Assistant Commissioner Bruce Emery accepts position with National Council on Community Behavioral Healthcare

After three years as Tennessee’s Assistant Commissioner for Alcohol and Drug Abuse Services, Bruce Emery has accepted a position with the National Council for Community Behavioral Healthcare. Bruce will become the Senior Substance Abuse Advisor and Workforce Coordinator for the national organization and will be relocating to the Washington D.C. area. Bruce was appointed to his current position in January of 2008 after working as a Consultant with the TDMHDD in the transition of Alcohol and Drug Abuse Services from the Department of Health to the Department of Mental Health and Developmental Disabilities. During his tenure as Assistant Commissioner, Bruce led the successful movement toward developing Co-Occurring Capable and Co-Occurring Enhanced Treatment programs statewide. He also developed a new co-operative and very successful program between DADAS, the Bureau of Pardons and Paroles and the community treatment system along with many other accomplishments. “Tennessee’s loss will be the National Council’s gain. We wish Bruce the best and know that Tennessee will have a good friend and strong ally on the National level” said Vernon Martin, Executive Director of TAADAS. Bruce spoke with the TAADAS Executive Committee and expressed his appreciation for the support that has been offered through TAADAS and its members. Bruce has been a supporter of TAADAS and played a large part in encouraging TAADAS to expand and become the true “One Voice” for the A&D Treatment, Prevention, Recovery and Co-Occurring community in Tennessee. Bruce offered his thoughts on his transition in the following letter to the field.

Dear Colleagues:

By now you have heard from Commissioner Betts that I have decided to accept an exciting new position as Senior Substance Abuse Advisor and Workforce Coordinator with the National Council for Community Behavioral Health in Washington, DC. Some of you are already familiar with the National Council and with my great respect for them and their work. The association is deeply involved in both policy and program aspects of health care reform, especially in light of their recent SAMHSA award to

(continued on page 17)
October is **Talk About Prescriptions Month** sponsored by the National Council on Patient Information and Education.

This year the campaign speaks to taking action to ensure safe and appropriate medicine use which extends to personal, family, and healthcare professionals, ensuring that whenever medicines are prescribed, they are used properly and safely. The campaign also promotes awareness to prevent and address prescription drug abuse among young people. [www.talkaboutrx.org](http://www.talkaboutrx.org)

October is **National Domestic Violence Awareness Month** sponsored by the National Coalition Against Domestic Violence (NCADV). The Mission of the NCADV is to organize for collective power by advancing transformative work, thinking and leadership of communities and individuals working to end the violence in our lives. [www.ncadv.org](http://www.ncadv.org)

**VETERANS DAY**

**NOVEMBER 11TH**

October 18 - 24


Drug-Free Work Week is a public awareness campaign that highlights the importance of being drug free to workplace safety and encourages workers with alcohol and drug problems to seek help. [www.dol.gov/drugfreeworkweek](http://www.dol.gov/drugfreeworkweek)

October 23 - 31

**Red Ribbon Week** sponsored by National Family Partnership. The Red Ribbon Campaign was started when drug traffickers in Mexico City murdered DEA agent Kiki Camarena in 1985. The mission of the Red Ribbon Campaign is to present a unified and visible commitment towards the creation of a DRUG-FREE AMERICA. [www.nfp.org](http://www.nfp.org)

**Election Day**

**November 2nd**

Please Note:

TAADAS will be closed for the following holidays:

- November 12th: Veterans Day
- November 25th & 26th: Thanksgiving holiday
- December 24th & 27th: Christmas holiday
- December 31st & January 3rd: New Year’s holiday

Closed for Inventory: December 22nd & 23rd
Great American Smokeout
November 18th

Every year, smokers across the nation take part in the American Cancer Society’s Great American Smokeout® by smoking less or quitting for the day on the third Thursday of November. Research shows that smokers are most successful in kicking the habit when they have some means of support, such as nicotine replacement products, counseling, prescription medicine to lessen cravings, guide books, and the encouragement of friends and family members. Despite that, only about 1 in 7 current smokers reports having tried any of the recommended therapies during his or her last quit attempt. Telephone quitlines are a convenient new resource, available for free in many states. Call 1-800-ACS-2345 to find a quitline or other science-based support in your area.

Most Smokers Don’t Need Drugs to Quit, Study Says

Researchers who reviewed 511 previously published studies on smoking cessation found that two-thirds to three-quarters of individuals who quit did so aided only by their own willpower, not nicotine-replacement therapy or other drugs.

The Daily Mail reported Feb. 9 that Simon Chapman of Australia’s Sydney University and colleagues also found that studies that found positive outcomes from drug therapy for nicotine addiction were more than twice as likely to have been funded by the pharmaceutical industry.

Chapman said that most smokers who quit said kicking the habit was easier than they expected, and he accused governments of medicalizing the process and making smoking seem especially difficult to quit.

