Addiction Recovery—Healing Lives, Families, and Communities

Millions of Americans have substance use disorders. Millions more people live in households with people who have had problems with alcohol or drugs. As many as 63 percent of Americans say that addiction to alcohol or other drugs has had an impact on them at some point in their lives, whether it was the addiction of a friend or family member or another experience, such as their own personal addiction.

In addition, the 2003 National Survey on Drug Use and Health shows that serious mental illness was highly correlated with substance dependence or abuse in 2003.

Dependence on and abuse of alcohol and illicit drugs, which include nonmedical use of prescription-type drugs, are defined using the American Psychiatric Association’s criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). Dependence reflects a more severe substance problem than abuse; individuals are classified with abuse of a particular substance only if they are not dependent on that substance.

But there is hope, because like other chronic mental disorders, substance use disorders are medical conditions that can be treated effectively. To enable more people living with these disorders to get help, there is a need to improve assessment and referral services, increase access to treatment, change insurance coverage practices that handle substance use disorder treatment differently than the treatment of other medical disorders, and support ongoing recovery. The following overview outlines the impact of substance use disorders in our society and discusses ways to help people receive treatment or other services that can heal lives, families, and communities nationwide.

(Continued on page 2)

Are Licensed Alcohol and Drug Abuse Counselors in TN satisfied with their Jobs?

By Eric Avery, PhD

I owe many thanks to the TN Licensed Alcohol and Drug Abuse Counselors (LADAC’s) who participated in my recent research project as part of my Doctorate Dissertation. This was a survey research project conducted this year during the months of January through March 2005. A total of 216 (46%) of the 468 licensed alcohol and drug counselors responded and provided complete responses for the purposes of this study. I was impressed and overwhelmed with the terrific response. I thank you. As I promised I want to share the results with the participants and TAADAS was kind enough to allow me the opportunity to share the findings in the TAADAS Times. I believe that everyone in the alcohol and drug abuse field will find the results of interest.

(Continued on page 3)
Addiction Recovery Continued...

(Continued from page 1)

Impact of Substance Use Disorders

Substance use disorders are a major public health problem in the United States.

- In 2003, an estimated 21.6 million Americans were classified with substance dependence or abuse.

- An estimated 19.5 million Americans were current users of illicit drugs in 2003, meaning they had used an illicit drug at least once during the month prior to being interviewed.

- About 54 million Americans in 2003 said they had participated in binge drinking (5 or more drinks on the same occasion) at least once in the last 30 days. A “drink” is defined as a can or bottle of beer, glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it.

- Nearly 16.1 million said they were heavy drinkers (had 5 or more drinks on the same occasion on at least 5 days during the past month).

The total expenditure for treatment of substance abuse in the United States was $11.9 billion in 1997. This number does not reflect the costs not directly related to treatment, such as the impact of substance abuse on developing children, productivity, ability to hold a job and earn income, costs due to drug-related crimes, or housing, and other accommodation subsidies. The total estimated social costs that can be attributed to substance abuse in 1997 is $294 billion. Substance use disorders do not only affect those in need of treatment. Of the 63 percent of Americans affected by substance use disorders, 72 percent are affected by the disorder of a family member. Thus, helping one person achieve recovery from a substance use disorder through effective treatment programs and other support services can improve many lives.

Assessment and Referral to Treatment Are Vital

Substance use disorders are medical conditions that can be effectively treated, just as mental disorders are treatable. Yet it is important to understand the distinction between recovery and treatment. Recovery, the process of initiating and maintaining abstinence from alcohol or other drug use, frequently requires multiple episodes of treatment. For many, treatment involves multiple interventions and attempts at abstinence, and treatment can occur in a variety of settings, in many different forms, and for different lengths of time.15,16 Treatment of both mental and substance use disorders can help prevent the exacerbation of other health problems, according to the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders.

In recent decades, the United States has created programs designed to reduce or eliminate the threat of substance use disorders. Many of these programs continue to progress and are showing encouraging results.

A major study published in the Journal of the American Medical Association in 2000 is one of several studies that have demonstrated the effectiveness of treatments for substance use disorders. The study found that treatments for substance use disorders are as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.

A comprehensive referral system is needed to ensure that people who need treatment will be identified and assessed for treatment at every opportunity. Every health care professional and other provider should be able to diagnose and refer patients to treatment for substance use disorders.

To help health care providers and other professionals assess and refer people to appropriate treatment, the National Center on Substance Abuse and Child Welfare (NCSACW) offers training materials on such topics as how to identify families involved in the child welfare system as a result of parental addiction. For more information, visit www.ncsacw.samhsa.gov/resources.asp.

In addition, the Child Welfare League of America has a number of relevant publications that can be ordered online at www.cwla.org/pubs/default.htm.

Access to Treatment: Having a Place to Go to Get Help

Once people living with substance use disorders begin to seek help, the appropriate information and avenues for treatment and support services need to be available to them. Many people in need of recovery have difficulty obtaining the treatment that can help them rejoin their families, succeed in their jobs, and re-establish their lives in their communities. For example, in 2003, 20.3 million Americans in need of treatment did not receive it. Barriers they cited to receiving treatment included:

- Not being ready to stop using alcohol or drugs (41.2 percent)
- Cost or insurance barriers (33.2 percent)
- Reasons related to stigma (19.6 percent)
- Not feeling the need for treatment (at the time) or feeling they could handle the problem without treatment (17.2 percent)

To help overcome some of these barriers, President Bush’s Access to Recovery (ATR) grant program, administered by SAMHSA, is working to increase an individual’s access to treatment. This program gives recipient states, territories, the District of Columbia, and tribal communities a chance to demonstrate the most effective way to provide treatment and support services to persons in need of these services.

TAADAS Fast Facts

"In 1971, when President Nixon declared the "War on Drugs," he directed 60% of the federal funding to treatment. Today, that figure is down to 18%.

"Over half of the treatment beds available 10 years ago are gone, and some 270,000 Americans who sought treatment last year were turned away."

— Representatives Jim Ramstad and Patrick Kennedy, co-chairs of the U.S. House bipartisan Addiction, Treatment and Recovery Caucus

(Continued on page 4)
LADAC Job Satisfaction continued...

(Continued from page 1)

degree obtained, salary range, opportunity for continuing education and professional memberships? Previous research strongly suggested that there exists a noticeable difference in job satisfaction between professionals in the field of addiction treatment based on their personal alcohol and drug experiences. The selection of a career can be determined by many influences including information gained in school, family influences, and exposure to careers through working or personal experiences (Laverty, K. 2001, Martin, J. E., Oliphint, J. H. & Weisenstein, G. R. 1994).

