaks for itself," said lead researcher Hilary Tindle, assistant professor of medicine at the University of Pittsburgh School of Medicine. "'Light' is misinterpreted as being healthier." In fact, Tindle said that part of the reason the tobacco industry introduced "light" cigarettes in the 1960s was to target smokers who otherwise might have considered quitting.

<table>
<thead>
<tr>
<th>Outpatient Services</th>
<th>Residential Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, Intervention, Counseling, Assessments, Drug Court &amp; Drug Screening</td>
<td>28 day Adult Treatment</td>
</tr>
<tr>
<td>Educational Services</td>
<td>120 day Adolescent Treatment</td>
</tr>
<tr>
<td>DUI School, Moral Reconviction Therapy, Driver Improvement, Anger Management, Tobacco Free Teens, Life Skills, Parenting</td>
<td>6145 Temple Star Road Kingsport, TN 37660 423.349.4070</td>
</tr>
</tbody>
</table>

This project is funded under an agreement with the State of Tennessee.

<table>
<thead>
<tr>
<th>Office Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>124 Austin St. Suite 1 Greeneville, TN 37774 423.639.7777</td>
</tr>
<tr>
<td>321 W. Walnut St. Johnson City, TN 37604 423.928.6581*</td>
</tr>
<tr>
<td>555 East Main St. Suite 102 Kingsport, TN 37660</td>
</tr>
<tr>
<td>107 Main St. Knoxville, TN 37902 865.552.3622</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partially Funded by Tennessee Department of Mental Health &amp; Developmental Disabilities Division of Alcohol &amp; Drug Abuse Services</th>
</tr>
</thead>
</table>

Colleges concerned about binge drinking may have a bigger problem: students who consume two or three times more than the standard for bingeing. Fox News reported May 24, 'Extreme drinkers' include women who down eight or more drinks at a sitting and men who have 10 or more drinks on a single occasion. Researchers say that such hard-core drinking is not uncommon among college students. A "surprisingly large percentage of students, particularly males, drink at peak levels well beyond the binge threshold," according to Duke University researcher Aaron White, Ph.D., and colleagues. The researchers administered anonymous surveys to more than 10,000 first-year students at 14 U.S. colleges in 2003, asking respondents how many drinks they had consumed per day in the previous two weeks. They found that about 20 percent of the males reported consuming 10 or more drinks on at least one day, while about 10 percent of women reported drinking 8 or more alcoholic beverages on at least one day. Both figures are double the accepted standard for binge drinking. Moreover, about 8 percent of men and 2 percent of women reported drinking three times the bingeing standard -- 15 and 12 drinks in a day, respectively. Among the 55 percent of students who reported drinking during the two-week study period, men averaged roughly 6 drinks per sitting, while women had about 4 drinks per occasion. The study appears in the June 2006 issue of the journal Alcoholism: Clinical and Experimental Research.

**Samaritan Recovery Community, Inc.**

*Founded 1964*

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

- Residential Rehabilitation
- Halfway House Program
- Dual Diagnosis Residential Program
- Outpatient Services
- Supportive Housing Services

615-244-4802

www.samctr.org

Partially Funded by Tennessee Department of Mental Health & Developmental Disabilities Division of Alcohol & Drug Abuse Services

**From Binge Drinking to 'Extreme Drinking'**
News from Capitol Hill

By Nathan Ridley

News from Capitol Hill
August 21, 2007
Nathan H. Ridley

News Item: Press releases come and go in our world often without too much notice or action. A recent one from the State Inspector General, Deb Faulkner, aroused a bit of curiosity when the release mentioned that her TennCare Fraud Enforcement Agency had mailed about 30,000 letters to the state’s medical community informing them of a new state criminal statute. At Inspector General. Faulkner’s request and urging, the General Assembly during the 2007 session created a new felony offense. Usually under the criminal law, we don’t get into too much trouble for not doing anything or remaining silent. Now, a TennCare recipient who fails to disclose to a health care provider from whom the recipient receives a controlled substance benefit that he or she has received another controlled substance prescription within the previous thirty days commits a Class E felony punishable by confinement for one to six years or a fine of not more than $3,000 or both.

Several synapses are popping now. Every citizen is presumed to know what the law is, so it is thoughtful of the State Inspector General to remind our health care providers of this new statute. Presumably though, a provider must now ask a TennCare recipient about his or her other trips to a provider’s office in the previous thirty days. (A provider presumably also runs the risk of aiding in the violation of the law if the provider does not ask.) Wonder why only TennCare? State Representative Gary Odom who sponsored this 2007 administration initiative is already pondering legislation for 2008 to expand the scope of this statute to include all Tennesseans. Add to the mix the recent Associated Press report that people in the U.S. are living in a world of pain and they are now taking pills at an alarming rate to cope with it. The AP attributes three causes to this increased usage: 1) an aging population; 2) an unprecedented marketing campaign by corporate drug manufacturers; and 3) pain management specialists now have a major change in their philosophy.

Now add the United States Drug Enforcement Administration reporting that, the abuse of prescription drugs is a serious and growing health problem in this country. As the Bush Administration has announced, recent data indicate that prescription drug abuse, particularly of opioid pain killers, has increased at an alarming rate over the past decade. Statistics published by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), demonstrate that prescription drugs account for the second most commonly abused category of drugs, behind marijuana and ahead of cocaine, heroin, methamphetamine, and other drugs.

For our colleagues in the treatment community, our task to educate our policy makers is not getting any easier. While the abuse of alcohol and street drugs often dominate our energies, we must also recognize that the misuse of commonly accepted prescription drugs may also cause the destructiveness of human lives with which we are so familiar.