(continued on page 17)
New Data Show Millions of Americans with Alcohol and Drug Addiction Could Benefit from Health Care Reform

WASHINGTON, D.C. -- New government data demonstrate the continued, urgent need for more Americans to have access to drug and alcohol addiction treatment, according to an analysis by the Closing the Addiction Treatment Gap (CATG) initiative. If implemented properly, federal health care reform legislation could help remove financial barriers to treatment for millions of Americans.

According to Defining the Addiction Treatment Gap, a CATG review of the annual National Survey on Drug Use and Health released by the Substance Abuse and Mental Health Services Administration (SAMHSA) and other national data sources, addiction continues to impact every segment of American society.

“Drug use is on the rise in this country and 23.5 million Americans are addicted to alcohol and drugs. That’s approximately one in every 10 Americans over the age of 12 — roughly equal to the entire population of Texas. But only 11 percent of those with an addiction receive treatment. It is staggering and unacceptable that so many Americans are living with an untreated chronic disease and cannot access treatment,” said Dr. Kima Joy Taylor, director of the CATG Initiative.

“Our society and our health care system have been slow to recognize and respond to addiction as a chronic, but treatable, condition,” said Dr. Taylor. “While change doesn’t happen overnight, if health care reform is implemented properly, millions of Americans will finally have insurance coverage for addiction treatment. This is an historic step toward a comprehensive, integrated approach to health care that includes treatment of addiction.”

(continued on next page)
Millions with Addiction Could Benefit from Health Care Reform (continued)

Defining the Addiction Treatment Gap is intended to provide statistical context for efforts to close America’s addiction treatment gap, including the design of an addiction treatment benefit as part of health care reform implementation. According to CATG, a number of important factors should be considered:

- Twenty-three million Americans are currently addicted to alcohol and/or other drugs. Only one in 10 of them (2.6 million) receives the treatment they need. The result: a treatment gap of more than 20 million Americans.

- Cost and lack of insurance is the primary obstacle cited by Americans who say they need but are unable to receive treatment. Among those able to access treatment, nearly half (48.4 percent) reported using their own money to pay for their care.

In contrast to other chronic diseases, funding for addiction treatment disproportionately comes from government sources. More than three-quarters — 77 percent — of treatment costs are paid by federal, state and local governments, including Medicaid and Medicare. Private insurance covers only 10 percent of addiction treatment costs, with out-of-pocket expenditures and other private funding making up the remaining percentage. In contrast, private insurance pays for approximately 37 percent of general medical costs.

Screening and treatment is not integrated into the health care delivery system. Less than seven percent of those receiving treatment were referred by another health provider. In contrast, slightly more than two-thirds of those receiving treatment got there through self-referrals or the criminal justice system.

Citations for this data, along with a review of current data on addiction and treatment, are available at www.treatmentgap.org.

“The Congress embraced addiction treatment as an essential part of health care reform,” said Gabrielle de la Gueronnier, JD, director for national policy at the Legal Action Center and a member of the CATG initiative. “But federal and state regulators are now tasked with translating and implementing that vision. This may be the single greatest opportunity in our lifetime to make a difference. The costs of untreated addiction are too great to not get this right.”

(continued on next page)
Millions with Addiction Could Benefit from Health Care Reform (continued)

At the national level, Closing the Addiction Treatment Gap is focused on four key elements that are necessary to maximize the opportunity presented by health care reform:

- Developing a meaningful addiction treatment benefit that covers a full continuum of addiction services for both the patient and the patient’s family, as appropriate;

- Improving coordination and integration of available services, including wellness and prevention services, screening, intervention, treatment and other supports;

- Monitoring implementation to prevent new barriers to treatment, ensure full coverage for and access to appropriate care, including the utilization of strategies and interventions with demonstrated effectiveness; and

- Preserving federal and state safety nets to ensure treatment is still available to individuals not covered by health care reform, unable to afford insurance coverage even with subsidies, or with insufficient coverage.

Unfortunately, systemic and societal obstacles continue to prevent many people from seeking addiction treatment. A number of current government policies result in discrimination — housing, education, health care and employment — against those who disclose a history of addiction. These barriers can hinder the long-term health of those seeking to address an addiction through treatment. Although there has been progress in reducing both the stigma and the discriminatory policies, many people with addiction histories are unable to fully exercise their rights and participation in society.

From Join Together - September 28, 2010
October 25, 2010
Nathan Ridley

**Election Year.** The election season is winding down. This Thursday, October 28 is the last day of the general election’s early voting period. Election Day itself is Tuesday, November 2, 2010, and the polls will be open from 7am until 7pm on Election Day. Even though the barrage of ads becomes tiresome as the candidates make their last minute pitches, be sure to encourage your family members and your staff members and your neighbors to vote. In our form of government, we get the democracy we deserve.

