CULTURAL DIVERSITY AND
CULTURAL COMPETENCY

IMPORTANT ISSUES FOR TAADAS MEMBER AGENCIES

TEN-POINT PLATFORM

TO PROMOTE ENHANCED DIVERSITY AND
COMPETENCY IN TENNESSEE’S ALCOHOL AND
DRUG ABUSE SERVICE SYSTEM, TAADAS SUPPORTS
THE FOLLOWING TENETS FOR TAADAS AND ITS PROVIDER MEMBER ORGANIZATIONS.

1. TAADAS should take a leadership role in
advocating for program management and
staff at its member agencies, as well as
within its own operations, that is
representative and reflective of the diverse
clients served by each particular provider.

2. Each organization’s commitment to diversity
should be evident in its mission, vision, and
values statements, as well as in its daily
operations and practices.

3. The commitment to diversity should be
institutionalized through the development
and implementation of a board approved
cultural diversity and competency policy.

4. The personnel policies and practices of the
organization should reflect strategies to
recruit, retain and promote qualified diverse
and culturally competent staff at all levels of
operation. This includes corporate,
managerial, clinical, administrative, and
support staff who are sensitive to the
specific needs of the diverse racial and
ethnic communities served, as well as
qualified to fulfill the responsibilities of the
particular job.

5. Every service provider should continually
review and adjust its policies and
procedures to ensure that they reflect the
organization’s commitment to diversity and
competency, including areas such as intake,
treatment planning, discharge planning, and
clients satisfaction.

6. Every service provider should ensure that all
written materials are fully accessible to all
clients served, such as forms, rules and
regulations, and consents for disclosure of
information (“releases”). These materials
should be available in a variety of languages
and presentation formats that are easily
understood by the populations served.

7. Every service provider should ensure that
their management and staff undergo
regular, formal training in diversity and
(Carried on page 16)
CONTINGENCY-MANAGEMENT HELPS KEEP ADDICTS IN TREATMENT

A new report on addiction treatment compliance says that an approach called contingency-management can motivate patients to stay in their program and keep progressing. Medical News Today reported April 3.

Researchers from Rockefeller University, Johns Hopkins, and the New York Health and Hospitals Corporation sought to gauge the impact of contingency-management, a positive-reinforcement approach that uses rewards to encourage constructive steps toward recovery. The project involved five New York treatment clinics that adopted contingency-management principles.

'The Health and Hospitals Corporation was already preparing to apply something similar to the contingency-management approach,' said study co-author Scott Kellogg, Ph.D., of Rockefeller University. 'They were thinking of giving people rewards when they reached significant treatment benchmarks, such as holding a job for six months. Using the science of operant conditioning, we suggested to them that you could achieve a better outcome if you don't simply reward the attainment of goals, but, instead, you reinforce all of the steps along the way.'

The paper, which details what the authors called a 'transformation' of the participating clinics, said that initial resistance gave way to both patients and staff embracing the contingency-management concept. 'We did have some opposition at first from the staff, people who come from different therapeutic traditions,' Kellogg said. 'In general, we tend to punish people for doing things that are wrong, so it's not necessarily intuitive to reinforce positive behavior when it does occur in our patients. But once the patients began to respond to the reinforcements, it changed the counselors. The counselors want the patients to get better, and when they saw the patients get better, it was really persuasive.'

The report appeared in the January 2005 issue of the Journal of Substance Abuse Treatment.


MEDICAID WOULD COVER ADDICTION UNDER COLORADO BILL

A Colorado House committee has voted overwhelmingly in support of a bill that would add addiction treatment to the state's Medicaid benefit and provide treatment to thousands of people in state prisons, the Rocky Mountain News reported March 22.

The House Health and Human Services Committee voted 10-1 to approve HB-1015, which includes $7 million to provide $1,500 each to 4,000 nonviolent offenders so they can get addiction treatment.

Backers said the bill will pay for itself within three years by lowering recidivism and saving prison costs. 'Let's try treatment for a change,' said House Speaker Andrew Romanoff (D-Denver), the chief sponsor of the bill. 'If the experience of 47 other states and every study on treatment versus incarceration is wrong, this bill will repeal itself.'

A legislative analysis concluded that medical savings alone would more than offset the bill's annual price tag. Romanoff noted that it costs the state $30,000 annually to house a prisoner and up to $1,500 per month to place a child of addicted parents in foster care.

"Let's try treatment for a change," — House Speaker Andrew Romanoff (D-Denver)

STUDY REVIEWS TREATMENT COST-EFFECTIVENESS FINDINGS


Researchers analyzed cost- assessment data to determine effective practices for different substance abuse treatment modes, including outpatient and residential treatment, methadone maintenance, and treatment of special populations.

The report also includes analysis of the cost-benefits of improved outcomes, using a benefit cost ratio analysis (BCR) of 3 or higher to designate a cost-effective program.

Findings included:
- Evidence-based practices achieve clinically significant reductions in alcohol and drug use and improvements in clients' health and social functions.
- Residential programs may be more effective than outpatient ones for high-risk populations, although outpatient programs reduce substance use at a lower cost.
- Enhanced outpatient programs are more cost-effective than standard ones.
- Brief interventions for clients who use alcohol may be more effective in some settings than in others.
- Prison treatment is cost-effective when combined with post-release aftercare services.
ISSUES OF SUBSTANCE ABUSE IN WOMEN

By Richard G. Soper, MD, JD, MS

Introduction

For many years, most of the research on substance use disorders was focused on men. Over the last 10 years, the problem of substance use disorders in women has become more widely appreciated. As a result, an increasing number of investigations focused on women and investigations comparing men and women with substance use disorders have been conducted. Of interest, most of these studies have demonstrated substantial gender differences in substance use disorders. Many of the differences that have been discovered have major implications for etiologic considerations, diagnosis, assessment, and effective treatment. Recently, the area of gender-specific treatment has been under active investigation. Some data from these investigations, presented at the 2004 American Psychiatric Association Meeting (1-5), is discussed.

