The Co-Occurring Disorders Debate

By Mike McLoughlin, M.S., LADAC, MAC

At the end of the movie “Shindler’s List” the Jewish prisoners gave Shindler the means to escape and a gold ring they had made from dental fillings. Shindler had saved these grateful people by paying the Nazis for each one of the prisoner’s lives. Shindler was moved by the gesture but felt like he could have saved more lives. Through his tears he said that even the value of the ring he received could have saved at least one other person. This brought tears to my eyes as I was suddenly moved with the feeling that I could have done more to save the lives I have come in contact with in providing addiction treatment. Would one more act of “tough love”, one more hour of listening, one more group session saved even one more life on the list of addicts and alcoholics that have died? Fortunately treatment successes outnumber the deaths and those faces run together. The ones you work with that die, those faces are individual photographs that remain with you.

Saving as many lives as possible is what the treatment for the disease of addiction is about. Active addiction impedes attempts to address the myriad of problems in an addict’s life, and active addiction kills. But despite the impact substance abuse and addiction has on the lives of individuals, their families and society at large, I continue to see the studies and reports that show few people in need of treatment get it. Alcohol and drug (A&D) abuse treatment providers keep hearing how many addicts are incarcerated and that incarceration costs significantly more than treatment. Providers know from their own experience how many more people contact them for help versus the number they are able to serve. Two major obstacles stand in the way of alcohol and drug abuse treatment providers saving more lives: 1) access to treatment by those who need it and 2) enough revenue to cover operating expenses and development. I am convinced that the emphasis on dual disorders (also known as co-occurring disorders, co-morbidity, dual diagnosis et al.) exacerbates these two major obstacles. Dual disorder treatment is more costly than A&D treatment because it requires additional expertise and staff credentials. Each consultant, each credential adds to the cost of providing treatment. Each dollar increase in expense not matched by an increase in revenue, reduces the amount of service that can be provided. Treatment becomes less available or more expensive.

This relates both to the revenue and access to treatment obstacle. Access to treatment is also impeded in a more subtle way with the emphasis of a mental health diagnosis routinely attached to addicts seeking treatment. We have come a long way in alleviating the stigma barrier associated with accessing A&D treatment. How much more of a problem is it that not enough addicts get help compared to not enough addicts get a second diagnosis? The 2000 Federal TEDS report contends that 7% of addicts getting A&D help at state funded facilities in Tennessee also had a psychiatric problem in addition to their A&D diagnosis. Do we focus on the 7% rendering A&D treatment more expensive and less available than it already is? I would argue that as an A&D provider my job is to save as many lives as possible.

Is the number of addicts with a mental health diagnosis 7%, or maybe 15%? Some may argue 100%. Symptoms of addiction mimic mental disorders. Paranoia, anxiety, mood swings and depression are common in, if not symptomatic of active addiction. During the recovery process narcissism and anti-social behavior can appear when the fog of using diminishes. Peruse the list of personality disorders and we see them all with active alcoholics and addicts and those in the early stages of recovery. Are there those that have a mental disorder that will continue to manifest itself regardless of A&D treatment efforts? Of course, just as there are those who have other serious conditions. Some individuals cannot complete A&D treatment and some will need help in addition to A&D treatment. Diabetes, hepatitis, STDs, AIDS, TB, high blood pressure and heart conditions are prevalent among alcoholics and addicts. Outstanding criminal charges and pending prison terms often face our patients. Occupational and financial ruin, severed family ties, divorce and children taken into state custody are typical but devastating issues facing those we serve. The destructive and self-defeating behaviors, the health conditions, relationship and child abuse problems, violence, dishonesty, unemployment, and criminal actions all point back to the disease of addiction.

Having worked in the A&D field for a number of years I ask myself why is it that a mental health diagnosis for alcoholics and addicts surfaces as an issue from time to time. Are some A&D providers my job is to save as many lives as possible.

(Continued on page 9)
The findings were based on a study by Dr. Alfred Heller and colleagues at the University of Chicago in Illinois. The researchers used babies born to female mice exposed to the drug to monitor the effects of methamphetamine use in the brain.

"What we found was that the animals that had been exposed to methamphetamine as fetuses lost more dopamine, a brain chemical associated with movement, than animals receiving injections of saline in utero," Heller said. "The increased losses were seen only in the regions of the brain which are affected in Parkinson's disease. Interestingly, the effect was, in the main, restricted to the male offspring."

Heller added that the same type of effect most likely occurs in humans, as well. "Males whose mothers used methamphetamine during pregnancy are at greater risk for destruction of dopamine nerve endings if they use the drug as adults," he said.

