Bush's Budget Plan Cuts Treatment, Prevention Funding

By Bob Curley

Significant cuts to the budgets of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP) were some of the lowlights of the Bush administration's budget for the Substance Abuse and Mental Health Services Administration (SAMHSA) – part of an FY2008 spending plan that trims or eliminates a number of prominent federal discretionary programs.

"Bush's proposal would provide a big increase in military spending to fight the war in Iraq while squeezing federal health-care programs and cutting most domestic agencies to below fiscal 2006 levels to meet his goal of eliminating the deficit in five years," noted the American Counseling Association.

The president's budget plan calls for cutting $46.9 million from the $398.9-million CSAT budget and $36.9 million from the $192.9-million CSAP budget. The CSAT budget would still include about $98 million for the administration's Access to Recovery program – which provides treatment vouchers that can be used at faith-based as well as other types of treatment programs -- but would earmark $25 million of that money for discretionary grants for methamphetamine treatment; these grants would be directed at states with high levels of abuse.

Proposed funding cuts within SAMHSA totaled $158.7 million. Within CSAT, funding for the Screening, Brief Intervention, Referral and Treatment (SBIRT) program would rise $11.5 million, and the Drug Courts and Young Offenders Reentry programs would get $13.7 million more, but the Pregnant and Postpartum Women program would be cut by $6.5 million and the agency's Children/Adolescent/Family Programs would receive $9.9 million less next year. CSAT's Targeted Capacity Expansion program also would be cut by $12 million, to $17.8 million, and Addiction Technology Transfer Centers would get $1.2 million less than they did last year.

The administration is calling for cutting CSAP's Strategic Prevention Framework Incentive Grant program by $10.1 million (to $95.4 million) and eliminating the Evidence Based Practices, the Center for the Advancement of Prevention Technologies (CAPT), Dissemination/Training, and Best Practices Program Coordination programs entirely.

Block Grant Funding Static, But Rules Changing

The key Substance Abuse Prevention and Treatment (SAPT) Block Grant would be level-funded at $1.759 billion. In perhaps the biggest policy change included in the budget plan, the administration said that states which fail to submit National Outcome Measures in FY08 "will not receive more than 95 percent of their SAPT Block Grant allocation."

"The undistributed funds will be redistributed among the States based on the current statutory authorization for the program," according to the Bush budget document. "SAMHSA will work with [HHS], [the] Office of Management and Budget and Office of National Drug Control Policy (ONDCP) to develop criteria for compliance on submission of the National Outcomes Measures data."

In the area of basic research, the National Institute on Drug Abuse will receive about the same amount of funding -- $1 billion -- as it did last year, while the National Institute on Alcohol Abuse and Alcoholism would receive a modest $900,000 increase, to $436.5 million.

If Congress goes along with Bush's fiscal 2008 spending plan, an additional $10 million would be allocated to the Drug-Free Communities Act, raising funding for the grant program to $90 million. The administration continues to show more faith in ad campaigns than community-based prevention, however, calling for spending an additional $31 million on the National Anti-Drug Media Campaign and bringing total program funding to $130 million.

Assault on Drug-Free Schools Continues

As usual, the administration is calling for huge cuts in the U.S. Department of Education's Safe and

(Continued on page 17)
Treatment Regimen Keeps 39 Percent of Nicotine Addicts Smoke-Free

A smoking-cessation program that combined a minimum of three months of counseling and free nicotine-replacement drugs was successful in keeping 39 percent of participants abstinent for two years, Reuters reported Feb. 13.

Researchers at Creighton University Cardiac Center in Omaha, Neb., found that the regimen was successful among highly motivated patients, including those who had suffered heart attacks, severe coronary heart disease, or angina.

"What we have shown is that a very planned and organized approach to cessation of smoking, with careful follow-up, works much better than the current practice of simply advising them to quit smoking," said lead author Syed Mohiuddin, who added that the treatment also reduced hospitalization and mortality rates among the participants. The study subjects received behavioral modification counseling and the drug bupropion. Only 9 percent of patients receiving standard care successfully quit after two years.

Mohiuddin and colleagues are now determining the cost-effectiveness of the treatment regimen, noting that few insurers currently pay for such programs.

The results were published in the February 2007 issue of the journal Chest.

Reference:

Meth Cleanup Bill Passed by House

The U.S. House of Representatives has passed a bill that will require the federal government to develop guidelines for cleaning up former meth labs, the Murfreesboro Daily News Journal reported Feb. 7.

The Methamphetamine Remediation Research Act, HR-365, calls on the Environmental Protection Agency (EPA) to develop model cleanup guidelines that local communities can follow to ensure that former meth houses can be restored to a safe and livable status. The measure was sponsored by Rep. Bart Gordon (D-Tenn.); it now heads to the U.S. Senate for consideration.

Dangerous meth-making chemicals can permeate entire residences, from walls to furniture. Gordon's bill also directs the National Institute of Standards and Technology to research meth-detection equipment and the National Academy of Sciences to study the long-term health effects of meth exposure to first responders and children who live in meth houses.
Cost of Alcohol-Related Crimes Higher Than Drug-Related Crime

Drug use is often associated with crime, but the costs of crimes that can be attributed to alcohol are twice the costs that can be attributed to drugs, according to a study published in the December issue of Prevention Science, a peer-reviewed publication of the Society for Prevention Research (SPR).

The study estimates that the annual costs of crimes that can be attributed to the use of alcohol are $83 billion, while those attributed to the use of drugs are $37 billion. The study relies on data compiled by the U.S. Census Bureau, Centers for Disease Control and Prevention, and the Department of Justice.

“This study is based on 1999 government statistics, but 2005 figures, which are the most recent available, have a similar pattern with alcohol crimes costing $80 billion and drug crimes costing $40 billion,” according to study author, Ted Miller, Ph.D. of the Pacific Institute for Research and Evaluation.

The study “updates and upgrades previous economic analyses by including costs to the victims, the costs of treating or compensating victims, and the costs of adjudication and sanctions against those who commit the crimes.”

Miller and his colleagues also looked at medical care (hospital and physician care, rehabilitation, prescriptions, coroner and funeral services, etc.); mental health (psychiatrists, psychologists, social workers); property damage and loss (value of property damage and unrecovered property); public service costs (police services, victims services, child protective services, special education); and future earnings (wages, fringe benefits, housework, life insurance and worker’s compensations claims costs).

The study used surveys of prison inmates conducted by the Census Bureau to determine alcohol or drug use by crime type. Inmates convicted of violent crimes reported being under the influence of alcohol in 42 percent of homicides, 39 percent of rapes, 41 percent of assaults, and 33 percent of robberies. They reported illicit drug involvement in 25 percent of homicides, 18 percent of rapes, 13 percent of assaults, 39 percent of robberies, 24 percent of larcenies, 36 percent of thefts and 23 percent of motor vehicle thefts.

For the full study, visit www.preventionresearch.org.

84 Percent of Employers Require Pre-Employment Drug Tests

More than four out of five U.S. employers now require pre-employment drug tests, and 39 percent conduct random drug testing of employees, the Lakeland (Fla.) Ledger reported February 6.

The Society for Human Resource Management said in a 2006 report that 84 percent of private employers conduct pre-employment testing, 39 percent conduct random screening of employees, 73 percent conduct for-cause testing, and 58 percent require drug tests after on-the-job accidents. State and federal law also requires drug testing in many public-sector jobs.

