DOMESTIC VIOLENCE IN TENNESSEE

Voluntary prior to July 1, 2007, the now mandatory reporting of real or suspected domestic violence to the Tennessee Department of Health is in addition to all other Tennessee statutes that require reporting of domestic violence to the police and others.

The change was prompted by concern that police reporting systems do not capture the magnitude of the domestic violence problem in Tennessee, and the voluntary reporting system simply was not working. The hope is that this new confidential method of reporting will improve the quality and quantity of information relative to Tennessee domestic violence.

If a patient is treated by more than one health practitioner, it is the duty of the supervising practitioner of the unit or department providing treatment, or of any other health practitioner designated by the unit or department, to ensure that the reports are made on a timely basis and that duplicate reports of the incident are not made. In the event that the patient is referred to another health practitioner for treatment, the report shall be made by the referring practitioner so that duplicate reports are not made. The law specifies that you shall report on a monthly basis. You can, however, report on a shorter interval such as weekly, or even case by case. Reporting is required only for patients who are residents of Tennessee. (Continued on page 8)
SAMHSA Takes Snapshot of Teen Drug Use

On any given day, about 1.2 million American teens smoke, 631,000 drink alcohol, and 586,000 use marijuana, according to a new study from the Substance Abuse and Mental Health Services Administration (SAMHSA). Reuters reported Oct. 18 that the report was based on a variety of previously published studies, notably the National Survey on Drug Use. "While other studies have shown that significant progress has been made in lowering the levels of substance abuse among young people in the last few years, this report shows many young people are still engaging in risky behavior," said SAMHSA Administrator Terry Cline. "By breaking the data down and analyzing it on a day-to-day basis, we gain a fresh perspective on how deeply substance abuse pervades the lives of many young people and their families."

The report also estimated that on an average day almost 50,000 teens use inhalants, 27,000 use hallucinogens, 13,000 use cocaine, and 3,800 use heroin. Also, on any given day 8,000 adolescents try alcohol for the first time, 4,300 try their first illicit drug, and 4,000 light up their first cigarette.

Each day also finds about 76,000 children and teens in outpatient addiction treatment programs and 10,000 in non hospital-based programs.

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This project is funded in part under an agreement by the State of Tennessee
1 in 5 Teens Misuse Prescription Drugs

For the third straight year, a Partnership for a Drug-Free America (PDFA) study has found that about 20 percent of U.S. teens have misused prescription painkillers like Vicodin and OxyContin, even as smoking and drinking decline, the Associated Press reported May 16. Researchers expressed concern that use of prescription drugs may be becoming entrenched among youth, many of whom believe that using these painkillers to get high is safer than taking illicit drugs. According to the PDFA’s 2005 Partnership Attitude Tracking Study, 40 percent of 7th- to 12th-graders said that prescription drugs were "much safer" than illicit drugs, 31 percent said there was nothing wrong with occasional use of these drugs, and 29 percent thought that prescription painkillers were not addictive. Teens also told researchers that prescription drugs were easy to get: 62 percent said they could get powerful painkillers at home, and 52 percent said the drugs were "available everywhere." "That’s why we’re putting a lot of our attending on educating parents," said PDFA president and CEO Steve Pasierb said. "They don’t have a frame of reference in a lot of cases. This kind of behavior (prescription drug abuse) didn’t exist when they were teens.”

The study also found that 22 percent of respondents smoked, and 33 percent said they had consumed alcohol within the past 30 days.

Bracelet Sends Mixed Message

A bracelet designed to send an anti-drug message is being pulled from the market for unintentionally doing the opposite, the Burlington (Iowa) Hawk Eye reported Oct. 26. The novelty bracelets, intended to be distributed during national Red Ribbon Week, are embossed with the slogan "I’ve Got BETTER things to DO than DRUGS." But some parents said that they got a different message when reading only the capitalized words: BETTER DO DRUGS.