Gender Differences in Treatment

This discussion will cover five contemporary topics ranging from gender differences in treatment utilization and outcomes to the use of pharmacotherapy in drug-dependent pregnant women. It is clear that in all of the areas investigated to date, a considerable number of gender differences in descriptive and psychosocial variables, characteristics of illness and treatment needs have been found. In spite of this, the availability of gender-specific treatment is limited and there is little investigation of the benefit of single gender treatment. Of the treatment programs in the United States, only 15% of residential treatment programs are for women. Across all modalities, both gender-specific and co-ed, only approximately 39% of women who need treatment receive it. There is a lack of studies investigating factors related to gender specific successful treatment outcome. Relatively little is known about the relationship between women's characteristics, treatment utilization, and treatment outcome. Available data indicate that predictors of outcome for women reflect complex factors related to medical problems, caregiving responsibilities, child and partner relationships, and victimization.

Co-Morbid Depression

Treatment issues in drug-dependent women with co-morbid depression also need to be discussed. There are significant gender differences in the complex relationship between depression and substance use disorders. A number of epidemiologic and clinical studies have indicated the high comorbidity between depression and substance dependence. It has also been demonstrated that untreated depression is a predictor of relapse to substance use. Data from laboratory studies of the neurobiologic response to an acute stress challenge paradigm in cocaine-dependent men and women demonstrates marked gender differences. The stress consisted of a scripted version of a recent traumatic experience. After hearing the script, measures of subjective reactivity, including drug craving, physiologic reactivity (heart rate and blood pressure), and neuroendocrine response were measured. Researchers found that women with greater neurobiologic reactivity to the stressor in the laboratory were more likely to relapse in the month after the laboratory session as compared with men. It is possible that this altered stress responding may be one mediator of the connection between depression, cocaine dependence, and relapse, especially in women. Emphasis needs to be on the importance of careful assessment and aggressive treatment of depression in substance-dependent individuals. Investigations of treatment strategies specifically targeting stress management could prove fruitful.

PTSD in Drug Dependency

Trauma and PTSD and the issues in the treatment of drug-dependent women have been the focus of several research centers during the past decade. Data from a number of studies indicating that the majority of women who are in substance abuse treatment programs have a history of chronic physical and sexual abuse. Many live in chaotic and impoverished environments and have multiple medical, psychiatric, and psychosocial impairments. A number of cognitive-behavioral (CB) manual guided therapies have been developed to treat women with substance use disorders and co-occurring trauma and trauma-related disorders. These therapies have shown promise in preliminary studies, but further controlled investigations are needed. Data from a recently completed randomized clinical trial comparing a CB therapy specifically focused on women with a history of trauma ('Seeking Safety') with an efficacious CB therapy for substance use disorders that does not have a specific trauma focus and treatment. The subjects in the trial were 108 women with histories of physical and/or sexual abuse, a diagnosis of posttraumatic stress disorder (PTSD) and a substance use disorder. Participants were assessed before and after treatment and at 6 and 9 months post-baseline. Outcomes included assessment of substance use-related outcomes and trauma/PTSD-related outcomes. Both CB therapies were significantly more efficacious compared with treatment as usual on outcomes in both domains. There were no significant differences in outcomes between the 2 CB therapy groups.

Partner Violence

Brenda Miller, PhD (4), Prevention Research Center in San Francisco, California, has done some very significant research and published, "Drug-Dependent Women With Partner Violence: Treatment Issues." A number of studies have demonstrated a relationship between women's drug and alcohol use, other mental health disorders including depression, anxiety and PTSD, and partner violence. The interactions between these issues are complex and not fully understood. Dr. Miller describes the results of a study focusing on women who are in treatment for substance use disorders, depression, and PTSD and who also report being in a relationship with someone who is violent. She describes the findings of a study that examined the impact of treatment on these women's relationships. The study showed that women who received treatment for both substance use disorders and depression had a lower risk of intimate partner violence than those who received treatment for substance use disorders alone. The study also showed that women who received treatment for both depression and PTSD had a lower risk of intimate partner violence than those who received treatment for depression alone.

(Continued on page 12)
NEW TAADAS MEMBER BENEFIT!

Available as a new benefit to TAADAS members, Southeast Financial Federal Credit Union has five branches in the Nashville area, and additional branches located in Chattanooga, Knoxville, Memphis, and Jackson.

TAADAS members and staff are eligible to join the Credit Union and enjoy all of the benefits of membership. In addition to Share (savings), and Share Draft (checking) accounts, Southeast Financial members can apply for loans on new and used automobiles, trucks, vans, motorcycles, watercraft and more. The Credit Union also offers first and second mortgages, home equity loans and lines of credit, personal loans, credit cards, and more. Planning for the future? Southeast Financial can help with Share Certificate Accounts, Money Market Accounts, and IRAs... all great ways to save for the future, whether your savings goals are short or long term.

A small minimum balance is required to remain in your Membership Share account at all times. After opening a Credit Union account, many members choose to arrange for convenient and free direct deposit to maintain a regular balance. Members also have the option of using free payroll deductions to allocate portions of their deposit to specified accounts.

To speak with a Member Services Representative, call 615-743-3700, or call toll-free at 1-800-521-9653. To access information about Southeast Financial anytime, day or night, visit the website at www.southeastfinancial.org.

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Taxpayers Now Paying for Over 75% of Substance Abuse Treatment Services

The percentage of mental health and substance abuse services paid for by public sources is increasing with a smaller percentage provided by private sources, including private health insurance. Public sources paid 63% of mental health spending in 2001, up from 57% in 1991. Public sources paid 76% of substance abuse treatment in 2001, up from 62% in 1991, according to a new analysis announced today by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The study, National Expenditures for Mental Health Services and Substance Abuse Treatment 1989-2001, shows that public spending for mental health services and substance abuse treatment amounted to $67.4 billion in 2001, while private spending amounted to only $36.3 billion. The data appeared recently in the online edition of Health Affairs at http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w5.133.

The report provides data on all national expenditures for mental health and substance abuse treatment, and does not include indirect costs such as the impact of mental illness on productivity or societal costs linked to drug-related crime. Public spending includes spending by all levels of government, federal, state and local, and includes Medicaid and Medicare. Private spending includes insurance payments, patients paying out of their own pockets and charity care.

Public sources paid for 76% of substance abuse treatment in 2001, up from 62% in 1991.

"Mental health and substance abuse treatment services spending accounts for a sizable portion of the health care economy, $104 billion out of a total of $1.4 trillion in 2001," SAMHSA Administrator Charles Curie said. "Two of the most important developments from 1991 to 2001 are common to both mental health and substance abuse treatment. Overall, we have seen a decline in inpatient spending and a shift to public/financed care. As we continue to work to improve the community-based services available to people in need, it is clear the public sector is now the major financial driver."