NAADAC, The Association for Addiction Professionals conducted a 2-year study and reported in 2003 that early career substance abuse counselors who had a personal experience with alcohol or drugs were more likely to remain in the profession than those who did not have a personal experience. The report states counselors “who entered the substance abuse field due in large part to a family member’s or their own substance abuse problems were most likely to indicate a likelihood to pursue a career in the field” (NAADAC, 2003). The NAADAC study also reported that this group is more likely to make this decision regardless of the fact of several discouraging aspects of the job such as low pay, workload and limited potential for advancement. The NAADAC study results facilitated the creation of the basis of this current study. Consequently, this study focused on determining if there exists a significant difference in job satisfaction that would be part of the reason those who had a personal experience are more likely to continue the pursuit of a career in this field.

The NAADAC study also reported that the early career members interviewed had made a mid-career change to enter the field of substance abuse. It reported “On average, early career members have 17 years of prior work experience” (NAADAC, 2003). This finding may indicate that those who make a mid-career change may have a higher level of job satisfaction. Perhaps the active and determined decision to make a major career decision to enter the substance abuse field contributes to those counselors having a higher level of job satisfaction than those who did not make the career change. This current study examined that early finding and assessed if there exists any significant difference between those counselors who entered the field mid-career and those who did not.

In addition, the NAADAC study provided descriptive information regarding substance abuse counselors based on age, gender, race or ethnic origin, highest degree obtained, salary range, and opportunity for continuing education. This current study provides some of the same information but takes it a step further and provides an assessment and analysis of job satisfaction for each of the descriptive or demographic factors.

The study was a mail-in survey using the Minnesota Satisfaction Questionnaire (MSQ) short form and a short descriptive report form. The survey was mailed to all 468 Licensed Alcohol and Drug Counselors in the State of Tennessee (LADACs) registered as of January 2005. A total of 216 (46%) of the licensed alcohol and drug counselors responded and provided complete responses for the purposes of this study.

First, the level of job satisfaction was measured and compared between a group of counselors who entered the field due to personal reasons and a group who did not enter the field due to a personal experience. Secondly, the level of job satisfaction was measured and compared between a group of counselors who entered the field later in life, mid-career and a group who did not make a mid-career change. Finally, the level of job satisfaction of a group of counselors was measured and compared based on eight other descriptive and demographic factors. These included range of age, gender, race, years in field, highest degree obtained, salary range, opportunities for continuing education, and membership in a professional organization.

Significant findings
This research project identified three statistically significant differences in job satisfaction in relation to three descriptive factors. This analysis indicated that individuals with a salary range of $30,000 to $39,000 had significantly lower job satisfaction scores as compared to individuals with a salary range of higher than $50,000. No other salary ranges differed significantly between each other. This study indicated that the more opportunities for continuing education counselors have, the more satisfied they are with their job. Finally, this study indicates that licensed alcohol and drug counselors who were members of professional organizations have significantly higher job satisfaction as compared to counselors who were not members of professional organizations.

Conclusions
Based on this research study the following conclusions can be made.

1. Overall, licensed alcohol and drug counselors report they are “satisfied” with their job. There exists no significant difference in the job satisfaction of alcohol and drug counselors who entered the field due to a personal experience and those who entered without a personal experience with alcohol and drugs.

2. There exists no significant difference in the job satisfaction of alcohol and drug counselors who entered the field later in life, mid-career and those who do not enter mid-

(Continued on page 5)

Table 1
Survey Mailing Data

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<td>100%</td>
</tr>
<tr>
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<td>175</td>
<td>37.39%</td>
</tr>
<tr>
<td>2nd mailing returns</td>
<td>63</td>
<td>13.46%</td>
</tr>
<tr>
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<tr>
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<td>3.85%</td>
</tr>
<tr>
<td>Returns rejected due to incomplete information</td>
<td>4</td>
<td>0.85%</td>
</tr>
<tr>
<td>Total returns accepted</td>
<td>216</td>
<td>46.15%</td>
</tr>
</tbody>
</table>

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(901) 272-7751
This project is funded in part under an agreement by the State of Tennessee
(Continued from page 2)
organizations broad discretion to design and implement federally supported voucher programs to pay for a range of effective, community-based substance use disorder clinical treatment and recovery support services. By providing vouchers to people in need of treatment, the grant program promotes individual choice for addiction treatment and recovery services. It also expands access to care, including access to faith- and community-based programs, and increases substance use disorder treatment capacity.

Coverage of Treatment for Substance Use Disorders

Making treatment affordable and helping people with substance use disorders achieve recovery through affordable treatment is an important component of the nation's health care agenda. Investing in treatment is worthwhile: For every $1 invested in treatment, there is a return of between $4 and $7 in reduced drug-related crime and criminal justice costs. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

Yet the national investment in treatment has not caught up with the need for such services, and 40 percent of people who received specialty treatment for an illicit drug use disorder in 2003 reported using their own savings or earnings as a source of payment for their most recent specialty treatment. A person can receive specialized treatment at a drug or alcohol rehabilitation center (inpatient or outpatient), hospitals (inpatient services only), and mental health centers. Other payment sources included private health insurance, Medicaid, and public assistance other than Medicaid. As many as 14.9 million people who have substance use disorders are employed, making the workplace an ideal venue for providing affordable treatment options. To help combat these disorders, employers can consider offering private health insurance plans that treat substance use disorders just as they treat other chronic medical conditions.

Recovery Heals Lives, Families, and Communities

People recovering from substance use disorders, their families, friends, and communities can all benefit from the healing that can occur when an affected person begins a path to recovery. When individuals who are dependent or addicted participate in treatment, they report that they have significantly reduced their alcohol and other drug use, and experienced increases in employment and income; improvements in mental and physical health; decreases in homelessness; and decreases in behaviors that put them at risk for HIV/AIDS infections, one year after treatment. Getting people with substance use disorders into treatment programs and providing access to other support services is the first step toward healing lives, families, and communities.

For additional Recovery Month materials, visit our Web site at www.taaadas.org or call 1-800-889-9789.

This article was reprinted from the 2005 Recovery Month Planning Tool Kit Targeted Outreach—An Overview: Healing Lives, Families, and Communities.

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**Unicoi County**
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Erwin, TN 37650
423-743-2260

**Hawkins County**
423-639-7777

**Washington County**
321 W. Walnut St.
Johnson City, TN 37604
423-928-6581
Fax: 423-928-6215
csjc@chartertn.net
* Administrative Office

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215 Court Ave.
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Sevierville, TN 37864
865-428-6110

**Knox County**
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Knoxville, TN 37901
865-552-3622

**Sullivan County**
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Kingsport, TN 37660
423-349-4070

**Sullivan County**
1241 Volunteer Parkway
Suite 300
Bristol, TN 37620
423-764-2196

**Sullivan County**
108 E. Main Street
Kingsport, TN 37660

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*This project is funded in part under an agreement by the State of Tennessee*
LADAC Job Satisfaction Continued...

(Continued from page 3)

3. There exists no significant difference in the job satisfaction of alcohol and drug counselors based on five of the measured descriptive and demographic factors. These include range of age, gender, race, years in field, highest degree obtained.