Positive Promotions, the Happauge, N.Y., company that makes the bracelets, said the design is one of its bestsellers but that the bracelets would be recalled and redesigned to remove any hint of confusion about the message. Company executive vice president Mark Taxel said he had received only one or two complaints about the bracelets, but that the new version would be printed in all capital letters.

“20 percent of U.S. teens have misused prescription painkillers like Vicodin and OxyContin”

E. M. Jellinek Center, Inc.

Hope and Help for Chemically Dependent men in Knoxville, Tennessee

A proud member of the TAADAS Team! This project is funded in part under an agreement by the State of Tennessee
Definition of Recovery Proposed

Addiction recovery is "a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship," according to a draft definition composed by an expert panel convened by the Betty Ford Institute. Published in the October 2007 issue of the Journal of Substance Abuse Treatment, the draft definition was included in a special section on Defining and Measuring Recovery. Experts noted that while the term "recovery" enjoys widespread use, no clear definition exists. "Recovery may be the best word to summarize all the positive benefits to physical, mental, and social health that can happen when alcohol- and other drug-dependent individuals get the help they need," according to the panel report. The group noted that while sobriety is necessary as part of recovery, the two are not synonymous. A hierarchy of sobriety also was proposed, including "early" sobriety (one month to one year), "sustained" sobriety (one to five years), and "stable" sobriety (five years or longer).

Personal health was included in the definition to emphasize the importance of engaging in social roles as well as personal physical and mental health, while citizenship was included to reinforce the need for recovering addicts to give back to their community and society.

"Recovery may be the best word to summarize all the positive benefits to physical, mental, and social health that can happen when alcohol- and other drug-dependent individuals get the help they need,"

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Partially funded by the Tennessee Department of Mental Health &
Nonmedical Narcotic Use Among U.S. High School Seniors

While marijuana continues to be the most prevalent illicit drug used among U.S. high school seniors, the nonmedical use of narcotic drugs is the second most prevalent drug used among this population, according to data from the national 2006 Monitoring the Future study. Nearly one in ten twelfth grade students reported using prescription-type narcotic drugs, such as Vicodin® and OxyContin®, in the past year without a doctor’s order.

Other drugs used by more than 5% of 12th graders include amphetamines, over-the-counter cough or cold medicines, tranquilizers, sedatives, and cocaine. The nonmedical use of prescription pain relievers is also the second most prevalent illicitly used drug among the U.S. household population ages 12 and older.

Alcohol and Other Drugs Get Favorable Reviews in Song Lyrics

About one in three hit songs include references to alcohol or other drugs, and most are favorable, according to researchers at the University of Pittsburgh School of Medicine. Reuters reported Nov. 7 that a study of the top 279 songs on the Billboard charts in 2005 found that 33 percent included alcohol and other drug references, including 80 percent of rap songs, 37 percent of country songs, 20 percent of R&B/hip-hop songs, 14 percent of rock songs, and 9 percent of pop songs. Rap songs typically included references to alcohol, marijuana, or nonspecific drug use, while country songs were most likely to mention alcohol use. Alcohol and other drug references were commonly associated with partying, sex, violence, and humor, researchers said.

Just four songs on the Billboard charts that year had explicit anti-use messages. “We’re learning that media affects a lot of different health behaviors,” lead study author Brian Primack. “Tobacco in movies, for example, is now known to lead to smoking. We started realizing adolescents are exposed to two and a half hours a day of music. What’s in the music?”

The findings were reported at the annual meeting of the American Public Health Association.

Nearly 8,000 Youths Drink Alcohol for the First Time Each Day

Thousands of youths use alcohol, tobacco, and other drugs for the first time each day in the United States, according to a recent analysis of data from the 2006 National Survey on Drug Use and

relievers used nonmedically. The substances with the lowest number of initiates on an average day were methamphetamine and heroin.