The tests cost about $40 each. Some employers see it as money well-spent, but critics say the tests are intrusive and ineffective. Experts note, for example, that the tests are far more likely to detect marijuana, which stays in the body for up to a month, than harder drugs like cocaine and heroin, which are metabolized within one to three days. And few employers test for alcohol.

“A policy that screens out marijuana users while allowing drinkers is arguably counterproductive, since alcohol intoxication -- unlike marijuana -- produces hangovers that can significantly impair job performance the next day, and alcohol is by any measure far more toxic and far more addictive than marijuana,” said Bruce Mirken, a spokesman for the Marijuana Policy Project.

But Florida manufacturing company Keymark says its testing regimen -- which gives some employees whoop test positive a chance to attend a treatment program -- helps promote workplace safety. "We don't want anybody high on drugs around here operating our equipment," said company spokesperson Ron Waite. "Our program I think serves its purpose. It serves as a deterrent. Obviously we're not going to catch everybody, but we think it's a worthwhile program."
HBO's Groundbreaking 14-Part Series, The ADDICTION Project, Kicks Off March 15

"How can we comprehend the concept of a person who wants to stop doing something and cannot, despite catastrophic consequences? That is what we are up against. Some people don't want to speak about addiction, or compare it to other chronic diseases. Well, this is a disease, a treatable disease, and it needs to be understood. HBO's ADDICTION project is an initiative that will help people understand more about this illness, its advancements and how to find help." – Nora Volkow, MD, Director of the National Institute on Drug Abuse

Los Angeles, CA -- One in four Americans has a family member who is struggling with addiction. Over 80% of people with substance abuse or dependence disorder started using before age 18. Currently, addiction affects 22.2 million Americans. Yet only 9% are receiving the treatment they need.

In partnership with the Robert Wood Johnson Foundation, the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), HBO launches the ADDICTION project, an unprecedented multi-platform campaign aimed at helping Americans understand addiction as a treatable brain disease, as well as spotlighting new medical advancements.

Debuting THURSDAY, MARCH 15 (9:00-10:30 p.m. ET/PT), with the centerpiece documentary ADDICTION, the series is eye-opening and ultimately hopeful, providing guidance in navigating the often confusing world of addiction treatment and recovery.

For the first time, HBO will use all of its digital platforms, including the HBO main service, multiplex channels, HBO On Demand, podcasts, web streams, and DVD sales to support a campaign that includes a 14-part documentary series, a book published by Rodale Press, four independent addiction-themed films, a robust website and a national community grassroots outreach campaign funded by the Robert Wood Johnson Foundation.

All films will initially be offered during a free HBO preview weekend from Thursday, March 15 to Sunday, March 18 in participating cable systems.

"HBO is utilizing all of its platforms to develop programming directly targeted to the various needs of the American public on this complex public health issue," says Chris Albrecht, HBO's chairman and CEO. "Our resources are committed to illuminating, demystifying and defining addiction – a problem that is riddled with misconceptions."

The ADDICTION project showcases the work of many of today's leading documentary filmmakers, including Jon Alpert; Kate Davis and David Heilbroner; Susan Froemke; Liz Garbus and Rory Kennedy; Eugene Jarecki; Barbara Kopple; Albert Maysles; D.A. Pennebaker and Chris Hegedus; and Alan and Susan Raymond.

ADDICTION brings together leading thinkers and organizations that are at the threshold of new treatments. Current advances in brain imaging science make it possible to see inside the brain of an addicted person, pinpoint the parts of the brain affected by addiction, and see how the addict’s brain differs, ushering in a great many advances in medical treatment. In fact, treatments for addiction are now as effective as treatments for other chronic relapsing diseases such as diabetes, hypertension or asthma.

A candid depiction of the emotional, psychological, social and political toll that addiction takes on the country, the ADDICTION project demonstrates conclusively that the disease is treatable and shows that there are millions of Americans in long-term recovery.

Topics covered include: the nature of addiction, addiction in the workplace, and the protracted insurance battles waged by families, as well as the difficulty of finding and getting adequate treatment.

The ADDICTION project will be supported by an unprecedented 30-city nationwide community outreach campaign funded by the Robert Wood Johnson Foundation and coordinated by Join Together, Faces and Voices of Recovery, and the Community Anti-Drug Coalitions of America (CADCA). The ADDICTION project is produced by John Hoffman and Susan Froemke and executive produced by Sheila Nevins.

For additional information, contact Roberta Leis at roberta@jointogether.org.

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PROBLEM GAMBLING AWARENESS WEEK
MARCH 5 – 9

DEALING WITH A GAMBLING PROBLEM

(NAPS)—People with a gambling problem can find help—regardless of how long they have been gambling or how many financial or legal problems their addiction has caused. The National Council on Problem Gambling says one of the first steps is to recognize the signs of problem gambling.

They include:
• Gambling for more time and/or more money than intended.
• Gambling more to try to win back what you’ve lost.
• Lying to loved ones about the amount of time or money spent gambling.

Gambling can be considered problematic, and no longer recreational, when it causes a disruption in any major area of a person’s life.

Finding Help

It’s estimated that 2 to 3 percent of the U.S. population has a gambling problem. It can affect men or women of any age, race or religion, regardless of social status. If you think you or someone you know might have a problem, the Tennessee REDLINE may be able to help. The REDLINE is a confidential information and referral service available to anyone needing help for an alcohol, drug, or gambling problem or is close to someone needing help, such as family members, friends or professionals. The National Council on Problem Gambling is another resource for help. Its mission is to increase public awareness of problem and pathological gambling and to ensure the widespread availability of treatment for problem gamblers and their families. It also operates the 24-hour National Problem Gambling Helpline, a link to treatment, recovery groups and other resources for problem gamblers and their family members. Through a partnership with NCPG, The REDLINE is the Tennessee call center for the NCPG Helpline Network.

A gambling helpline proved invaluable for Jane Skavinsky, a grandmother whose gambling problem began with simple bingo games, spiraled out of control and ended with her spending her 50th birthday in prison. “My gambling addiction led to my losing focus on anything that didn’t have to do with bingo. Soon I was spending my whole paycheck on it,” Skavinsky explains. Eventually, Skavinsky began embezzling money from her office to help fund her habit. She was sentenced to a year in jail for stealing a quarter of a million dollars. “It was only after months of mental anguish that I called the helpline. I did not realize that my gambling was the root of all my problems,” she explains. Through its referral to treatment and self-help groups, the helpline helped Skavinsky begin to recover. Today, she works to spread the word about problem gambling and helps others beat their addiction. “A problem gambler doesn’t need to wait to ‘hit bottom’ before asking for help,” says Keith Whyte, executive director, the National Council on Problem Gambling. “And because so many addicted gamblers are in denial and will never call, we offer our services to the nongamblers as well. When their problem is your problem, you can call the Helpline to learn what help is available.” To learn more or to find help in Tennessee, call 1-800-889-9789. For more information about TAADAS and REDLINE, please visit http://www.taadas.org or call the REDLINE at 1-800-889-9789.

LOSE THE ADDICTION. GET YOUR LIFE BACK.