**SAMSHA Note.** The website banner for the Substance Abuse and Mental Health Services Administration (SAMSHA) notes that “Prevention Works, Treatment is Effective, and People Recover.” As you visit with our legislative friends before the 107th General Assembly convenes in January, remind them of the words in the SAMSHA banner and the importance of your treatment services in your communities. Along those lines, you should also remind them of Tennessee’s glaring omission from the list of grant recipients for the third round of the Access to Recovery (ATR) program on that same SAMSHA website.

**Change.** “Change is the law of life. And those who look only to the past or the present are certain to miss the future.” President John Kennedy’s words should resonate with us now as we prepare for a new name at the top of the organizational chart for Tennessee State Government. Governor Phil Bredesen is winding down his eighth and final year as Governor. To work with his fondness for nautical images, we must note that he has navigated our ship well. TennCare reforms, Books from Birth, Race to the Top, industrial recruiting coups and balanced budgets in difficult financial times have served us well. Likewise, his appointment of Commissioner Betts for the Department of Mental Health and Developmental Disabilities has served the treatment community well as she has been a tireless advocate of our causes within the Bredesen Administration, before the General Assembly, and across the state. Elsewhere in this newsletter, you will also read of Assistant Commissioner Bruce Emery’s new career plans. We wish them all well and thank them for their willingness to serve.

**Calendar Notes:** State offices will be closed Thursday, November 11 for the Veterans Day holiday. State offices will be closed Thursday and Friday, November 25 and 26 for the Thanksgiving holiday. State offices will be closed Friday and Monday, December 24 and 27 for the Christmas holiday. State offices will be closed Friday and Monday, December 31 and January 3, 2011 for the New Year’s Day holiday. The 107th General Assembly will convene in Organizational Session on Tuesday, January 11, 2011.

Nathan Ridley is an attorney with the Nashville firm, Bradley Arant Boult Cummings LLP. You may contact him by e-mail at nridley@babc.com.

---

**HARBOR HOUSE**

Programs for Men Including

♦ Social Detox
♦ Residential Rehabilitation
♦ Halfway House

www.harborhousememphis.org

Funded in part under an agreement with the Tennessee Department of Mental Health and Developmental Disabilities
Buffalo Valley Opens Nashville Facility

Buffalo Valley, Inc., one of the state’s largest alcohol and drug treatment centers, is opening a new facility in Nashville and recently hosted an open house. “We are excited to be extending our services to a much needed area,” Executive Director, Jerry Risner stated.

Buffalo Valley, Inc., began in 1979 in Hohenwald, Tennessee, and has grown to service almost every county in the state of Tennessee. Buffalo Valley, Inc. has treatment centers in Clarksville and Lewisburg in addition to the Hohenwald and Nashville facilities.

The Nashville facility will focus on detox for up to 12 individuals at a time. In addition to detox, Buffalo Valley, Inc., will provide ongoing treatment/counseling, job placement resources, housing and much more. “Our goal is to get people off drugs and alcohol and provide them with services to start a new life.” Risner stated.

In addition to the open house, Buffalo Valley, Inc. also celebrated the dedication of its building to a beloved board member, Mr. A.P. Atkisson. “Mr. A” was a board member for twelve years and was a leader in the community. He was an educator for most of his adult life and it is only fitting to honor him in such a way.

For more information, please call 1-800-447-2766 or visit www.buffalovalley.org.

Those in attendance included, Mr. Neil Jobe, Mr. Kenneth Carroll, Mr. Jerry Risner, Mr. Anthony Yader, Ms. Shannon Houser, Mr. Lurried Vinson (Mr. Atkisson’s nephew), Senator Thelma Harper, Ms. Sheryl Washington, Mrs. Julie Maddox, Mr. Vernon Martin and Ms. Debbie Hillin. Those also attending, but not pictured include, Honorable Billy Townsend Kubra Snow, Heather Baroni, Greg Fisher and Pam Fox.

LADAC Training!

JACOA is pleased to announce that Merrill Norton, D.Ph., NCAC II, CCS, will be presenting a six-hour workshop on “Pain Management and Addiction.” Merrill currently serves as Clinical Associate Professor at the University of Georgia school of Pharmacy and travels the country conducting workshops on addiction related topics. The training will be approved for LADAC hours (contact hours) and CEU’s will be available as well.

Date: December 6, 2010
Time: 9:00 a.m. to 4:30 p.m.
Location: Fellowship Bible Church, Jackson, TN

Contact: Barry Cooper
Phone: 731-423-3653 ext. 234
Email: barryc@jacoa.org
New Employees at TAADAS

Hello!!! My name is April Ramsey; I am the new Library Specialist! I started working for TAADAS on August 2, 2010; so far it has been a great experience! I graduated from Austin Peay State University with a B.S. in Biology this past December and just recently got married in September! When I am not working, I enjoy being outdoors doing just about anything! If you need any help with video loans, bookstore purchases, or with our library let me know!!!