“A copy of the report, which also describes average daily substance use prevalence and treatment admissions by youth, is available online at www.oas.samhsa.gov/2k7/youthFacts/youth.cfm.
News from Capitol Hill
November 15, 2007
Nathan H. Ridley

Funding Observations. Our member agencies have had a busy year during this time of transition. In February, Governor Bredesen issued an executive order transferring the Bureau of Alcohol and Drug Abuse Services from the Department of Health to the Department of Mental Health and Developmental Disabilities. Just as the ink on the Governor’s signature was drying, member agencies received Commissioner Virginia Trotter Betts’ May 14, 2007 letter announcing federal block grant budget cuts. Each agency then began to ponder the meaning of her words, “the federal block grant budget has been overcommitted for the past few years.” With the arrival of the proposed 2007-08 contracts, the funding cuts in the neighborhood of five percent became very real for many of our member agencies.

Ironically, the contract cuts ended previous conversations about the state’s failure to increase the daily reimbursement rate since the implementation of block grant funding during the Clinton years.

This budget news cast a pall over an otherwise significant legislative success with the enactment of Chapter 311 of the Public Acts of 2007. This legislative initiative makes drug offenders subject to a one hundred dollar penalty payable into the Alcohol and Drug Abuse Treatment (ADAT) fund, and makes those same drug offenders eligible for assessment or treatment as a condition of any probationary sentence imposed by the trial court. For an indigent offender, the cost of the assessment or treatment will be eligible for reimbursement from the ADAT fund. We are grateful to the members of the 105th General Assembly for the enactment of this legislation that expands the scope of the state funded ADAT initiative.

During the upcoming 2008-09 budget discussions, we would hope the executive branch in proposing and the legislative branch in disposing of the executive branch’s proposal would ponder restoring the contractual budget cuts imposed by the Department of Mental Health and Developmental Disabilities on the federal block grant funds. Even with the General Assembly’s initiative to supplement treatment resources, the net result for this year has been a decrease in treatment resources when our waiting list experience shows a need for greater resources. Not surprisingly, some frustration has developed in the treatment provider community over these budget developments.

House Judiciary Committee DUI Study continues. As

(Continued on page 7)
Bredesen has lent his support to the concept of Administrative License Revocation (ALR) for DUI offenders. From the hearings, some clarity is still needed on how this new executive branch license revocation will interact with the judicial license suspension that is authorized under the present law. These sorts of legislative study committee sessions are the perfect opportunity to educate our state policy makers that the state’s Alcohol and Drug Addiction Treatment fund has been the only source of any growth in treatment resource funding since its enactment in 1998.

**Election update:**
Congratulations to Democrat Andy Berke who won the special election on Thursday, November 15, 2007, to fill the vacancy in Senate District 10 caused by the resignation of Ward Crutchfield. This district composed of all of Marion County and the inner portion of Hamilton County is reliably Democratic. After the experience of State Senator Ophelia Ford in Shelby County in her special election in 2005, Democratic folks worked as if they were one vote behind throughout the campaign. Senator Berke carried both counties in the district with a total of 62.6% of the votes cast. Turnout was predictably light for this special election as about 17% of the district’s voters cast ballots. Senator Berke will complete the remainder of Senator Crutchfield’s unexpired term and presumably will seek election to a full four year term during the 2008 election cycle.

**Calendar**

Notes: State offices will be closed Monday, and Tuesday, December 24 and 25, for the Christmas holiday and Monday and Tuesday, December 31 and January 1, for the New Year’s Day holiday, and Monday, January 21, 2008, for the Martin Luther King Day holiday.

The General Assembly will convene at noon on January 8 in the State Capitol for the beginning of the 2008 annual legislative session.

Nathan Ridley is an attorney with the Nashville firm, Boult Cummings, Conners & Berry, PLC. You may contact him by e-mail at nridley@boultcummings.com.
Non-Smoker Protection Act effective in Tennessee

When does the smoking ban take effect? Public Chapter 410, known as the "Non-Smoker Protection Act", was signed into law by Governor Bredesen on June 11th, and will become effective on October 1, 2007.

