22 MILLION IN U.S. SUFFER FROM SUBSTANCE DEPENDENCE OR ABUSE

In 2002, an estimated 22 million Americans suffered from substance dependence or abuse due to drugs, alcohol or both, according to the newest results of the Household Survey released September 8th by the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services (HHS). There were 19.5 million Americans, 8.3% of the population ages 12 or older, who currently used illicit drugs, 54 million who participated in binge drinking in the previous 30 days, and 15.9 million who were heavy drinkers.

The report highlights that 7.7 million people, 3.3% of the total population ages 12 and older, needed treatment for a diagnosable drug problem and 15.6 million, 7.9 per cent of the population, needed treatment for a serious alcohol problem. Only 1.4 million received specialized substance abuse treatment for an illicit drug problem and 1.5 million received treatment for alcohol problems. Over 94% of people with substance use disorders who did not receive treatment did not believe they needed treatment.

There were 362,000 people who recognized they needed treatment for drug abuse. Of them, there were 88,000 who tried but were unable to obtain treatment for drug abuse in 2002. There were 266,000 who tried, but could not obtain treatment for alcohol abuse.

There is no other medical condition for which we would tolerate such huge numbers unable to obtain the treatment they need —

HHS Secretary Tommy G. Thompson

The 2002 survey found that marijuana is the most commonly-used illicit drug used by 14.6 million Americans. About one third, 4.8 million, used it on 20 or more days in the past month. There was a decline in the number of adolescents under age 18 initiating use of marijuana between 2000 and 2001, according to the 2002 survey. There were 1.7 million youthful new users in 2001, down from 2.1 million in 2000. The percentage of youth ages 12-17 who had ever used marijuana declined slightly from 2001 to 2002, from 21.9% to 20.6%. Most youngsters 12-17 reported that the last marijuana they used was obtained without paying, usually from friends.

"Prevention is the key to stopping another generation from abusing drugs and alcohol," SAMHSA Administrator Charles G. Curie said. "It is gratifying to see that fewer adolescents under age 18 are using marijuana. Now, we need to step up our prevention activities to drive the numbers down further."

(Continued on page 5)
Pennsylvania Doctors Have Final Say on Addiction Treatment

The Pennsylvania Insurance Department has issued notice to health insurance companies doing business in the state that physicians, not a managed-care firm, have final determination regarding referrals for inpatient and outpatient treatment services, Alcoholism & Drug Abuse Weekly reported Aug. 25. Treatment providers applauded the state's directive, saying that for too long Pennsylvania residents have been unable to obtain care or have received inadequate alcohol or other drug treatment services because of policies set by managed-care companies.

"We view this as a perfectly accurate reading of the statute," said Deb Beck, president of the Drug & Alcohol Service Providers Organization of Pennsylvania. "It gives the power back to the physician. The right of the treating physician has been upheld and that ought to be the case in every state."

On the other hand, health insurers said the state's statement could have adverse implications to their infrastructure and contractual relationships.

"It really throws managed care out the window as to drug and alcohol treatment benefits," said Jonathan Vipond III, a lawyer who represents Magellan Behavioral Health's interests before the state General Assembly.

State law mandates seven days of detoxification services per year and 30 days of residential rehabilitation per year, with lifetime benefits.

But the law had been interpreted in different ways by providers and managed-care firms. Providers said the law requires the treating physician to authorize treatment, while health insurers maintained that the law doesn't deny them the right to review cases and deny minimum coverage if the criteria are not met.

Study Finds Vermont's Parity Law Effective

As the U.S. Congress debates a behavioral healthcare parity law, a Substance Abuse and Mental Health Services Administration (SAMHSA) study shows that Vermont's mental-health parity law is effective in controlling costs, the Associated Press reported September 4.

Vermont's parity law took effect in 1998, requiring insurance companies to provide coverage for mental-health services at the same levels as physical health coverage.

The SAMHSA study found that in the first two years after the parity law took effect, mental-health and addiction treatment spending in Vermont dropped by 8 to 16 percent.

'Managed care for mental-health and substance-abuse services was an important factor in controlling costs following implementation of parity,' the study said. 'Overall, parity for mental-health and substance-abuse benefits was achieved in Vermont.'

Sen. Jim Jeffords (I-Vt), who has sponsored parity legislation in Congress and requested the SAMHSA study, said the Vermont parity law allowed state residents 'to access more effective services, at lower costs to themselves, and at minimal cost to employers.'

Vermont's parity law could be used as a model for the national bill.

Editor's note: as of this writing, a PDF version of the report is available for download at www.mathematica-mpr.com.

Study: Healthcare Costs Continue to Climb

A combination of growing doctor's and hospital fees and health insurers' profit gains have resulted in the biggest jump in health-care premiums for families in more than a decade, the Associated Press reported Sept. 9.

According to a survey by the Kaiser Family Foundation and the Health Research and Educational Trust, there was a 13.9-percent increase in monthly premiums for employer-sponsored healthcare in the United States between spring 2002 and 2003, the biggest increase since 1990.

Average annual family premiums increased to $9,068.

The survey showed that workers are paying more out-of-pocket costs for prescription drugs and doctor visits.

According to the report, costs paid directly by workers increased by at least 50 percent in the last three years.

'There is no let-up in the rate of increase in healthcare costs,' said Drew Altman, president of the Kaiser Family Foundation. 'We're stuck without a big answer.'

The survey also found that many people view the healthcare situation as hopeless. According to the report, 33 percent of workers are concerned that their income will not keep up with health premiums, while only 8 percent said they feared being a victim of a terrorist attack.

The study by the two health-research organizations was based on a telephone survey of 2,808 companies conducted between January and May.
TAADAS Annual Recovery Month Breakfast a HUGE Success!

The Tennessee Association of Alcohol and Drug Abuse Services (TAADAS) hosted their 2nd Annual Recovery Month Breakfast on Thursday, September 4th at the Millennium Maxwell House Hotel in Nashville. Over 150 people traveled from all over Tennessee for the event. TAADAS present Secretary/Treasurer and incoming President, Jacques Tate, kicked off the festivities with greetings and opening remarks. John York, Managing Director of TAADAS, delivered the annual report and update, by noting some of the accomplishments TAADAS has achieved recently such as a 13% increase in corporate membership and a 92% increase in individual membership over the past year, as well as expanded services in the Clearinghouse and the TAADAS bookstore, Recovery Books & Things.

In keeping with the theme of September as Recovery Month, two local high school students gave testimonials about how their school based prevention program changed their lives.

Carissa Williams, a Maplewood High School Senior has been involved in the STARS (Students Taking a Right Stand) program for 5 years. Carissa shared how the STARS program helped her to make the right decisions in her life and to even talk to a close family member about the decisions that they had made. Billy Shadowens, a Freshman at McGavock High School shared how his STARS Specialist and his teachers helped him to realize that he could make a change in his life and have a life without having to find a hiding place for his marijuana cigarettes every day before school. Because people cared enough to reach out to Billy, he now has almost a year of clean time under his belt. We take this chance to commend Carissa and Billy for their efforts and to thank them for sharing their journeys with us.