My name is Michelle Webster. I started working at TAADAS as an Information Specialist on August 18, 2010. I have one daughter, Samantha, who is 22 and one son Jake, who is 20. I have a wonderful grandson Colby; he is 2 ½ years old. I am currently enrolled at Volunteer State Community College working towards a degree in Accounting. Outside of work and school my interests include spending time with my family and friends, camping and white water rafting. I also enjoy watching sports, football and baseball. If you have any questions about free literature in our clearinghouse, give me a call.

Place of Hope Celebrates 10th Anniversary

Place of Hope is an innovative, Christ-centered ministry located at 105 North James Campbell Boulevard in Columbia, Tennessee. They will be celebrating their 10th anniversary in helping the homeless and addicted at their location the first week of November 2010. This unique center is a sixty-four bed facility that provides quality care for adult men and women dealing with issues of alcoholism, addiction, and co-occurring disorders throughout the Middle Tennessee region.

The celebration will begin with a Pastors and Business Luncheon on Thursday, November 4th from 12:00 to 1:15 p.m. A short video will be played and Dr. John Brown, co-founder of Place of Hope, will be honored. Short tours will be given both before and after the luncheon.

Friends of the ministry as well as graduates of the program and their families are invited to a celebration on Saturday, November 6th from 12:00 to 4:00 p.m. to enjoy barbeque, music, awards and testimonies. Executive Director Mike Coupe is in awe of what God has done in the past 10 years. “We never had a grand opening because we didn’t know if we would be open the next week,” he says. “If it wasn’t through His provision through our ministry partners, we wouldn’t be here.” Place of Hope has helped over 1500 people in the last ten years recover from addiction and homelessness through their inpatient treatment and homeless outreach/halfway houses.

To reserve a seat for the Pastors and Business Luncheon on Thursday, November 4th or to RSVP for the general celebration on Saturday, November 6th, contact Sarah Pappas at placeofhopetn@gmail.com. Visit our website at www.placeofhopetn.org.
AA Original Manuscript Shows Debate Over Religion
from Join Together, October 1, 2010, by Benjamin Chambers

The original manuscript of the Alcoholics Anonymous (AA) Big Book is being published for the first time, along with edits that changed its references to religion, the Washington Post reported September 22. The first AA manual, called: “Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism,” was published in 1939, the Associated Press (AP) reported September 28.

First drafted by co-founder Bill Wilson, the 12-step manual has become known as the “Big Book” or “Bible.” Wilson’s working manuscript is now being published by Hazelden under the title, “The Book That Started It All.”

The annotated manuscript shows that Wilson picked a group of people — whose identities are still unknown — to review and edit the Big Book. Their changes and comments indicate there was disagreement over how explicitly to talk about God and religion.

For example, a sentence in the first chapter that read “God has to work twenty-four hours a day in and through us, or we perish,” was changed to read “Faith has to work twenty-four hours a day in and through us, or we perish.” The anonymous editor explained, “Who are we to say what God has to do?”

The editors also made changes to the 12 Steps as well. In Wilson’s original version, Step 7 read, “Humbly, on our knees, asked Him to remove our shortcomings — holding nothing back.” The editors suggested it be changed to read, “Humbly asked Him to remove our shortcomings,” because “on our knees” suggested church worship, the Post said.

The Big Book has exerted worldwide influence. Millions have used it to help them with addiction — not only to alcohol, but also to many other substances and activities, including sex, food, and email. It has been adopted for use by Jews, evangelical Christians, the former Soviet Union, and the Islamic government of Iran.

“If it had been a Christian-based book, a religious book, it wouldn’t have succeeded as it has,” said Nick Motu, of Hazelden Publishing.

The book was published at a time when the public tended to see alcoholism not as a disease, but as an indication of weak morals. The doctor’s opinion at the book’s opening, by contrast, called it “a kind of allergy.” That represented a radical shift in thinking.

“We didn’t have any knowledge then about the brain. Today we know there is a neurological component, we know there are spiritual, psychological and environmental components,” said Joseph Califano, founder of the National Center on Addiction and Substance Abuse at Columbia University.

It is still unclear how Wilson’s manuscript was edited, or who its editors were. Before its publication, Wilson sent the manuscript to about 300 doctors, religious leaders, and people in recovery from alcoholism. The actual number of editors was probably smaller, according to the Post. Since its publication, the book has gone through four editions almost unchanged, although the stories of those in recovery have been replaced with newer ones several times.

Wilson and his wife Lois kept his manuscript until the late 1970s, when she gave it to a friend. In 2004, it was auctioned by Sotheby’s for about $1.5 million; it was sold again a few years later to a man who gave it to Hazelden for publication.

The Post reported that the publication of the edited manuscript may stimulate debate over how big a role faith should play in treatment.

“We’re downplaying the faith issue to get more people,” said Jack Cowley, who oversees faith-based prison programs. Cowley said that Wilson’s decision not to emphasize God and Christ was a “cop-out.”