DUI Task Force Report followup. As you may recall, the House Judiciary Committee deferred to its study sessions just about all of the work product of the Governor’s DUI Task Force. As you will recall, the task force recommended repeal of the litter pickup penalty provision and several other items on the prosecutorial community’s wish list. Next on the list were, administrative revocations of driver’s licenses for DUI offenders, and expansion of our open container prohibition, and some mandatory use of ignition interlock devices for repeat offenders. For the treatment community, this last item gives pause for concern because of the fiscal effect of taking funding away from treatment resources in search of an unproven silver bullet in the form of ignition interlock devices. The Committee is planning a meeting in Knoxville on October 25 and 26 to conduct a public hearing. More details will come soon. These sorts of legislative study committee

(Continued from page 6)

(Continued on page 8)
Minimum Drinking Age Puts Parents in Control

While alcohol remains the No. 1 health risk to young people, research on youth drinking and driving has shown some positive news in the last two decades. Between 1982 and 1998, the population-weighted rate of drinking drivers younger than 21 in fatal crashes declined by an amazing 59 percent. The National Highway Traffic Safety Administration gives most of the credit to the minimum legal drinking age law enacted by Congress in 1984. The law saves more than 900 lives a year. Despite this good news, skeptics and prevention opponents continually attack the minimum drinking age. They point to the ease with which teens still obtain alcohol, the drunken parties in fraternity houses, the teen keg parties in the homes of absent parents and the deaths of prom night drivers. While the minimum drinking age law is often violated, its shortcomings are not within the law itself but rather its enforcement. There’s limited interest among adults in seeing the law fully enforced. This lack of concern creates an environment in which merchants, who primarily focus on sales, are permitted to be sloppy in their efforts to prevent sales to minors. Taking time to check IDs can be a nuisance for managers and clerks, a diversion from the key activity of making a living. House parties hosted by a young adult are another major source of alcohol for minors. Some communities recognize this threat to public health and safety and have approved “social host” laws and enforcement, using hefty civil fines to deter adults from allowing minors to drink at their parties. But most communities just look the other way.

Studies show that when police have the resources and public support, they can substantially reduce minors’ access to alcohol. When owners and managers of alcohol outlets are convinced that the drinking age is being actively enforced, they tighten up on age checking and substantially reduce alcohol availability to youths. Cracking down on underage drinking at house parties has borne similar successes. In many communities, however, store owners and party hosts correctly perceive that the minimum drinking age law is not being actively enforced, and so they furnish alcohol to minors with little concern about getting into trouble. Why this low priority, when we know that alcohol is the greatest health and safety threat to teens? Few parents welcome the sight of a drunken teenager, but, particularly with boys, adults treat this as an inevitable right of passage, a temporary, ultimately unimportant occurrence on the way to adulthood. Even when parents are disturbed that their teen is drinking, they feel powerless to control the problem because their son or daughter has access to alcohol from peers, parties and illegal sales. The 1984 minimum drinking age law speaks to that problem. It’s a very family-oriented, conservative public policy. As written, the law is intended to cut off sources of alcohol external to the family home. That seeks to ensure that parents have the strongest role in decisions regarding their children’s alcohol use. When the minimum drinking age is not enforced, parents’ authority over their households and their children is undermined. Whether by failure to take the problem seriously or out of frustration, society tends to dismiss underage drinking. It’s even the source of humor in popular culture, just as impaired driving used to be in the 1970s – until the advent of citizen activist groups such as Mothers Against Drunk Driving. We need a new wave of activism focused on underage drinking to motivate parents to support minimum drinking age enforcement in their communities. Once that happens, it will become a priority for police and policymakers.

Parents need to be educated on the data about how underage drinking leads to death, injuries, school problems, teen pregnancy, sexual assault on teen girls, juvenile crime, damage to the developing adolescent brain and the onset of adult drinking problems. This knowledge can be wielded by communities to demand the reduction of alcohol availability to youths. That, in turn, will empower parents to take control of their teenagers’ drinking decisions. Despite the belief by many parents that teen drinking is beyond their control, they have the power to protect their sons and daughters through strong support for minimum drinking age enforcement. Source: Robert Voas, a senior research scientist for PIRE Public Services Research Institute, has studied alcohol-related problems and solutions for more than 30 years.

LOSE THE ADDICTION. GET YOUR LIFE BACK.

The Council for Alcohol & Drug Abuse Services is the only non-profit treatment center in Chattanooga that has been providing a full continuum of quality care for more than 40 years. CADAS offers adult and adolescent treatment options, aftercare group sessions, family therapy, sober living facilities, youth prevention programs, drug testing services, DUI education and regional training courses.

With CADAS You Can

1.877.AT.CADAS
www.cadas.org
Sessions are the perfect opportunity educate our state policy makers that the state’s Alcohol and Drug Addiction Treatment fund has been the only source of any growth in treatment resource funding since its enactment in 1999.

Election update: Governor Bredesen has called a special election to fill the vacancy in Senate District 10 caused by the resignation of Ward Crutchfield after the submission of his guilty plea that resulted from the Tennessee Waltz investigation. The qualifying deadline is August 23, and the mentioned candidates to date are Andy Berke, Democrat, of Chattanooga and Oscar Brock, Republican, of Lookout Mountain. The special primary election will be October 4, 2007. This district composed of all of Marion County and the inner portion of Hamilton County is staunchly Democratic, and the Democratic primary winner should prevail in the special general election on November 15. Please also note that Memphis, Nashville and Knoxville are all having city elections this summer and fall. These successful candidates often become candidates for higher office later in their careers.

Calendar Notes: State offices will be closed Monday September 3, for the Labor Day holiday.