4. There exists a statistically significant difference in the job satisfaction of alcohol and drug counselors based on three of the measured descriptive and demographic factors. These include salary range, opportunities for continuing education and membership in a professional organization.

5. Counselors making $30,000 to $39,000 are significantly less satisfied with their job than those who make over $50,000.

6. Counselors who have several opportunities for continuing their education are significantly more satisfied with their job than those who have some opportunities.

7. Counselors who are a member of a professional organization are significantly more satisfied with their job than those who are not members of a professional organization.

Discussion

The results of this research project do not support what other reports have indicated and what many professionals believe about their peers in the alcohol and drug field. Previous reports led this researcher to consider that a counselor who had a personal experience with alcohol or drugs would be more satisfied with their job and a counselor who chose to change their career to be in this field would be more satisfied than those who did not. This research indicates that there are no significant differences in job satisfaction. A counselors’ personal experience with alcohol and drugs apparently does not impact their job satisfaction. One may have thought that a person with personal experience with alcohol or drugs might have a stronger emotional purpose to their work and thus report a higher level of satisfaction. Similarly, one might have thought that an individual who makes a big career shift to enter this field would have a strong sense of direction, purpose and emotion and thus would report a higher level of job satisfaction. This research indicates no significant differences. When a counselor decides to enter the field apparently does make any difference regarding their satisfaction with their job. The main findings were different than the expectations set by previous reports.

Descriptive Data and Recommendations

The descriptive data collected through this project was of great interest to the researcher and it could be informative and helpful to individuals, agencies and professional organizations who have an interest and a stake in this profession. It is interesting to note the following data, comments, and recommendations.

1. Alcohol and drug counselors are satisfied with their job. The mean score for all counselors was 80.23, which is equal to a 4 on the Likert scale used by the MSQ and indicates the respondent is “satisfied” with their job.

2. This is an aging population.

(Continued on page 8)
By Nathan Ridley

“I was dancin’ with my darlin’ to the Tennessee Waltz” used to be words that brought a smile to the face of most Tennesseans. Our friends at the Federal Bureau of Investigation wiped those smiles off our faces by using the state song title as the code name for its public corruption investigation. On the morning of May 26, 2005 with much shock and awe, the federal agents arrested four members of the Tennessee General Assembly and one former member and two others for public corruption charges. As committees everywhere wrestle with ethics issues over the coming months in an effort to repair the trust and respect lost in our ethical missteps, we should probably recall that line from the refrain of the “Tennessee Waltz,” ‘Now I know just how just how much I have lost’. 

Shocking would be an understatement. The rapid pace of the legislative process makes trust an important component. Nods and shorthand phrases or maybe even a smile or a frown may sometimes speak volumes. To think that an elected official would act because he or she had received an envelope full of cash is disappointing, at best. Many more developments will evolve in the coming weeks. Unlike a television drama, the criminal justice system does not tidy up an episode in sixty minutes. Negotiations are ongoing among the parties. With several parties involved as in this matter, yesterday’s defendant may become tomorrow’s government witness. It is also important to note that, with the ongoing howls of media attention, a citizen is presumed to be innocent, and that the government’s burden of proof for each element of a charged offense is beyond a reasonable doubt before a jury of the citizen’s peers.

While as long as I can remember it has been against the law for a public official to accept an envelope full of cash money, the aforementioned howls will lead to calls for changes in our state laws concerning the ethics of public officials. “Ethics” is derived from a Greek word “ethos” meaning a way of life is usually a branch of sleepy philosophical study that ponders the fundamental principles of what is considered morally good and bad, right and wrong in human conduct.

For our legislative friends, their conduct is governed largely by three areas of the law; conflict of interests, campaign financial disclosure and lobbyist regulation. Service in the General Assembly is for the 132 members a part time job paying $16,500 a year. Consequently, just about each member has another job and inherently a conflict of interest. The Tennessee approach has been for each member to file an annual disclosure of that conflict. Each member of the General Assembly has a campaign account that is used to defray the costs of election campaigns and other political expenses related to holding public office. Each member files regularly scheduled reports of contributions and expenditure for those accounts so that the public may see who is supporting a particular candidate or office holder. The present law requires each lobbyist to register with the Registry of Election Finance and imposes gift restrictions that lobbyists may make to public officials. In a nutshell, our regulatory framework is one of disclosure and let the public decide accordingly. The other end of the spectrum is to establish black line prohibitions. Not that anyone in politics would use another’s misfortune as an opportunity to seize an advantage, but both political parties are preparing for an adventure. The Senate Republicans want to solidify their slender one vote majority. The House Democrats want to pad their four seat majority. Governor Bredesen has pollsters as well, and he probably does not want to face the bare knuckle fight he had in November 2002 again in 2006.

In any other legislative session, the TennCare disenrollment story would have dominated the headlines for the entire session. While Senator Ford and ethical missteps garnered much media attention, TennCare was still the biggest state public policy story of the year. Unlike our usual judicial defeats and oppressive court orders, the State has achieved some victories in the courts as well as cooperation from federal officials in the Centers for Medicare and Medicaid Services (CMS) that for better or worse will give the State greater flexibility in managing the program at a level of 26% of state expenditures. Buoyed by those hard earned successes, Governor Bredesen has also announced his intention to keep about 97,000 folks categorized as “medically needy” on the TennCare program.

Calendar Notes: State offices will be closed Monday, September 5 for the Labor Day holiday, and Friday, November 11 for the Veterans Day holiday. September 15 is the general election in Shelby County to fill the vacancy in the 29th State Senate District that was created by the (Continued on page 18)
SAMHSA Awards Grants for Adolescent Substance Abuse Coordination

The Substance Abuse and Mental Health Services Administration has awarded 16 grants to various states for the development of better alcohol and other drug abuse treatment, prevention, and infrastructure.

More than $19 million will be distributed over a three-year period for this capacity-building grant. The award stipulates that states create a staff position focused on the efficient use of resources, including effective coordination with other government programs and agencies.

*Responsibility for adolescent treatment is often located in a number of state agencies and is frequently not in the office that oversees substance-abuse treatment services. As a result, too many young people who need treatment do not receive help," said SAMHSA administrator Charles G. Curie.

Grants were awarded to Arizona, Connecticut, the District of Colombia, Florida, Georgia, Kentucky, Illinois, Massachusetts, North Carolina, Ohio, South Carolina, Tennessee, Virginia, Vermont, Washington, and Wisconsin. The average award size was $400,000. For a complete list of grantees and more information, visit www.samhsa.gov.

State of Tennessee Office of Children’s Care Coordination, Nashville was awarded $400,000 per year for three years to provide and promote accessible, high quality, effective services to adolescents with substance abuse problems, and their families.