State Senator and Senate Majority Caucus Chair Joe Haynes of Nashville graciously filled in at the last minute as the Special Guest Speaker when Nashville Mayor Bill Purcell had to travel to Philadelphia for the sudden illness of his mother. Senator Haynes commended the TAADAS for the fine and very necessary services its members offer. After offering a brief overview of our recently concluded legislative session, Senator Haynes shared a powerful personal story with the group. As a leading public official, Senator Haynes is often assailed by friends and neighbors for his public positions on the difficult issues that face our state. Recognizing that our state has limited resources, Senator Haynes understands that treatment works and in the long run treatment is a better use of our state's limited resources than long term incarceration. In a room so quiet that you could have heard a pin drop, Senator Haynes gripped the crowd while recalling the agony of a

(Continued on page 10)
NEWS FROM CAPITOL HILL...

By: Nathan Ridley

Summer is turning into Fall. Baseball fans are hoping October games will be on the schedule of their favorite team. School age youngsters and oldsters are becoming reacquainted with textbooks. Football schedules are dominating many of our social calendars for the next several months. A successful observation of September as Recovery Month is drawing to a close.

On the state government level, the lottery and the governance of the University of Tennessee have dominated the headlines. Become used to reading and hearing the name of Ms. Rebecca Paul, who is the first chief executive officer of the Tennessee Education Lottery Corporation. Ms. Paul arrives in Nashville after successfully starting state lotteries in Florida and Georgia. We will learn that “successful” lotteries are all about “successful” marketing, and that Ms. Paul is the consummate marketer. While I do not want to be guilty of piling on the dearly departed Dr. Shumaker, former President of the University of Tennessee, I am glad we did not and will not carpet the university president’s office in crimson.

On the alcohol and drug front, I commend to you and anyone you can convince to browse through a copy, the 2001-2002 report on Tennessee Outcomes for Alcohol and Drug Services, affectionately known as (TOADS). Even with my dull life, I am not one usually to recommend the reading of government reports to folks I call friends, but this one is good stuff. The report deals with those clients who received treatment from the state’s block grant program. The 105 page report is slick and colorful and has a vast array of charts and maps to hold one’s attention. As you know, the block grant program dollars flow to the state from the Substance Abuse and Mental Health Services Administration in the United States Department of Health and Human Services. The Tennessee Bureau of Alcohol and Drug Abuse Services administers the state block grant program and distributes the funds to our 44 primary service providers across the state.

Back to the report, Chapter One reminds us that alcohol and drug addiction is a chronic, progressive, and relapsing disease. Chapter One goes on to serve as a good overview of the goals of substance abuse treatment and the different treatment modalities. Such material may well be helpful to new board members as well as potential board members as well as our friends in the media. Chapter Eight boils the material into a summary for our gentle readers and our public policy makers. 67.3% of all clients under the block grant program were abstinent six months after admission. Three aspects of treatment seemed to affect a client’s likelihood of abstinence: first, the continuum of care received, second, the length of treatment; and third, the participation in aftercare or AA/NA.

University of Memphis and the Bureau of Alcohol and Drug Abuse Services are to be commended in their partnership in creating this report. While not wishing to push my luck and recommend the reading of too many government reports, a comparable report from the same partnership is available for ADAT-DUI Outcome Evaluation for 2001-2002.

September was Recovery Month. I commend each of you who participated in special activities to recognize this special time. With apologies to Lincoln, the world will little note, nor long remember, what I say here, but it will never forget what you have done here. While progress seems slow at times, please do note that every event we do to convince others that treatment does indeed work is a step in the right direction.

Calendar Notes: State offices will be open on Monday, October 13, 2003 for the Columbus Day Holiday. State offices will then be closed for both the Thanksgiving Holiday and the Friday afterwards, November 27 & 28. Also in November, state offices will be closed on Tuesday, the 11th, for the Veteran’s Day Holiday.

The Board for Licensing Health Care Facilities will conduct a rulemaking hearing on the tuberculosis assessment rules for treatment providers on October 16, 2003, in Nashville.

Nathan Ridley is an attorney with the Nashville firm, Bout Cummings, Conners & Berry, PLC. You may contact him by e-mail at nridley@boutcummings.com.

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

For a free, confidential screening, call 615-244-4802

The TAADAS Offices will be closed on November 27 & 28 for the Thanksgiving Holiday.
The survey found that 30% of the population 12 and older, 71.5 million people, use tobacco. Most of them smoke cigarettes. But, the number of new daily smokers decreased from 2.1 million per year in 1998 to 1.4 million in 2001. Among youth under age 18, the decline was from 1.1 million per year in each year between 1997 and 2000 to 757,000 in 2001. This is a decrease from about 3,000 new youth smokers per day to 2,000 per day.

In 2002, there were 2 million persons who currently used cocaine, 567,000 of whom used crack. Hallucinogens were used by 1.2 million people, including 676,000 who used Ecstasy. There were 166,000 current heroin users. Among young adults 12-17, inhalant use was higher than use of cocaine.

The second most popular category of drug use after marijuana is the non-medical use of prescription drugs. An estimated 6.2 million people, 2.6% of the population ages 12 or older, were current users of prescription drugs taken non-medically. Of these, an estimated 4.4 million used narcotic pain relievers, 1.8 million used anti-anxiety medications (also known as tranquilizers), 1.2 million used stimulants and 0.4 million used sedatives. The survey estimates that 1.9 million persons ages 12 or older used OxyContin non-medically at least once in their lifetime.

Current illicit drug use is highest among young adults 18 to 25 years old, with over 20% using drugs. Youth ages 12-17 also are significant users, with 11.6% currently using illicit drugs. Among adults ages 26 and older, 5.8% reported current drug use. There were also 9.5 million full-time workers, 8.2%, who used illicit drugs in 2002. Of the 16.6 million illicit drug users ages 18 or older in 2002, 12.4 million were employed either full or part-time.

The 2002 survey found that 11 million people, 4.7% of the population ages 12 or older, reported driving under the influence of an illicit drug during the past year. Those age 21 reported the highest rate of driving while druged, 15%, but the rate was 10% or greater for each age from 17 to 25.

About 30.7 million people ages 12 to 20 (28.8% of this age group) reported drinking alcohol in the month prior to the survey interview. Of these, 7.2 million were binge drinkers (19.3%) and 2.3 million were heavy drinkers (6.2%). There were 33.5 million Americans who drove under the influence of alcohol at least once in the 12 months prior to the interview.