September is the National Alcohol and Drug Addiction Recovery Month. The motto for this year’s celebration is “Join the Voices of Recovery, Saving Lives, Saving Dollars. This is a golden opportunity. Do not let it pass quietly.

Nathan Ridley is a lawyer with the Nashville firm, Boult Cummings, Conners & Berry, PLC. You may contact him by e-mail at nridley@boultcummings.com.

TN Disability Pathfinder Links People with Disabilities to Service Resources

NASHVILLE, Tenn. — Living with disabilities can involve a constant search for answers. Tennessee Disability Pathfinder, a statewide information and referral service covering all disabilities and ages, can connect people with resources from employment and summer camps to health care and housing.

Referral services, free of cost, are provided to persons with disabilities, family members, service providers, and advocates. Pathfinder has phone, print, and web resources in English and Spanish. The toll free number (English & Español) is 800-640-INFO [4636]; TTY users dial 7-1-1 for free relay service.

The 2007-2008 Tennessee Disability Services and Supports Directory has three regional volumes - East, Middle and West Tennessee - for purchase at a cost of $25 each. To order, call 800-640-4636 ext. 15 or email TNPathfinder@vanderbilt.edu.

For Internet users, the Pathfinder website lists Tennessee’s disability services in one central location. There is an easy-to-search database of 1600 agencies, searchable by Tennessee counties and types of service. There are topics on Education, Health Care, Employment, Housing, Pathfinder en Español, and more. It incorporates Tennessee and national resources. For more information about Pathfinder, visit the website at www.familypathfinder.org, or email questions to tnpathfinder@vanderbilt.edu.

TDP, a project of the Tennessee Council on Developmental Disabilities and the Vanderbilt Kennedy Center for Excellence in Developmental Disabilities.

Harris new executive director at Tony Rice Center

Tony Rice Center has announced the selection of Cody Harris at its new executive director. Harris has been associated with the center for some time, progressing from client to counselor tech to out patient coordinator, as well as additional experience within the center’s operations.

“The position of executive director is one I have long respected,” said Harris, “and when the position became available, I knew I had to apply. The Success of TRC has long been a goal of mine, and now I have the opportunity to make it a continuing reality.”

“the Board of Directors interviewed me with some very good questions, including where I see TRC in both short and long term. My answers will serves as the platform for my upcoming years in office. For the near future, I want to lead TRC to the next phase in its continued development and to instill confidence in the future of TRC. This will be both an exciting and a learning experience, and I welcome collaborative feedback to assist me in directing TRC in the path it should follow.

“Staff development, client care and community involvement will always be priorities within the TRC organization.”

The center can be reached at 931.685.0957.
New Employee at TAADAS

My name is Kemetria Catron, 23. I was born and raised in Memphis, TN. At this time I am living in Clarksville, TN. I began working at TAADAS July 2, 2007. I graduated from Austin Peay State University with my Bachelor of Science in Psychology on December 15, 2006. While attending Austin Peay State University I was affiliated with many different organizations such as Delta Sigma Theta Sorority Incorporated, Voices of Triumph Gospel Choir, Governors Programming Council, Resident Housing Association, National Pan-Hellenic Council, and S.I.S.T.E.R.S. United where I served as president and financial secretary. I am currently in school at Cumberland University working to attain my Master of Science in Public Service Management. I love to sing, swim, and read a good book every now and then. In five years I plan to have my master degree, working in a desirable job for a non-profit or state organization, and in the process of buying a house.

15th Annual Operation Stand Down Event

The 15th Annual Operation Stand Down Event has been scheduled for Friday, Saturday and Sunday, October 12, 13 and 14, 2007 at the TN State Guard Facility on the grounds of the old TN Preparatory School, Menzler Avenue, Nashville, TN. (Enter from Murfreesboro Road and Menzler by the old Aladdin Plant.) Set up will be Tuesday through Thursday, October 9 - 11, 2007. This is the annual, community-supported three-day event that provides outreach, information and social services to this area’s veterans who are homeless. For more information, please call (615) 321-3919.

Don Samuels, Assistant Commissioner for the Tennessee Department of Veterans Affairs, and Bill Burleigh, Executive Director for Operation Stand Down Nashville, Inc., are the Co-Chairs for this year’s event. In preparation for the event, the Event Committee will be meeting on the following dates. If you would like to support the event and be on one of the committees, please call Bill at (615) 321-3919 or Don at (615) 741-4790.

All meetings are open to the public. All meetings will be held in the Community Room of the I. W. Gernert Tower located at 12th Avenue South and Edgehill Avenue. The Community Room is located behind the Operation Stand Down Nashville, Inc offices.

Each meeting is on a Thursday, will begin at 2 PM and will end no later than 3:30 PM.

August 23
September 6
September 20
September 27

Needs for the Event:

1. Financial donations to pay for needed items that are not donated.
2. Clothes – (work type clothes) – jeans or corduroy pants, heavy-duty shirts, etc., especially winter coats
3. New Underwear – T-Shirts, and briefs (boxers and regular) – all sizes!
4. Volunteers! Let us know the date and time you are available from Tuesday, October 9 through Sunday, October 14, 2007. We will set up Tuesday through Thursday prior to the Event beginning on Friday. Whatever time you are available, we can use you!