The report calculates that spending on mental health services totaled $85.4 billion in 2001. Substance abuse treatment costs amounted to $18.3 billion. The report notes that mental health spending on psychiatric hospitals has decreased, while expenditures for other types of care, particularly prescription drugs, have increased. One in every five dollars spent on mental health treatment is now spent for retail psychotropic prescription drugs (21%), up from 7% in 1991.

For substance abuse treatment, the report finds that private insurance payments fell by an average rate of 11% annually, declining from 24% in 1991 to 13% of expenditures in 2001. The proportion of spending by all private sources fell from one third of all substance abuse treatment spending to one quarter of this spending between 1991 and 2001.

In contrast, private insurance paid for 22% of mental health expenditures in both 1991 and 2001. Payments grew 5.8% annually for mental health care, largely due to payments for prescription medications. Insurance payments have increased for all health care by 6.9%.

The report notes that Medicaid is now the largest single payer of mental health services, exceeding private insurance, Medicare, or other state and local spending. Medicaid paid 27% of mental health expenditures in 2001; Medicare paid 7%; other federal spending accounted for 5%; other state and local spending 23%; private insurance 22%; and other private 16%. Spending on psychotropic retail drugs was $18 billion. Retail prescription medications in substance abuse amounted only to $78 million.

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

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NEWS FROM CAPITOL HILL

By Nathan Ridley

The One Hundred Fourth General Assembly has slowly chugged towards a conclusion for its first annual session. While not particularly noteworthy this year, the legislative process has, as always, been entertaining and a reflection of our human condition. A state legislator receives $16,500 a year in salary for a part-time position, a daily expense allowance of $141 for each day they are in session, and $2,000 a month for a home office allowance. For most of the members, service involves a significant financial sacrifice, and many unseen little league baseball games and unheard piano recitals.

Having said all that, State Senator John Ford has come to dominate this year's legislative session, as has no other single personality. In the six months since the flamboyant senator chose to contest a petition to increase his child support obligation, Senator Ford has become the editorial target of just about every newspaper in the state. Senator Ford has led our legislative friends to enact a far-reaching statute that prohibits legislative officials and certain high ranking executive branch officials from having a contract to provide consulting services to business entities that have a contract with the state. The newly enacted law also requires a higher level of disclosure for income received by a legislator. In addition to the legislative initiatives, the usually sleepy Senate Ethics Committee has conducted a formal hearing into Senator Ford's perceived conflicts of interest that is still ongoing with investigatory assistance from the State Attorney General's Office. The Registry of Election Finance is investigating whether Senator Ford improperly used his campaign finance account to underwrite the substantial expense of his daughter's wedding. Quietly, it is rumored that the federal government is also investigating Senator Ford and his business activities.

Of course, the consulting contracts involved had to be part of the beleaguered TennCare program. On the one hand, Governor Bredesen was working about as hard as a public official can work to make the program more manageable and to gobble up only 26% of the state's budget. On the other hand, reports continued to hit the media that Senator Ford had received six figure payments from TennCare contractors to provide consulting services. Because members of the General Assembly make more big decisions in a single committee meeting than most of us make in a year, the legislative process is built upon trust. The reports of Senator Ford's "consulting contracts" ripped the throat out of the body politic.

In any other legislative session, the TennCare disenrollment story would have dominated the headlines for the entire session. Senator Ford, however, knocked those stories off the front pages on many mornings. TennCare was still the biggest state policy story of the year. The State enjoyed some successes at the Sixth Circuit Court of Appeals and received a green light on the fundamentals of its disenrollment plans. On a brighter note, all parties received a bit of good news when the state's fearless Funding Board reviewed the teleleaves and found perhaps $100 million in revenues that had not been budgeted as recently as December. Governor Bredesen announced his intentions to use those funds to keep about 97,000 folks categorized as "medically needy" on the TennCare program.

In addition to a seeming success in making the state's TennCare program sustainable from budgetary perspective, Governor Bredesen enjoyed success with his other initiatives as well. The methamphetamine statute hopefully will lead to fewer meth labs in our state, because the essential (Continued on page 15)

NEW SUBSTANCE ABUSE LEGISLATION DATABASE USEFUL TOOL

The National Conference of State Legislatures (NCSL) recently launched the Substance Abuse Legislation Database, which contains detailed information on substance abuse treatment and prevention policies, and related bills that have been enacted by state legislatures. Information is updated on a weekly basis while legislatures are in session.

The new database enables you to search by state, topic area, year, bill type, text and/or bill number. NCSL staff have updated the database to include 2005 legislation and are in the process of adding 2004 legislation. To learn more about the database, visit www.ncsl.org/programs/health/saldata.htm.
A survey of employees by the Hazelden addiction treatment program found that one in three workers said they have seen coworkers become distracted, unproductive, or miss work because they were dealing with an alcohol or other drug problem in their family.

Moreover, about a quarter of those surveyed said they had experienced addiction problems in their own family, and 41% of these workers said their work was negatively affected because they were coping with an alcohol or other drug problem at home.

"We've always known that substance abuse and addiction affect entire families, not just individuals, but this survey sheds new light on the repercussions for employers and workplace productivity," says Tom Galligan, chief market-development officer for Hazelden. "The growing problem of presenteeism [workers showing up for work sick or otherwise impaired, thus limiting productivity] for many companies is fueled by substance abuse and untreated addiction in an employee's family."

The 2005 Hazelden 'Making Recovery America's Business' survey also found that 57% of employees dealing with addiction in their family said they had missed a deadline or had their attendance suffer as a result; 46% said they had made errors in judgment they would not have otherwise made, and 14% said they had been so distracted that they forgot safety or security procedures at work.

About half of the employees surveyed said they would use an Employee Assistance Program (EAP) if their company offered one. But 19% said their employer did not offer EAP services, and another 19% were unsure if their company did.

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The National Council on Alcoholism and Drug Dependence-New Jersey (NCADD-NJ) has released a collection of recommendations by a panel of legal, medical, and policy experts to address the most common forms of discrimination facing people with an addiction or in recovery from an addiction. The document, "Overcoming Addiction Discrimination," outlines the panel’s remedies to the inequities addicted individuals face in health care, employment, education and housing. The report can be found at www.ncaddnj.org.