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

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New Sheriff in our State Senate: When you felt the earth move on Tuesday, January 9, 2007, about 12:30 or so in the afternoon, Ron Ramsey was accepting the gavel to preside over the Tennessee State Senate. It was the first time since January 1971 that John Shelton Wilder had not held that gavel. When Senator Rosalind Kurita voted “Ramsey”, the 51 year old auctioneer from Blountville knew that he had won his long sought speakership. And so, without a shot being fired, political power for six million Tennesseans changed hands. The Senate committees have new chairs, except for Senator Thelma Harper who maintained her position as chair of the Senate Government Operations Committee. Each Senate committee now has a majority of Republicans.

Meanwhile, the House reelected Jimmy Naifeh as Speaker for his ninth term as Speaker and made him the longest serving House Speaker in Tennessee history. Speaker Naifeh appointed the officers and members of the House committees. New committee chairs are: Rob Briley, Judiciary; Frank Buck, Conservation; Charles Curtiss, Commerce; and Mike McDonald, Consumer and Employee Affairs. Gary Odom is the new House Majority Leader and will shepherd the Bredesen package through the House.

What does it all mean in the Senate? I must take a moment to congratulate John Wilder on an incredible run. While many are distracted by the thick West Tennessee drawl and Dr. Seuss like figures of speech, he has affected many many lives during his tenure as Speaker and Lieutenant Governor, and we are better because of his efforts. As a voice of quiet moderation during times of passionate conflict, he permitted political discourse to work its magic to create a consensus and a grudging acceptance that each member had had his or her say.

To Smoke or not to Smoke: We should have seen it coming. Last year, when the General Assembly in the closing days of the session, passed a ban on smoking in state buildings, we should have recognized how we had just crossed the Rubicon in tobacco regulation. Buoyed by their success, the advocates for healthy living and Governor Bredesen and even the Tennessee Restaurant Association are supporting in 2007 a ban on smoking in all workplaces. Governor Bredesen has even proposed raising the cigarette tax from a near national low of 20 cents per pack to 60 cents per pack. As recently as six years ago, such a proposal would have been a death sentence in Tennessee politics.

Bredesen Budget priorities: Wondering how the history books will judge, Governor Bredesen has in his second term turned his budget attention to education. Just as the first sales tax in 1947 was sold by returning war veterans to Tennesseans as a way to better our woeful education system, Governor Bredesen is proposing to use the proceeds of his tobacco tax increase to better our woeful education system. The pilot programmed pre-kindergarten program is due for a steep climb. High school students will have to take more mathematics. More funding in the state’s Better Education Program formula for at risk children will be available. School construction in some poorer school districts will be able to leverage some of our lottery reserves. Community college opportunities will be more readily available to students who can show readiness for that level of work.

DUI Task Force Report: Last year, Governor Bredesen appointed a DUI Task Force to wrestle with some of the squirming from local law enforcement officials over the requirement that first time DUI offenders participate in mandatory litter pickup. While litter pickup might not be a bad thing as opposed to sitting in a jail cell, the sheriffs were grumpy, because it is quite a bit more expensive to secure the outdoor roaming and vested litter patrols. The task force recommended repeal of the litter pickup penalty provision and several other items on the prosecutorial community’s wish list. Next, administrative revocations of driver’s licenses for DUI offenders, and expansion of our open container prohibition, and some mandatory use of ignition interlock devices for repeat offenders. For the treatment community, this last item gives pause for concern because of the fiscal effect of taking funding away from treatment resources in search of an unproven silver bullet in the form of ignition interlock devices. You may wish to remind our state policy makers that the state’s Alcohol and Drug Addiction Treatment fund has been the only source of any growth in treatment resource funding since its enactment in 1999.

Housekeeping: The General Assembly continues to improve its website. Both houses now have sponsor listings for each member; the House has added access to the voting records of its members, and a new listing of bills and resolutions by a subject listing are now available on the website. Here is the link: www.legislature.state.tn.us.

(Continued on page 14)
Hello everyone, my name is Stan B. and I'm in recovery. Prior to taking the position as Director of Community Outreach here at TAADAS, I had the honor of working four years as a community organizer for the Nashville Prevention Partnership, an anti-drug coalition housed at the Alcohol and Drug Council of Middle Tennessee. As a recent graduate of the Vanderbilt Divinity School Masters of Divinity program, I have also been fortunate to serve as part-time minister to two small congregations in the area. But what defines my life more than anything else these days is learning how to parent my five-year-old twins, Jonathan and Grace.

I share this personal information with you to say that I am sensitive to the needs of individuals struggling with addiction, have learned a great deal about "prevention" theory over the last four years, and have a deep and abiding interest in religious communities and the role they can play in positive social change. Also, I want you to know that addressing the substance abuse problems so prevalent in our society today is an extremely personal commitment on my part because I want my children growing up in a healthier world.

Having the opportunity to work at TAADAS, particularly with clergy from across the state who believe their churches can be instrumental in social transformation, is beyond what I could have ever dreamed as a way to spend my life's energies. As I've heard others folks say, had my life turned out the way I planned I would have shortchanged myself. This opportunity is a true blessing for my family and me.

At this point, we have on our calendar three Clergy trainings designed to help ministers understand and respond to substance abuse issues in their congregations and communities:

- Friday, March 9     Knoxville, TN
- Friday, April 17    Jackson, TN
- Friday, April 20    Johnson City, TN

Twenty-five individuals representing agencies in both Tennessee and Arkansas participated in the two-day event. Also participating in the training was Herb Stone, Director of Treatment and Program Design and Treatment Consultants, Rodney Bragg and Linda McCorkle. The trio from the Bureau of Alcohol and Drug Abuse Services were evaluating the program for potential statewide adoption.

Evaluations from participants raved about the training as well as Crim's expertise of the program material.

"The training at TAADAS was representative of the efficacy evolution of substance abuse treatment practice," explained Crim. "The organizations in attendance were upbeat and responded to the value of evidence-based practice for the continuum of care.

"Participants endorsed Living in Balance (LIB) as an evidenced-based treatment curriculum that could be implemented in a manner consistent with their treatment processes. Additionally, they acknowledged that LIB would provide a strong treatment foundation with clearly defined elements. The training had great energy and personally increased my passion for working with dedicated professionals."

A second training is planned for later in the spring.

Please notice the title of this column: "And See All The People." I intend to solicit written contributions from ministers around the state so that they may share with the rest of us what A & D challenges they have encountered in their own congregations and how they have responded. Anyone wishing to submit an article, make reservations for any of our clergy training events, or request information about any of our other programs here at TAADAS, may contact me via e-mail at stan@taadas.org. I look forward to working with you all.

Sincerely, Stan B.
**12-STEP TREATMENT MORE EFFECTIVE THAN ALTERNATIVE, STUDY SAYS**

Researchers from Stanford University found that a 12-step oriented treatment program that included attending Alcoholics Anonymous meetings boosted two-year sobriety rates by 30 percent compared to cognitive-behavioral (CB) programs, the BBC reported January 29.

Twelve-step oriented programs also cost 30 percent less than CB-based treatment for addiction, the researchers said.

Lead study author Keith Humphreys said the spiritual dimension of AA may explain why recovering alcoholics in such programs are better able to resist the temptation to return to drinking.

The study appears in the journal *Alcoholism: Clinical and Experimental Research*.


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**Blacks, Hispanics Less Likely to Access Treatment**

Only a small percentage of Americans with addiction problems get treatment, and the problem of treatment access is especially acute for blacks and Hispanics, HealthDay News reported January 5.