Call Jean at OSDN, 321-3919 or e-mail her at jean@osdnashville.org.
**WORKSHOPS & TRAININGS**

**Preventing Burnout**  
Facilitator: Greg Stefaniak  
September 6, 2007 CADAS (Chattanooga) & September 7, 2007 (Cookeville) 9a-4p  
Contact: Adam Webster, 423-756-7644 or adam.webster@cadas.org

**Spanish for Mental Health Professionals**  
Facilitator: Melissa Newman  
Helen Ross McNabb Center, Knoxville September 17, 24 October 1,8,15 and 22  
Contact Martha Culbertson, 865.329.9087

**The Greydance: Celebrating our Spiritual Journey**  
Facilitator: David Austin Sky  
Helen Ross McNabb Center, Knoxville September 19  
Contact Martha Culbertson, 865.329.9087

**Story listening for Group Counselors**  
Facilitator: David Austin Sky  
CADAS, Chattanooga, September 20, 2007: 9a-4p  
Contact: Adam Webster, 423-756-7644 or adam.webster@cadas.org

**Boundaries**  
Facilitator: Elaine Orland,  
HART Center, Memphs September 21  
Contact Jane Abraham at 901-828-1332

**Trance Dance**  
Facilitator: Rev. Dr. Jane Abraham  
Hart Center, Memphis September 21  
Contact Jane Abraham at 901-828-1332

**Family Dynamics**  
Facilitator: Jane Abraham  
HART Center, Memphis September 22  
Contact Jane Abraham at 901-828-1332

**Reiki Level III**  
Facilitator: Rev. Dr. Jane Abraham  
Hart Center, Memphis September 23  
Contact Jane Abraham at 901-828-1332

**Good Grief**  
Facilitator: Hilde Phipps  
CADAS, Chattanooga, October 5, 2007: 9a-4p  
Contact: Adam Webster, 423-756-7644 or adam.webster@cadas.org

**It’s not about the Horse: Equine Assisted Psychotherapy**  
Facilitator: Angela Masini  
Helen Ross McNabb Center, Knoxville, October 5  
Contact Martha Culbertson, 865.329.9087

**HART Work**  
Facilitator: Rev. Dr. Jane Abraham and Keith Henderson  
Hart Center, Memphis, October 6  
Contact: Jane Abraham at 901-828-1332

**FEATURED PUBLICATIONS:**

**Voices of Recovery**

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 edition’s publication in honor of September’s Recovery Month is “Voices of Recovery. Voices of hope.”

Within these pages, there are some people to meet. Real people with real stories, told in their own words. Stories about our neighbors...our friends...our neighbors. Some people have overcome overwhelming odds to achieve their dreams. They are stories of recovery from addiction. Stories of hope for the future.

To get your free copy of our featured publication, or to see descriptions of any of our other free materials, visit www.taadas.org and click on “free literature on line order form.”

**FEATURED VIDEO:**

**Breaking the Chains of Addiction: Using Science to Aid Recovery**

The Clearinghouse has over 800 videos on Substance Abuse, Addiction and related issues. Videos range in length and subject as well as targeted audience. In each edition of the TAADAS Times, we feature one video in our collection. The edition’s feature is: Breaking the Chains of Addiction: Using Science to Aid Recovery

Filmed at Richland Correctional Facility in Ohio, Dr. Nuckols shares with inmates the science of how to overcome addiction and improve 80-90% of their life. He explores the differences between addicts and non-addicts and explains what research proves you should do to recover. He discusses choices and realizing that it is not important what happened to you growing up, but how you make sense of it. He explains that following the instructions in this series will help you recover from addiction, discover your real self, help you connect on a human and spiritual level and assist you in becoming a better parent.

Videos can be checked out from TAADAS free of charge by anyone in the state of Tennessee for three business days. UPS shipping is available for those checking out videos outside the Nashville area. Please call for shipping information. Call the Clearinghouse at 615.780.5901 to check out this video or any other in our collection.

Coming Soon! Check out the TAADAS website, www.TAADAS.org for an updated video catalog with more DVD choices!
2007 NAADAC/TAADAC/NALGAP Annual Conference
Journey Together Conference 2007

September 5 to 8, 2007
Renaissance Hotel
Nashville, Tennessee
For more information please contact 1.800.548.0497 or log onto www.naadac.org

Recovery Books & Things

Each month we feature special discounts and sales ... take advantage of these exciting special prices during the next three months:

- **September** - Bronze Medallions 50% off!*  
  *does not include NA medallions
- **October** - 20% off Bookmarks, Verse Cards, Greeting Cards, & Magnets
- **November** - Start Christmas shopping ... 10 to 25% off gifts ... Mugs, Figurines, Medallion Holders and much more.

Call or come by our store:
1800 Church Street, Suite 100
Nashville, TN 37203
877-863-6914
615-780-5901

WORKSHOPS & TRAININGS

*Dreams and Visions*
Facilitator: Gary Adler Four Star and Rev. Dr. Jane Abraham  
Hart Center, Memphis October 12-13  
Contact: Jane Abraham at 901-828-1332

*Healthy Sexual and Gender Expression*
Facilitator: Kent Fisher  
HART Center, Memphis October 19  
Contact Jane Abraham at 901-828-1332

*How to Simplify Life*
Facilitator: Jane Abraham  
HART Center, Memphis October 20  
Contact Jane Abraham at 901-828-1332

*TN Drug Court Professionals 4th Annual Conference*
October 24-26  
Chattanooga Convention Center  
Various Presenters: 12.0 hours available  
Contact: Adam Webster, 423-756-7644 or adam.webster@cadas.org

*Psychodrama & Forgiveness*
Facilitator: Tian Dayton  
Scarritt-Bennett Center, Nashville, October 26  
Contact: The Ranch at 1.800.849.5969

*Career Pathology*
Facilitators: Donna Cooper & Tom Bissonette  
CADAS, Chattanooga, November 8, 2007: 9a-4p  
Contact: Adam Webster, 423-756-7644 or adam.webster@cadas.org