This report proposes concrete measures to address areas of bias that people with an addiction routinely face," said John Hulick, NCADD-NJ’s director of Public Affairs and Policy. "For NCADD-NJ, it is particularly rewarding in that it goes to the heart of the agency’s founding principle, which is to uproot the stigma that has long confronted people with an addiction to alcohol or drugs and made their return to well-being that much more difficult."

Before disbanding, the panel met a last time in early March to refine its proposals. Over the year and half life of the panel, the area to which it devoted the most time and which is covered in the greatest detail in the recommendations is addiction health coverage reform. This issue affects a great many lives in that the limits managed care imposes results in inappropriate treatment or, in many cases, in no care at all due to discriminatory health insurance practices.

One of the proposed steps to remedy the treatment deficiencies is to introduce established assessment and placement criteria for patients with an alcohol or drug problem, such as those used by the American Society of Addiction Medicine (ASAM). Another recommendation concerning coverage for addiction is to provide recourse to health consumers when managed care organizations refuse to honor benefits covering addiction treatment that are written into policies.

Such relief could be achieved through an ombudsman within the state Office of the Public Advocate.

In terms of employment, the panel cited numerous obstacles in New Jersey barring people who are recovering from an addiction or with a drug possession conviction felony from being able to work. The report notes that laws and practices disqualifying people from employment for past drug use, addiction or alcoholism are contrary to the Americans with Disabilities Act and New Jersey’s Law against Discrimination. To inform both individuals and employers of their rights and responsibilities, the panel urged producing a brochure summarizing discrimination laws as those laws relate to people with an active addiction and those in recovery.

Also related to employment is that New Jersey issues no form of restricted driver’s license for individuals convicted of a drug conviction, even for those able to demonstrate they have not used drugs over an extended period. One panel member, attorney Michael Murphy, noted that the absence of a driver’s license often makes getting to a job or to recovery support meetings all but impossible, sabotaging the hope of earning a living or sustaining their sobriety.

NCADD-NJ has dedicated itself for more than 20 years to educating New Jersey’s citizens and decision-makers about alcohol and drug use issues, to advocating on state policies concerning individuals addicted to alcohol or other drugs, and to reducing the stigma that frustrates a public health approach to the disease of addiction. More information about the council is available at its website, www.ncaddnj.org.
CCS Opens Adult Residential Center

Comprehensive Community Services recently expanded their continuum of care to include a 28-day residential facility. In February 2005, CCS opened a new Adult Residential Treatment Center in Kingsport, TN. With funding from the TN Department of Health, Bureau of Alcohol and Drug Services, a 39-bed treatment center was established. CCS now offers services ranging from the initial substance abuse assessment, outpatient and intensive outpatient counseling, to a 28-day residential program for adults and a 120-day residential program for adolescents.

Since opening in February, the treatment center has averaged over 36 clients per day with 25% of those in treatment being female. Of those that have entered the program, over 70% have successfully graduated. CCS will take clients from across state of TN but a large percentage of clients served have come from the North Eastern part of the state.

For more information about CCS and all of their programs call 423.928.6581.

13th Annual Operation Stand Down Event

The 13th Annual Operation Stand Down Event has been scheduled for Friday, Saturday and Sunday, October 14, 15 and 16, 2005 at the National Guard Armory, Sidco Drive, Nashville, TN. The annual three-day event is a community supported event providing outreach, information and a variety of social services to this area’s veterans who are homeless. For more information, please call (615) 321-3919.

Don Samuels, Assistant Commissioner for the Tennessee Department of Veterans Affairs, and Bill Burleigh, Executive Director for Operation Stand Down Nashville, Inc., are the Co-Chairs for this year’s event. In preparation for the event, the Event Committee will be meeting on the following dates: June 16, July 14, August 4, August 18, September 8, September 22, and October 6. If you would like to support the event and be on one of the committees, please call Bill at (615) 321-3919 or Don at (615) 741-4790. All meetings are open to the public. All meetings are held in the Community Room of the I.W. Gemert Tower located at 12th Avenue South and Edgehill Avenue. The Community Room is located behind the Operation Stand Down Nashville, Inc. offices. All meetings begin at 2 PM and end no later than 3:30 PM.

For more information about Operation Stand Down Nashville, Inc. log onto www.osdnashville.org.

News from TAADAS Member Agencies

New Hope New Beginnings

New Hope, New Beginnings. These words mean new and wonderful changes have been happening at New Hope Recovery Center in Morristown, Tennessee. Our new Executive Director, Barbara Horton, began her position on December 13, 2004 with the sole purpose of expanding New Hope’s mission and vision throughout the community.

By doing so, New Hope is collaborating with the newly established Hamblen County Drug Court by assisting law enforcement personnel in the concept of encouraging incarcerated individuals through alcohol and drug treatment. Raymond Morrison, Program Director, will be working closely with Judge Joyce Ward (General Sessions Court Judge), Don Baird (Director of Community Services), Melanie Lettman (Drug Court Coordinator), and Tammy Kesterson (Administrative Assistant). Ray will be conducting Treatment Team meetings with the above named individuals and updating them on the Drug Court clients going through the program. We are excited to provide these services and to be helping the court system in this much needed area.

For more information about New Hope Recovery Center and its programs contact them at: 233 West Main Street, Morristown, TN 37814, Phone 423-581-2411, or log onto www.newhoperecovery.org.
FEATURED PUBLICATIONS:

Gambling Addiction: A Growing Public Health Problem in Tennessee

The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This month’s feature is: Substance Abuse in Tennessee (SAT) Report. Gambling Addiction: A Growing Public Health Problem in Tennessee.

A growing number of Americans are becoming addicted to gambling. This publication discusses the impact of gambling as a public health problem. It goes further into how the problem effects Tennesseans, how the problem is measured, and also how the addiction is treated. As the report concludes, it suggests future directions Tennessee should take in treating this growing problem.

FEATURED VIDEO:

AIDS Update: The Latest Facts About HIV and AIDS

The Clearinghouse has over 800 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is AIDS Update: The Latest Facts About HIV and AIDS.

A 28 minute video produced for middle and high school students, this timely program reviews the latest new information on HIV, explains precautionary measures that help to lower the risks of HIV infection and answers frequently asked questions about this most lethal of STDs. The Teacher’s Resource Book includes activities to help students consider whether their own behaviors are putting them at risk of infection, and provides fact sheets to remind students of the dangers of this deadly virus.