New Curriculum for Culturally Sensitive Alcohol Screening

As part of the Alcohol Clinical Training Project (ACT) at Boston University, a team of educators and researchers at Boston Medical Center have created a new curriculum designed to integrate cultural sensitivity into alcohol screening, assessment, brief intervention, and referral. DATA, the Brown University Digest of Addiction Theory and Application, reported in its June issue.


Designed to be used in a variety of medical teaching settings, the curriculum includes a slide presentation with audio and notes for instructors, as well as case videos and evaluation materials. The ACT Project offers several physician educator trainings nationwide.

The curriculum is available online at www.mdalcoholtraining.org.

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This project is funded in part under an agreement by the State of Tennessee
LADAC Job Satisfaction Continued...

3. There are an equal number of men and women in the field.

4. The field is grossly imbalanced with regard to race. 199 (92%) are white with only 15 (6%) reporting to be African American and no Hispanics. Cultural relevance has to be part of successful programs and reaching ethnic groups should be a high priority consideration. Efforts should be made by interested parties in the field to reach out, recruit, and train individuals who are African-American and Hispanic.

5. Majority of counselors have been in field for 11-19 years, but almost 40% have been in the field over 20 years.

6. The field is well educated and trained. 89 (41%) have Master’s degrees. If combining those with BAs and MAs the total comes to 144 (67%). This indicates a high level of education, but it also means that it will take time to replace the aging professionals. It will take four to six years for the new individuals to be recruited and trained.

7. Counselors are fairly well compensated. 49 (23%) report making in excess of $50,000. That indicates that almost one out of every four counselors are making over $50,000.

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Table 2: Overall Job Satisfaction Scores of Licensed Alcohol and Drug Counselors

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<th>M</th>
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Table 3: Age Range of Alcohol and Drug Licensed Counselors

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Table 4: Gender of Alcohol and Drug Licensed Counselors

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Table 5: Race of Alcohol and drug licensed counselors

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Table 6: Years in Field of Alcohol and Drug Licensed Counselors

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Table 7: Highest Degree Obtained

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<tr>
<td>Total</td>
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Table 8: Salary Range of Alcohol and drug licensed counselors

<table>
<thead>
<tr>
<th>Salary Range</th>
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<tr>
<td>&lt;25K</td>
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<tr>
<td>25 - 29K</td>
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<td>Total</td>
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<td>100.0</td>
</tr>
</tbody>
</table>

8. Most counselors have several opportunities for continuing education. 136 (63%) state they have several opportunities. Only seven (3%) reported they...

(Continued on page 12)
When throngs of people gather at the Hall of Fame Park on Sept 10th, for RecoveryFest ’05 they'll not only be there to have a good time, but to celebrate a miracle - that they are clean and sober from addictions.

RecoveryFest, a free music festival presented by the Nashville Area Recovery Alliance (a program of the Alcohol and Drug Council) and Foundations Associates, will feature local and national musicians willing to donate their time and talent to bring public visibility to a typically private matter - recovery from addictions. Dr. Westley Clark, Director of Center for Substance Abuse Treatment, CSAT, will also be a special guest at RecoveryFest this year.

The goal of the festival, now in its fourth year, is to offer a public event that allows people to see that despite all odds, long-term, sustained recovery is possible. "In a sense," says NARA Program Director, Terri Dorsey, "we're trying to expose a well-kept secret: that thousands of people successfully escape their addictions. When addiction causes problems, it's not a secret. When a person gains recovery, it often becomes a private matter and the outside world isn't aware of their success. RecoveryFest brings those successes into the light of day."

In addition to music, vendors, food and children’s activities, the day will also feature speakers who will tell their personal stories of recovery. “It gives people hope,” says Dorsey. “When people who are still struggling hear the stories of people who have been through the same things, they think, “if they did it, maybe I can too.”

Recovery Fest organizers need volunteers and vendors. For more information about RecoveryFest visit www.recoveryfest.net or contact the NARA staff at (615) 269-0029 x106.

---

TENNESSEE RECOVERY MONTH CALENDAR

TAADAS Member Agencies will be taking part in the following Recovery Month activities across the state during the month of September. Mark your calendars and join in the celebration!

“Another Perspective” Hosted by Jacques Tate
September 6th 10 A.M.
Time Warner Public Access Station 17, Memphis Television Show

The Promise—An Evening with Earnie Larsen & John McAndrew
September 8th 6 P.M.
Millennium Maxwell House Hotel, Nashville
Dinner, Performance & Awards Ceremony

RecoveryFest
September 10, 2 P.M. to 10 P.M.
Hall of Fame Park, Nashville
Concert & Fair

Recovery Awareness Rally
September 17, 6 P.M.
West TN Farmers’ Market
Concert, Motorcycle Run & Fair

2nd Annual Recovery Fair
September 17, 9 A.M. to 5 P.M.
West Town Mall, Knoxville Fair

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13th Annual Operation Stand Down Event

The 13th Annual Operation Stand Down Event has been scheduled for Friday, Saturday and Sunday, October 14, 15 and 16, 2005 at the National Guard Armory, Sidco Drive, Nashville, TN. Set up will be done Wednesday and Thursday, October 12 and 13, 2005. The annual three-day event is a community supported event providing outreach, information and a variety of 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: September 8, 2:00–3:30 PM, September 22 2:00–3:30 PM, and October 6 2:00–3:30 PM.

If you would like to support the event, be involved with the event or 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 and are 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.

For more information about Operation Stand Down Nashville, check out their website at www.osdnashville.org.
WORKSHOPS & TRAININGS

Building Healthy Adult Relationships
Facilitator: Earmie Larson, September 9, Nashville, Contact Monnie Furlong, 615.353.4313

Trance Dance
The HART Center, Memphis, September 10, Contact Jane Abraham, 901.828.1332

Equine Encounter
Facilitators: Crystal Moon and Randle Branch, Brushy Creek—Crofton, Ky, September 10, Contact Crystal Moon, 615.542.4945

ASAM
The HART Center, Memphis, September 16, Contact Jane Abraham, 901.828.1332

Boundaries & Assertiveness
Facilitator: Elaine Orland, The HART Center, Memphis, September 16, Contact Jane Abraham, 901.828.1332

Prescription for Disaster Conference
JACOA, Jackson, September 16, Contact Amanda Hopkins, 731.423.3653

Smoking Cessation
The HART Center, Memphis, September 16, Contact Jane Abraham, 901.828.1332

Gambling Addiction
Facilitator: Stuart Milan, The HART Center, Memphis, September 17, Contact Jane Abraham, 901.828.1332

Domestic Violence and Substance Abuse
The HART Center, Memphis, September 24, Contact Jane Abraham, 901.828.1332

Report & Record Keeping
The HART Center, Memphis, September 25, Contact Jane Abraham, 901.828.1332

Letting Go of the Past
Facilitator: Bobby Chapman, October 1, Harmony Landing, Pegram, Contact Monnie Furlong, 615.353.4313

Referral
The HART Center, Memphis, October 2, Contact Jane Abraham, 901.828.1332

Professional Ethics
Facilitator: Betty Barnett, JACOA, Jackson, October 7, Contact Amanda Hopkins, 731.423.3653

Rage Release
The HART Center, Memphis, October 9, Contact Jane Abraham, 901.828.1332

FEATURED PUBLICATIONS:

Are You in Recovery From Alcohol or Drug Problems?
Know Your Rights.