Of those 3.5 million people ages 12 or older who received some kind of treatment related to the use of alcohol or illicit drugs in the 12 months prior to the survey interview, 974,000

(Continued on page 17)
Adolescent Residential Treatment
(Co-Ed, Ages 12-18)

Alcohol and Drug Services
(Prevention, Intervention, Counseling, Assessments, Drug Screening)

Educational Services
(DUI School, Moral Reconciliation Therapy, Driver Improvement, Anger Management, Tobacco Free Teens, Life Skills)

Outpatient Counseling Services
(Individual, Group, Family)

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<td>204 E. Depot St., Suite 2B, Greeneville, TN 37743</td>
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<td>Sevier County</td>
<td>215 Court Ave., Suite 201, Sevierville, TN 37864</td>
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<td>204 Gay St, Erwin, TN 37650</td>
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RED RIBBON WEEK
OCTOBER 23-31

TAADAS will join others across the nation to raise awareness about drugs and encourage healthy choices as they celebrate National Red Ribbon Week, October 23-31, 2003.

Red Ribbon Week was established by Congress in 1988 to commemorate the work of Enrique "Kiki" Camarena, a DEA agent, who was murdered in the line of duty and has come to represent the belief that one person CAN make a difference in the fight against drugs. The Red Ribbon campaign promotes this belief and encourages a drug-free lifestyle and involvement in drug prevention efforts.

This year’s theme, "Unite for a Drug-Free World," helps create awareness of the drug problems facing every community, to develop parent and community teams to combat alcohol, tobacco, and other drugs; and to promote drug-free lifestyle for all Tennesseans.

Each day of Red Ribbon Week has a theme with corresponding activities. "Red Ribbon Week alone cannot solve our state's drug problems, but it can raise awareness and encourage participation in drug-free activities. Red Ribbon Week is one tool in a long list of prevention activities, and provides an excellent starting point for community-based prevention efforts," says Laura Durham, TAADAS Associate Director. For more information on Red Ribbon Week and some suggested activities, visit www.taadas.org.

COMPANIES FOREGO ALCOHOL AT BUSINESS EVENTS

Many businesses have decided against providing alcoholic beverages at company-sponsored outings, such as picnics, clambakes, golf outings, and Christmas parties, the Providence Business News reported August 11.

Event planners said serving alcohol at a company event raises liability issues and can also alienate non-drinkers.

"Alcohol just doesn't seem to be as big of a focus as it once was," said Richard Carbotti, president of Perfect Surroundings Inc., a special-events design and production company in Newport, R.I.

Carbotti said that companies that continue to serve alcohol at events have cut out the hard liquor and offer only beer, wine and champagne. Others just offer one or two free drinks to employees, rather than an open bar.

To address liability issues, John Bowen of Beacon Entertainment in Andover, Mass., said companies that serve alcohol at events often provide transportation.

"That covers them legally," Bowen said. They're able to say, 'We provided transportation and made sure our employees got to and from the party safely.'"
US has highest incarceration rate in World

The United States has the world's highest incarceration rate, with 5.6 million Americans, or 1 in 37 adults, in jail or prison, the Christian Science Monitor reported Aug. 18.

The report from the Justice Department marks the first time the government released estimates of the degree of imprisonment.

The numbers are surprising to many, considering that violent crimes have declined for several years and the country, for many years, had enacted get-tough policies.

'These new numbers are shocking enough, but what we don't see are the ripple effects of what they mean: For the generation of black children today, there's almost an inevitable aspect of going to prison,' said Marc Mauer, assistant director of the Sentencing Project, a nonprofit advocacy group based in Washington. 'We have the wealthiest society in human history, and we maintain the highest level of imprisonment. It's striking what that says about our approach to social problems and inequality.'

In addition to revealing the discrepancies in the prison experience, the report also shows the impact a prison record has on an inmate released from prison. For example, ex-felons are ineligible to receive public assistance or financial aid. In addition, they are not allowed to live in public housing or to vote in many states.

'What's why racial profiling has become such a priority issue for African-Americans, because it is the gateway to just such a statistic,' said Yvonne Scroggs-Leflax, chief operating officer of the Black Leadership Forum in Washington. 'It means that large numbers in the African-American community are disenfranchised, sometimes permanently.'

The report raises the issue of whether the high imprisonment rates are connected to a drop in crime over the past decade.

'A lot of people think that the reason crime rates have been dropping over the past several years is, in part, because we're incarcerating the people most likely to commit crimes,' said Stephan Theretron, a historian at Harvard University.

According to the report, the number of American adults in prison is expected to rise to 7.7 million, or 3.4 percent, by 2010.
CHRONIC DISEASE DEMANDS DIFFERENT TREATMENT, RESEARCH APPROACH

By Bob Curley

Researcher Tom McLellan has long contended that positive addiction-treatment outcomes shouldn't be about abstinence alone, but should factor in a broad range of improvements in areas such as family life, employment, and decreased involvement with law enforcement and the justice system.

Addiction treatment, he contends, should be held to the same standards of success used to judge treatment of other chronic diseases, such as diabetes, hypertension, and asthma, where relapse and noncompliance with therapy and medication are common.

But addiction researchers have made the mistake of trying to evaluate treatment as if they were dealing with an acute disorder, not a chronic one, said McLellan, scientific director of the Treatment Research Institute at the University of Pennsylvania School of Medicine. McLellan delivered the keynote address on Sept. 15 at the annual meeting of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) in Washington, D.C.

Studies like Project MATCH — widely considered a failure because it failed to show that any of the three treatment modalities studied were superior to the others — evaluated program success by looking at outcomes up to 36 months post-treatment. Post-treatment evaluation is the norm for addiction-treatment research, noted McLellan.

But research on other chronic diseases doesn't look at outcomes post-treatment, but at the effect of ongoing interventions like inhalers, ACE inhibitors, and diet and exercise regimens. In other words, said McLellan, doctors treating chronic hypertension, asthma, and diabetes take a disease-management approach to treatment, and that's the basis upon which researchers measure its success.

When Project MATCH found that only 23 percent of treatment participants were still abstinent 36 months after treatment, most observers took that to mean the interventions had largely failed. Outcomes researchers didn't even consider the improvements that occurred during the active-treatment period, said McLellan, or whether they might have been sustained with proper aftercare.

"Why does treatment seem so ineffective? ... We only look at the post-discharge results," said McLellan. "You can't possibly see a lasting effect if you don't have a cure for your illness."

Judged only by long-term abstinence, McLellan contends, programs like those evaluated under Project MATCH "couldn't possibly have succeeded."

"With a model that says you should have 'learned your lesson,' you will always see deterioration," he added.

A disease-management model for addiction treatment would require that patient progress be measured in predefined steps, and that relapse result in an intermediate step back, not removal from the program and a return to square one.

Frequent contact from program staff would be essential from both an outcomes and cost perspective, as experience in the care of other chronic illnesses demonstrates. "They care about you, but that's not why they're calling," said McLellan. "They're managing you because they want to keep you at the low end of the continuum of care, not where it's expensive."