The study found that Hispanics have higher rates of alcohol problems than blacks or whites, but that Hispanics and blacks who had severe alcohol problems were less likely than whites to get treatment.

"We found some evidence that financial and logistical problems -- such as not being able to obtain child care -- have kept Hispanics from seeking help for an alcohol problem when they had considered going," said lead researcher Laura Schmidt of the University of California at San Francisco's School of Medicine.

Schmidt said that experts have long argued over whether minorities had even greater problems accessing treatment than the population at large. "Once we began teasing apart the underlying relationship between factors that affect treatment use, significant ethnic differences began to emerge," Schmidt said.

The study appears in the January 2007 issue of the journal *Alcoholism: Clinical & Experimental Research*.


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**Many Youths Admitted to Hospitals for Alcohol or Drug Dependence Don't Receive Treatment**

Forty percent or more of the youths ages 20 or younger admitted to U.S. hospitals for substance dependence or related psychoses in 2000 had no documentation of receiving alcohol or drug treatment during their stay, according to an analysis of data from the Agency for Healthcare Research and Quality.

Some of these substance abuse admissions were transferred to other facilities which may have provided substance abuse treatment.

It is also possible that patients received brief interventions during their stay.

However, the authors assert that "even given these possibilities . . there appears to be opportunity for improvement in treatment," especially since "[o]ther adolescent patients with chronic disorders subject to bouts of acute hospitalization, for example diabetes, receive intensive disease education and interventions during their inpatient admissions."

They note that the low rates of treatment may be due to "a lack of access to capable therapists with adolescent expertise" as "severe shortages of specialty-certified and trained providers are reality in most of the U.S."

**For details**, including data charts, source information and caveats, download the PDF file at [www.cesар.umd.edu/cesar/cesarfax/vol15/15-49.pdf](http://www.cesар.umd.edu/cesar/cesarfax/vol15/15-49.pdf).

Reprinted from CESAR Fax, a weekly, one-page overview of timely substance abuse trends or issues, from *The Center on Substance Abuse Research (CESAR) at the University of Maryland*. 

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Place of Hope Celebrates 7 Years!

Place of Hope is an innovative, Christ-centered ministry located in Columbia. The unique center is a sixty-four bed facility licensed by the state of Tennessee providing quality care for adult men and women and their families, throughout the Middle Tennessee region.

Place of Hope specializes in providing evaluation and assessment services, residential inpatient, intensive outpatient, day treatment, halfway house, family treatment services, adult basic education, aftercare services including Individual and group counseling, spiritual support, relapse prevention groups and transitional housing.

The mission of Place of Hope is to provide excellent alcohol and drug treatment programs and services, temporary shelter for the homeless, and food for the hungry, all within a caring, Christian environment.

Christian values are the core of their cultural beliefs and the standards of ministry and business practices. The values of Place of Hope are:
1. Clients and their families come first.
2. Integrity in all relationships.
3. Achieving mutually beneficial (win-win) outcomes in all transactions.

Sharon Trammell Receives TAMHO Distinguished Service Award

The Tennessee Association of Mental Health Organizations (TAMHO) honored Ms. Sharon Trammell with the Distinguished Service Award on December 7, 2006.

Instituted in 1999, the TAMHO Distinguished Service Award recognizes an individual for extraordinary and long-standing dedication and achievement on behalf of TAMHO or an Association member corporation. Recipient selection is specifically based on: 1) longevity of service, and 2) the significance of the nominee's overall contributions to TAMHO or an Association member corporation.

Ms. Trammell has been involved in the prevention, education and treatment of alcohol and drug misuse and abuse since 1969. She is a strong advocate for the rights of addicts and demonstrates that everyday in her advocacy. Ms. Trammell is currently the Executive Director of Grace House of Memphis, Inc., which is a long-term residential facility for women overcoming alcohol and chemical addictions.

Ms. Trammell is also an educator and public speaker for treatment professionals, with specialties in guided healing and ethics. Her educational presentations in the field are vast. The Women’s News of the Midsouth recognized her in 1998 as on the “50 Women Who Make a Difference” in the Midsouth.

In addition to her work with Grace House, Ms. Trammell has her own production company that produces guided healing tapes, and as a cancer survivor, she does extensive work with persons with cancer and AIDS to develop personal healing tapes and provide counseling support. Ms. Trammell’s 30-year passion for helping others with not only alcohol and chemical addictions but other afflictions as well is still strong. She remains a powerful influence and motivator for her peers as well as her clients.

TAMHO is a statewide trade association representing Community Mental Health Centers (CMHCs) and other non-profit corporations that provide behavioral health services. These organizations have historically met the needs of mentally ill and chemically dependent citizens of Tennessee from all age groups and socioeconomic levels. The TAMHO member organizations have been the virtual cornerstone of the community-based behavioral health system throughout the state since the 1950s and today serves as the primary provider network for the TennCare Partners Program.
WORKSHOPS & TRAININGS

**Codependency and Addiction**
Facilitator: Bobby Chapman, Cool Springs, March 3, Contact Monnie Furlong, 615.353.4313

**High Ropes**
Facilitator: Bobby Chapman, The Farm, March 4, Contact Monnie Furlong, 615.353.4313

**Mindfulness in the Workplace**
Facilitator: Doris Kilgore, Helen Ross McNabb Center, Knoxville, March 8 and 22, Contact Martha Culbertson, 865.329.9087

**Disease of Chemical Dependency**
Facilitator: Fred Lunce, CADAS, Chattanooga, March 9, Contact Adam Webster 423.756.7644 ext 166

**Co-Occurring Disorders**
Facilitator: Gene Marie Rutkauskas, A & D Council of Middle TN, Nashville, March 16-17, Contact Susan Young, 615.269.0029

**Assessment 101**
Facilitator: Shelly Sumner, Place of Hope, Columbia, March 17, Contact Shelly Sumner, 931.388.9406

**ASAM PPC2R**
Facilitator: Frances Clark, Helen Ross McNabb Center, Knoxville, March 17, Contact Martha Culbertson, 865.329.9087

**Taking Care of the Temple**
Facilitators: Jane Abraham & Keith Henderson, HART Center, Memphis, March 16 & 17, Contact Jane Abraham, 901.828.1332

**Recovery in Relationships II—Family Recovery**
Facilitator: Barbara Larew-Adams, Cool Springs, March 17 & 18, Contact Monnie Furlong, 615.353.4313

**Art of Developing Rapport**
Facilitator: Greg Stefaniak, CADAS, Chattanooga, March 22, Contact Adam Webster 423.756.7644 ext 166

**Art of Developing Rapport**
Facilitator: Greg Stefaniak, Cookeville, March 23, Contact Adam Webster 423.756.7644 ext 166

**Substance Abuse and Older Adults**
Facilitator: Edward Harper, Helen Ross McNabb Center, Knoxville, March 23, Contact Martha Culbertson, 865.329.9087

**Case Management & Resources**
Facilitator: Frances Clark, A & D Council of Middle TN, Nashville, March 24, Contact Susan Young, 615.269.0029

FEATURED PUBLICATIONS:

**A Parents’ Guide to Preventing Inhalant Abuse**

The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This edition’s feature is: **A Parents’ Guide to Preventing Inhalant Abuse**.

Just in time for the 15th Annual National Inhalant and Poisons Awareness Week, March 18–24, this graphically sharp brochure is designed to educate parents about inhalant use and inhalant resources. This publication is available in both pdf format as well as in quantity.