The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This month's feature is: Are You in Recovery From Alcohol or Drug Problems? Know Your Rights.

This brochure helps those in recovery understand their rights under Federal laws that protect against discrimination. It includes information about the legal consequences of alcohol- and drug-related conduct that can limit rights and opportunities and what an individual can do to prevent or remedy violations to his or her rights and overcome barriers due to past or current drug or alcohol-related conduct.

To get your free copy of our featured publication, or any of the hundreds of other materials, call the Clearinghouse at 615.780.5901 or order online at www.taadas.org.

Voices of Recovery—Voices of Hope

Some ask..."Does substance abuse treatment really work?" The booklet, "Voices of Recovery, Voices of Hope." answers that question with a resounding - YES!

Within the pages of this 14 page booklet there are real people with real stories told in their own words. Stories about our neighbors... our friends... our families... people right here in Tennessee. People who have overcome tremendous odds to achieve their dreams. They are stories of recovery from addiction; stories of hope for the future.

Order your free copy of this inspiring booklet today! Log onto the TAADAS website at www.taadas.org.

FEATURED VIDEO:

My Name is Bill W.

The Clearinghouse has over 800 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is: My Name is Bill W.

Based on the true story of Bill Wilson, founder of Alcoholics Anonymous, and his struggles to keep his own addiction under control. James Woods won an Emmy for his searing portrayal of Bill, a hard-drinking, free-wheeling financial broker and investor that gradually surrenders his life and everything precious in it to alcoholism until it becomes all consuming, forcing him to lose his job, his friends, and his dignity. A powerful, moving tale full of pathos and ugly truths, one that every casual drinker should watch and ponder.

Videos can be checked out free of charge for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50 per shipment. Call the Clearinghouse at 615.780.5901 ext 6 to check out this video or any other videos in our collection. A complete video catalog is available online at www.taadas.org.
Red Ribbon Week
October 23—31

This year marks the 20th observance of Red Ribbon Week. Started in 1985, Red Ribbon Week honors DEA agent Enrique Camarena, who lost his life in the line of duty. Today, Red Ribbon Week is a time for communities across the nation to come together in the fight against drugs.

The Red Ribbon Celebration starts with the smallest gesture: a child pinning a Red Ribbon to his/her shirt, a girl wearing a Red Ribbon wristband, a classroom planting red tulips, a business displaying a Red Ribbon banner, a community hosting a Red Ribbon family event. Though these acts are simple, their significance is tremendous. Each Red Ribbon has the potential to reach a boy, a girl, a caring adult or an entire family in a profound way. The Red Ribbon is a catalyst and symbol for millions of Americans who show that ribbon-by-ribbon, neighbor-by-neighbor, they are united for a drug-free youth.

Red Ribbon Week takes place annually from October 23-31st. It is estimated that more than 80 million young people and adults participate each year. This nationwide celebration has become a major force for raising public awareness and mobilizing communities to combat alcohol and drug use among youth.

Locally, Bill Ritterskamp showed TAADAS videos to 1570 students at Page High School and Heritage Middle School in Williamson County during last year’s Red Ribbon Week. Of those 1570 students, 1163 students officially made the commitment to be drug and alcohol free! Hats off Bill!!! TAADAS has many resources perfect for any Red Ribbon Week Celebration.

Workshops & Trainings

ASAM
Facilitator: Jane Abraham, The HART Center, Memphis, October 14, Contact Jane Abraham, 901.828.1332

What are you Really Saying?
Conflict Resolution & Communication
Facilitator: Cynthia Moreno Tuohy, JACOA, Jackson, October 14, Contact Amanda Hopkins, 731.423.3653

ASI
Facilitator: Karen Dennis, The HART Center, Memphis, October 15, Contact Jane Abraham, 901.828.1332

Crisis Intervention
The HART Center, Memphis, October 16, Contact Jane Abraham, 901.828.1332

Complimentary Care
The HART Center, Memphis, October 22, Contact Jane Abraham, 901.828.1332

Grief Release
The HART Center, Memphis, October 29, Contact Jane Abraham, 901.828.1332

Life Management: Stage II Recovery
Facilitator: Al Adams, Scarrritt Bennett Retreat, Nashville, October 29 & 30, Contact Monnie Furlong, 615.353.4313

Healing Relationships: Couples Recovery
Facilitator: Paul Kaufman, November 5 & 6, Scarrritt Bennett Retreat, Nashville, Contact Monnie Furlong, 615.353.4313

Consultation
The HART Center, Memphis, November 6, Contact Jane Abraham, 901.828.1332

Trance Dance
The HART Center, Memphis, November 12, Contact Jane Abraham, 901.828.1332

Mask Making
The HART Center, Memphis, November 13, Contact Jane Abraham, 901.828.1332

Don’t Let Yourself Burn Out
Facilitator: Sharon Trammell, The HART Center, Memphis, November 18, Contact Jane Abraham, 901.828.1332

Ethics
Facilitator: Jane Abraham, The HART Center, Memphis, November 19, Contact Jane Abraham, 901.828.1332

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have no opportunities. The results also indicated that the level of job satisfaction between those who have some and several opportunities is statistically significant. Agencies and organizations that employ, support, or represent this group of professionals should take note and recognize this important relationship. Increased educational opportunities promote job satisfaction.

9. Most counselors are a member of a professional organization. 173 (80%) report being a member of a professional organization. The results indicate that the 20% who are not members of an organization are significantly less satisfied with their job than the 80% who are a member. Again, agencies and organizations that employ, support, or represent this group of professionals should take note and recognize this important relationship. Members of professional organizations are more satisfied with their job than non-members.

10. The vast majority of counselors are in the field due to a personal experience with alcohol or drugs. One hundred forty-six (68%) report that their personal experience is the reason they are in the field. What is interesting here is that this group, however, are no more satisfied with their job than those who did not enter the field due to a personal experience. A counselor is not more satisfied due to the reasons they entered the field. Those 32% without a personal experience are just as satisfied as the other group.

11. The number of counselors who entered the field later in life, and made a mid-career change is about the same as the number who did not make a change. Interestingly, there exists no difference in the level of job satisfaction based on when they entered the field.

I end this with a thank you to all of the TN LADACs who participated in this research project and to TAADAS for the opportunity to share these findings. It is my hope that this project in some small way adds to our base of information and provides a greater understanding of the wonderful people who serve as counselors, helping others discover and share the strength and hope of a life free from alcohol and other drugs.