"Why a young woman who might be or is pregnant shouldn't use this drug is a no-brainer," Heller continued. "In addition to the type of enhanced neurotoxicity in the male offspring described by us, the few studies on human offspring indicate that the babies are of lower weight and head circumference and may suffer strokes and learning disabilities." The study's findings are published in a recent issue of the Journal of Pharmacology.
Kent C. Berridge, a psychology professor at the University of Michigan and co-author of the study, said people in recovery need to develop anti-craving strategies. "Sensitized people can develop strategies to not give into it," said Berridge. "But if they have been sensitized, they are still exposed and vulnerable to those cravings."

Dr. Roger Weiss, head of the American Academy of Addiction Psychiatry's research section, added, "It's a well-known phenomenon. People in early recovery of substance abuse need to be aware they are vulnerable to these cravings. The urges they experience are correlated with real brain changes and are not fully in their control."

While previous studies have suggested explanations for "cue-triggered" cravings, Berridge's animal research is among the first to uncover the psychological causes of the cravings. "Drug use is known to sensitize certain neural systems within the brain, causing changes that are relatively permanent," Berridge said. "This study shows the brain is vulnerable to cues that trigger irrational 'wanting,' even after a long period of remaining drug-free."

The study is published in the October issue of the Journal of Neurosciences.
behalf of the association to request the Board to revisit the licensure rules promulgated last July that deal with alcohol and drug treatment facilities. Before an alcohol and drug treatment facility may commence business, it must obtain a license from the Tennessee Board for Licensing Health Care Facilities. That board is a Division of the State Department of Health. That board also has the duty to inspect regularly each of our member facilities. In other words, that board is critical to the successful operation and survival of each of our member facilities. At their most recent meeting, the board listened politely to our comments. With the department’s staff support, the board recommended that a rulemaking hearing be conducted on the topics of our concern. The board did express more than a small amount of interest in our proposal to relax the restriction of no more than two beds per room. The association will have to document its position in this regard to make any headway with the board.

By: Nathan Ridley

Politics is like peeling an onion. In other words, many layers present themselves when one enters the public arena. At the local government level, the issue may involve gaining permission from a planning commission to site and build a new facility. At the state legislative level, the issue may involve the policy question of including treatment as part of the punishment for a violation of the criminal law. At the federal level, the issue may involve the level of appropriations for block grant funding in the wake of a national tragedy. Yet another important, but seldom recognized, layer of the onion is the power of executive branch administrative agencies to establish rules that affect the way each treatment facility provides treatment to its clients. When the Board for Licensing Health Care Facilities convened on November 7, 2001, Rogers Thomson and I appeared on behalf of the association to request the Board to revisit the licensure rules promulgated last July that deal with alcohol and drug treatment facilities.

Before an alcohol and drug treatment facility may commence business, it must obtain a license from the Tennessee Board for Licensing Health Care Facilities. That board is a Division of the State Department of Health. That board also has the duty to inspect regularly each of our member facilities. In other words, that board is critical to the successful operation and survival of each of our member facilities. At their most recent meeting, the board listened politely to our comments. With the department’s staff support, the board recommended that a rulemaking hearing be conducted on the topics of our concern. The board did express more than a small amount of interest in our proposal to relax the restriction of no more than two beds per room. The association will have to document its position in this regard to make any headway with the board.

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News from Capitol Hill...
TAADAC Times

Tennessee Licensing Board Provides Peer Assistance For LADACs

By Diann Smithson

The Tennessee Board of Alcohol and Drug Abuse Counselors has done a wonderful thing! At the August 2001 board meeting, the members decided to provide statewide peer assistance services for all Tennessee licensees. What does this mean for the LADACs—the health care providers of the state whose practice is centered on helping addicted individuals? It means that there is finally a channel of advocacy for the LADACs who want and need help themselves.

The Tennessee Professional Assistance Program (TNPAP) has partnered with the licensure board to provide a confidential alternative to discipline against a LADAC license. LADAC licensees who find themselves impaired by any substance, compulsive behavior, or psychological disorder may contact TNPAP for confidential support, referral, monitoring, and advocacy. The licensure board has sanctioned the confidential relationship between TNPAP and licensee and will neither investigate nor prosecute any LADAC who is working the TNPAP recovery program.

This activity impacts all LADACs since there is a moral and ethical obligation to report facts known or observed regarding incompetent, unethical or illegal practice of other health care providers. TNPAP may now serve as that reporting agent. Any licensee may confidentially report another who is experiencing substance abuse and/or behavioral problems. TNPAP does not disclose who made the report. The impaired practitioner is contacted by TNPAP and assisted in obtaining appropriate care.