Of course, for this model to work there has to be a continuum of care to work with. That includes more than one treatment modality, so if one doesn't work there's an alternative to refer the patient to, said McLellan.

McLellan said that while he had discussed these ideas in-depth with officials like National Institute on Drug Abuse Director Nora Volkow, M.D., the Office of National Drug Control Policy, headed by drug czar John Walters, has been less receptive.

'The drug czar hates the idea of addiction as a chronic illness, but continuing care doesn't imply that every case is chronic," he said. "It doesn't mean you have no responsibility for it. In fact, McLellan noted, accepting responsibility for one's own actions is one of the central tenets of 12-step programs.

The only exposure to treatment many politicians have is showing up for a big graduation ceremony that honors addicts or alcoholics as they prepare to make the transition from a residential program back to the real world.

But such events fly in the face of a continuing-care model and, indeed, the principles of AA, McLellan said.

"You're not going to graduate from addiction," he said. "It's a lie."

This feature story originally ran on TAADAS News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted via email at curleybob@attglobal.net.
TAADAS Elects Board Officers

On Thursday, September 11th, the Tennessee Association of Alcohol and Drug Abuse Services (TAADAS) elected a new slate of Board Officers. Frank Kolinsky and Allen Richardson have served as President and Vice President respectively for the past two years. The pair are stepping aside to make way for our new leaders. Under Kolinsky and Richardson's leadership, TAADAS has grown tremendously in several areas such as Membership, the Clearinghouse, and the Partnership for a Drug-Free Tennessee. "I have never been on a losing team. And TAADAS is a winning team," says Kolinsky. "Even though, I no longer hold an office on the Board, I plan to continue being active member of the association, serving on various committees such as the Building Committee and the TennCare Roundtable Committee. It is gratifying to know that we have elected a great team to lead us into the next phases of our association."

Effective October 1st, the new Board Officers will be Jacques Tate, Executive Director of Harbor House, Inc. in Memphis, as President. Dr. Douglas Harr, Executive Director of the Council on Alcohol and Drug Abuse Services (CADAS) in Chattanooga will be Vice President. And Mike McLoughlin, Executive Director of Memphis Recovery Centers in Memphis has agreed to serve as Secretary/Treasurer.

"It's an honor to be elected President of the Board of Directors of TAADAS. I am looking forward to working with this team of highly skilled professionals in the field of substance abuse in furthering the mission of TAADAS. With a team like this, we can look forward to having a great year in championing the cause!" says Jacques Tate. As a certified counselor for compulsive gambling, Jacques will be an invaluable resource for TAADAS' new Tennessee Institute on Compulsive Gambling initiative. His associations with the Youth Empowerment, Inc. Fellowship of Christian Athletes and the Congress of National Black Churches will be a great benefit to TAADAS' Faith Based Training initiative as well.

Tate has been in the field of alcohol and drug abuse services for the past 13 years. He has been with Harbor House, Inc. of Memphis for twelve years, the last three of those as the Executive Director.

Dr. Harr's hope as Vice-President, is that TAADAS will continue to be the Voice of Addiction Treatment Providers in Tennessee. "It is my hope/goal that we will continue to educate the community at large about all we do in the battle with the Nation's Number One Health Problem Substance Abuse. We must foster increased support for our noble cause!" says the newly elected TAADAS Vice President. Dr. Harr became a member of to a role he played four years ago on the TAADAS Board. "In 1999 I was the Secretary Treasurer but at that time TAADAS was struggling to survive. Sometimes there were only four of us meeting at Union Station. We have come a long way in these last four years with the help of many good people. My expectation for the coming year is that TAADAS will continue to grow as an organization recognized as the professional representation of the addiction treatment field in Tennessee," said Secretary/Treasurer, Mike McLoughlin.

McLoughlin has worked in the counseling field since the early eighties, and has been at for Memphis Recovery Centers since 1985 when it was "Memphis House" under the late John Foote's leadership. McLoughlin has been in the Executive Director since January 1999.

Congratulations to our New Officers!

Stay Tuned!!

Upcoming TAADAS Initiatives...

✶ Development of a statewide initiative to build capacity for educating the clergy on substance abuse issues.

✶ TAADAS leads efforts for Prevention Special Certification for Tennessee.

✶ TAADAS to establish 'Tennessee Institute on Compulsive Gambling' to be established by TAADAS with a mission of providing educational resources, prevention information, and treatment options for the compulsive gambler and clinicians who treat the disorder.
**WORKSHOPS & TRAININGS**

**Addiction Severity Index**
Facilitator: Frances Clark, A&D Council, Nashville, October 25, Contact Susan Young, 615.269.0029

**ASAM—Revised**
Facilitator: Frances Clark, A&D Council, Nashville, November 8, Contact Susan Young, 615.269.0029

**Stress Reduction**
Facilitator: Sharon Trammell, LeBonheur, Memphis, October 10, Contact Jane Abraham, 901.828.1332

**Ethics**
Facilitators: Keith Henderson & Jane Abraham, LeBonheur, Memphis, October 25, Contact Susan Young, 615.269.0029

**Understanding the Hip Hop Culture**
Facilitator: Eddie Woods, Jackson, October 24, Contact Amanda Hopkins, 731.423.3653

**Recreational Therapy**
Facilitator: Susan Matthews, LeBonheur, Memphis, November 1, Contact Jane Abraham, 901.828.1332

**Eating Disorders: Misunderstood, Mistreated & Misdiagnosed**
Facilitator: Shelley Doumani, Jackson, October 24, Contact Amanda Hopkins, 731.423.3653

**Open Ears, Open Mind, Open Heart**
Facilitator: Kathy Benson, Jackson, October 24, Contact Amanda Hopkins, 731.423.3653

**Alzheimer’s Disease vs. Korsakov’s Syndrome**
Facilitator: Cecelis Hooks, LeBonheur, Memphis, November 22, Contact Jane Abraham, 901.828.1332

**Primary Function #9: Client Education**
Facilitator: Tammy Pankey, Helen Ross McNabb Center, Knoxville, September 25-26, Contact Martha Culberson, 865.637.9711

**FEATURED PUBLICATIONS**

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.

"Choices: Helping Your Child Make the Right Ones" is focused on how to aid your child in making good life choices. It can help you learn the differences between protective factors and risk factors. With the help of a child development expert, "Choices" explores the risk factors that influence your child and offers sensible tips on reducing them in your child's life. There's also timely advice on promoting and strengthening protective factors.

"Tobacco: Helping Your Child Say No!!" is designed for parents of adolescents. This guide takes you on a step-by-step process on how you can help your child make rights decisions right now. It gives practical advice on how to get your child involved in healthy activities, explains the effects of adolescent peer pressure, and how to talk to your child about not smoking. This booklet also covers the tough issues of why teens smoke, the law and underage smoking, and the health risks involved. The final section offers information on other free resources, as well as brief questionnaire for you and your child to get the discussion started.