“Wilson was divided, too,” said Sid Farrar, Hazelden’s editorial director.
**Number of U.S. Treatment Admissions Among Adults Ages 50 or Older More Than Doubled from 1992 to 2008**

The number of older adults admitted to publicly-funded substance abuse treatment programs has more than doubled since 1992, according to data from the national Treatment Episode Data Set (TEDS). In 1992, there were an estimated 101,726 treatment admissions ages 50 or older. By 2008, this number had increased to an estimated 231,170. While the majority of these older adult admissions continue to be male, the proportion of female admissions increased, from 18% of all admissions ages 50 or older in 1992 to 25% in 2008 (see figure below). At the same time there was an increase in the percentage of these treatment admissions who were unemployed (from 19% in 1992 to 31% in 2008) or had no principal source of income (from 11% to 29%; data not shown), suggesting that “this population may need financial assistance with the costs associated with substance abuse treatment.”

---

**Estimated Number of Admissions Ages 50 or Older to Publicly-Funded Treatment Programs, by Gender, 1992, 2000, and 2008**

NOTES: TEDS comprises state-collected data on client admissions to treatment programs receiving any public funds. TEDS data represent admissions rather than individuals, as a person may be admitted to treatment more than once. SOURCE: Adapted by CESAR from SAMHSA’s TEDS Report, August 5, 2010.

---

**Researcher Suggests Making Cessation More Like Smoking**

In a finding sure to be embraced by proponents of e-cigarettes, researchers at Duke University Medical Center say that smokers may respond better to cessation products that mimic the act of smoking.

UPI reported March 11 that researcher Jed Rose, director of the Duke Center for Nicotine and Smoking Cessation Research, said that cessation products might be more successful if they deliver nicotine to the lungs like cigarettes.

Rose and colleagues at Duke are working on a nicotine-vapor delivery system that could prove superior in reaching the lungs than metered-dose sprays, dry-powder inhalers or nebulizers. “We wanted to replicate the experience of smoking without incurring the dangers associated with cigarettes, and we wanted to do so more effectively than the nicotine replacement therapies currently on the market,” said Rose.
There is Help for Problem Gamblers in Tennessee

What is Problem Gambling
As defined by the National Council of Problem Gambling, problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term “Problem Gambling” includes, but is not limited to, the condition known as “Pathological,” or “Compulsive” Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, “chasing” losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

Is there Problem Gambling in Tennessee?
Based on a report published by the University of Memphis, it has been estimated that there are over 200,000 persons in Tennessee with gambling problems. (Satish Kedia, Ph.D., The SAT Report, University of Memphis, Vol. 1, No. 3, 2004)

Are You a Compulsive or Problem Gambler?
Only you can decide. In short, problem gamblers are those whose gambling has caused continuous problems in any facet of their lives. The following 10 questions may help you to decide if you are a compulsive or problem gambler.

Have you …
- often gambled longer than you had planned?
- often gambled until your last dollar was gone?
- had thoughts of gambling that caused you to lose sleep?
- used your income or savings to gamble while letting bills go unpaid?
- made repeated, unsuccessful attempts to stop gambling?
- broken the law or considered breaking the law to finance your gambling?
- borrowed money to finance your gambling?
- felt depressed or suicidal because of your gambling losses?
- felt remorseful after gambling?
- gambled to get money to meet your financial obligations?

If you or someone you know answers “Yes” to any of these questions, consider seeking assistance from a professional.

For confidential assistance, call the 24 hour, 7 days a week toll-free Tennessee REDLINE for help with gambling problems.
1-800-889-9789

The Tennessee Department of Mental Health & Developmental Disabilities, Division of Alcohol & Drug Abuse Services, offers services for problem gamblers and their loved ones.

If you or someone you know is concerned about gambling, please contact the following agencies:

**East Tennessee**
Helen Ross McNabb Center
865-523-4704 ext. 3407
www.mcnnabcenter.org
E-mail: questionsaboutgambling@mcnabb.org

**Middle Tennessee**
Buffalo Valley, Inc.
1-800-626-6709
www.buffalovalley.org
E-mail: stopgambling@buffalovalley.org

**West Tennessee**
The Gambling Clinic at the University of Memphis
901-678-STOP (7867)
www.thegamblingclinic.memphis.edu
E-mail: gambling@memphis.edu
Buprenorphine Implants an Effective Treatment for Opioid Addiction

A new study found buprenorphine implants safely reduce cravings and illegal drug use in opioid-dependent people, HealthDay News reported Oct. 12.

Although the drug is usually administered orally, implants eliminate the risk of drug diversion and are a relatively safe alternative for patients who have difficulty sticking to an oral regimen, according to the study.

Investigators, led by Walter Ling, M.D., of the University of California in Los Angeles, placed buprenorphine implants in 108 patients and placebo implants in an additional 55 patients with opioid addiction and compared outcomes at 16 and 24 weeks. Participants in both groups received drug counseling throughout the study.