Additionally, TNPAP provides education services statewide. Conferences, workshops, seminars, and in-service training sessions are all part of the out-reach program included in TNPAP services. Every spring, TNPAP hosts a 2-day retreat at which licensees may earn CE credits. On-site presentations are conducted upon request to any clinic, treatment center, or organization needing peer assistance education for employees.

The TNPAP staff consists of seven caring professionals of various credentials. The statewide director, Diann Smithson, was director of the Health Related Boards division within the Tennessee Department of Health for five years before joining TNPAP. The entire TNPAP staff is currently seeking LADAC licensure under the clinical expertise of Kathy Benson (who needs no introduction). Ms. Benson also acts as a consultant to TNPAP regarding substance abuse issues.

If you, or anyone you know, needs assistance with career-threatening behaviors, please contact TNPAP in any of the following ways:

Local phone: 615-726-4001
Toll free: 1-888-776-0786
Website/email: www.tnpap.com
Fax: 615-726-4003

West TN Chapter of NAADAC Notes

This chapter meets the 4th Tuesday of each month (no meeting in December) at the Alcohol and Drug Council, 1420 Poplar Ave., Memphis, TN. The November meeting will be held at the A.C.A.R. Center on Monroe. The speaker will be the son of Dr. Bob, the co-founder of Alcoholics Anonymous.

MTAADAC Notes

On December 18, 2001, MTAADAC will have a brief business meeting 10:30 AM to 11:30 AM followed by a presentation by Ruthe Creighton and Claudine Jefferson on “Chemical Dependency in the Homeless”. On January 15, 2001 the business meeting at 10:30 AM will be followed by a presentation by Dr. Murray Smith on “Identifying Other Addictions for Referral and Treatment”.

ETAADAC Notes

ETAADAC is the east TN chapter of the National Association of Alcohol and Drug Abuse Counselors (NAADAC) and we meet on the 4th Wednesday of the month (except December) at ETHRA, in Knoxville, TN. Our meetings are open to all interested persons, you do not need to be a member of NAADAC to attend. Please call chapter president Gene Marie Rutkauskas (865) 523-0678 for more information.

On October 27, 2001, ETAADAC was fortunate to have a terrific 3-hour training presented by Sharon Trammell of Grace House in Memphis. She presented on Preventing Burnout, a timely topic. Some tips I’d like to pass along from Sharon’s training that have been helpful to me: shaking angry, stressful energy out through your hands while huffing and puffing (so what if it looks funny if it helps!); schedule time for meditation (write it in your day planner so it will happen); use positive visualization for goals (we need to see it to get it); if you get a chance, read Spencer Johnson’s short book The Precious Present; pick your battles; turn off the TV; de-junk your home (and maybe your desk too!); exercise; get a pet; go home on time. While these are only a few of the many ideas from the workshop the main concept is the same, making valuing and caring for ourselves a priority so that we avoid burnout and bring the best of ourselves to our relationships with our significant others, families, friends, and to our workplace. Let’s take care of ourselves at the level that we recommend to our clients!
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423-349-4070

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204 Gay Street
Erwin, TN 37650
423-743-2260

Knox County
517 Union Ave., Suite 248
Knoxville, TN 37901
865-522-3622

Washington County
321 W. Walnut Street
Johnson City, TN 37604
423-928-6581

McMinn County
130 Washington Ave.
Athens, TN 37303
423-746-9901

Greene County
204 E. Depot St, Suite 2B
Greeneville, TN 37743
423-639-7777

Sevier County
136 Court Ave.
Sevierville, TN 37864
865-428-6110

Carter County
P.O. Box 913
Elizabethton, TN 37644
423-742-4001

Hawkins County
423-639-7777 or
423-747-8401
Facing Budget Crisis, States Eye Tobacco Funds

Even before the Sept. 11 terrorist attacks and the resulting economic slump, many states were dipping into their tobacco-settlement funds to plug budget gaps. Now, the trend appears to be accelerating, the Associated Press reported Oct. 21.

Ohio Gov. Bob Taft, formerly a proponent of dedicating the tobacco money to health programs, is now calling for borrowing $100 million of the state’s share of the settlement to fill a state budget deficit. Tennessee has spent $560 million in tobacco funds to address a shortfall in the current state budget; Michigan, Wisconsin, and Missouri also have used tobacco money for deficit-reduction. Hawaii and Florida are considering doing so.

"The current budget crunch that a lot of states are facing threatens to undermine all of the progress that’s been made in funding effective programs to reduce tobacco use among children," said Matthew Myers, president of the Campaign for Tobacco-Free Kids. Myers called the states’ strategy short-sighted, contending that the cost of treating tobacco-related illnesses will outweigh the immediate benefits of spending the tobacco money on non-preventative programs.