To get your free copy of either of these publications, or any of the hundreds of other prevention materials, call the Clearinghouse at 615.780.5901 ext 5 or order online at www.taadas.org.

**STUDY SAYS EARLY SMOKING TIED TO ADDICTION**

Animal studies show that smokers who start young may be more prone to addiction than those who start using cigarettes later in life, according to a Sept. 10 press release from the Duke University Medical Center.

Duke researchers looked at the amount of nicotine administered by adolescent rats and compared the results to self-administration by rats first exposed to the drug in adulthood. The younger rats used twice the amount of nicotine as the older ones, and this high level of use continued to adulthood.

The results indicate that early nicotine exposure can leave a lasting imprint on the brain," said Edward Levin, Ph.D., professor in the psychiatry and behavioral sciences department at Duke University Medical Center and a researcher at Duke's Nicotine Research Center.

"The great majority of tobacco addiction begins during adolescence, yet little is known about differential effects of nicotine in adolescents versus adults," Levin added. "The brain continues to develop throughout the teenage years. Early nicotine use may cause the wiring of the brain to proceed inappropriately. In essence, the brains of adolescents who use tobacco may be sculpted around an addiction to nicotine."

The study appears in the September 2003 issue of the journal Psychopharmacology.
**Featured Video:**

**I Can’t Breathe: A Smoker’s Story**

The Clearinghouse has over 700 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of our collection. In recognition of the Great American Smokeout on November 20th, this edition’s Feature is **I CAN’T BREATHE: A Smoker’s Story**

A 20 minute video about Pam Laffin, 31 years old who died from emphysema. In the program Pam tells why she started smoking & what it was like to learn she had emphysema. Despite her illness she was committed to share her story so others might learn from her. (COMES WITH A MODERATOR’S GUIDE). For ages 11 to adult.

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50. Call the Clearinghouse at 615.780.5901 ext 6 to check out this or one of the other videos in our collection. A complete video catalog is available online at www.taadas.org.

**Online Job Listings at TAADAS!**

Many times, people who are looking to move to the area will call TAADAS to see if we know of any job openings. Or people looking to get into the field will call to see how they can get started. In the past, we would give the caller the number to area programs and they’d have to call around to see if there was anything for them.

That has prompted TAADAS to create a page on the TAADAS website specifically for available positions in the substance abuse services field in Tennessee. What better place to look for or advertise your vacancies than the state association?? Last year, we had an average of 10,362 visitors to the TAADAS website per month. And unlike most people reading a newspaper ad, these people have some interest and or knowledge of substance abuse.

TAADAS members will be able to place a standard job listing for **FREE**! Job Listings will run for 1 month unless otherwise notified to change the listing. Non-TAADAS Members will be offered the opportunity to place a listing for a fee of $30/month for the first listing and $15/month for each additional listing per agency.

Blind Ad Option: Also available is the option to run a "blind" job listing, with replies being made to the TAADAS office and forwarded to you, so that you can advertise an opening without making your employment needs public and without getting phone calls asking if the job has been filled yet. The fee for a blind ad would be $25 for both TAADAS Members and Non-Members.

We have a couple listings on our page already, and there has to be more!

Check it out for yourself click on... www.taadas.org and click on “The Association”. Then choose Employment Opportunities from the list on the left.

For more information or to submit an ad, contact Tammy Williams at 615.780.5901 ext 12 or you may email your requests to membership@taads.org
Rise in Drug-Abuse Related Narcotic Pain Medications in Ers

SAMHSA Releases 2002 DAWN Survey

Narcotic pain medications implicated in drug-abuse related emergency room visits rose 20% from 2001 to 2002, according to new estimates from the Drug Abuse Warning Network (DAWN), released in September by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services (HHS). Emergency department mentions of narcotic pain medications rose from 99,317 in 2001 to 119,185 in 2002. The rise from 2000 to 2002 was 45%.

The 2002 DAWN estimates 670,307 drug-abuse-related hospital emergency department visits in the continental United States in 2002, about the same as drug-abuse-related visits in 2001. In DAWN a single drug abuse visit may include multiple drugs as many persons are poly-drug users. On average, each visit involved 1.8 drug "mentions". DAWN measures mentions of specific illicit, prescription and over-the-counter drugs that are linked to drug abuse in visits to hospital emergency departments.

"We must educate the public about the dangers of misuse of prescription medications," Health and Human Services Secretary Tommy G. Thompson said. "We must continue to strengthen our prevention programs and build substance abuse treatment capacity so that people don't abuse drugs and tax the medical and economic resources of our emergency departments.'

The new DAWN data show that emergency department mentions of marijuana increased 24% from 2000 to 2002. This is especially noteworthy because in the past marijuana was frequently reported along with other drugs. Now, the number of visits for only marijuana rose 45% from 2000 to 2002.

"This report proves that marijuana is more harmful than many people think," said White House Director of National Drug Control Policy John Walters. "The rising levels of marijuana potency that we've seen over the last several years correspond with dramatic increases in people seeking emergency medical care for marijuana-related incidents. The huge decline in LSD mentions serves as a lesson that when we push back against a drug problem with a balanced supply and demand-reduction strategy, we save lives.'

One life corrupted by drug use is one too many. Effective prevention and treatment programs are key to helping reduce the needless waste of health, justice and economic resources that results from abuse of drugs," said SAMHSA Administrator Charles G. Curie. "We are working with states and local drug treatment providers to build treatment capacity. SAMHSA expects that President Bush's new Access to Recovery program to provide for treatment will be key to those efforts.'

There was a dramatic 84% decline in mentions of LSD from 1995-2002, but there was a resurgence in visits involving PCP, particularly in Philadelphia and Washington D.C. The two most frequently mentioned substances, alcohol in combination with other drugs, and cocaine, were stable, and the rapid growth seen previously for emergency department visits involving Ecstasy and GHB has waned.

DAWN relies on a sample of hospital emergency departments chosen to represent hospitals nationally and in 21 metropolitan areas. In 2002, 437 hospitals participated in DAWN.

The six most frequently mentioned drugs of abuse in the 2002 DAWN were alcohol in combination with another drug, cocaine, heroin, marijuana, anti-anxiety drugs (benzodiazepines) and narcotic painkillers. Together they accounted for 7 out of 10 drug mentions in drug-abuse-related emergency room visits in 2002.

DAWN estimates there were significant increases in emergency room visits related to drug abuse in three of the 21 metropolitan areas surveyed in
2002 DAWN Survey Continued...

(Continued from page 12)

DAWN, New Orleans, which increased 22% from 2001 to 2002 from 3,729 visits to 4,566; Buffalo, which increased from 3,356 to 3,844 in one year; and Baltimore, which had an 11% increase in drugs abuse-related visits to hospital emergency departments from 11,625 in 2001 to 12,904 in 2002. Significant decreases in drug abuse visits were found in Dallas and San Diego.