Where is smoking prohibited under the new law? Under this new law, smoking is prohibited in all enclosed public places within the State of Tennessee with a few exceptions. The smoking ban applies, but is not limited to: Restaurants, Public and private educational facilities, Health care facilities, Hotels and motels, Retail stores and shopping malls, Sports arenas, including enclosed public areas in outdoor arenas, Restrooms, lobbies, reception areas, hallways and other common-use areas, Lobbies, hallways and other common areas in apartment buildings and other multiple-unit residential facilities, Child care and adult day care facilities.

What areas are exempt from the smoking ban? The following are exempt from the smoking ban provisions: Private homes, private residences and private motor vehicles unless used for child care or day care, Non-enclosed areas of public places, including: Open air patios, porches or decks, Any that are enclosed by garage type doors when all such doors are open, Any that are enclosed by tents or awnings with removable sides or vents when all such sides or vents are removed or open, Smoke from these areas must not infiltrate into areas where smoking is prohibited, Venues that restrict access to persons who are 21 years of age or older at all times, Private businesses with 3 or fewer employees, where smoking may be allowed only in an enclosed room not accessible to the general public; smoke from such a room must not infiltrate into areas where smoking is prohibited, Private clubs, Smoking rooms in hotels and motels, provided that no more than 25% of the rooms in a hotel or motel can be designated as smoking rooms, Tobacco manufacturers, importers and wholesalers, Retail tobacco stores that prohibit minors, Nursing homes and long-term care facilities, which are subject to the policies and procedures established by those facilities.

(Continued on page 9)

Domestic Violence in Tennessee cont.

Please be aware that all data submitted will be kept confidential. Furthermore, as you will see, only general demographic and geographic data about the victim is required. The licensure information you provide about yourself will never be used at the licensee level. Reporting history by profession and facility, however, will be maintained. Finally, no linking of any of this domestic violence information to any other database will be attempted.

For more information please visit http://health.state.tn.us/domesticviolence for complete instructions.

If you do not have access to the internet, a copy of the reporting instructions and paper forms can be mailed to:

Division of Health Statistics/DV
4th floor, Cordell Hull Building
425 5th Ave North
Nashville, TN 37243

Tennessee Association

TAADAS
Alcohol & Drug Abuse Services
New Employee at TAADAS

My name is Kristin Friedery, 23. I recently moved to Nashville, TN from Boulder, CO. I lived in Colorado for ten years, but I was born in Oklahoma and have also lived in Florida, upstate New York, and Louisiana. My first day of work here at TAADAS was November 5, 2007. I graduated from the University of Colorado, Boulder in December 2006 with a degree in English. I continued on to student teach high school English during the spring semester of 2007. Upon completing my student teaching, I decided to explore other career opportunities outside of public education. I spent the summer working for Canal St. Presbyterian Church in New Orleans, LA. I was the team leader for a group of six interns, coordinating the church’s volunteer relief efforts in the city. I have a deep love for the city of New Orleans, so if you ever want to talk about it, just ask. My other interests include reading, skiing, and drinking a good cup of coffee.

Non-Smoker Protection Act effective in Tennessee cont.

Commercial vehicles when the vehicle is occupied only by the operator.

What is required of employers or business owners? "No Smoking" signs must be posted at every entrance to every public place and place of employment where smoking is prohibited. All existing and prospective employees must be notified that smoking is prohibited. An owner, manager, operator or employee of an establishment where smoking is prohibited must inform anyone smoking in the establishment that smoking is prohibited on the premises.

What are the penalties for violating the smoking ban? A person who knowingly smokes in area where smoking is prohibited is subject to a civil penalty of $50. A business that knowingly fails to comply with the requirements of this act shall be subject to the following: For a first violation in a twelve-month period, a written warning from the Department of Health or the Department of Labor and Workforce Development. For a second violation in a twelve-month period, a civil penalty of $100. For a third or subsequent violation in a twelve-month period, a civil penalty of $500.