FACING BUDGET CRISIS, STATES EYE TOBACCO FUNDS

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NLI Offers Free Management Consulting to Treatment Providers

Addiction-treatment programs that need help with the business and management side of their operations can receive free technical assistance from the National Leadership Institute (NLI).

During its four-year history, NLI has provided assistance to more than 130 groups nationally, including individual treatment providers (typically non-profits, but also some for-profit methadone programs), community coalitions that have treatment programs as members, and state provider associations.

Michelle Daly, NLI’s deputy project director, tells Join Together that the organization typically establishes three to five new relationships each month. “We get a mix of people who call knowing exactly what they want and those who call needing help in formulating their request,” said Daly, who added, “We would love to have [Join Together readers] call.”

NLI does not offer assistance with clinical matters; rather, the Institute’s mission is defined as enhancing “the business and management acumen of community-based organizations serving critical populations,” including racial and ethnic minorities, children and adolescents, women, gays and lesbians, homeless people, and people with mental illnesses.

Through off-site and on-site consulting, a wide variety of assistance is offered, including help with:

- leadership and vision, such as strategic planning and developing business plans
- governance and management, including board development and risk management
- developing a comprehensive array of services
- understanding utilization review
- managed-care performance contracting
- Marketing/public relations
- customer service
- business and financial management
- management information systems (MIS)
- human resources
- organizational-learning culture
- quality improvement and management
- inter-organizational relationships
- readiness-to-change assessments

“One of our biggest areas of request is strategic planning for organizations, coalitions, and networks,” noted Daly. Board development is another area where groups often need help, she said. “Quite a few organizations call us saying that their executive director is doing all the work, and the board is not very helpful,” Daly said.

With the emergence of managed-care contracting in the public sector over the past few years, many treatment providers have also come to NLI looking for help in adjusting. “They learn to compete in a managed-care environment and how to market their organization to get managed-care contracts,” Daly said.

In 1999, for instance, NLI consultants helped New Mexico’s Rio Arriba Family Care Network (RAFCN) develop a financial plan, change its mission from a social focus to a business focus, and identify new funding sources. As a result, RAFCN won six federal grants and a managed-care contract, increasing its annual revenues from $45,000 to $780,000.

Alcohol and Drug Recovery Centers (ADRC) of Connecticut came to NLI with another common request: assistance with winning accreditation from the Joint Commission of Health Care Organizations (JCAHO). NLI worked with ADRC for six months to determine its level of compliance with JCAHO standards, then provided more technical assistance in November 1999 to help develop a strategic plan for winning accreditation. Soon thereafter, ADRC gained its JCAHO accreditation, with a score of 90.

The most common form of technical assistance delivered by NLI is on-site consulting; Daly said her group has relationships with consultants all over the country who are on call to help local programs. In a typical year, NLI consultants will make 70 site visits, she said.

For example, a strategic-planning consultation might "bring together the board and key staff for two or three days on-site; then the consultant will run a workshop with the board on how to develop a plan," according to Daly. While relationships between NLI and its clients tend to be long-lasting, building capacity within organizations is a key goal for the Institute and its staffs.

The consulting services provided free by NLI otherwise (Continued on page 9)
would cost providers up to $10,000, according to Daly. Help from NLI also is available via the group's website, e-mail, and through its extensive library of resource materials, she said.

NLI's deep understanding of the treatment field may be its biggest asset, according to Kevin Norton, president of CAB Health and Recovery Services, Inc., a network of 14 treatment programs serving the communities north of Boston, Mass. CAB tapped into NLI's services two years ago as it tried to reorganize its management structure. "Like many community-based non-profits, we grew larger over the years, but everything was contract-based," said Norton. As a result, he said, the undercapitalized organization never had any money for infrastructure or startup costs.

CAB recognized that it needed to restructure an organization that was a "patchwork quilt" of funding streams and provided very little in the way of support for functions like MIS, human resources, and transportation. "Most of our senior management are incredibly dedicated clinical folks who haven't had to think on the business side as much as they should, and haven't received any money to do that, anyway," noted Norton.

That's where the NLI consultants came in, visiting CAB twice in 2000 to help staff conduct an operational assessment and develop and execute a plan for minimizing expenses and maximizing resources. "Having NLI consultants come in who understood our business inside and out, and the challenges of running things on a close margin, got our staff to open up well," said Norton. "Most of the challenge is not wanting to tell anyone what your weaknesses are, but NLI is not a competitor, so in that sense it was easy to open up to them."

CAB was determined to reform itself, said Norton, but NLI's consultants gave a tremendous boost to their efforts. "I don't know if our progress would have been as good, or if we would have gotten the results we did, without them," he said.