Marijuana: Marijuana mentions in hospital emergency rooms increased from 19 to 47 mentions per 100,000 population from 1995 to 2002, with the increase affecting patients in all age groups. Increases in marijuana mentions were evident in Newark, Miami and Baltimore. Decreases occurred in Dallas, San Francisco, Chicago and Seattle.

Prescription Drugs: Abuse of anti-anxiety drugs (benzodiazepines) and narcotic pain relievers were each mentioned as often in hospital emergency rooms as heroin or marijuana in 2002, but ranked below mentions of cocaine and alcohol. Together, anti-anxiety drugs (benzodiazepines), antidepressants and narcotic pain medications constituted 87,572 emergency department mentions in 2002, or 24% of total emergency department drug mentions. Narcotic pain medications accounted for 10 per cent of total drug mentions in hospital emergency department visits related to drug abuse in 2002. Over the eight-year period from 1995 to 2002 mentions of narcotic pain medications rose 163% from 45,254.

Cocaine: Cocaine mentions were statistically unchanged from 2001 to 2002, but have increased 47% since 1995, from 135,711 to 199,498 in 2002. Over one-fifth of the cocaine mentions in 2002 were attributed to crack.

Heroin: Heroin mentions were statistically unchanged from 2001 to 2002 but increased 35% since 1995 from 69,556 to 93,519 in 2002. There were increases in heroin mentions in Seattle, Buffalo, Denver and Baltimore and decreases in mentions in Dallas, Phoenix, and San Diego.

Significant increases were found in Seattle, Buffalo, New Orleans and Baltimore. Decreases were noted in Dallas, Denver, Phoenix, and San Francisco.

The demographics of emergency department drug abuse-related visits indicate increases for patients age 18-25 from 127,110 to 140,475 from 2001 to 2002. This compares to an increase from 88,540 to 101,541 in the age 45 to 54 group and an increase from 26,036 to 30,987 in the age 55 and older group.

The full report is available online at http://DAWNinfo.samhsa.gov. SAMHSA is a public health agency within the U.S. Department of Health and Human Services. The $3.2 billion Agency is responsible for improving the accountability, capacity and effectiveness of the Nation’s substance abuse prevention, addictions treatment and mental health service delivery systems.

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MINNESOTA
CHARTER SCHOOL
TARGETS ADDICTED
STUDENTS

A new charter school being proposed for Dakota County, Minn., would serve students recovering from alcohol and other drug addiction, the Associated Press reported Aug. 12.

Called Sobriety High School, the program is designed to keep students in recovery away from friends at former schools who influenced them to drink or use drugs.

"Sending a kid back to school where there's a bunch of using friends is like sending a drunk back to a bar," said Jim Czarnecki, chief executive of Sobriety High, one of the few recovery schools in the country. Currently, Sobriety High runs two private programs in Edina and Maplewood. Program officials are working towards becoming a charter school sponsored by Dakota County's Intermediate School District 917.

The charter school, which would be publicly funded, is expected to open its campus in Dakota County in the fall of 2004.
RECOVERYFEST 2003 DRAWS THOUSANDS TO DOWNTOWN NASHVILLE WITH POSITIVE STORIES OF RECOVERY CELEBRATED WITH MUSIC, FOOD AND FELLOWSHIP

Nashville’s tribute to National Alcohol and Drug Addiction Recovery Month brought more than 2,500 people to the downtown area Saturday September 6th to listen to personal stories of battles with addiction and celebrate those in recovery.

“When we tell people we had 2,500 here celebrating recovery, it gives them hope that by next year’s event, they, too, can be a member of Middle Tennessee’s recovery community,” said Vernon Martin, director of the Nashville Area Recovery Alliance (NARA), one of the groups responsible for planning RecoveryFest 2003.

Throughout the event, Master of Ceremonies Eric Renegar, who’s own story of recovery includes beating addiction to alcohol and drugs that lead to a suicide attempt, called for more substance use treatment services and better coordination of existing services.

“All those things that people used to be ashamed of are all the things we should be proud of, because we got over them, and they helped make us the people we are today,” said Renegar.

Folk artist Steve Earle, singer and song writer Bob DiPiero and pianist John McAndrew were among the performers at The Hall of Fame/Hilton Park for RecoveryFest 2003. Booths lined the perimeter of the park, allowing recovery organizations, treatment agencies and artisans from all over Middle Tennessee to show how they have celebrated life since recovering from drug and alcohol abuse.

“RecoveryFest 2003 provided the opportunity for all of us to get together and celebrate our recovery, to be happy, joyous and free,’ said Clarence Jordan of Foundations Associates, a treatment agency specifically targeting addicts with co-occurring disorders. ‘This event helps us show that we’ve moved percent of those in need of treatment for a problem with illicit drugs did not seek or receive treatment. Among those most in need of effective, coordinated services are men, women, and youth who are addicted to drugs and/or alcohol and may also have a co-occurring mental disorder or co-existing physical illness.

Millions of people are in need of treatment for both substance abuse and mental disorders, but too often they are undiagnosed, misdiagnosed or slip through the cracks entirely, such as those in our nation’s homeless population. Half of the people living in our streets have co-occurring mental and substance abuse disorders.

“SHARE Songs of Hope, Awareness and Recovery for Everyone’ shared former country artist Steve Earle with the crowd at the event.

Not only do people with co-occurring substance abuse and mental disorders need to be diagnosed, but both disorders must be treated because failure to do so almost assures an exacerbation of health problems.

As the U.S. Substance Abuse and Mental Health Services Administration’s Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders points out: “If one of the co-occurring disorders goes untreated, both usually get worse and additional complications often arise. The combination of disorders can result in poor response to traditional treatments, and increases the risk for other serious medical problems (e.g., HIV, hepatitis B and C, and cardiac and pulmonary diseases).”

During September, communities nationwide joined together to help people recognize that substance abuse or addiction to drugs and alcohol is a treatable disease, and that treatment is as effective as it is for other chronic medical conditions, such as diabetes and high blood pressure. However, in the case of co-occurring mental disorders or co-existing physical illnesses, it is important that the substance use and mental and physical conditions be treated simultaneously in a coordinated manner.

During Recovery Month, special efforts were be made by the Nashville Area Recovery Alliance (NARA), the Tennessee Association of Alcohol and Drug Addiction Services (TAADAS), and the Alcohol and Drug Council of Middle Tennessee to reach out to the health care provider and payer community to encourage their support for effective, available treatment for all those in need.

Recovery Month celebrates the successes of individuals who are in recovery and acknowledges those in the treatment field who dedicate their lives to helping men, women and children with addictions.
The PathFinders, Inc. Recognizes Recovery Month with Picnic

The PathFinders, Inc. hosted a barbecue and program at its Residential Detox/Rehab facility in Castalian Springs to celebrate Recovery Month and its 14th Anniversary on September 10. This year's Recovery Month theme, "Join the Voices for Recovery: Celebrating Health" invited everyone to join the recovery community in improving the quality of treatment programs and coordinated services in an effort to eradicate the disease of addiction to all in need of treatment services.