One on five students in America has used an inhalant to get high by the time he or she reaches the eighth grade. Parents don’t know that inhalants, cheap, legal and accessible products, are as popular among middle school students as marijuana. Even fewer know the deadly effects the poisons in these products have on the brain and body when they are inhaled or “huffed.” It’s like playing Russian Roulette. The user can die the 1st, 10th or 100th time a product is misused as an inhalant.

To get your free copy of our featured publication, or any of the hundreds of other materials, call the Clearinghouse at 615.780.5901 x 5 or order online at www.taadas.org.

FEATURED VIDEO:

**Alcohol and Drug Use and the Cultures of Addiction**

The Clearinghouse has over 800 videos on Substance Abuse, Addiction and related issues. Videos range in length and subject as well as targeted audience. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is: **Alcohol and Drug Use and the Cultures of Addiction**.

This 60 minute video is geared towards adults and college students, exploring the current trends in substance abuse and how the prevalence of such illicit drugs as marijuana, heroin and methamphetamine are surging in some populations and in areas across the country. In addition, it examines how such “cultures of addiction” promote and sustain excessive alcohol and drug use.

Videos can be checked out from TAADAS free of charge by anyone in the state of Tennessee for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50 per shipment.

Videos can be scheduled for agencies to view in rotation on a regular basis. They may also be previewed in the TAADAS office during normal business hours. Call the Clearinghouse at 615.780.5901 x 6 to check out this or any other video in our collection. A complete video catalog is also available online on the TAADAS website at www.taadas.org.
Celebrating its 30th anniversary, the Tennessee Advanced School on Addictions (TASA) makes available an expert faculty to address cutting edge issues and techniques in the field of addictions. Our theme, “30 Years of History, 30 Years of Recovery, 30 Years of Excellence; Leadership For The 21st Century” reflects the targeted workshops and the open invitation to the recovery community. The featured speakers for Wednesday, May 23, are William Cope Moyers and Mark Sanders. They will present a retrospective on the field of addictions; highlighting our history but focusing on the future of recovery. There are also other workshops preceding and following our featured Wednesday speakers. Highlighting those workshops will be topics on faith-based organizations, evidenced-based treatment strategies, problem gambling, coalition building, and women’s issues.

We are very pleased that the public will have the opportunity on Wednesday, May 23 to hear from Mr. Moyers who will share his life-shattering battle with addiction, his miracle of recovery and his passionate commitment to help others. This event, from 7 – 9 PM, will feature John McAndrew, an incredible jazz/blues musician who will share his perspective on recovery through song. Mr. Moyers’ evening topic is based on his book, “Broken.”

For more information on The Tennessee Advanced School On Addictions, contact Susan Young at (615) 269-0029.
Lung Association Issues State Report Card

The American Lung Association unveiled its annual report card on state tobacco-control activities this week and praised the growing number of states that have adopted smokefree workplace laws and raised tobacco taxes.

On the other hand, most states have done a poor job of funding youth smoking prevention programs, according to the American Lung Association State of Tobacco Control 2006. States were graded in four areas: smokefree air, tobacco taxes, prevention funding and restrictions on youth access to tobacco products. Only Maine received an "A" grade in all four categories (the state repeated the feat from 2005). A total of 26 states and the District of Columbia received passing grades of "C" or better -- the most ever -- in the smokefree workplace category.

But 34 states received "Fs" for failing to adequately fund tobacco prevention and cessation programs, and just nine got "As" in this category.

Several traditional tobacco-growing states won praise for taking steps to curb public smoking, such as Tennessee and Virginia. But the Lung Association chided Congress and the Bush administration for failing to take any meaningful steps to control tobacco use, giving the federal government an "F" for its lack of effort in 2006.

Cigarette Use Reaches New Low Among High School Seniors

The prevalence of cigarette use among U.S. public high school seniors has reached the lowest point ever recorded, according to the most recent data from the national Monitoring the Future survey.

Slightly more than one-fifth (21.6%) of 12th graders reported smoking cigarettes in the past thirty days, down from peaks of 36.5% in 1997 and 38.8% in 1976.

At the same time, the percentage of students who perceived a "great risk" of harm from smoking one or more packs of cigarettes per day reached an all-time high of 77.6% in 2006. Previous research has found that increases in perceived risk of using a drug are related to decreases in the use of the drug.

For details, including data charts, source information and caveats, download the PDF file at www.cesar.umd.edu/cesar/cesarfax/vol16/16-04.pdf.

Reprinted from CESAR Fax, a weekly, one-page overview of timely substance abuse trends or issues, from The Center on Substance Abuse Research (CESAR) at the University of Maryland.

Nicotine Addiction Costs $2,000 Annually

Smokers can pay $2,000 in direct and indirect costs to support their addiction, the Chicago Tribune reported February 11.

The Centers for Disease Control and Prevention (CDC) says that Americans spend $80 billion annually on cigarettes. At $5 per pack, and considering other related costs, a pack-a-day smokers can spend thousands of dollars each year -- more than most Americans spend on clothing and almost as much as they spend on health care, entertainment and eating out.

"Financially, most people can't afford to smoke," said Saul Shiffman, a tobacco researcher at the University of Pittsburgh psychology professor and director of the school's smoking research group. "It's a very significant percentage of expenditures, especially for people who don't have a lot of discretionary income."

At $5 per pack per day, the direct annual cost of buying cigarettes is $1,825 per year. Experts said that if smokers took the money and put it into an IRA instead from age 18 to 65, they would have an investment worth millions.

Other smoking-related costs include higher premiums for health and life insurance, the cost of teeth cleaning and whitening, dry cleaning and replacing clothes and furniture damaged by burning cigarettes. Homes and cars also may have a resale value that is thousands of dollars lower if the property has been damaged by cigarette smoke.

Higher healthcare costs and lower productivity also affect smokers: the CDC estimates that these factors boost the real cost of smoking by $7.18 per pack. "So, you're paying seven bucks up front for cigarettes, plus seven bucks in hidden costs for something that's going to kill you," Shiffman said. "It's not a good deal."
NIDA Launches Centers of Excellence for Drug Abuse Information

The National Institute on Drug Abuse (NIDA) recently announced the establishment of four Centers of Excellence for Physician Information, which will serve as national models to support the advancement of addiction awareness, prevention, and treatment in primary care practices. The NIDA Centers of Excellence (NIDA COEs) will target physicians-in-training, including medical students and resident physicians in primary care specialties.

The NIDA COEs are being developed in collaboration with the American Medical Association's (AMA) Research Consortium and are part of NIDA's ongoing Physician Outreach Program. The NIDA COEs will identify drug addiction knowledge gaps, develop educational materials and resources specifically designed for physicians in training to address those gaps, and determine the most effective means of delivering this information. As a result, the COEs seek to raise the awareness among primary care physicians and other health professionals, as well as patients, about drug addiction as a major public health issue," said NIH Director Dr. Elias A. Zerhouni.

These new Centers of Excellence are just one step in a broad cooperative effort to increase awareness among primary care physicians and other health professionals, as well as patients, about drug addiction as a major public health issue.