Organizations that wish to receive assistance from NLI can visit their Institute's website or call 800-411-0814. New groups are expected to provide some general information about their operations and complete a self-assessment to identify their strengths and weaknesses; NLI will then sign their case to a facilitator who will follow up on requests for help.

NLI's current CSAT funding runs through March 2002; program officials are hopeful that continuation funding will be forthcoming, but treatment providers should keep that deadline in mind when requesting assistance.

Debate Continued....

I am not a recovering addict or alcoholic but as an A&D practitioner I have witnessed what helps those suffering from addiction and what does not. I have seen a plethora of assessment tools developed and a number of attempts to quantify the treatment process. Magic pills have come and gone. Gimick treatment models have come and gone. What has persevered is the twelve-step model: the steps, the philosophy employed in treatment models across the country, and the recovery support groups. This model lacks the scientific parameters mental health and physical health practitioners are comfortable with. The scientific or medical model conducts an assessment, formulates a diagnosis and applies a prescribed treatment application. This model serves us well in many capacities. But the disease of addiction is baffling. The diagnosis is simple enough but the treatment requires a lot of work on the part of the practitioner, the patient, and on the part of those around the patient in the treatment environment – including other patients and non-clinical staff. Treatment requires the concept of a higher power and active, cognitive gestalts on the part of the patient. For the patient to grow in the treatment process they need a pebble in their shoe, if you will. If treatment gets too comfortable they stop moving, too uncomfortable they leave. An effective A&D counselor uses skill and intuition in employing strategies, the group process, family involvement and so forth to navigate the patient through treatment in a way that keeps the patient between these too comfort extremes. Along the journey a patient begins to put pieces together and internalize what his needs are and what his responsibilities are. Medicating emotions can impede the little light bulbs from turning on, can make cognitive gestalts unlikely, and can enable a patient to make it through emotional pain without addressing underlying factors.

Outside the A&D provider network the twelve-step model gets a token nod, or is seen exclusively as a post treatment support group. It is an enigma. The problem in part is the "non-medical model" characteristics of step work and the internal process patients move through. A&D providers contribute to the ethereal reputation of the twelve-step model because we have failed to record and report what our treatment process is and why it works. We are trying to save as many lives as possible, and have saved countless lives, families, and social resources. Now it is time we tell how and why our programs work.
TAADAS office at 615.780.5901 or via email at mail@tnclearinghouse.com. Currently, volunteers are needed in the office to make calls verifying information in the Tennessee REDLINE referral database. This is an important task and any help would be greatly appreciated. Please contact the TAADAS office if you’d be able to give us a hand.

TAADAS is looking for a few good volunteers to assist on an as needed basis. From time to time, additional help is needed with special projects such as typing/data entry, phone answering, etc., restocking the resource library, as well as staffing the TAADAS Recovery Books and Things Bookstore.

If you would like to be on a call list to assist in the office when needed, please contact the

TAADAS is a community-based organization dedicated to helping individuals struggling with substance abuse, their families, and the community. It also describes the various treatment options available. (Inpatient, outpatient, detoxification, assessment, treatment plan, therapeutic activities and services, and aftercare/extended care.)

To get your free copy of this publication, call the TAADAS Clearinghouse at 615.780.5901. * This publication is available in bulk quantities. Call for details. *

WORKSHOPS & TRAININGS

Understanding And Managing Anger
Facilitators: Bob Burr, United Way, Knoxville, December 3, Contact Martha Culbertson 865-541-6676

Addressing Grief and Loss with Children & Youth
Facilitator: Kim Henry, Wesley United Methodist Church, Johnson City, December 6, Contact Louise Verran 423-639-7777

ASAM PPC-2R
Facilitator: Frances Clark, JACOA, Jackson, December 7, Contact Adam Webster 731-423-3653

Trauma and Clinical Hypnotherapy
Facilitator: Claudia Gossett-Divine, JACOA, Jackson, December 14, Contact Adam Webster 731-423-3653

Hepatitis C: The New Epidemic
Facilitator Fred Lunce, Wesley United Methodist Church, Johnson City, January 21, Contact Louise Verran 423-639-7777

Co-Occurring Disorders
Facilitator: Dr. Michael Myska, Wesley United Methodist Church, Johnson City, January 22-23, Contact Louise Verran 423-639-7777

VOLUNTEER HELP NEEDED

TAADAS offices will be closed December 24th—26th and January 1st so that the staff can enjoy the holidays with their families and loved ones.

The TAADAS staff would like to wish you and your family a safe and happy holiday season!
**Featured Video:**

**What Families Can Do to Prevent & Intervene with Alcohol & Drug Problems**

The TAADAS Statewide Clearinghouse has over 700 videos on Substance Abuse and Substance Abuse related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is *What Families can do to Prevent and Intervene with Alcohol & Drug Problems.*

How to prevent or intervene with an alcohol or drug problem are difficult concepts for many families to grasp. This 57 minute video tape will discuss how families can get beyond their denial to stop a drug or alcohol problem before it starts or to intervene in a loved one’s addiction.