Approximately 125 people, including treatment providers, past and present patients, representatives from the legal system, and others in the recovery community attended the picnic and enjoyed the band and barbecue as well as the inspirational speaker. Treatment providers from all over the state were present not only to celebrate Recovery Month with PathFinders but to also attend the Advisory Committee Meeting that was held immediately following the picnic.

“We were pleased that the State Advisory Committee met at The PathFinders as many had never been here before. It is important for the Advisory Committee to visit facilities so that they can understand the capabilities and needs of the organizations across the state,” said Dan Hoyle, founder and president of The PathFinders. “We thank everyone who attended for making the picnic such a success. We hope to continue having an annual celebration each September for Recovery Month."

For more information about PathFinders, Inc. or any of their programs, log onto their website www.pathfinders.tn.org

People from across the state including current and previous clients as well as other treatment providers attended Pathfinders, Inc.'s Anniversary & Recovery Month Barbeque on Wednesday, September 10th.

E. M. Jellinek Center, Inc.
Hope and Help for Chemically Dependent men in Knoxville, Tennessee

“Believe or Leave”

A proud member of the TAADAS Team!
22 Million Suffer concluded....

(Continued from page 5)

received treatment for marijuana, 796,000 received treatment for cocaine, 360,000 received treatment for non-medical use of narcotic pain relievers, 277,000 for heroin, and 2.2 million received treatment for alcohol.

Trends in lifetime use of substances were calculated from the 2002 survey based on reports of prior use. Use of pain relievers non-medically among those ages 12-17 increased from 9.6% in 2001 to 11.2% in 2002, continuing an increasing trend from 1989 when only 1.2% had ever used pain relievers non-medically in their lifetime. Among young adults, ages 18-25, the rate of ever having used pain relievers non-medically increased from 19.4% in 2001 to 22.1% in 2002. This rate was 6.8% in 1992.

For teens ages 12-17, the lifetime LSD rate is down from 3.3% of this population to 2.7%, the Ecstasy rate is up slightly from 3.2% to 3.3%, cocaine use is up from 2.3% of this population to 2.7%, and inhalant use is up from 9% in 2001 to 10.5% in 2002.

In 2002, the survey found, over 83% of youth ages 12-17 reported having seen or heard alcohol or drug prevention messages outside of school in the past year. Youth who had seen or heard these messages indicated a slightly lower past month use of an illicit drug (11.3%) than teens who had not seen or heard these types or messages (13.2%).

There are 4 million adults who have both a substance use disorder and serious mental illness. In 2002, there were an estimated 17.5 million adults ages 18 or older with serious mental illness. This is 8.3% of all adults. Adults who used illicit drugs were more than twice as likely to have serious mental illness as adults who did not use an illicit drug. Among adults who used an illicit drug in the past year, 17.1% had serious mental illness in that year, compared to 6.9% of adults who did not use an illicit drug.

Among adults with serious mental illness in 2002, over 23%, were dependent on or abused alcohol or illicit drugs. The rate among adults without serious mental illness was only 8.2%. Among adults with substance dependence or abuse, 20.4% had serious mental illness, compared with 7% among adults who were not dependent on or abusing alcohol or drugs.

The survey is based on interviews with 68,126 respondents who were interviewed in their homes. This includes persons residing in dormitories or homeless shelters. The interviews represent 98% of the population ages 12 and older. Not included in the survey are persons in the active military, in prisons or other institutionalized populations or who are homeless.

Recovery Month is a celebration of the accomplishments of people in recovery. Since its inception, it has highlighted the strides made in substance abuse treatment. This year's theme, 'Join the Voices for Recovery: Celebrating Health' emphasizes that addiction to alcohol and drugs is a chronic, but treatable, public health problem that affects everyone in the community. Recovery Month is celebrated to promote the message of recovery, applaud the courage of people in recovery and recognize the contributions of treatment providers. More than 90 organizations and individuals partner with SAMHSA in the Recovery Month planning process.


For more information contact the U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201 Phone: 202-625-257 www.hhs.gov
CASE MANAGEMENT: A WAVE OF THE FUTURE

By: Kem Edwards and Helen Edwards

Case management is an expanding field and pertinent for clients who are in need of support and services. H & K Edwards, LLC conducted an eleven-week action research case study, on how to improve making more follow up calls. Some of the concerns given by professionals who are experiencing problems making follow-up calls (i.e. nurses, case managers, and counselors etc.) are the following:
- Being overloaded with paperwork
- A large caseload
- Spending a lot of time searching for resources to assist their clients
- Preparing multiple reports
- Just not enough time in a work day

Results: H & K Edwards, LLC found that the problems with making more follow-up calls were not the above concerns, but the lack of organizational and time management skills. By the end of the eleven-week action research case study, they discovered their subject was able to call all of her (42) clients within 1½ to 2 hours each week, as result, her calling percentage increased from 15-25 percent to 100 percent. Also, she was able to spend more time on her other work tasks.


To contact authors concerning workshops, training, and seminars at hkedwardscompany@yahoo.com or 901-380-7906.

About the authors:

Kemberley Edwards is Co-owner of H & K Edwards, LLC, a behavior health consultant firm. She has served as a Mental Health Counselor for 10 years with Shelby County Government. Ms. Edwards assisted in the development of the infrastructure, and training of new Counselors for the Memphis/Shelby County Central Intake Unit. She has served as a Counselor with Shelby County Correctional Center. Ms. Edwards does extensive volunteer work, where she speaks with elementary, middle, and high school students in Memphis City Schools and Job Corp. about saying no to drugs & alcohol. Ms. Edwards received her Bachelor of Arts Degree in Sociology and Criminal Justice from LeMoyne-Owen College in Memphis, Tennessee; a Master of Science Degree in Education Instruction and Curriculum Leadership from the University of Memphis in Memphis, Tennessee. Ms. Edwards is a member of Tennessee Association of Alcohol and Drug Abuse Services, Inc. and The National Association of Alcohol & Drug Abuse Counselors-The Association for Addiction Professionals.

Helen C. Edwards is Co-owner of H & K Edwards, LLC, a behavior health consultant firm. She is also a Program Administrator Specialist & ABE/GED Instructor for Shelby County Correctional Center. She has served as a classroom teacher in Haywood County Schools, and Assistant Vice-President/Manager with United American Bank. Ms. Edwards received her Bachelor of Science Degree in Education from Lane College in Jackson, Tennessee.