For more information you may contact Dr. Avery at www.averybusiness.com.

References in this article:

### Table 9
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<th>Level of opportunities</th>
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<td>Some Op</td>
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### Table 10
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<tr>
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<td>70</td>
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<td>No - did not make career change</td>
<td>101</td>
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<tr>
<td>Total</td>
<td>216</td>
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### National Addiction Counselors’ Day

September 20, 2005

The 4th annual National Addiction Counselors’ Day will be September 20, 2005. This day coincides with National Recovery Month. Now is the time to plan to ensure counselors get the recognition of how important they are to the field of recovery and treatment. Without the powerful work of addiction counselors there is no addiction profession.
**SLOW-RELEASE FENTANYL PATCHES BEING ABUSED**

Transdermal patches containing a time-released dose of the painkiller fentanyl are increasingly being used recreationally, with a corresponding rise in overdoses, Medical Research News reported July 6.

University of Florida researchers said that the fentanyl patches, usually prescribed to treat chronic or postoperative pain, can be deadly. "Because the patch is a sustained-release form of the drug, if one withdraws the 72 hours' worth of drug and uses it in a form that it wasn't designed to be used for, then it can rapidly result in death," said lead researcher Bruce Goldberger, Ph.D.

Florida officials say that 115 overdose deaths statewide were attributed to the fentanyl patch last year; victims sometimes removed the entire three-day supply of the drug from the patch and then injected, ingested, or smoked it; others had used multiple patches at once to get high.

"We have seen an increased use and abuse of the patch form of fentanyl for the past five years or so," Goldberger said. "Based on our study we're recommending that physicians better educate their patients on the use of the patch, and, as a result, we might see lower numbers in fentanyl-related deaths in the state of Florida."

The research was presented at the recent annual meeting of the College on Problems of Drug Dependence.

---

**TOPIRAMATE SHOWS PROMISE IN ADDICTION FIGHT**

Topiramate, a drug used to treat epilepsy under the brand name Topamax, is being studied as a possible treatment for alcoholism, nicotine addiction, gambling addiction, and even some eating disorders, Newsweek reported in its June 13 issue.

Doctors are already prescribing the drug off-label to treat addiction, although topiramate has not been officially been approved by the FDA for this purpose. "My patients tell me that they no longer have the fear that comes with craving," said Fairbanks, Alaska, internist Linda Garcia, who has prescribed the drug to dozens of alcoholics.

The drug seems to reduce craving by inhibiting the release of the pleasure-related neurotransmitter glutamate and promoting the release of the glutamate inhibitor GABA, another neurotransmitter.

Small studies of hard-core drinkers suggest that the drug helps patients stay sober or cut back on their consumption. A larger research project on using topiramate to treat addiction is now under way.

---

**STATES SQUANDER TOBACCO SETTLEMENT FUNDS, NEGLECT PREVENTION**

Less than 5% of the $39.5 billion in tobacco-settlement funds distributed to states in recent years has gone to tobacco prevention, the Jacksonville Times-Union reported July 3.

From golf courses to harbor improvements to college grant funds -- or simply dumping the money into the general budget -- tobacco settlement money has been spent on many things other than preventing smoking, the number one preventable cause of death in the United States. Most often, settlement funds are used to plug budget holes.

Though the 1998 tobacco settlement did not specify how the resulting $206 billion in payment to states was to be spent, many public officials touted the healthcare benefits that would be realized. "I thought that was what the settlement was about anyway, to help people stop smoking," said Jamal Al-Asadi, an Atlanta smoker.

Now, despite the large sums distributed each year, most states fall below the Centers for Disease Control's recommended spending levels of smoking prevention programs; some have even cut existing programs to make way for initiatives in other areas and to address budget needs. For the 12 states that took lump sum payments instead of an annual dole, most of the settlement money is gone, hindering the possibility of better anti-tobacco programs in the future.
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Charles Williams and Satish Kedia Honored with Summit Award

Dr. Charles Williams and Dr. Satish Kedia received the Summit Award 2005 from the Bureau of Alcohol and Drug Abuse Services, Tennessee Department of Health. They were honored with trophies at the closing banquet of the 28th Annual Summit: Tennessee Advanced School on Addictions (TASA) held at Belmont University in Nashville, May 30-June 3, 2005. This prestigious accolade recognizes individuals’ long-term dedication and contributions to the fields of substance abuse prevention and treatment services in Tennessee.

Dr. Williams and Dr. Kedia were distinguished for substantially contributing to the Bureau’s program evaluation goals through partnering with service providers and communities across the state and collaborating with the Bureau to conduct outcomes research. Dr. Williams is an associate professor of medical/urban anthropology and the director of Tennessee Alcohol and Drug Prevention Outcome Longitudinal Evaluation (TADPOLE) project. Dr. Kedia is an associate professor of medical anthropology and the director of the Institute for Substance Abuse Treatment Evaluation (I-SATE). Over the past several years, they have been actively engaged in the alcohol and drug addiction field through presentations at conferences, seminars, and meetings and by publishing numerous evaluation reports, journal articles, and book chapters.

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Lack of Physician Training Part of Prescription Drug Abuse

Many doctors and pharmacists say that their training in prescribing powerful painkillers and other controlled substances is limited—a shortcoming that is becoming more acute as misuse of these drugs grows, Newsday reported July 7.

A new report from the National Center on Addiction and Substance Abuse (CASA) at Columbia University noted that people who abuse prescription medications can get the drugs from doctors, friends and relatives, or online. About 15 million Americans misused prescription drugs last year, including growing numbers of young people.

"We have an epidemic of abuse of painkillers," said CASA chairman and president Joseph Califano Jr. "The problem with teens is a far more serious problem than anyone has ever realized."

But 40 percent of doctors surveyed by CASA said they did not get any formal training on prescribing controlled substances while in medical school, and more than half said they had never been trained to identify prescription-drug abuse or addiction. Similar numbers of pharmacists said they had not received any training on identifying prescription-drug abuse or diversion since they left pharmacy school.

CASA also reported that half of physicians said their patients pressured them to prescribe controlled substances, and that three in 10 pharmacists said they do not regularly validate prescribers DEA ID number before dispensing controlled substances.

Drug Abuse Warning Network Implements New System

Since 1972, the Drug Abuse Warning Network (DAWN) has been collecting data on hospital emergency department (ED) visits and drug-related deaths reviewed by medical examiners and coroners across the United States.

In response to a two-year evaluation of design alternatives, a new system for DAWN data collection and reporting was implemented in January 2003. The first reports from this new data, describing national estimates of drug-related ED visits and mortality for 2003, were recently released.

Because of the magnitude of the changes made to the DAWN system, data and estimates for 2003 are not comparable to those for previous years.