Videos can be checked out from the TAADAS Clearinghouse free of charge for three (3) business days. UPS shipping is available for those wanting to check out videos outside the Nashville area for $12.50. Call the TAADAS Statewide Clearinghouse at 615.780.5901 to check out this or one of the other videos in our collection. The complete video catalog is available online at the TAADAS website, www.taadas.org.

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11 am – 3 pm

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Come by and enjoy the food and fellowship! See what’s happening at TAADAS & the Clearinghouse. Renew an old friendship or make a new one! No need to RSVP, just drop in. You never know what surprises we may have in store!
Casual Drug Users Find, Keep Jobs

A new study indicates that casual drug users are just as likely to find employment or hold down a job as those who don’t use drugs at all, Reuters reported Oct. 16.

For the study, casual drug users were defined as those who used illegal drugs no more than once a week over the past year. While the research, led by Dr. Michael T. French of the University of Miami, Florida, found that casual drug use doesn’t affect employment status, it determined that chronic drug use reduces a person’s chances of holding a job.

The study, which was based on data from the 1997 National Households Survey on Drug Abuse, recommended that employer-based treatment programs focus on "problem" drug users rather than all users.

French said the findings could help employers design more effective employee-assistance and drug-testing programs.

But Rafael Lemaitre, spokesman for the White House Office of National Drug Control Policy, voiced concern over the study’s distinction between casual and chronic drug use in the workplace.

"I don't think any parent would want their child's school bus driver to use drugs, whether it was casually or chronically," Lemaitre said. "In terms of workplace accidents, it does not matter if the drug user is hard core or casual. The damage has already been done. People who use drugs miss work, have lower productivity, and have accidents. Fourteen billion dollars are lost annually in the United States because of drug use on the job."

The report is published in the October issue of the Southern Economic Journal.

NEW TEST DETECTS ‘DATE-RAPE’ DRUG

A British firm has developed a new test that can detect the presence of the 'date-rape' drug Rohypnol in drinks, Reuters reported Oct. 9.

Dipitin, developed by SureScreen Diagnostics, contains three testing strips and sells for $7.22. The company says the test is more than 99 percent accurate.

The test strip utilizes immuno-assay technology, which incorporates antibodies known to react to the drug's ingredients into a membrane on a testing stick. If the drug is present, the stick turns red.

The test strip is effective on all types of drinks, including coffee, tea, soft drinks, and alcohol. "We have spent a lot of time finding the right antibodies that could cope with high levels of alcohol and the acids in fizzy drinks and fruit juices," said Jim Campbell, a forensic scientist with SureScreen Diagnostics. However, the test may not work on drinks with extremely high alcohol levels, such as shots of distilled spirits.

Also, the strip does not work against gammahydroxybutyrate (GHB), another type of 'date-rape' drug.
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A list of recommendations released by the Legal Action Center (LAC) is aimed at making addiction treatment services more accessible to people in the welfare system, Alcoholism & Drug Abuse Weekly reported Oct. 1.

The recommendations were released as the U.S. Congress considers the reauthorization of the Temporary Assistance to Needy Families program (TANF) for fiscal 2002. The LAC reviewed studies that showed that as many as 20% of adult welfare recipients have alcohol and other drug problems. Individuals not receiving treatment are more likely to have their benefits curtailed for failure to meet work requirements.

LAC noted that a 1999 study found that half of U.S. states reported shortages in long-term residential care, detoxification, outpatient services, and short-term residential care in the public treatment system. A more recent study found that only 47% of women receiving TANF benefits who needed treatment received it. The same study showed that TANF clients who receive treatment have increased employment and earnings potential and less reliance on public assistance.

Based on the studies, LAC recommended maintaining TANF funding; adding alcohol and other drug treatment to the law’s list of 12 activities that meet an individual’s work requirement; ending Medicaid’s Institutions for Mental Diseases (IMD) exclusion; providing clarification to states on the definition of medical services; offering supplemental or matching funds for states to implement treatment initiatives; and eliminating or narrowing the ban on TANF benefits for those with drug felony convictions.

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  “Reaching Our Youth in the New Millennium: The Challenge at Hand”

- PAT SHEEHAN, R.N., D.N.S.
  “Sexuality and Recovery”

- JEFFREY GEORGI, M.DIV., C.S.A.C., C.C.S.
  “Facing the Ethical Dilemma: The ABCDs of Ethical Thought”

- SCOTT D. MILLER, Ph.D.
  “Client-Directed, Outcome-Informed Therapy: Partnering with Clients to
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Advocates can use proven social-marketing techniques to "sell" the need for addiction treatment to policymakers and the public in their communities, according to Peter Mitchell, a senior marketing specialist for the Academy for Educational Development and one of the creators of Florida's successful "Truth" anti-smoking campaign.