NIDA is establishing the Centers at academic medical institutions across the country. The NIDA COEs for 2007 will be located at Creighton University School of Medicine, Omaha, Nebraska; the University of Pennsylvania School of Medicine, in collaboration with Drexel University College of Medicine; the University of North Dakota School of Medicine and Health Sciences; and the Massachusetts Consortium of Medical Schools, including the University of Massachusetts Medical School, Tufts University School of Medicine, Boston University School of Medicine, and Harvard Medical School/Cambridge Health Alliance. The NIDA COEs will focus on a variety of areas, including prescription drug abuse, methamphetamine abuse and addiction, co morbid substance abuse and mental illness, and other issues related to drug abuse.

More information is available on the NIDA home page at www.drugabuse.gov.

Dentists Address Addiction

A new survey of dental patients find that most would feel comfortable with their dentist asking them about alcohol use and its impact on dental health, Medical News Today reported January 8.

Researchers at the Medical University of South Carolina led by Peter M. Miller, Ph.D., questioned 408 adult patients at an emergency dental walk-in clinic. "We thought alcohol was a sensitive topic," Miller said. "We thought people might feel it's okay if their doctor talked to them about [alcohol use], but not their dentist."

But 80 percent of patients said they had no problem with a dentist asking them about their drinking habits. Heavy drinking is related to oral cancer, and 90 percent of patients said that their dentist should advise them to reduce or stop drinking if it was affecting their oral health.

"The results allow us to tell dentists that people don't have a problem with this," said Miller. Addiction experts said that they would like to see more dentists talk to patients about drinking and make treatment referrals if necessary.

The study appears in the December 2006 issue of the Journal of the American Dental Association (JADA).


E. M. Jellin-ek Center, Inc.

Hope and Help for Chemically Dependent men in Knoxville, Tennessee

A proud member of the TAADAS Team!
Election update: Beverly Marrero will face Larry Parrish in the general election on March 13 to determine who will succeed Steve Cohen as State Senator for District 30, which covers the Midtown area of Memphis. Marrero who currently represents District 89 in the House will begin the general election campaign as the favorite to prevail in what is probably the most liberal state senate district in the state. Democrat G. A. Hardaway and Republican Richard Morton each won their unopposed primary, and they will face each other on March 13 to determine who will represent House District 92. This district is staunchly Democratic, and Hardaway should prevail. As you will recall, this House seat is the one previously held by Henri Brooks who resigned her House seat after winning the August election for a seat on the Shelby County Commission.

Calendar Notes: State offices will be closed Friday April 6, 2007, for the Good Friday holiday.

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

Samaritan Recovery Community, Inc.  
Founded 1964

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

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- Halfway House Program
- Dual Diagnosis Residential Program
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Partially Funded by Tennessee Department of Health
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News from Capitol Hill Continued...

(Continued from page 6)

Grace House of Memphis

Treatment Center for Women

State Licensed through TN Department of Health
CARF Accredited
Non-Profit
12 Step Based

Residential Programs for women including:
Detoxification • Rehabilitation • Extended Care
More Going Public with Recovery Stories

More addicted individuals are taking part in Recovery Walks and other public events designed to put a face on the disease and advocate for policy changes, the North County Times reported January 7.

"We've got to get the message out there," said Dorian Grey Parker, a recovering addict from Hartford, Conn., who last fall took part in a recovery march that drew 2,500 participants. "I show up for the newcomers, who are finding hope in seeing people with multiple years of recovery, and I come out for the clueless. There is such a moral stigma attached to this disease. It all comes from not understanding, but we can change that."

Activists say that the strategy is based on past efforts that raised public awareness on issues like breast cancer and AIDS. Observers see the movement springing from grassroots self-help groups. "I still don't think the general public believes that an addict or alcoholic ever gets well," said Phillip Valentine, executive director of Connecticut Community for Addiction Recovery, which organized its first Recovery Walk six years ago. "Many, many people have long-term, sustained sobriety and you may not know about it. We need to put a face on recovery so people won't be so afraid or fearful or angry at it. It's not a hopeless condition."

One obstacle facing organizers is that nobody is quite sure how many recovering addicts there are in the U.S., although estimates range into the millions. The Center for the Study of Addictions and Recovery at the National Development and Research Institutes in New York is planning a national survey.

Another complicating issue: how to define recovery. "Recovery is not only someone who is no longer using alcohol or drugs, it's someone who's got on with life so they are once again part of the community," said Pat Taylor, executive director of Faces & Voices of Recovery. "It's not just that you're sober, but that you've gotten your life on track."

Former reporter William Cope Moyers, the son of journalist Bill Moyers and now vice president of external affairs at the Hazelden Foundation, has been one of the most public faces of the recovery movement. "My first public speech was to a Rotary club in St. Paul and I got up thinking I'd speak from an authority's position as an employee of Hazelden," said Moyers.

"I rattled off all these statistics and began to notice people dozing off. It was a tough crowd. So I chucked my speech and told them, 'I want to talk about this disease I have.' Everybody sort of sat up. That's when I learned the real power in the authenticity of experiences of people like me. Nobody can impeach my credibility when it comes to being a recovering drug addict. I made it despite myself. For that I am grateful and I want to give back."

The National Council on Alcoholism and Drug Dependence (NCADD) suggests that people have at least two years of sobriety before going public with their disease. "As much as a positive effect it can have, people do make sacrifices when they do this kind of stuff," notes addiction expert and author Bill White. "They face the same adversity that the first gays and lesbians who came out of the closet did. People lose jobs, families can fall apart over it."

Finally, the recovery community's long tradition of anonymity, as promulgated by the founders of Alcoholics Anonymous, also continues to challenge effective advocacy. Moyers does not talk about his AA participation in his public speeches, but does detail his involvement in self-help programs in his upcoming biography.

"It's a disservice if I don't tell people how I got well," he said. "I embrace and live a life of recovery grounded in the 12 Steps. I don't ever reveal what is said in meetings. I have the utmost respect for members of the 12-Step community whose perspectives on the anonymity issue differ from mine."

"This is a very contentious issue and I respect both sides of the debate," he added, "but I will tell you that I believe this misunderstanding of the traditions has made it very difficult for those of us in advocacy to mount a sustained and successful effort."
STUDY LOOKS AT HEALTH EFFECTS OF LIFE IN A METH HOUSE

Montana researchers are using lab mice to study the impact of long-term exposure to methamphetamine smoke, in hopes of better understanding the health risks to children who live in homes where meth is made or used, the Associated Press reported January 1.

"I can say we have some very promising preliminary data that indicates acute respiratory distress, and we're moving forward based on those results," said researchers Sandra Wells of the University of Montana, who also is active in the Montana Alliance for Drug Endangered Children. "This will be the first information out there to address pulmonary injuries in children related to these exposures."

Montana lawmakers are now considering a bill that would make it a felony to expose a child to methamphetamine.

Montana lawmakers are now considering a bill that would make it a felony to expose a child to methamphetamine. Anecdotal reports suggest that children living in meth houses suffer a variety of health problems, including hair loss, dental decay, asthma or pulmonary fibrosis.

"It's not like secondhand cigarette smoke where we know for a fact that exposure is harmful," Wells said. "We treat meth as though it's radioactive, but in fact it's been approved for medicinal use at lower levels. I expect there probably is a safe level of exposure to meth, we're just not sure what it is."

As law-enforcement efforts against meth users and dealers has increased, so have child-welfare cases. "We don't just look at building cases against adults suspected of manufacturing or distributing anymore," said Craig Campbell, a Helena, Montana, police officer.