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

A complete video catalog is available online at www.taadas.org.
EARNIE LARSEN & JOHN McANDREW TO PERFORM AT THE TAADAS ANNUAL DINNER

TAADAS Annual Recovery Month Celebration and Dinner has been scheduled for Thursday, September 8, 2005. The event will honor individuals in recovery and send the message to all Tennesseans that recovery from addiction is powerful and possible. This year’s event will be held at the Millennium Maxwell House Hotel. TAADAS is pleased to announce that Earnie Larsen and John McAndrew will perform “The Promise” at the event. “The Promise” takes you on a spiritual and musical journey from your head to your heart.

Larsen is a nationally known author and lecturer. He holds BA Degrees in Philosophy and Theology, a M.R.E. Degree in Religious Education, and an Associate Arts Degree in family counseling and chemical dependency. A pioneer in the field of recovery and the originator of the Stage II Recovery process, he is known and loved for his ability to touch the hearts of hundreds of thousands of people who have accepted the challenge of creating change in their lives. His focus is on the importance of establishing interpersonal skills as the center of a healthy life.

McAndrew is a singer, songwriter, and piano player. He is a national recording artist and has moved audiences at many special events including the 50th Anniversary of NATO and the National Town Hall Meeting with Colin Powell. John believes in the healing power of music. The versatile singer, songwriter and piano player was reared in the soothing, nurturing background of jazz, blues, and traditional country and Western.

The event will also salute those individuals who have given back to their communities by reaching out to those who are suffering from addiction, through the CEO of the Year Award, Voice of Recovery Award, and the Lifetime Achievement Award.

The CEO of the Year Award honors the CEO of a Sustaining Member Agency for their hard work and dedication to substance abuse services and highlights the importance of executive leadership in an organization’s achievement of mission-related results.

The Voice of Recovery Award was established in 2000 and honors those who selflessly give of his or her time, energy, dedication, and expertise in service to those in need of assistance with substance abuse and addiction, making a significant impact in the battle against Tennessee’s number one health problem—substance abuse.

A new honor for 2005, the TAADAS Lifetime Achievement Award honors those who have made a lasting impression on alcohol and drug abuse programs, services and policies over the course of many years. Though similar to the Voice of Recovery Award, the TAADAS Lifetime Achievement Award will honor someone who has either retired from the field or is no longer formally working in the field of addiction services. This is a person who, throughout their career, has made a difference in the field of addiction. Nomination information is available on the TAADAS website www.taadas.org.
recently completed study comparing 499 women recruited from 3 different settings. One group was recruited from a substance abuse treatment setting, and the second and third groups were from communities with and without high levels of substance use disorders. The groups were compared in terms of partner violence, anxiety and depression, and drug and alcohol use disorders. The highest prevalence of partner violence, other forms of abuse, depression, and anxiety were found in the women with substance use disorders. Depression was related to partner violence at the 6-month and 1-year follow-up time points. It is clear that careful assessment of co-occurring disorders in women who are victims of partner violence are critically important in providing optimal treatment.

Dr. Miller opens consideration about the secrecy often involved in partner violence. Women who are victims of partner violence are often afraid or ashamed to talk about what they are experiencing. Healthcare providers often do not ask specific questions about partner violence. This is unfortunate because this type of inquiry, if done correctly, might strengthen the therapeutic alliance and makes it easier for women who are a victim of partner violence to open up to the healthcare provider. Training of healthcare providers concerning the prevalence of partner violence and critical issues involved in screening for partner violence is critical. Additional discussion about the circle of violence that is often perpetuated in homes in which there is partner violence needs to begin. Women who are victims of partner violence may be abusive with their children and often use inappropriate and ineffective parenting strategies. The integration of parenting skills training and attention to the children in homes where there is partner abuse will be critical in breaking this circle of violence.

**Pregnancy and Drug Dependency**

Hendree Jones, PhD(5), from Johns Hopkins University Medical School, Baltimore, Maryland, has recently published, 'Drug Treatment Issues in Drug-Dependent, Pregnant Women.' Becoming pregnant can provide a catalyst for a drug-dependent woman to seek treatment. Many women who have not previously sought treatment or who have had a difficult time obtaining abstinence will derive additional motivation from the desire to have a healthy baby and may engage in treatment more fully. On the other hand, the legal implications and the stigma associated with drug abuse in pregnancy can make it difficult for drug-dependent, pregnant women to seek treatment. In the treatment of opioid dependence, opioid replacement therapy, such as buprenorphine, can clearly improve outcomes for many individuals. The use of replacement therapy in pregnant women is controversial. It is clear, however, that continued illicit opiate use is likely to have a more negative impact on neonatal outcomes than the use of opioid replacement therapy and participation in the psychosocial treatment that is a mandatory part of any opioid replacement program.

There has been a considerable amount of research focused on the use of methadone during pregnancy. This work has investigated the changing biodisposition of methadone over the course of pregnancy and the need for dosage adjustments. Buprenorphine is a medication that has been newly approved for use in the treatment of opiate dependence. Buprenorphine is a mixed opioid agonist/antagonist that is safer than full agonist therapy and has less abuse potential. Because of these advantages associated with buprenorphine treatment, buprenorphine has been approved for office-based use as compared with methadone, which must be dispensed in clinics meeting specific federal and state regulations. This has made buprenorphine more widely available and hopefully will improve the treatment of opiate dependence.

It is likely that buprenorphine will be used in the treatment of opiate-dependent pregnant women, but there has been no systematic investigation. Research data from a sample of 19 pregnant women treated with either buprenorphine or methadone, in Dr. Jones study provide insightful outcome evidence. In terms of drug-related outcomes for the mothers as well as neonatal outcomes, no difference was found between the methadone and buprenorphine treated groups. In both groups, there was a reduction of illicit substance use and good outcomes for the neonates in terms of birth weights and opiate withdrawal in both groups. As such, buprenorphine is a promising pharmacotherapeutic treatment option for pregnant women, but more controlled investigations are needed. In particular, studies investigating the biodistribution and dosing strategies throughout the trimesters of pregnancy will be important.

Dr. Jones also discusses some fascinating pilot data on a novel intervention under investigation for pregnant women. This intervention entails a treatment program specifically targeting the drug-using partners of drug-dependent pregnant women. The women were enthusiastic...
The construction and mining fields have the highest percentage of problem drinkers, with nearly one in seven workers having a serious alcohol problem, according to a new ranking of industry-based problem drinking patterns released today by Ensuring Solutions to Alcohol Problems at The George Washington University Medical Center.