Forty percent of patients in the buprenorphine group tested negative for illegal drugs at 16 weeks compared with 28 percent of patients in the placebo group.

At 24 weeks, patients in the buprenorphine group had fewer withdrawal symptoms, less drug craving, and lower severity-of-opioid-dependence scores than patients in the placebo group, and they were much more likely to have remained in treatment (66% versus 31%). Adverse events were largely related to irritation or infection at the implant site.

“Further research is needed to assess how this treatment compares with current opioid maintenance treatment prior to the widespread use of implant buprenorphine in clinical practice,” said Patrick O’Connor, MD, of the Yale University School of Medicine in an accompanying editorial.

“If further research suggests that [the implant] is as good as or better than current treatment approaches, then the study by Ling et al would represent a major advance in the substantial and continued progress that has occurred in the treatment of opioid dependence since methadone maintenance began in the 1960s,” he concluded.

The study was published in the Oct. 13 issue of the Journal of the American Medical Association (JAMA).

FDA Okays Vivitrol for Opiate Addiction

In a 12-1 vote, the Food and Drug Administration (FDA) approved the use of Vivitrol to treat addiction to opiates like heroin and prescription painkillers, ABC News reported Oct. 13.

Vivitrol, a form of naltrexone manufactured by Alkermes, is already used to treat about 10,000 patients a year for alcoholism. Though available in pill form, it is usually administered as a monthly shot, and can be prescribed by physicians.

Naltrexone works by blocking opioid receptors in the brain, ensuring that patients will not feel any effects if they attempt to use while being treated. Over time, their cravings diminish. By contrast, methadone is used as a replacement drug for opiates — users can still be addicted to it — and buprenorphine blocks some receptors, but not all.

The FDA said it based its approval of Vivitrol on studies showing that 36 percent of those treated remained in treatment for six months, compared to 23 percent of those on a placebo. Possible side effects include depression, suicide, liver damage and a reaction at the injection site serious enough to require surgery.

Vivitrol was approved for use to treat alcoholism in 2006, but according to an Oct. 12 CNN blog post, insurance companies generally do not pay for it. Shots cost about $1,000 each, and treatment can take over a year. According to doctors interviewed by CNN, Vivitrol is not meant to be used alone, but as part of a larger treatment plan.

“Addiction is a serious problem in this country, and can have devastating effects on individuals who are drug-dependent, and on their family members and society,” said Dr. Janet Woodcock, who directs the FDA’s Center for Drug Evaluation and Research.

“This drug approval represents a significant advancement in addiction treatment.”

From Join Together - October 15, 2010

From Join Together - October 13, 2010
The Book That Started It All

An extraordinary reproduction of the original working manuscript of Alcoholics Anonymous, with an introduction and notes by a panel of celebrated AA historians.

The Book That Started It All offers fresh insights into the history and foundation of the revolutionary Alcoholics Anonymous program. Reproduced in this elegant gift edition with an introduction and notes by a panel of celebrated AA historians, the original working manuscript is the missing link in our understanding of what transpired between AA founder Bill Wilson’s first draft of Alcoholics Anonymous and the first published edition. In January 1939, Wilson and other AA founders distributed 400 copies of his typescript to everyone they could think of “who might be concerned with the problem of alcoholism,” to test out the program. As the loan copies were returned, suggestions for revision were considered and written out in colored pencil on one master copy that was eventually submitted for publication.

The many changes made in black, green, and red on page after page are shown here in their original form, revealing the opinions, debates, and discussions that went into making the Big Book.

This is perfect for your coffee table, The Book That Started It All weighs more than five pounds, is 11.25” wide and 13.5” tall, with a 22.5” spance when open.

Special Offer for TAADAS Members!

This book retails for $65, but TAADAS members may buy it at a 25% discount, or $48.75. Non-members can receive a 10% discount ($58.50) by using the code AABB10. This would be a great Christmas gift for a friend or family member in recovery or for yourself! Call and order your copy today at 877-863-6914.
First Time Users of Marijuana and Ecstasy Increase; Number of New Users of Prescription Pain Relievers Remains Stable While New Cocaine Users Continue to Decrease

The number of people using marijuana for the first time increased for the third year in a row and the number of new ecstasy users increased for the second year in a row, according to estimates from the 2009 National Survey on Drug Use and Health (NSDUH). More than 2.3 million persons ages 12 or older used marijuana for the first time in 2009, compared to 2.1 million in 2007. Increases were also seen in the number of new ecstasy users (from 894,000 in 2008 to more 1.1 million in 2009). While the estimated number of first-time nonmedical users of prescription-type pain relievers continues to rival that of marijuana, there have been no significant changes in the estimated number of new nonmedical users of prescription-type pain relievers in the past five years. In contrast, the number of new cocaine users has been decreasing steadily since 2001. There were an estimated 617,000 new users of cocaine in 2009, the lowest number since 1973. Changes in initiation levels are often leading indicators of emerging patterns of substance use. Thus, these findings suggest that 1) marijuana and ecstasy use may be making a resurgence; 2) the growth in the misuse of prescription pain relievers may have slowed; and 3) there are no signs of growth in cocaine use in this population.