Like any marketing campaign, social marketing demands good market research as a foundation, Mitchell said at the recent Demand Treatment Leadership Institute, held in late September in Denver, Colo. "You have to find out what people care about," using techniques like surveys or focus groups, he said. "Think about how the audience views a problem, and play to that. It's not about us and what we want -- it's about the audience."

While commercial marketing is intended to get people to buy products or use services, social marketing aims to encourage behavioral change, Mitchell said. "We're trying to get people to reject tobacco or drugs, use seat belts, use condoms, talk about sex, etc..." he said.

In any marketing campaign, Mitchell added, there must be an exchange between the marketer and the consumer. In social marketing, the trade-off for behavioral change is a perceived benefit to the audience: the desired behavior must be seen as fun, easy, or popular, said Mitchell. For a physician conducting a brief intervention for addiction, for instance, the payoff could be earning the respect of his peers for a job well done, he said.

"Truth' and Consequences
Unfortunately, some of the best marketing people in the world work for the tobacco industry, which has been very successful in making its products seem fun and popular -- even when seeming to say the opposite. That was the challenge facing Mitchell and his colleagues when they began designing the Truth campaign with funding from Florida's share of the national tobacco settlement.

"We looked at past prevention programs and saw that most of them didn't work," he said. "Research showed that kids knew about the health dangers of smoking, but use was rising, anyway. The tobacco companies were not hiding the dangers -- they were selling it."

Cigarette companies had successfully associated their brands with individuality, independence, and "coolness," and researchers also found that kids smoked for the nicotine high and to relieve stress. When weighed against all these perceived benefits, the positives of not smoking -- "better health" and "making some adults happy" -- too often came up short, said Mitchell.

"We looked at this and said it's amazing that more kids don't smoke," he said. "So we had to overcome the benefits of smoking and add more benefits for not smoking."

Taking a page from the tobacco industry's book, the Truth campaign created an anti-smoking "brand" aimed at redefining tobacco and the companies that sell it to kids. Edgy commercials featured bungy jumpers and portrayed tobacco executives as killers; one memorable spot showed young people being escorted out of the headquarters of Philip Morris in New York after trying to confront tobacco-company executives with statistics about smoking deaths.

Recognizing that most youth culture springs from the city streets -- even for kids who live in rural areas -- the Truth campaign ads also had a distinctly urban feel. In the past, Mitchell said, most anti-smoking campaigns attracted mostly "nerds"; the Truth campaign aimed to cast a wider net by making the fight against Big Tobacco seem hip, rebellious, and youth-oriented. "We repositioned the tobacco industry as old white guys who want you to smoke," said Mitchell. "We gave kids a way to make fun of adults."

The results of the campaign were impressive: After the ads were released, Florida saw its first decline in youth smoking in 19 years, with smoking among middle-school students falling 19 percent, and smoking by high-school students down 8 percent.

Slogans are Secondary
In the case of Demand Treatment!, the goal is to increase the number of people receiving addiction treatment services. But that begs some

(Continued on page 18)
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New research finds that a combination of primary care and addiction treatment triples the ability of addicted individuals to stay off alcohol and other drugs, HealthScout News reported Oct. 17.

"There's very strong literature showing people with addiction conditions have a higher rate of other medical conditions when compared to the general population," said Constance Weisner, a professor of psychiatry at the University of California at San Francisco. "One of the concerns is that many primary-care physicians who are treating patients for health care may be completely unaware of a patient's addictions, and therefore are not assessing the patient for other related conditions. And there is also a large body of literature that shows that primary-care physicians seldom screen for addiction or substance-abuse problems."

Weisner pointed out that addiction treatment is traditionally separated from other types of health care, with patients sent to outpatient clinics or residential programs. Her study examined whether integration would result in better outcomes.

For the study, Weisner and her colleagues sent 285 patients to a program where their medical care was combined with addiction treatment and managed by a primary-care physician. Another 307 patients received traditional addiction treatment. Both groups attended 12-step programs.

After eight weeks of treatment and 10 months of aftercare, the researchers found that the group that received integrated services was three times more likely to remain abstinent.

A second study by Dr. Richard Schottenfeld, a professor of psychiatry at Yale University, found that a primary-care physician could help seriously addicted patients. The research found that individuals undergoing methadone treatment for heroin addiction have better outcomes if they are transferred to their own doctors to continue treatment.