Following is a summary of some of the changes to the DAWN ED surveillance system: Data on any ED visit related to current or recent drug use are now collected and assigned to one of eight different case types (suicide attempt, seeking detoxification, underage alcohol only, adverse reaction, overmedication, malicious poisoning, accidental ingestion, and all other drug-related visits). Under the old DAWN data collection, only data on drug abuse related visits, defined as the use of a drug for the purpose of attempting suicide, dependence, or to achieve psychic effects, were collected.

Data are now drawn from a retrospective review of ED medical charts for every patient treated, as compared to the old manner in which medical logs and billing codes were scanned for patients who were "likely" DAWN cases. It is estimated that 30% or more of cases were missed through the old process.

Cigarette Machines Require ID to Use

All 8,000 cigarette vending machines in Austria will be upgraded so that only buyers over age 16 who have a bank card or smart phone will be able to use them, the Associated Press reported May 20.

The improved machines—which will cost about $1,260 each to upgrade—will be in place by Jan. 1, 2007. By that time, bank cards are expected to include age data in their coding.

Some critics worried that the tobacco industry would take advantage of the system to gather customer data. But Austrian officials said the machines will not store the age information.
TAADAS Finishes First Year of Clergy Training Program with Training in Memphis

By Vernon Martin

In June, TAADAS completed its first full year of Clergy Training Programs with a highly successful event in Memphis. Seventy-Four attendees including Clergy and other pastoral ministers, members of the faith community, treatment professionals and others gathered at Hope Presbyterian Church in Cordova for a day of information, education and interaction.

The event was co-sponsored by Serenity Recovery Centers, Grace House, The Hart Center and Synergy Treatment Centers. TAADAS staff worked with Regional Training Coordinator, Jane Abraham of Grace House and the Hart Center in developing, promoting and facilitating the event. Brochures were sent to over 1900 Churches in the Memphis area. Trainers for the day included Rev. Bill Warr, Harold Bates, Counselor, Serenity Recovery Centers, Rev. Dr. Jane Abraham, LCSW, The HART Center, Grace House and Elaine Orland, LCSW of Grace House. As with the previous trainings, the topic was Alcoholism, Drug Addiction and Recovery in the Faith Community.

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

Thanks go out to all of the trainers who volunteered their time for this event as well as to Grace House, Synergy, Serenity, CAAP and The Hart Center for their efforts as part of this training project. Kudos go to the congregation and volunteers from Hope Presbyterian who provided space, support and snacks for the day and a special thanks to Rev. Pat Kendall of Hope for all his efforts in making this training possible.

This event marks the end of a very successful year of the TAADAS statewide Clergy Training Program. Events were held in Nashville, Jackson, Tri-Cities, Chattanooga and Memphis. During FY 04-05, 333 individuals participated in the six events. Plans are being completed for this years training. Fall events are planned for Nashville and Knoxville. Watch for details on the TAADAS website at www.taadas.org. The TAADAS Clergy training program is designed for Clergy, Pastoral Ministers and the Faith Community, but is open for any interested person to attend.

Vernon Martin is the Community Outreach Director of TAADAS

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PARTNERSHIP FOR A DRUG-FREE AMERICA LAUNCHES
“PARTNERING WITH FAMILIES PROGRAM”

By Vernon Martin

In its 17th annual tracking study of parents’ attitudes toward drugs and teen drug use, the Partnership for a Drug-Free America® reports that the current generation of parents – the most drug-experienced group on record – sees less risk in a wide variety of illicit drugs, and are significantly less likely to be talking with their teens about drug abuse, when compared to moms and dads just a few years ago.

The 2004 Partnership Attitude Tracking Study (PATS) surveyed 1,205 parents across the country (margin of error = +/- 2.8 percent). Top-line findings of the nationally projectable study show:

- Today’s parents see less risk in drugs like marijuana, cocaine and even inhalants, when compared to parents just a few years ago.
- The number of parents who report never talking with their child about drugs has doubled in the past six years, from 6 percent in 1998 to 12 percent in 2004.
- Just 51 percent of today’s parents said they would be upset if their child experimented with marijuana.
- While most parents believe it’s important that parents discuss drugs with their children, fewer than one in three teens (roughly 30 percent) say they’ve learned a lot about the risks of drugs at home.
- Many of today’s parents (those with pre-teens and teens) were high school students themselves during the late ’70s and early ’80s – a period when teen drug use reached its absolute high point. In fact, when compared to high school seniors today, teen drug use rates were significantly higher in the late ’70s and early ’80s.
- While few of today’s parents use drugs today (11 percent report smoking marijuana in the past year), 58 percent have tried marijuana at least once in their lives, according to the Partnership’s study. Significant percentages report trying other illicit substances as well.
- Despite their first-hand knowledge about the issue, the Partnership’s study finds that today’s parents significantly underestimate the presence of drugs in their teens’ lives.
- Just one in five parents (21 percent) believes their teenager has friends who use marijuana. Yet 62 percent of teens report having friends who use the drug.
- Fewer than one in five parents (18 percent) believe their teen has smoked marijuana, yet many more (39 percent) already are experimenting with the drug.

The Partnership’s tracking data underscore the powerful influence parents can have on teen decision-making about drugs. Teens who report learning a lot about the risks of drugs at home are up to half as likely to use drugs, according to the data.

Greater parental involvement in the decisions their kids are making about drugs is critical to preventing and reducing substance abuse. To this end the PDFA and its state affiliates have launched a new program called Partnering with Families. This campaign is designed to inspire more parents and other family influencers to connect with their kids in ways that persuade them not to use drugs. The campaign includes comprehensive new information and resources to assist families in preventing, recognizing, and dealing with substance abuse problems.

The Partnership’s “Partnering with Families” campaign has two primary components: public service advertising and interactive, web-based information and resources. The web-based resources include a new parent-centric Web community called Parent Partners, specific Web resources for parents and a parent-driven campaign to recruit families that have dealt with substance abuse to spread the word. These resources can be found in the parents section of the PDFA website at http://www.drugfree.org or via links in the TAADAS.org website.

As a part of this campaign, TAADAS staff and PDFA representatives recently distributed these new public services creative materials in the Memphis and Nashville markets. Distribution is planned for Knoxville and

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PARTNERSHIP CONTINUED....

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Chattanooga in late August and early September. The new media materials have been developed to directly engage parents and kids in positive conversations related to drugs and drug use. The thrust of the materials is twofold. First it encourages parents to talk with their kids and emphasizes that there is no wrong way to talk to you kids about drugs. A second and novel approach is to encourage kids to initiate the conversation with their parents. All of the Tennessee spots refer the watcher to the PDFA web site and to the TAADAS REDLINE number.

The Partnering with Families program is seen as a natural springboard for the Partnerships’ Tennesseestatewide Methamphetamine Health Education Campaign that will begin in the fall of this year. TAADAS is the Tennessee affiliate partner of the PDFA. TAADAS sponsors two affiliated projects: the Partnership for a Drug-Free Tennessee and the Partnership for a Drug-Free Memphis.