Wholesale and retail also top the list. Workers in the three top industries are 25% to 45% more likely to have a serious alcohol problem than the average U.S. worker. By contrast, in government agencies and professional services, such as law, medicine, or architecture, problem drinkers make up a much smaller percentage of the workforce. Problem drinking is defined as having an alcohol dependence disorder or alcohol abuse disorder, terms described in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders IV-TR.

"The fact is, for every industry, the numbers are too high," said Eric Goplenud, Ph.D., Director of Ensuring Solutions. "Alcohol problems take a tremendous toll on the workplace, and it's in the interest of every workplace to confront the problem and encourage treatment. Treatment works: it saves people's money, and it saves people's lives."

"Employees with alcohol problems are not likely to leave those problems behind when they come to work, and no business can afford to risk workplace safety by simply hoping they will," said Elena Carr, director of the U.S. Labor Department's Working Partners for an Alcohol- and Drug-Free Workplace (Working Partners) program, in response to the release of the new rankings and the revised calculator. "Smart employers take steps to protect their business by educating their employees about the dangers of alcohol abuse and encouraging those with problems to seek help before it affects the safety of all. Working Partners is committed to helping employers establish programs to prevent workplace substance abuse."

The rankings, which evaluate the prevalence of problem drinking in 11 industries, are based on the National Survey on Drug Use and Health, an annual report produced by the U.S. Department of Health and Human Services. The rankings are computed using the Alcohol Cost Calculator for Business, a proprietary tool created by Ensuring Solutions.

The Calculator, which can be accessed at www.alcoholfcostcalculator.org, allows not only for industry-by-industry comparisons, but also industry-specific calculations of the likely impact, including costs, of alcohol problems on any one workplace.

"The Alcohol Cost Calculator for Business is an invaluable tool for businesses seeking to understand the costs, financial and otherwise, of alcohol problems in their workplaces," said Dorothy Jeffress, Assistant Vice President of Value-Based Purchasing at the National Business Coalition on Health. "Ensuring Solutions' Calculator helps employers understand that offering coverage and expecting high-quality health care for alcohol problems can be cost-effective."

The Calculator was created to allow businesses and organizations to get a better handle on the prevalence of alcohol problems at their firms, and to encourage employers to help their employees receive treatment through health insurance plans and Employee Assistance Programs.

Table: Likely Number of Problem Drinkers by Industry

<table>
<thead>
<tr>
<th>Industry</th>
<th>Problem Drinkers (per 1,000 Employees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction &amp; Mining</td>
<td>135</td>
</tr>
<tr>
<td>Wholesale</td>
<td>115</td>
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<tr>
<td>Retail</td>
<td>114</td>
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<tr>
<td>Leisure &amp; Hospitality</td>
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<td>Business &amp; Repair Services</td>
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<td>Agriculture</td>
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<tr>
<td>Transportation &amp; Utilities</td>
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<tr>
<td>Finance &amp; Real Estate</td>
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<td>Government</td>
<td>69</td>
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<tr>
<td>Professional</td>
<td>54</td>
</tr>
</tbody>
</table>

U.S. Average: 91
Source: Alcohol Cost Calculator for Business, Ensuring Solutions to Alcohol Problems, 2005.

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CULTURAL COMPETENCY / DIVERSITY CONTINUED...

(Continued from page 1)

8. The TAADAS Clearinghouse program should maintain current information and materials on competency-related issues and skills, and promote those materials in its marketing efforts.

9. TAADAS advocates that the Bureau of Alcohol & Drug Abuse Services develop a statewide service directory for providers that would list trainers with specific expertise in the area of cultural diversity/competency. This directory should be made available to all providers, and updated with reasonable frequency.

10. TAADAS recommends that The Bureau of Alcohol & Drug Abuse Services and TAADAS continually explore funding streams that would lend financial support to programs for their efforts to enhance services in the areas of cultural diversity and competency.
REALITY TV SHOWS
FOCUS ON ADDICTION

Television reality-based shows, including the new program Intervention, are focusing attention on addiction and recovery, the Associated Press reported March 13.

The Pax TV show Cold Turkey, now in its second season, follows the progress of 10 smokers trying to quit smoking without any patches, drugs, or other stop-smoking aids. The show tempts the quitters with attractive models lighting up and blowing smoke in their face.

"Ultimately, they're fighting for something much bigger than a cash prize," says Mother Love, who recently hosted a Cold Turkey reunion show. In one episode, Charo visited the contestants and told them, "You are fighting a cause not only for you, but for millions of people." The group also heard from a lung-cancer survivor, who urged them to quit.

The new A&E series Intervention follows addicts and alcoholics before, during, and after they have a chance at recovery. Alyson, 27, was one of the participants on the show. "I would do it again in a heartbeat," she said. "I thought I was going to end up dying anyway, so I might as well have done something before I checked out."

The show centers on an intervention conducted by family members and led by a professional counselor. "With this series there is real potential for an amazing personal transformation each week," said A&E documentary programming executive Nancy Dubuc. "If the intervention doesn't succeed, viewers will still be witness to a portrait of the unrelenting power of addiction."

The opening episode of Intervention drew 1.6 million viewers – and the biggest-ever young audience for a Sunday night show on the network.

ISSUES OF SUBSTANCE ABUSE IN WOMEN CONCLUDED...

(Continued from page 12)

about encouraging their partners to participate, and more than 70% of partners who were approached entered treatment. Posttreatment assessment indicated that treatment of the partners improved outcomes for the drug-dependent women as well as for their partners. The investigators stressed how difficult it is for an individual to maintain sobriety if there is continued substance use in the home, so partner intervention is critical to successful treatment. They also stated that pregnancy may provide a "critical window of opportunity" to intervene in substance use for both parents. The authors are following up on these promising preliminary findings with a larger, controlled clinical trial.