Estimated Number (in thousands) of New Users of Marijuana, Pain Relievers*, Ecstasy, and Cocaine per Year, 1989 - 2009
(U.S. Residents Ages 12 and older)

*Use of pain relievers refers to the nonmedical use of prescription-type pain relievers and does not include over-the-counter drugs.

NOTE: Estimates from 1989 to 2001 were produced using data from the 2002-2004 NSDUH and are based on initiation during that year. Estimates from 2002 to 2009 refer to initiation in the 12 months prior to the survey, and are produced independently based on the data from the survey conducted that year.

Featured Video

The Clearinghouse has over 800 videos on substance abuse, addiction and related issues. Videos range in length and subject as well as targeted audience. In each edition of the TAADAS Times we feature a video from our collection. In this issues we present:

**Prescription Drug Addiction with Dr. David Ohlms**

David L. Ohlms, M.D. has been a practicing physician in the field of General Psychiatry and addiction disease for thirty years, and is one of the world’s most popular and respected authorities on addiction disease. Dr. Ohlms is perhaps best known for popularizing the medical concept that alcoholism is a primary disease.

This video outlines the behavioral signs and symptoms of prescription drug abuse and addiction, including tolerance, withdrawal and rebound. Dr. Ohlms details common forms of prescription drug abuse, including cross drug dependency. He discusses the pitfalls for people in recovery taking prescription and many over-the-counter medications. He offers prevention suggestions for people in recovery who face using mood altering prescription drugs in conjunction with surgery and other illness management. This video is available in DVD, is 33 minutes in length, and is intended for adult and college audiences. Video # 30349

You can view our entire video catalog online at www.taadas.org or visit our library to preview videos. Video membership is free to residents of Tennessee but a shipping fee is charged to mail videos to customers outside the Nashville area if they are unable to visit the library in person. Please call 615-780-5901 if you have any questions or need additional information.

Featured Publication

The Clearinghouse has numerous publications on substance abuse and related issues. In each issue of the TAADAS Times, we highlight a publication. This month we are featuring:

**Making Your Workplace Drug-Free: A Kit for Employers**

This Workplace Kit can help workplaces throughout the Untied States become drug-free, as well as safe, healthy, and productive. The Kit was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), in the U.S. Department of Health and Human Services (DHHS). SAMHSA and DHHS developed the Kit so that it would be evidence based, state of the art, flexible, and practical. It includes a range of options from which small, medium, and large businesses in many different fields and industries can choose. And it provides guidance and materials that are practical.

To get your free copy of our featured publication, or any other materials, call TAADAS at 615.780.5901 or order online at www.taadas.org
Most Smokers Don’t Need Drugs to Quit (continued)

“Next time you hear the message that various drugs ‘double the quit rate,’ understand that these results come from clinical trials where participants get their drugs free, where they are often called up with reminders and questions, where they develop relationships with the researchers and often want to please them, and where we know that many using the active drug are able to correctly guess they are on it or on the dummy drug,” said Chapman. “Studies of the use of quit drugs in ‘real world’ settings have not demonstrated that they have such success. A serious attempt at stopping need not involve using nicotine replacement therapy or other drugs or getting professional support.”

Chapman’s findings were challenged by officials at the British antismoking group ASH and the U.K. Department of Health. “This study is inconsistent with a very well-established evidence base. Smokers that attempt to quit without assistance are significantly less likely to quit successfully than those who quit with support,” said a health department spokesperson, who said the unsupported-quit success rate was about 4 percent after one year. The findings were published in the journal PLoS Medicine.
TAADAS Members

We thank the following members for their support and involvement in Championing the Cause!

Organizational Members
(click on an agency to visit their website)

Agape, Inc., Knoxville  Here’s Hope Counseling, Dyersburg
Alcohol & Drug Council of Middle Tenn., Nashville  Hope of East Tennessee, Oak Ridge
Always Hope Counseling Service, Hendersonville  Innovative Counseling & Consulting, Memphis
Aphesis House, Nashville  JACOA, Jackson
Buffalo Valley, Inc., Hohenwald  Madison Treatment Center, Madison
CADAS, Chattanooga  Memphis Recovery Centers, Memphis
CADC Jackson County, Gainesboro  Mending Hearts, Nashville
Cocaine & Alcohol Awareness Program, Memphis  Metro Health Dept. Behavioral Health, Nashville
Comprehensive Community Services, Johnson City  Pathfinders, Inc., Gallatin
E.M. Jellinek Center, Knoxville  Place of Hope, Columbia
English Mountain Recovery, Sevierville  Recovery Community, Inc., Nashville
First Step Recovery, Memphis  Renewal House, Nashville
Fordonce Raih Group, Brentwood  Samaritan Recovery Community, Inc., Nashville
Franklin County Prevention Coalition, Winchester  Serenity Recovery, Memphis
Friend of Bill’s Recovery Houses, Lebanon  Synergy, Memphis
Grace House, Memphis  Tenn. Professional Assistance Program, Nashville
Harbor House, Memphis  Turning Point Recovery Residences, Nashville
Healing Arts Research Training Center, Memphis  Welcome Home Ministries, Nashville