Vernon Martin is the Community Outreach Director of TAADAS.

NEWS FROM CAPITOL HILL CONCLUDED...

(Continued from page 6)
resignation of Senator John Ford. Democrat Ophelia Ford will oppose Republican Terry Roland in the staunchly Democratic district in that election. Gary Rowe’s name will also be on that September 15th ballot for the 87th State House District, but he will be unopposed. Congratulations are in order for Mr. Rowe, the 55-year-old president of the Memphis Minority Business Development Center.

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.

TAADAS STAFF PROVIDES ANNUAL HIV/AIDS TRAINING

By Vernon Martin

TAADAS staff provided an HIV/AIDS education and awareness information training program to the clients of Samaritan Recovery Community in June. Presented as part of the ongoing TAADAS HIV/AIDS Outreach, Education and Referrals Program, eighteen clients from Samaritan were in attendance.

The concept of “Respect Yourself Enough to Protect Yourself” was presented and discussed. Materials on local HIV/AIDS programs and testing were distributed.

In addition, 790 Pieces of HIV/AIDS education and awareness materials were distributed to Staff and Clients. This included current fact sheets, brochures, pamphlets and other materials from the TAADAS Clearinghouse and the Tennessee HIV/AIDS Centers of Excellence. A listing of HIV/AIDS intranet and web based sites and links was distributed to all.

The goal of this project was to provide HIV/AIDS information and awareness training and materials to help participants:

- Better understand the latest information concerning HIV/AIDS.
- Identify and correct myths and rumors about HIV transmission, prevention and treatment.
- Understand which behaviors can and cannot increase the risk of HIV infection.
- Assess their own risk of HIV infection.
- Improve decision-making skills about sexual peer pressure.
- Learn to speak comfortably and confidently about abstinence, safer sex, condoms and other ways of preventing HIV infection.
- Recognize that early testing, diagnosis and treatment of HIV can improve and extend a person’s life.
- Discuss various HIV testing options, including the new rapid HIV test.
- Explore how the media, peer pressure, and other factors cause some individuals to feel “immune” to the risk of HIV.
- Know the local resources for HIV/AIDS information, testing and treatment.

Vernon Martin is the Community Outreach Director of TAADAS.
What is TAADAS?

TAADAS, the Tennessee Association of Alcohol, Drug and Other Addiction Services, Inc., is a statewide advocacy association which mission is to educate the public and influence state/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?

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 Clearinghouse and the Tennessee REDLINE. The Clearinghouse is a resource center for substance abuse, HIV/AIDS and related materials. The Tennessee REDLINE is a confidential information line to help people find available substance abuse services in their area. TAADAS provides Clergy Training through its Community Outreach initiative and also serves as the host organization for the Partnership for a Drug-Free Tennessee, the statewide alliance for the Partnership for a Drug-Free America. TAADAS is the home of Recovery Books & Things—the 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, substance abuse, and other addiction. 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, drug and other addiction 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 and addiction Community across the state
✓ Free Subscription to the TAADAS Times, which is a quarterly newsletter bringing the latest news, agency profiles, training, and conference information
✓ Special discounted hotel rates in Nashville
✓ Discounts at Recovery Books & Things
✓ Credit Union Membership
✓ Job Postings
✓ Membership certificate suitable for framing

How do I join TAADAS?

To join TAADAS and influence the future of alcohol, drug and other addiction 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

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

Sustaining Members

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<tr>
<th>Individual Members</th>
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<tr>
<td>Marvin A. Abstagg, Mary Avery</td>
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<td>Thomas Bainbridge, C. J. Baker</td>
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<td>Stacy Bernard, Susan O. Binns</td>
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<td>Jackie Bruce, Chris Buchanan</td>
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<td>Martha Cushman, Frances Clark</td>
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<td>Tom Diefenderfer, Laura Durham</td>
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<td>Alan Ellek, Kemberly Edwards</td>
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<td>Gary Eubanks, Monty Furlong</td>
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<td>Dorothy Gager, Estelle Garner</td>
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<td>Paula Gault, Claude Gontarz, Liz Gilmer</td>
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<td>Mary Glantz, David Gunther</td>
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<td>Charlotte Hopper, Helen Hutcherson, MD</td>
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<td>Deanna Irick, Patricia Jackson</td>
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<td>Marcus Jernison, Kenneth Jones</td>
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<td>Dr. Sarith Kedia, Deena Kinneman</td>
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<td>Judy Love, Vernon Martin</td>
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<td>Harold Montgomery, Karen Moran</td>
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<td>Pamela Murray, Linda O'Brien</td>
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<td>Elaine Orland, Joe Osterfield</td>
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<td>Jim Phillips, Deborah Ray</td>
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<td>Nathan Ridley, Debra Roberson</td>
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<td>Dr. Michael Sadler, Gwen Sinnock</td>
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<td>Julie Smith, Dawn Smithpeters</td>
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<td>Richard Soper, MD, JD, MS</td>
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<td>Herb Stone, Richard Taylor, Jr.</td>
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<td>Sharon Tannen, Eileen White</td>
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<td>Tammy Williams, Walter Williams</td>
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<td>Gary Woods, Hall-Smith, John York</td>
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Corporate Members

Alcohol & Chemical Abuse Rehab Center
Bouh, Cummings, Conner, & Berry, PLC
Celebrate Recovery
Center for Youth Issues—Nashville, Inc.
E. M. Jellinek Center—Board of Directors
The Filthworker’s Club
Florence Crittenton Agency
Focus Healthcare of Tennessee
Harbor House, Inc.—Board of Directors
Keystone Recovery Center, Inc.
Lloyd C. Elam Mental Health Center
Magalene House
Nashville Drug Court Support Foundation
New Hope Recovery Center
New Life Lodge
Operation Stand Down Nashville
PACE International Union
Peninsula Lighthouse
Powell Enterprises
Roose County Probation Services
Samaritan Recovery Community, Inc.
-Board of Trustees
TN Dental Association—Concerned Dental Professionals
TN Professional Assistance Program
Tuning Point
Xebec Management, Inc.

Student Members

Judy Matthews
Martha McCalie
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, Drug and other Addiction 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, drugs and other addiction, 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, drugs and other addiction in Tennessee.

Date: ___________________ Referring Member: (If Applicable) ___________________

Level of Involvement: Student: $20 ___
Individual: $50 ___
Corporate: $2500 ___ $1000 ___ $500 ___ $100 ___ Other $ ___

Name: __________________________

Agency: __________________________

Address: __________________________

City: __________________ State: ______ Zip Code: __________

Phone: __________ Toll Free: ______ Fax: __________

Website: __________________ Email address: __________

Card Holder's Name: __________ Visa/Mastercard #: __________

Card Holder's Signature: __________ Exp Date: __________

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.