*Marriage, Family & Co-Dependency*
Facilitators: Rebecca Stein & Stacie Thaxton  
CADAS, Chattanooga, November 16, 2007: 9a-4p  
Contact: Adam Webster, 423-756-7644 or adam.webster@cadas.org

*Healthy Relationships*
Facilitator: Elaine Orland  
HART Center, Memphis, Nov. 16  
Contact Jane Abraham at 901-828-1332

*Stress Management*
Facilitator: Jane Abraham  
HART Center, Memphis, Nov. 17  
Contact Jane Abraham at 901-828-1332

*Trance Dance*
Facilitator: Rev. Dr. Jane Abraham  
Hart Center, Memphis November 23  
Contact: Jane Abraham at 901-828-1332

*Discovering Allies, Guides, and Helpers*
Facilitator: Gary Adler Four Star and Rev. Dr. Jane Abraham  
Hart Center, Memphis November 30, December 1 & 2  
Contact: Jane Abraham at 901-828-1332
Celebrity Recovery Misadventures Hurt Treatment's Image

In and out of rehab and all over the tabloids, celebrity addicts like Lindsay Lohan and Britney Spears are damaging the image of addiction treatment programs, some observers say. Reuters reported July 25 that incidents like Lohan being arrested for drunk driving just days after leaving a recovery program with an alcohol-monitoring bracelet, or Spears twice spending less than a day in treatment programs before being admitted for a third time, make "a mockery of rehabs," said Harris Stratynor of the Caron Foundation. "In some ways it's starting to make rehabs look like a joke and that's very sad because hundreds of thousands of people a year are saved," he said.

While relapse is common in addiction recovery, celebrities often seem to operate by their own rules during their spotlighted struggles with alcohol and other drugs, seemingly coming and going from treatment as they please. "I would hope that people understand that addiction is a very serious illness and that the perception in the public mind doesn't become that this is all a joke," said Jon Morgenstern of The National Center on Addiction and Substance Abuse at Columbia University. "In the last 30 years, because high-profile people have sought treatment, it's become more socially acceptable that people do have alcohol and drug problems and need to get help. So I hope that tide is not turning against us."

Tobacco Marketing Spending Drops

The Federal Trade Commission (FTC) says that tobacco companies spent less on marketing their products in 2004 and 2005 after spending record sums in 2003, the Associated Press reported April 26.

Discounts paid to retailers and wholesalers represented the single largest marketing expense for tobacco companies, the FTC reported.

Number of New Methamphetamine Users Drops

The number of U.S. household residents age 12 or older who used methamphetamine for the first time in the past year decreased significantly from 2004 to 2005, according to data from the most recent National Survey on Drug Use and Health. The number of recent methamphetamine initiates remained relatively stable from 2002 and 2004, but decreased from 318,000 to 192,000 from 2004 to 2005. At the same time, the percentage of persons using methamphetamine in the past year has also decreased, from 0.7% in 2002 to 0.5% in 2005. Since "measures of initiation are often leading indicators of emerging patterns of substance use," it is possible that there will be a further decline in the prevalence of methamphetamine use when 2006 survey data are released later this year.

Management, Development & Human Resources for Nonprofits

- Total Facility Management
- Management Consultation
- Strategic Planning
- Needs Analysis
- Fiscal Analysis & Consultation
- Accounting Services
- Payroll & Benefits Administration
- Human Resources Administration
- I.T. Planning & Services

618 Church Street, Suite 220
Nashville, TN 37219

(800) 320-7251  (615) 248-9255  Fax (615) 248-9253

JACOA

- Residential Treatment
- Outpatient Counseling
- Detoxification
- Aftercare
- Training
- Clinical Assessments
- Prevention Education
- Drug Screening
- DUI Offender Services
- Transitional Living

Serving West Tennessee One Individual at a Time Since 1964
900 East Chester Street, Jackson, TN 38301
731-423-3653
www.jacoa.org

Funded in part by the TN Department of MHDD & the United Way
Meth Users Involved in Violence, Sexual Risk-Taking, Study Finds

Chapel Hill, N.C. -- More than half a million young adults reported use in the past year of crystal meth in 2001-2002, according to a new nationally representative study. That estimate is higher than previous studies and represents nearly 3 percent of the U.S. population. Among meth users, there is a strong link to alcohol and other drug use, the study found.

Additionally, the findings, published in the journal Addiction, indicate crystal methamphetamine users were more likely to be male, poor, living in the West, and not employed or in school. Hispanics and blacks were less likely to use meth than whites. Yet odds of meth use among Native Americans was four-times higher than for whites.

"We also found that among both women and men, crystal meth users were more likely to be involved in risk-taking and antisocial behaviors such as selling drugs and engaging in violent behavior," said Bonita Iritani, study author and Associate Research Scientist at PIRE's Chapel Hill Center.

"Sexual risk taking including having more than one sex partner, not having safe sex, and having regretted a sexual situation due to alcohol or drug use also was more prevalent among meth users." Additionally, about 16 percent of reported meth users had their own child living in their home.

The study used data from the National Longitudinal Study of Adolescent Health, or Add Health, which interviewed youth in 7th-12th grade and then re-interviewed them at two later points. Researchers used data from one wave of that study—when the participants were interviewed as young adults, ages 18-26, in 2001-2002. The study examined the crystal methamphetamine use of approximately 14,000 respondents, characteristics associated with its use, and relationships between crystal methamphetamine use and risky and antisocial behaviors. The National Institute on Drug Abuse or NIDA funded the research.

"Interestingly, we also found that men who reported using meth were more likely to have a father who had ever been incarcerated," Iritani said.