"Now we're also trying to prove and gather evidence for the crime of child endangerment. We're terminating cases and raiding labs earlier than we normally would have. As soon as we learn that a child is present, it becomes a priority to gain access and get them out of that environment. We don't wait for the distributor to make another purchase or possibly identify a higher-up. We just get the child out of that situation."

'LEAD ON AMERICA' SEeks to Shutter Meth Houses

A Washington woman is being recognized for her work in shutting down 41 meth houses across the state through a group she founded called "Lead On America," the Seattle Post-Intelligencer reported January 30.

Susan York of Snohomish is one of a dozen nominees for the Reader's Digest "Hero of the Year" award. York, dubbed "Agent Pink," organized neighbors to uproot a meth-dealing operation that set up shop in her suburban cul-de-sac, then expanded her campaign to help fight meth houses in other communities.

"She's been very effective," said Detective Mark Thomas of the Snohomish Regional Drug Task Force. "She files a gap by providing a bridge from law enforcement to citizens who are being tormented by these criminal elements in their neighborhoods."

"I don't judge people," York said. "But when someone is putting my life in danger, I do something."

Lead On America works with police to help local residents set up neighborhood watch programs, which gather information on strangers in the area (like license plate numbers and car make and model) that can be used to initiate police action against suspected meth houses. "[York is] the first person I call when we get word of a new problem house," said Deputy Bud McCurry of the Snohomish County Sheriff's Office. "She's a really valuable resource for us."

York, who has a family history of addiction, including meth use, has paid a price for her passion: she gave up her job and separated from her husband, and uses her own money to help finance Lead On America.
Drug-Free Schools and Communities (SDFS) program, which has been under attack in practically every budget cycle this decade. Bush wants to cut $246.5 million from the State Grants portion of the program; ironically, this is actually better news than in recent years, since it would leave $100 million for community-based prevention grants (the last two administration budgets called for eliminating the state grants program outright). The Bush plan would eliminate the $32.4-million alcohol use and reduction portion of the grants programs, though the President would add $82.9 million to the National Programs portion of SDFS.

Changes in FY08 funding levels are relative to Congress' continuing resolution (CR) for FY2007 spending, since federal lawmakers last year failed in their constitutional duty to pass a timely federal budget. "Although Congress has not yet completed the FY2007 appropriations process, it is expected that most programs, including those that fund alcohol and drug prevention, treatment, and education services, will receive funding level to fiscal year 2006," according to the Legal Action Center.

Even the notably reticent National Association of State Alcohol and Drug Abuse Directors (NASADAD) called the administration's FY2008 budget plan "tight," and Community Anti-Drug Coalitions of America (CADCA) termed it "a mixed bag for our field, with increases recommended for a very small handful of programs, while many other programs were severely cut."

"If we want to see cuts to critical programs restored and proposed increases come to fruition, it is imperative that our field make advocacy a major priority throughout the entire appropriations process," CADCA told its members. "As the appropriations process continues, we will need to flood Congress with letters so that they are aware of the devastating impact some of the draconian cuts proposed in the Presidents FY 2008 budget would have on you and your communities."

Other Bush budget recommendations included:
- $220 million for the High Intensity Drug Trafficking Areas (HIDTA) program, a cut of $4.7 million.
- $3.5 million for the State Department's International Narcotics and Law Enforcement Demand Reduction Program, a cut of $6.4 million.

Congress Gets Next Crack

Overall, the administration's FY08 budget calls for spending about $700 billion on programs within the Department of Health and Human Services (HHS), an increase of $28 billion compared to 2007, according to HHS Secretary Mike Leavitt, who said the budget, "sets out an aggressive, yet responsible, budget that funds our priorities and helps sustain our long-term commitment to seniors and low-income Americans. We are serving our citizens with compassion while maintaining sensible stewardship of their tax dollars."

The administration's budget highlights for HHS tout "nearly $884 million in activities to help those trying to escape the cycle of substance abuse; reduce the number of children who are abused and neglected; increase the number of children in foster care who are given permanent, adoptive homes; and meet the anticipated needs of refugees and unaccompanied alien children who come to this nation each year."

But Rep. Patrick Kennedy (D-R.I.), an advocate for addiction treatment and prevention, said that while Bush "claims this budget will get the nation out of the red by 2012 ... the bulk of the spending reductions affect the most vulnerable."

"I'm concerned that once again critical initiatives like No Child Left Behind, Head Start and local law-enforcement programs are drastically underfunded," said Kennedy. "Community Services Block Grants, which fund a wide variety of programs for low-income families, are eliminated, as is the Preventive Health and Health Services Grant, which was used in Rhode Island for programs in health technology."

Congress will begin working on its FY2008 budget after it completes work on the FY2007 budget, which originally was due last October. The new Democrat-controlled Congress has pledged to implement "pay as you go" rules in the budget process, meaning that any increases for programs be offset by cuts in other areas -- a procedure that could put obvious limits on efforts to increase discretionary spending at agencies like HHS, SAMHSA, and the Education department.

ONDCP is expected to release the 2007 National Drug Control Strategy shortly; the strategy should provide more budget details and information on spending priorities.

This Feature Story originally ran on TAADAS' News Service provided by Join Together Online at www.taadas.org. Bob Curley can be contacted directly via email at curleybob@jointogether.org.

**MAINE ADVOCATES USE BLUEPRINT TO BACK CALL FOR HIGHER ALCOHOL TAXES**

Addiction advocates in Maine say that state alcohol taxes should be raised in order to pay for more treatment services, and are pointing to recommendations in Join Together's Blueprint for the States to bolster their case.

WCSH-TV6 in Portland reported Feb. 1 that an alliance of Maine treatment programs and county sheriffs is referencing the Blueprint recommendations, developed by a national panel of state health experts, policymakers, and others, in calling for the tax increase. "The consequences of not spending the money that is needed on treatment and prevention and recovery ... cost the state and the citizens a lot more money," said Join Together's Roberta Leis, who coordinated the policy panel.

A bill introduced by state Rep. Anne Perry, who works in an addiction treatment program in Calais, would see increased alcohol taxes used to pay for treatment and prevention services. Citing the Blueprint report, Perry said, "With an increase in the alcohol tax there was a significant decrease in the amount of binge drinking in the young age group 18-20. That says that this works."
**Brain Has Remarkable Power to Recover from Alcohol Ravages**

Excessive alcohol use can literally shrink the brain, impairing memory, learning, and organizational skills. But the brain also can recover most if not all of its capabilities when drinking stops, researchers say.

The Los Angeles Times reported January 22 that MRI studies and cognitive tests were used to track the brain changes in a group of alcohol-dependent subjects as they embarked on the road to sobriety. They found that after just two months of abstinence, the alcoholics' brain volume increased an average of 1.85 percent, while the communication efficiency of their brain cells rose 20 percent. These chemical changes were matched by improvements in tests of cognitive function.

Researchers found that the changes only took place among the alcoholics, not a group of healthy subjects who also were asked to abstain from alcohol use during the study period. "Abstinence pays off and enables the brain to regain some substance and perform better," said researcher Andreas Bartsch of the University of Wurzburg, Germany. "The adult human brain, and particularly its white matter, seems to possess genuine capabilities for regrowth."

However, the heavy drinkers who had been alcohol-dependent the longest had the most modest recovery in brain function.