Individual Members

Joyce Bristol  Deb Marnhout  Harold Montgomery
Karen Dooley  Vernon Martin  April Ramsey
Laura Durham  John McAndrew  Doris Vaughn
David Guenther, CPA  Wayne McElhiney  Michelle Webster
Patrick Kendall  Sharon Newton Medley
**What is TAADAS?**

The Tennessee Association of Alcohol, Drug and other Addiction 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.” The TAADAS mission is to provide a collaborative Tennessee Voice for addiction, co-occurring, prevention, and recovery supportive services to effect positive change. TAADAS programs are funded in part by a grant from the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services.

**TAADAS’s Organizational Goals:**

- To provide a forum of advocacy for providers;
- To provide a forum of advocacy for consumers;
- To increase resources, services, and sustainability available to organizations and individuals serving the population;
- To increase acceptance of recovering individuals;
- To influence State and National policy decisions relative to addictions, co-occurring, prevention, and recovery supporting services;
- To further a sense of fellowship and helpful relationships among the Association’s members;
- To influence and shape the available delivery system by improving practices within the system of care.

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

**It’s up to US to help others understand!**

Alcohol and other drug dependence is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life — social, physiological, family, financial, vocational, educational, moral/spiritual, and legal. We must join together to focus attention in support of addiction treatment, prevention, and recovery. The public needs to understand that addiction is a treatable illness and that millions of people achieve recovery.

**TAADAS Membership**

TAADAS is a statewide association made up of alcohol and drug abuse treatment, prevention and recovery service professionals, and others who are interested in addiction issues. TAADAS keeps alcoholism, drug abuse and other addiction issues in the forefront when public policy decisions are made and through the collective voice of its members, TAADAS directly impacts the important issues facing the addiction services field today.

**Benefits of becoming a member:**

- Expand Knowledge - Take advantage of the TAADAS Statewide Clearinghouse’s extensive resource center.
- Impact Public Policy - TAADAS provides advocacy for alcohol, drug and other addiction issues.
- Networking - TAADAS offers networking opportunities with professionals and other concerned individuals across the state in the alcohol, drug and other addiction services community
- TAADAS Times Newsletter
- Discounts at Recovery Books & Things
- Discounted Hotel Rates
- Credit Union Membership
APPLICATION FOR MEMBERSHIP IN TAADAS

Membership shall be open to individuals or entities with an interest in addiction, co-occurring, prevention, or recovery support services and subject to payment of membership dues. TAADAS membership is not automatic board membership as the board consists only of the board of directors.

Organizational Member - Any organization or entity that provides addiction, co-occurring, prevention or recovery support services is eligible to become an Organizational Member of TAADAS.

Individual Member - Individual membership is open to any individual with an interest in addiction, co-occurring or recovery support services in Tennessee. Examples of persons in this category may include, but are not limited to, individuals who work in the addiction services field, licensed counselors or those working toward licensure, employee assistance professionals, risk managers or other managed care professionals. They may also be someone who has been affected by alcohol and drug abuse or other addiction, be it by a family member or a loved one, or by their own addiction. Or they may simply be someone who recognizes the scope of this problem and wants to demonstrate their support through membership in a professional association of like-minded individuals.

Annual Dues

<table>
<thead>
<tr>
<th>Category</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Member with Annual Revenue &lt; $100,000</td>
<td>$100</td>
</tr>
<tr>
<td>Organizational Member with Annual Revenue = $100,000 - $500,000</td>
<td>$250</td>
</tr>
<tr>
<td>Organizational Member with Annual Revenue = $500,000 - $1,000,000</td>
<td>$500</td>
</tr>
<tr>
<td>Organizational Member with Annual Revenue = $1,000,000 - $2,000,000</td>
<td>$750</td>
</tr>
<tr>
<td>Organizational Member with Annual Revenue &gt; $2,000,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Individual Member</td>
<td>$100</td>
</tr>
</tbody>
</table>

*Minimum suggested leadership pledge ... you may pledge more

Date: ____________  Referring Member: (If Applicable) ____________________________

Name: __________________________________________

Agency: ________________________________________

Address: ________________________________________

City: _____________________________ State: _________  Zip Code: ____________________

Phone: ___________________________  Toll Free: ___________________________

Fax: _____________________________  Email: _____________________________

Agency Website: ____________________________

Agency Representative: __________________________

Representative Email: __________________________

Please fax your completed application to TAADAS at 615-780-5905