"It's been very hard to expand current treatment opportunities, so one of the main impediments of our study was to look for an alternative location to provide both access and treatment," said Schottenfeld. "Patients did about as well when they moved to a physician's office when compared to a regular program. There also were some advantages to primary health care in terms of patient satisfaction. And satisfaction is one of the things that leads patients to enter and stay in treatment, so we consider that important."

Both studies are published in the Oct. 10 issue of the Journal of the American Medical Association.

A movement to treat nicotine dependency at the same time as other chemical dependencies is gaining momentum, Alcoholism & Drug Abuse Weekly reported Oct. 8.

The addiction field has long resisted treating chemical and nicotine addictions simultaneously, under the belief that addressing nicotine addiction could hinder the chances of recovery from alcohol and other drugs.

But as Bernice Order-Connors, LCSW, special-populations coordinator with the Tobacco Dependence Program in New Brunswick, N.J., points out, by allowing the use of tobacco in treatment, "you're still allowing people to mood-alter."

"The behaviors associated with tobacco are all the same behaviors associated with [illicit] drug and alcohol use," she said.

New research also shows that the recovery rates for alcoholism and drug addiction are better among those who successfully quit smoking. According to a 1997 study by Elizabeth Stuyt, M.D., a specialist in addiction psychiatry, tobacco users who quit the use of nicotine as well as their drug of choice maintain longer periods of sobriety after inpatient treatment than those who continue to use tobacco on a daily basis.

"It seems that the alcohol-dependent patient who abstains from alcohol but continues to smoke may have entered a vicious cycle. The nicotine receptors need to be occupied by enough nicotine to desensitize them or stabilized by the addition of alcohol. With this in mind, it seems highly possible that it is actually nicotine withdrawal that functions as a relapse factor for alcohol, promoting the urge to drink," explained Stuyt.

Grassroots efforts are underway in several U.S. states to include nicotine addiction as part of other addiction treatment.

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important social-marketing questions, said Mitchell, such as defining the size of the current market share (e.g., what percentage of the population is currently getting treatment), who the target audience is, and what the goals of the marketing campaign will be.

Mitchell said one of the best approaches he heard about during the Demand Treatment meeting was a proposal to have doctors screen hospital patients for warning signs of addiction, then allow them to refer patients to social workers who could provide brief interventions. "We shouldn't [only] be asking doctors to change their behavior in the short amount of time they have with patients," said Mitchell, "but rather people who are less stressed for time."

Mitchell said such a system would make screening easy for doctors to do and -- based on positive outcome data -- encourage them to make more referrals.

While the TV ads, brochures, and catch-phrases associated with social-marketing campaigns tend to get most of the public attention, it's the underlying philosophy that really matters, said Mitchell. "In all marketing, the slogans are secondary," he said. "What's important is communicating something that can change a behavior."
What is TAADAS?

TAADAS is the Tennessee Association of Alcohol and Drug Abuse Services, Inc. It is a statewide advocacy association whose 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?

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

Does TAADAS have any programs?

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

What does TAADAS do?

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

Who can join TAADAS?

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

Why should I join TAADAS?

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

There truly is “strength in numbers”!!

What are some of the benefits of Membership in TAADAS?

- Advocacy
- First Generation Information on policy issues
- Strong voice for parity issues
- Unparalleled Networking opportunities with others in the Substance Abuse Community across the state
- Monthly meetings to network and join forces with others in the field.
- Quarterly Regional meetings
- Free Subscription to the TAADAS Times, which is a bi-monthly newsletter bringing the latest news, agency profiles, training, and conference information
- Special discounted hotel rates in Nashville
- Discounts at Recovery Books & Things
- Job Postings
- Web Design Consulting
- Grant Consulting
- Membership certificate suitable for framing

How do I join TAADAS?

Want to be a part of the future of alcohol and drug abuse services? Consider becoming a member of the Tennessee Association of Alcohol and Drug Abuse Services, Inc. Fill out the Membership Application 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

TAADAS Members

2001-2002

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

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The Tennessee Association of Alcohol and Drug Abuse Services (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." For more information about becoming a member of TAADAS, contact Rogers at:

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The TAADAS Times Newsletter is a Bi-Monthly publication edited and Produced by TAADAS staff. It is distributed to 2800 substance abuse professionals across Tennessee and published on the internet, www.taadas.org. TAADAS accepts paid advertising for inclusion in the TAADAS Times for products and/or services which are related to the purposes of TAADAS and its members. The products and services advertised in TAADAS publications do not necessarily imply endorsement by TAADAS or its membership. For more information about placing an ad or article in the TAADAS Times, contact:

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APPLICATION FOR MEMBERSHIP IN TAADAS

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

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