Conclusion

In summary, there are some interesting and novel findings currently in the literature having major impact on gender differences in dependency treatment and outcomes. There are a number of important gender differences in substance use disorders that have important implications for assessment, diagnosis, and treatment. The association between affective and anxiety disorders and substance use disorders is particularly important for women. It is also clear that issues concerning physical and sexual abuse, partner violence, and PTSD are particularly important for women in substance abuse treatment. It is important that all women with substance use disorders be assessed for psychiatric comorbidity, history of physical and/or sexual abuse, and, importantly, ongoing physical or sexual abuse. There are promising psychotherapies specifically targeting women with PTSD and substance use disorders. There are also new data on the use of opioid replacement therapies in pregnant women. Specifically, the use of buprenorphine in drug-dependent pregnant women shows promise. The importance of assessing substance use in the schools and home environment needs to be emphasized. There are promising data indicating that treatment of drug-using partners of pregnant women can improve outcomes for the women as well as for their partners. Finally, recent investigations have demonstrated significant gender differences in substance abuse treatment. These differences impact assessment, diagnosis, treatment, monitoring, reentry, and aftercare with a unique set of potential solutions.

For these reasons, and several not enumerated, a program focusing on women is evidence-based appropriate.

References


Dr. Soper is an Individual Member of TAADAS. You may contact him at mdj@justice.com.
Tennessee First State in the Nation to Host Education Program Targeting Meth

Health Initiative Seeks to Reduce Teen Meth Use; New Effort Announced

By Vernon Martin

As part of the TAADAS affiliation with the Partnership for a Drug-Free America®, Tennessee will become the first state in America to host a state-wide education campaign to reduce meth use by teenagers. The program, created by the PDFA, was announced by Governor Phil Bredesen and Steve Pasiebr, president and CEO of the Partnership at the second annual Tennessee Conference on Methamphetamine in March.

"Thousands of Tennesseans have fallen victim to this highly addictive drug, many of them teenagers," said Gov. Bredesen. "This research-based initiative will help teenagers and parents better understand the health risks posed by methamphetamine, while also encouraging parents and other caregivers to talk with their children about the potentially lethal effects of this insidious drug.'

Nationally, some 1.9 million teenagers -- or one out of every 12 -- have experimented with methamphetamine. This trend coupled with the availability of meth in Tennessee is of particular concern to campaign coordinators. Last year, Tennessee ranked third in the nation in number of meth labs discovered by law enforcement agencies -- behind only Missouri and Iowa in meth lab incidents recorded in the United States. This is one reason why Tennessee was selected for this health education effort, Pasiebr said.

"The increasing availability of methamphetamine in Tennessee tells us that young people in this region are facing a serious health threat," Pasiebr explained. "Demand reduction efforts are a critical component to addressing this problem. We must do everything we can to educate parents and communities around the state about the harmful effects of methamphetamine and inspire parents to communicate to their children the negative health consequences that can result from using meth.'

The Meth Health Education Campaign will consist of an intense advertising and public relations effort targeting parents and their teenagers. The campaign will use a series of hard-hitting, research-based anti-drug messages provided by the Partnership, supplemented by testimony from local pediatricians, who will serve as the primary spokespeople for the media effort. Campaign coordinators believe the voice of the medical community will resonate with parents.

The campaign is being funded by a grant from CHPA, the trade association representing U.S. manufacturers and distributors of over-the-counter medications and nutritional supplements. CHPA has been involved in combating methamphetamine abuse for many years, with a particular interest in ensuring that over-the-counter medicines are not diverted to manufacture the drug. "CHPA is pleased to be able to bring this successful program to Tennessee and continue our work with the Partnership. We need to focus attention on reducing the demand for this terrible drug through proven programs like this," said CHPA President Linda Suydam, D.P.A.

In addition to TAADAS as the Tennessee PDFA Affiliate, the project will also be supported by the newly created Community Anti-Drug Coalitions Across Tennessee (CADCAT) and the Tennessee division of

(Continued on page 18)
Clergy Training Events Held in Chattanooga and Tri-Cities

By Vernon Martin

TAADAS continued with its statewide Clergy Training Community Outreach Initiative by working with TAADAS member agencies in holding one day training events in Kingsport on April 1st and Chattanooga on April 8th. The events were co-sponsored by Comprehensive Community Services (CCS) and the Council for Alcohol and Drug Abuse Services (CADAS) respectively. TAADAS staff worked with staff from the supporting agencies and Regional Training Coordinators, Brittany Booker and Bob Burr in developing and facilitating these events. Brochures were mailed to approximately 1000 churches in each of the areas and produced a diverse group of attendees including Clergy and other Pastoral Ministers.

Speakers and trainers for the Chattanooga session included Boomer Brown, Bob Bur, Paul Hart and Rev. Robert Cox of CADAS and Vernon Martin of TAADAS.

In Kingsport the trainers included Dr. John Cooke, Ph.D., a nationally known trainer from the Carpenter’s Shop in Austin, Texas, Vanessa Scott and Brittany Booker of CCS.

As with the previous trainings, the topic was Alcoholism, Drug Addiction and Recovery in the Faith Community.

The agenda for the day included presentations on:

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

In addition to the training handouts and presentation materials each participant received a copy of the newly developed TAADAS publication “Alcoholism, Drug Addiction and Recovery in the Faith Community: A Primer for Clergy and other Pastoral Ministers.”

As always, thanks go out to all of the trainers who volunteered their time for this event as well as to CCS and CADAS for their efforts as part of this training project. Special kudos go out to Boomer Brown, Brittany Booker and Bob Burr for all their efforts in making these events possible.

The next Clergy Training will be held in late June in Memphis. Plans are being completed for this event. Watch for details on the TAADAS website at www.taadas.org.

Vernon Martin is the Community Outreach Director of TAADAS.

Faith Based Recovery Services Database

As part of its Clergy Training and Faith Based Community Outreach Initiative, TAADAS is updating its database of clergy, clergy coalitions and faith-based recovery services. If you would like to be listed in this database or would like to be on the Clergy Training and Faith Based information list, please contact Vernon Martin by phone at (615) 780-5901 Ext. 18 or via email at vernon@taadas.org.

In addition, if you are aware of ministerial associations, clergy groups or faith-based recovery services in your area please forward this information.

E. M. Jellinek Center, Inc.

Hope and Help for Chemically Dependent men in Knoxville, Tennessee

“Believe or Leave”
A proud member of the TAADAS Team!
**TENNESSEE FIRST STATE IN THE NATION TO HOST EDUCATION PROGRAM TARGETING METH**

(Continued from page 16)

the Drug Enforcement Administration.

Methamphetamine is an addictive stimulant often called “speed” or “crystal.”meth is a crystal-like, powdered substance that is sometimes produced in large rock-like chunks. The drug can be taken orally, injected, snorted or smoked. Once a threat largely in the American southwest, use of the drug has moved steadily eastward in recent years. Longterm use and high doses of methamphetamine can bring on full-blown toxic psychosis, often exhibited in violent and aggressive behavior.