Clancy Imislund, managing director of the Midnight Mission in Los Angeles, said that part of the apparent cognitive recovery has to do with the changed worldview that comes with sobriety. "When you straighten out, you get going again and you get some focus outside of yourself," Imislund said. Alcoholics, may "appear to be mentally retarded," he said. "They're not, they're just mentally self-obsessed. They need to be pulled out of themselves. And that's when your cognitive abilities return, I believe."

The study appears in the January 2007 issue of the journal Brain.

**Female Hormonal Patterns Could Dictate Drug Use**

Fluctuations in female sex hormones may make women more apt to use drugs, have sex, or engage in other pleasurable activities at certain times of the month, researchers say.

The Telegraph reported February 5 that researchers from the National Institute of Mental Health found that changes in estrogen levels make the brain's reward system more responsive during the first part of the menstrual cycle. "Increased activity of the brain's reward system at this time could boost anticipation and enjoyment of sexual activity," said researcher Karen Berman. "This demonstrates for the first time that female hormones affect the reward system in very specific ways during particular parts of the cycle."

Previous studies have shown that female users of cocaine and amphetamines appear to get more pleasure from taking these drugs during the early part of their fertility cycle.

The study was published January 31, 2007 in the Proceedings of the National Academy of Sciences.

**Study Says Psychedelic Drugs Have Different Brain Action**

Psychedelic drugs like LSD act on similar systems of the brain as other drugs but differ in which parts they affect, helping to explain why they produce such dramatically different experiences among users, according to researchers at Mount Sinai School of Medicine.

Medical News Today reported February 4 that researcher Stuart C. Sealfon, M.D., and colleagues compared hallucinogens and non-hallucinogenic drugs that act upon the serotonin 2A receptor in the brain. They found that both types of drugs activate the serotonin receptors, but in different ways.

"The big mystery has been why drugs like lisuride, which are similar in chemical structure to hallucinogens and switch on the exact same serotonin 2A receptor, do not have a similar impact on mood and behavior," said Sealfon. "Our tests in mice revealed that once the hallucinogenic drugs turn on the serotonin 2A receptor, they also go on to activate another neurological pathway, whereas lisuride does not take any further action."

Research conducted with scientists at Columbia University also found that hallucinogens only act on cells in the cerebral cortex, not on cells traveling there.

The study was published in the February 1, 2007 issue of the journal Neuron.


What is TAADAS?

The Tennessee Association of Alcohol, Drug and other Addiction Services, Inc. is a statewide advocacy association founded in 1976. The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions.

TAADAS’ purpose is to:

- promote the common interest in the prevention, control and eradication of alcoholism, drug dependency and other addictions;
- work in close cooperation with agencies concerned with alcohol and drug abuse, and other addiction issues;
- facilitate cooperation with all agencies interested in the health and welfare of the community;
- impact legislation regarding alcohol and drug abuse and other addictions;
- educate the community regarding alcohol and drug abuse and other addiction issues;
- encourage and support the development of alcohol and drug abuse and other addiction services in areas that are underserved;
- enhance the quality of services provided by Association members;
- serve as a resource for Association members; and
- further fellowship among those members.

As a statewide association made up of prevention programs, treatment agencies, recovery services and private citizens, TAADAS strives to be the Voice for Recovery in Tennessee through its membership and many programs.

The Nation’s #1 Health Problem - Substance Abuse!

The abuse of alcohol, tobacco, and illicit drugs places an enormous burden on the country. As the nation’s number one health problem it strains the health care system and contributes to the death and ill health of millions of Americans every year and to the high cost of health care. Substance abuse—the problematic use of alcohol, tobacco, and illicit drugs—also harms family life, the economy and public safety. (Schneider Institute for Health Policy, 2001, p. 6: 111) In Tennessee, untreated substance abuse costs taxpayers $43,000 for each abuse-related incident, whereas the average cost to treat each client in a state facility is $2,670. (Substance Abuse Treatment Effectiveness in Tennessee: 2003-2004 Statewide Treatment Outcomes Evaluation, 2005, p. 78)

TAADAS provides advocacy for alcohol and drug abuse issues, and first generation information on policy issues, as well as a strong voice for parity issues.

Networking – TAADAS offers unparalleled networking opportunities with professionals and other concerned individuals in the alcohol and drug abuse services and recovery community across the state.

- Discounts at Recovery Books & Things
- Credit Union Membership
- TAADAS Times Newsletter
- Discounted Hotel Rates

Isn’t it time YOU joined TAADAS?

TAADAS Members

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

Organizational Members

- Agape, Inc, Knoxville
- Bradford Health Services, Birmingham
- CADAS, Chattanooga
- Cocaine & Alcohol Awareness Program, Memphis
- Comprehensive Community Services, Johnson City
- E.M. Jellinek Center, Knoxville
- English Mountain Retreat, Sevierville
- Grace House, Memphis
- Harbor House of Memphis, Memphis
- HealthConnect America, Nashville
- Hope of East Tennessee, Oak Ridge
- JACOA, Jackson
- Jack & Jane Shelter, Savannah
- Memphis Recovery Center, Memphis
- New Directions, Memphis
- New Hope Recovery Center, Morristown
- New Life Lodge, Bums
- Operation Stand Down Nashville, Nashville
- The Pathfinders, Inc., Gallatin
- Place of Hope, Columbia
- Samaritan Recovery Community, Inc., Nashville
- Serenity Recovery Center, Memphis
- TN Professional Assistance Program, Nashville
- Turning Point Recovery Residences, Nashville

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- Peninsula Lighthouse
- Samaritan Recovery Community, Inc.
- Board of Trustees
- SMi Social Enterprises

Vendor Members

- Acupelo, Inc.

Student Members

- Martha McCallie
Application for Membership in TAADAS

Membership in this organization shall be open to any person or organization whose philosophy in regard to alcoholism and drug addiction is consistent with the following statement: “Alcohol and other drug dependency is a single, separate disease characterized by a definitive set of symptoms. It is not simply a symptom of another disease. It is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life—social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. While alcohol and other drug dependence is a complex illness and can co-exist with mental disorders, it should not be characterized as a behavioral problem arising from, or a symptom of, a mental disorder. Alcohol and drug dependence is successfully treatable and subject to prevention measures.”

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<td>$12.50</td>
<td>Can pledge more</td>
</tr>
<tr>
<td>Vendor</td>
<td>$250</td>
<td>$250</td>
<td>$187.50</td>
<td>$125</td>
<td>$62.50</td>
<td>$500 - $2,500</td>
</tr>
<tr>
<td>Corporate</td>
<td>$250</td>
<td>$250</td>
<td>$187.50</td>
<td>$125</td>
<td>$62.50</td>
<td>Can pledge more</td>
</tr>
<tr>
<td>Student</td>
<td>$25</td>
<td>$25</td>
<td>$18.75</td>
<td>$12.50</td>
<td>$6.25</td>
<td>Can pledge more</td>
</tr>
</tbody>
</table>

Name: ___________________________ Agency: ___________________________
Address: ______________________ City: ______________ State: ____ Zip Code: ______
Phone: ________________________ Toll Free: ______________________ Fax: ______________________
Email: ________________________ Agency Website: ______________________
Agency Representative: ______________________ Representative Email: ______________________

Please make checks/money orders payable to TAADAS or provide credit card information below.

Card Holder’s Name: ______________________ Visa/Mastercard #: ______________________
Card Holder’s Signature: ______________________ Exp Date: ______