"Crystal meth users were more likely to smoke cigarettes, use marijuana, and use cocaine, and to drink alcohol more frequently compared to those who had not used crystal meth. Other research is needed about how meth use is related to addiction of other substances."

Bush Signs STOP Act into Law

The STOP (Sober Truth on Preventing) Underage Drinking Act, called the most significant piece of underage-drinking prevention legislation passed by Congress in years, has been signed into law by President Bush.

Bush signed the bill on Dec. 20. The STOP Act establishes a national media campaign aimed at underage drinking, funds underage-drinking prevention programs in communities, and requires the Department of Health and Human Services to report annually on progress against youth drinking.

"Today's historic signing into law of our nation's first comprehensive legislation on underage drinking is a significant step toward bringing this national public-health crisis out of the shadows," said Rep. Lucille Roybal-Allard (D-Calif.), the lead sponsor of the bill. "Prior to being elected to public office, I worked for a nonprofit agency which focused on alcohol abuse. I witnessed firsthand the many devastating consequences of irresponsible drinking. That experience made me realize that, as a nation, we must no longer be complacent about underage drinking and its alarming consequences."

The STOP Act enacts into law some of the recommendations from a Institute of Medicine study on youth drinking. The bill was endorsed by public-health groups and alcohol-industry representatives.
Schedule Friday Morning Classes to Cut Students Drinking, Colleges Urged

Colleges should schedule early morning classes on Fridays to discourage students from starting their weekend partying on Thursday nights, researchers advise. HealthDay News reported June 27 that researchers found "significant relationships between the presence and timing of Friday classes and Thursday drinking" when surveying 3,341 students at a large Midwestern university. "About half of the students with late or no Friday classes consumed at least one drink on Thursday, but only a third of students did so if they had Friday classes which met at 10 a.m. or earlier," said lead study author Phillip K. Wood of the University of Missouri at Columbia. "Approximately two-thirds of students who consumed some alcohol Thursday consumed a 'binge amount' if they had late or no Friday classes.

"The Friday-class effect was more pronounced for populations which we know to be at risk for higher levels of alcohol consumption: men, and members of or frequent participants in Greek activities," Wood added. "We also found strong evidence that Thursday, in addition to Friday and Saturday, is associated with high prevalence and levels of alcohol consumption across all four years of college." The study appears in the July 2007 issue of the journal Alcoholism: Clinical & Experimental Research.

Problems Pour Out for Young Malt Liquor Users

Young adults who report drinking malt liquor are more likely to have drinking problems and use marijuana and other illicit drugs, according to researchers from the University of Buffalo's Research Institute on Addictions. Researchers studied 639 men and women (average age: 23) who drank 40 ounces or more of malt liquor weekly and were considered heavy drinkers, consuming an average of 30 drinks each week. "We found that malt liquor use is significantly related to reports of alcohol problems, problems specific to the use of malt liquor, and to marijuana use above and beyond typical alcohol use," said lead researcher R. Lorraine Collins, Ph.D. Among study participants, 46 percent said they used marijuana when they drank; those who used both substances together smoked an average of 19 joints a week, compared to two a week among marijuana users who didn't smoke when they drank. Malt liquor contains between 6 and 11 percent alcohol, meaning that the 67 percent of study participants who reported drinking one or two 40-ounce bottles of malt liquor at each sitting could be consuming the equivalent of up to 14 standard drinks, researchers said. "These results suggest that regular consumption of malt liquor, beyond that associated with typical alcohol use, may place young adults at increased risk for substance abuse problems," Collins said. "Although many of these young people may not yet meet diagnostic criteria for alcohol dependence, there is clearly a need for prevention strategies targeted to their patterns of drinking and particularly excessive drinking of malt liquor."

New SAMHSA Report Provides State-Level Data on Depression

Approximately 9 percent of youths aged 12 to 17, and 7.6 percent of adults aged 18 or older, experienced at least one major depressive episode (MDE) in the past year according to data released today by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA Administrator Terry Cline, Ph.D., released the findings at a Mental Health America meeting held in Washington, DC, on June 9th. The new analysis from SAMHSA’s National Survey on Drug Use and Health (NSDUH) shows that among 12 to 17 year olds, rates of past year MDE were among the highest in Idaho (10.4 percent) and Nevada (10.3 percent). The rates were among the lowest in Louisiana (7.2 percent) and South Dakota (7.4 percent).

"The complexities associated with mental health problems leave states with a heavy responsibility to provide effective and responsive mental health services, treatment and recovery support services. These data add to the information state mental health authorities use to plan for and allocate resources," SAMHSA Administrator Terry Cline, PhD said.

State estimates of past year MDE were produced using data from the combined 2004 and 2005 NSDUH surveys. The prevalence of MDE in each state is based on standard definitions and survey methods applied uniformly throughout the nation. According to the survey, rates of past year MDE among adults aged 18 or older were among the highest in Utah (10.1 percent) and Rhode Island (9.9 percent). Hawaii and New Jersey had rates among the lowest (6.7 percent and 6.8 percent respectively).