For more information on the health risks of methamphetamine, or for tips on how to talk to kids about drugs, visit the Partnership’s Web site at www.drugfree.org or the TAADAS website at www.taadas.org. To get help for a child that may have a substance abuse problem, contact the TENNESSEE REDLINE at (800) 890-9789 for referral to a treatment program near you.

For more information about this project or to be involved, contact Vemon Martin of TAADAS at (615) 780-5901, Ext. 18.

Vemon Martin is the Community Outreach Director for TAADAS.

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**LEGISLATIVE BREAKFAST HELD TO ANNOUNCE METH HEALTH EDUCATION PROGRAM**

A legislative breakfast was held on March 30th to announce and discuss the new Partnership for a Drug-Free America Methamphetamine Health Education Program. Approximately 50 legislators, representatives, state government department and bureau heads and other dignitaries attended the breakfast held at the Hermitage Hotel. Speakers included Steve Pasierb, president and CEO of the Partnership for a Drug-Free America and Virginia Cox, Vice President for Communications and Strategic Initiatives of the Consumer Healthcare Products Association (CHPA). The CHPA is providing the funding for this project. David (Boomer) Brown, Julie Smith and Vemon Martin of TAADAS were in attendance as well as Assistant Commissioner Dr. Stephanie Perry of the Bureau of Alcohol and Drug Abuse Services, Commissioner Virginia Betts, the Department of Mental Health, David Grieswold, Deputy Inspector General, Department of Finance and Administration, Pam White of Community Anti-Drug Coalitions Across Tennessee (CADCAT) and Special Agent in Charge, Harry Sommers Tennessee division of the Drug Enforcement Administration.

TAADAS is the state affiliate of the Partnership for a Drug-Free America and will work with the PDFA, CADCAT, the DEA and others in the implementation of this project.

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**TAADAS HIV/AIDS OUTREACH, EDUCATION AND REFERRAL PROGRAM UPDATE**

**Needs Assessment Completed for HIV/AIDS Training**

As part of the TAADAS HIV/AIDS Outreach, Education and Referral Program, TAADAS staff has completed a needs assessment for planning HIV/AIDS training for the Bureau of Alcohol and Drug Abuse funded Early Intervention Coordinators. Needs assessment forms were distributed to the BADAS funded programs to solicit topics and input for the TAADAS training effort.

**Topics of Interest included:**


**TAADAS staff is working with staff from the Bureau of Alcohol and Drug Abuse Services to analyze the needs assessment feedback and determine the training to be provided.**

The eight Bureau funded HIV ES service providers are: Chattanooga Cares, Chattanooga; Children and Family Services, Covington; Project COPE, Elam Center, Nashville; Hope for Tennessee, Frontier Health, Kingsport; Helen Ross McNabb Center HIV Outreach, Knoxville; New Directions, Memphis; Rural AIDS Prevention Project (RAPP), Pathfinders, Gallatin; and Project P.I.P.E.R., Pyramid Recovery Center, Memphis.

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New Kaiser Family Foundation HIV/AIDS Fact Sheets Available:

- Latinos and HIV/AIDS
- African Americans and HIV/AIDS

*See www.taadas.org for the links to these Fact Sheets.*
What is TAADAS?
TAADAS, the Tennessee Association of Alcohol, Drug and other Addiction Services, Inc., 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?
TAADAS began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of "creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.'

Does TAADAS have any programs?
Yes. Through a grant from the Tennessee Department of Health, TAADAS operates the Statewide Clearinghouse and the Tennessee REDLINE. The Clearinghouse is a resource center for substance abuse, HIV/AIDS and related materials. The 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 provides Clergy Training through its Community Outreach initiative and also serves as the host organization for the Partnership for a Drug-Free Tennessee, the Tennessee state alliance for the Partnership for a Drug-Free America. TAADAS is the home of Recovery Books & Things—A store featuring self help and recovery oriented books as well as recovery gift and novelty items.

What does TAADAS do?
TAADAS' purpose is to promote the common interest in the prevention, control and eradication of alcoholism and drug dependency and to promote such other programs as approved by the Association; to work in close cooperation with agencies interested in alcohol and drug problems; to further a sense of fellowship and helpful relationships among members of the Association; to facilitate cooperation with all agencies interested in the health and welfare of the community to impart 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 a part of the movement to improve services for those affected by alcoholism, substance abuse, and other addiction. There are various levels of membership in the Association including Students, Individuals, Corporate and Sustaining.

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

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

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

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**TAADAS Members**

**Sustaining Members**
- Agape, Inc, Knoxville
- Alcohol & Drug Council of Middle TN, Nashville
- Appalachian, Jackson
- Buffalo Valley, Inc., Helmsmerald
- CASD, Chattanooga
- Cocaine & Alcohol Awareness Program, Memphis
- Comprehensive Community Services, Johnson City
- E.M. Jellinek Center, Knoxville
- Grace House, Memphis
- Harbor House of Memphis, Memphis
- Hope of East Tennessee, Oak Ridge
- JACOA, Jack son
- Jack Greene Shelter, Savannah
- Memphis Recovery Center, Memphis
- New Directions, Memphis
- The Pathfinders, Inc., Gallatin
- Place of Hope, Columbia
- Renewal House, Inc., Nashville
- Samaritan Recovery Community, Inc., Nashville
- Seminary Recovery Center, Memphis
- Synergie Treatment Center, Inc., Memphis
- Tony Race Center, Shelbyville

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- New Hope Recovery Center
- New Life Lodge
- Operation Stand Down Nashville
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- Peninsular Lighthouse
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- Martha McGill

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- Richard Snyder, MD, JD, MS
- Hilde Stone
- Sharon Tatem
- Eileen White
- Tracy Williams
- Walter Williams
- Gary Woodard
- John York
# Application for Membership in TAADAS

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

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Name: ____________________________________________

Agency: __________________________________________

Address: _________________________________________

City: ___________________________ State: __________ Zip Code: __________

Phone:__________________ Toll Free:________________ Fax:________________

Website: __________________________ Email address: ________________

Card Holder's Name: __________________________ Visa/Mastercard #: ________________

Card Holder's Signature: __________________________ Exp Date: ________

**TAADAS’ Mission**

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