11th Annual Operation Stand Down Event Planned

Operation Stand Down Nashville, Inc. is planning the 11th Annual Operation Stand Down for homeless veterans at the Tennessee State Fairgrounds October 31st, November 1-2. The military term 'Stand Down' describes the movement of soldiers in combat to a safe place. Since 1993, a coalition of over fifty Nashville organizations has used this concept to organize a three-day event for veterans who are homeless. The event provides outreach, information and a variety of services for the area's homeless veterans. The event has been held annually each fall. The coalition remains committed to help veterans who are homeless reestablish their community ties.

Registration will be held Friday, October 31, 2003 beginning at 7 AM and continuing throughout the weekend. Participants may pre-register by coming to the Operation Stand Down Nashville, Inc offices.

A variety of services and information are planned for the event. Homeless Veterans will be able to spend the weekend there if they want or if they can come one day and leave. Services will include a variety of information from various social service agencies, thorough medical exams, eye exams, dental exams, legal assistance, food, entertainment, counseling, and more. For more information on the event, call 321-3919 or log on to www.osdnashville.org.

Recovery Month Breakfast Concluded...

(Continued from page 3)

**Special Thanks to CADAS in Chattanooga and Haberdash House, Inc. of Memphis for sharing their photo's from the breakfast. Log onto the TAADAS website, wwww.taadas.org for more pictures from the Breakfast!**
What is TAADAS?
TAADAS, the Tennessee Association of Alcohol and Drug Abuse Services, Inc. is a statewide advocacy association whose mission is to educate the public and influence state and national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.

How long has TAADAS been in existence?
March of 2001 marked TAADAS’ 25th anniversary. TAADAS began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.

Does TAADAS have any programs?
Yes. Through a grant from the Tennessee Department of Health, TAADAS operates the Statewide CLEA MGHouse and the Tennessee REDLINE. The CLEA MGHouse is a resource center for substance abuse related materials. The CLEA MGHouse includes a lending library of both books and videos, free literature for the general public as well as clinicians, and a research area. The Tennessee REDLINE is a confidential information line to help people find available substance abuse services in their area. TAADAS also serves as the host organization for the Partnership for a Drug-Free Tennessee, the Tennessee state alliance for the Partnership for a Drug-Free America. TAADAS is the home of Recovery Books & Things—a store featuring self help and recovery oriented books as well as recovery gift and novelty items.

What does TAADAS do?
TAADAS’ purpose is to promote the common interest in the prevention, control, and eradication of alcoholism and drug dependency and to promote such other programs as approved by the Association; to work in close cooperation with agencies interested in alcohol and drug problems; to further a sense of fellowship and helpful relationships among members of the Association; to facilitate cooperation with all agencies interested in the health and welfare of the community to impact legislation regarding alcohol and drug abuse; to educate the community regarding alcohol and drug abuse issues; to encourage and support development of alcohol and drug services in areas that are underserved; to enhance the quality of services provided by TAADAS members.

Who can join TAADAS?
Anybody can join TAADAS. The only real requirement is that you have a desire to be part of the movement to improve services for those affected by alcoholism and substance abuse. There are various levels of membership in the Association including Students, Individuals, Corporate and Sustaining.

Why should I join TAADAS?
TAADAS wants to keep alcohol and drug abuse issues in the forefront when funding decisions are made and legislative agendas are developed. As an association we need your opinion and input on the direction of the substance abuse field in Tennessee.

There truly is “strength in numbers”!!

What are some of the benefits of Membership in TAADAS?
✓ Advocacy
✓ First Generation Information on policy issues
✓ Strong voice for parity issues
✓ Unparalleled Networking opportunities with others in the Substance Abuse Community across the state
✓ Free Subscription to the TAADAS Times, which is a bi-monthly newsletter bringing the latest news, agency profiles, training, and conference information
✓ Special discounted hotel rates in Nashville
✓ Discounts at Recovery Books & Things
✓ Job Postings
✓ Membership certificate suitable for framing

How do I join TAADAS?
To join TAADAS and influence the future of alcohol and drug services in Tennessee, simply fill out the Membership Application on the back page and return it to the TAADAS office. Be part of a “fresh approach” dealing with the issues that affect service providers, substance abuse professionals, the recovery community, their families, friends, and allies statewide.

TAADAS Members

Sustaining Members
Agape, Inc, Knoxville
Alcohol & Drug Council of Middle TN, Nashville
Buffalo Valley, Inc., Hohenwald
CADDAS, Chattanooga
Comprehensive Community Services, Johnson City
E.M. Jellinek Center, Knoxville
Grace House, Memphis
Harrow House of Memphis, Memphis
Hope of East Tennessee, Oak Ridge
JACDA, Jack son
Jack Curner, Knoxville
Jackie Nieler, Savannah
Memphis Recovery Center, Memphis
The Pathfinders, Inc., Gallatin
Place of Hope, Columbus
Renewal House, Inc., Nashville
Samaritan Recovery Community, Inc., Nashville
Serenity Recovery Center, Memphis
Synergy Treatment Center, Inc., Memphis

Corporate Members
Boult, Cummings, Conner, & Berry, PLC Center for Youth Issues, Nashville, Inc.
Discovery Place, Inc.
Lloyd C. Elam Mental Health Center
Flower Children Agency
The Guidance Center
Harbor House, Inc., Board of Directors
Keystone Recovery Center, Inc.
Nashville Drug Court Support Foundation
Operation Stand Down Nashville
Samaritan Recovery Community, Inc.
- Board of Trustees
The Filmmaker’s Club
TN Dental Association—Concerned Dental Professionals
TN Professional Assistance Program
TAS Programs
TAS Programs

Student Members
Deborah Adams
Elizabeth Andrews
J. Kevin Johnson
Gregory Gray
Sheel Powell
Alex Tijen

Individual Members
Becky Allen
Marvin Altstatt
Sandra Ashley
Thomas Bankbridge
CJ Baker
Stuart O. Brown
APPLICATION FOR MEMBERSHIP IN TAADAS

Joining TAADAS entitles you to a host of benefits not the least of which is recognition as an active supporter of the voice of Alcohol and Drug Abuse Services in Tennessee. There are various levels of membership in TAADAS, varying from student—sustaining membership. Fill out the application and return it to the TAADAS office if you’d like to join TAADAS in providing accurate information about alcohol, tobacco and other drugs, and influencing public policy decisions that support credible education, prevention, and treatment services in Tennessee. Your support will help develop a positive and creative prevention and treatment strategy that will end the “shoveling up” of the wreckage caused by alcohol and other drug abuse in Tennessee.

Date: ______________________ Referring Member: (If Applicable) __________________

Level of Involvement: Student: $20 ___

          Individual: $50 ___

          Corporate: $250 ___ $100 ___ $500 ___ $100 ___ Other: $ __________

Name: ________________________________________________________________

Agency: __________________________________________________________________

Address: __________________________________________________________________

City: ___________________ State: ___________ Zip Code: ______________

Phone: ___________________ Toll Free: ___________________ Fax: ______________

Website: ___________________ Email address: __________________________

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TAADAS’ Mission

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