The survey also showed that there were few statistically significant differences across states in the rates of past year MDE among youths and adults. The survey did not look at reasons for the interstate variances. MDE, as defined by the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), specifies a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.
Study Finds Link Between Depression and First Use of Drugs or Alcohol

Youths who faced depression in the past year were twice as likely as those who did not have depression to take their first drink or use drugs for the first time, according to a new report by the Substance Abuse and Mental Health Services Administration. The NSDUH Report: Depression and the Initiation of Alcohol and Other Drug Use among Youths Aged 12 to 17 showed that in 2005 2.2 million youths experienced a major depressive episode in the past year. For these youths, the rates of first-time use for specific drugs, such as marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription drugs, showed a similar association between past year depression and drug initiation. The rates of drug initiation were higher for youths who reported depression in the past year than for those who did not. "As National Children’s Mental Health Awareness Day, May 8, approaches, it’s important to remember that depression is real and painful for youths,” said Terry Cline, Ph.D., SAMHSA Administrator. “Recognizing depression early and helping youths receive appropriate help may prevent substance use.” While 8.8 percent of youths overall reported depression in the past year, the rate grew gradually with age. Among 12-year-olds, 4.3 percent had faced depression in the past year, but the percentage climbed to 11.9 percent of 17-year-olds. Among young women, the rate of depression was triple that for young men, 13.3 percent vs. 4.5 percent. Rates across racial/ethnic groups were similar. According to the 2005 estimates, 2.7 million youths—about 15.4 percent of youths who had not tried drinking—took their first drink during the past year. And 1.5 million youths, or 7.6 percent of those at risk, used drugs for the first time. The National Survey on Drug Use and Health is an annual survey sponsored by SAMHSA. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.
Heavy Drinking and Drug Use Linked to Higher Rates of Sexually Transmitted Diseases Among Young Adults

Heavy drinking is linked to higher rates of sexually transmitted diseases among young adults, according to a new report by the Substance Abuse and Mental Health Services Administration. Combined drug and alcohol use were associated with even higher STD rates. Sexually Transmitted Diseases and Substance Use, based on data from the National Survey on Drug Use and Health 2005, showed that 3.1 percent of past month heavy drinkers ages 18 to 25 had an STD in the previous year, compared with 1.4 percent of young adults who did not drink in the past month. Heavy alcohol use involves consuming five or more drinks on the same occasion on five or more days in the past month. When young adults used both illicit drugs and alcohol in the past month, the rate of reported STDs rose to 3.9 percent. Reported STDs in young adults were lowest for those who did not drink or use drugs during the past month (1.3 percent). Rates of reported STDs for those who used either an illicit drug or alcohol, but not both, were similar at 2.1 percent for both categories. “Substance abuse and risky sexual behavior are closely connected,” said Terry Cline, PhD, SAMHSA Administrator. “This report puts into sharp focus just one of the many potential lifetime consequences for young adults of heavy drinking and drug use. Unchecked heavy drinking and drug use can lead to serious dependence-related problems, including loss of friends and family, employment, housing, health, and even life. Young adults need to seriously consider the choices they are making and the impact those choices can have on their futures.” Overall, 0.8 percent of those 12 or older, about 2 million people, reported that they had been told by a doctor or other health professional that they had an STD in the past year. The rate was highest for 18 to 25 year olds (2.1 percent). Among adults, those 35 or older had the lowest rate of reported STDs at 0.5 percent. Women had higher rates than men in all age groups, with women 18-25 being four times more likely than men in the same age group to have reported an STD. Other research shows that young women are more susceptible to certain STDs than are older women. While both men’s and women’s STD rates rose with increasing alcohol use, the rate of reported STDs among female heavy drinkers reached 7.3 percent, compared with 1.3 percent of male heavy drinkers. A similar pattern of STD rates among young adults was found when illicit drug use and alcohol were combined. Women who used both alcohol and illicit drugs had a reported STD rate of 7.9 percent; for men who used both the rate was 1.5 percent. Because studies show that women are more likely to be tested for STDs than men, comparing rates of diagnosed STDs may not provide the full picture of the difference in risk by gender. The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by SAMHSA. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their residences. STDs mentioned in the survey questions include chlamydia, gonorrhea, herpes, syphilis and others. HIV/AIDS was not included.

Building a Better Behavioral Health Workforce

Two online resources now available by the Substance Abuse and Mental Health Services Administration (SAMHSA) will help mental health and substance abuse professionals to organize and strengthen efforts around workforce development. An Action Plan for Behavioral Health Workforce Development provides an overview of key findings of a multiyear project that showed how public and private collaboration by diverse stakeholders can strengthen the behavioral health workforce. This Action Plan articulates specific, actionable objectives to assist the Nation in transforming the behavioral health service delivery systems. Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce summarizes trends in addictions treatment that will help mental health and substance abuse professionals understand the challenges facing the addictions treatment workforce. This report addressed issues of recruitment, retention and staff development and provides recommendations for improving management, recruitment, education and accreditation, retention, and workforce infrastructure.


'Cheese' Cases Rise in Dallas

Use of the heroin-based drug mix "cheese" appears to be on the rise among Dallas students, with arrests and requests for treatment from users both increasing, the Dallas Morning News reported April 12. A blend of black-tar heroin and Tylenol PM, cheese has been a local drug problem in the Dallas area since at least 2005. However, Dallas Independent School District police say that arrests for possession or dealing the drug have risen 82 percent during the current school year, and area addiction treatment programs are seeing more users coming in requesting help.

Police said arrests have increased as intelligence has improved, but officials worry that use of the drug mix could spread. "While arrests for possession at this time have been concentrated in the northwest Dallas corridor ... it is perceived that its usage will spread rapidly across the district and surrounding districts," according to a school district memo. So far, however, the drug has not been detected in other major Texas cities like Fort Worth, Houston, Austin and San Antonio. Most users are male Hispanics in their mid-teens.
Addiction Treatment Costs Shift Sharply to Taxpayers, Report Finds

Two decades ago, the cost of providing addiction treatment was split about evenly between private and public payers, but today taxpayers foot the bill for more than three-quarters of all treatment, according to a new report. A study funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that 77.4 percent of treatment in 2003 was paid for by Medicaid, Medicare, and other federal, state and local sources, up from 50.4 percent in 1986. Meanwhile, the private sector's share of the treatment cost burden slipped from 49.6 percent in 1986 to 22.6 percent in 2003.

Private insurers, who paid 29.6 percent of treatment costs in 1986, were only paying 10.1 percent by 2003. Total dollars paid by private insurers for addiction treatment fell from $2.8 billion to $2.1 billion during the same time period. Fewer patients were paying for treatment out of their own pocket, as well: in 1986, 13.8 percent of treatment was self-paid, but that fell to 8 percent in 2003.

The findings are in line with a 2004 study by Medstat that showed a decline in addiction benefits utilization among privately insured workers as well as falling treatment expenditures by insurers between 1992 and 2001, said Ronald J. Hunsicker, president and CEO of the National Association of Addiction Treatment Providers (NAATP).

"It does represent significant cost-shifting," he said of the latest report findings. "You can't explain it in terms of changes in incidence of the disease, so the only way to explain it is that the private sector is shifting the burden to the public sector."

Alexa Eggleston, director of national policy for the Legal Action Center, which represents public-sector provider groups, added, "Given that over 40 states have enacted laws requiring some form of coverage for addiction treatment in insurance plans, we need to ask why the laws are not being enforced in most states, and why no one is being held accountable for delaying and in some cases denying treatment," which she said results in "unnecessary deaths, increased costs to the criminal justice and emergency health care systems, and an increased reliance on public dollars to provide desperately needed care."

Rick Harwood, vice president of the Lewin Group, said that while the "magnitude of [the study findings] is just stunning," he stressed that the trend could be attributed in part to the justifiable cuts in spending on costly hospital-based care in the late 1980s and early 1990s. "There are appropriate cost savings in the private sector, and I don't want to exaggerate and say [managed-care firms] have slashed and burned," said Harwood. "A lot of this is wringing out of money that was being spent inefficiently."

During the study period, public-sector expenditures on addiction treatment rose an average of 7.5 percent annually. States paid the largest share of treatment costs: 58 percent. "One factor that may be driving this growth is an increase in substance abuse treatment mandated and paid for by correctional institutions -- which generated 36 percent of referrals to specialty substance abuse facilities in 2004," according to a news release on the study. Harwood added that reluctance among employees to use their health benefits to pay for treatment -- driven by fear of exposure -- also plays a big role in cost-shifting from the private to public sectors. He added, however, that "no one has done a good cost-shifting analysis" on addiction treatment, and that it would be worthwhile to study spending trends that have occurred in the years since the "wringing out" of most hospital-based care took place.

Researchers found that while investment in outpatient care was rising, spending on inpatient care declined about 1.2 percent per year from 1986 to 2003. Total spending on addiction treatment rose 4.8 percent annually, the report noted, while overall healthcare spending rose 8 percent during the same time period. "I don't think there's any evidence to suggest that the outcomes would be different if we had a way to look at the last four years," said NAATP's Hunsicker. The costs of healthcare are built into the prices that consumers pay for goods and services, added Hunsicker, so taxpayers are being hit twice when treatment costs are shifted to the public sector. "We're already paying for benefits on the private side, but people can't access [treatment]," Hunsicker said. "That's why we need to get a parity law passed and a patient's bill of rights."

Pamela Greenberg, president and CEO of the Association of Behavioral Health and Wellness -- a trade group for the behavioral managed-care industry -- also sees parity as a possible remedy.

"I think that some of the decrease in the proportion of costs paid by private insurance is a direct result of the decline in the percentage of premiums that goes toward behavioral health," she told Join Together. "The latest numbers I've heard is that behavioral health receives a mere 1 to 2 percent of the entire health care premium. I also suspect that some employers have purchased health insurance policies that may place more restrictions on the substance-use insurance benefit."

The study was conducted by researchers from SAMHSA, Thomson Healthcare, and The Lewin Group. It was published in the July/August 2007 issue of the journal Health Affairs.

M.R.C
MEMPHIS RECOVERY CENTERS, INC.
Professional Addiction Treatment for Adolescents, Adults, and Families since 1970.

www.memphisrecovery.com

(901) 272-7751
This project is funded in part under an agreement by the State of Tennessee
Meth Use Leads to Underweight Babies, Study Finds

Women who use methamphetamine during pregnancy are at least three times more likely to give birth to underweight babies than non-meth users, according to researchers at the Brown University Medical Center and Women & Infants Hospital.

Study author Barry Lester said that, as with prenatal cocaine use, babies born to methamphetamine users often fell below the 10th percentile for weight, being delivered at less than 5 pounds. The drug apparently restricts the flow of blood from the placenta, preventing the fetus from getting adequate nutrients from the mother.

Lester said the Infant Developmental Environment and Lifestyle Study (IDEAL) would continue by tracking the children born to meth-using mothers. "We're also very concerned about the developmental implications," he said. "Children who are born underweight tend to have behavior problems, such as hyperactivity or short attention span, as well as learning difficulties."

Lester previously led the Maternal Lifestyle Study, the largest prospective study to date on cocaine-exposed children. "Both of these drugs are central nervous stimulants, and it appears that both drugs have similar effects on the developing fetus," he said. "But I hope that the 'crack baby' hysteria does not get repeated. While these children may have some serious health and developmental challenges, there is no automatic need to label them as damaged and remove them from their biological mothers.

There are alternatives for the mother and the baby that can keep families together, such as the specialized drug court we established here in Providence that is based on treatment, rather than punishment."

"There are alternatives for the mother and the baby that can keep families together, such as the specialized drug court we established here in Providence that is based on treatment, rather than punishment."

The research appears in the September 2006 issue of the journal Pediatrics.

Reference:
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; 111) 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.
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 dependence 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...