Who is responsible for enforcing the smoking ban? The Tennessee Department of Health and the Tennessee Department of Labor and Workforce Development.

How do I register a complaint about a violation of the smoking ban? Complaints may be registered with the Department of Health or the Department of Labor and Workforce Development. The departments will have a process in place for accepting and processing complaints by October 1, when the smoking ban takes effect.
**WORKSHOPS & TRAININGS**

*Working with Addicted Clients on Family Issues*
November 30, 2007, 9:00 a.m. - 4:00 p.m.
Helen Ross McNabb Center, Knoxville
Fee: $50.00 ($55 day of workshop)
LADAC Primary Function Hours: Counseling – 6 hours
CEU’s: 0.6 (The cost is $15.)
Facilitator: Cynthia West,
Contact: Martha Culbertson (865)329-9087 or Martha.Culbertson@mcnabb.org

*Professional Ethics*
Saturday, December 8,
Facilitator: Susan Cunningham
Contact: Susan F. Young 615.269.0029 ext 111

*The Science of Addiction Pharmacy*
December 11, 8:30-4:30.
Fellowship Bible Church, Jackson
Facilitator: Merrill Norton
Contact: Barry Cooper 731.423.3653 or barryc@jacoa.org

*HIV/AIDS Training for A&D Staff,*
December 14, 2007, 9:00 a.m. - 4:00 p.m.
Helen Ross McNabb Center, Knoxville
Facilitators: Jen Rock and Aja Rodriguez
Fee: No charge for staff from Division of A&D Contract Agencies. Others pay $50.00 ($55 day of workshop).
Lunch will be provided by the HRMC AIDS Outreach Program.
LADAC Primary Function Hours: Counseling – 6 hours
CEU’s: 0.6 (The cost is $15.)
Contact: Martha Culbertson (865)329-9087 or Martha.Culbertson@mcnabb.org

**FEATURED PUBLICATIONS:**

**Supporting Your Adolescent: Tips for Parents**

The clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This edition’s publication in honor of September’s Recovery Month is “Supporting Your Adolescent: A Tip for Parents”

This brochure was developed for the Family and Youth Services Bureau. Within the pages, specific tips for parents are given, resources for parents including a glossary of terms and information about the Family and Youth Services Bureau as well as the National Clearinghouse on Families and Youth.

To get your free copy of our featured publication, or to see descriptions of any of our other free materials, visit www.taadas.org and click on “free literature on line order form.”

**FEATURED VIDEO:**

**Friends Helping Friends**

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

Many older adults today live by the motto “a pill for every ill.” They consume 30% of all prescription drugs, 70% of non-prescription drugs, and use alcohol for social or medicinal purposes. As a result, older adults are at risk for drug misuse or abuse. They need quality prevention and education services. *Friends Helping Friends* curricula contains a manual and a tape called *Wise Use of Drugs.* Together, these components combine to enhance and empower the lives of older adults.

Videos can be checked out from TAADAS free of charge by anyone in the state of Tennessee for three business days. UPS shipping is available for those checking out videos outside the Nashville area. Please call for shipping information. Call the Clearinghouse at 615.780.5901 to check out this video or any other in our collection.

Coming Soon! Check out the TAADAS website, www.TAADAS.org for an updated video catalog with more DVD choices!
**Workshops & Trainings**

**Treatment Planning**  
Jan. 11,  
CADAS, Chattanooga $15  
Facilitator: Jean Davis  
Contact: Adam Webster  
423-756-7644 or adam.webster@cadas.org

**Treatment Planning**  
Jan. 25,  
Plateau Mental Health Center, Cookeville $15  
Facilitator: Jean Davis  
Contact: Adam Webster  
423-756-7644 or adam.webster@cadas.org

**Records & Record Keeping**  
Feb. 1  
CADAS, Chattanooga $50  
Facilitator: Jean Davis  
Contact: Adam Webster  
423-756-7644 or adam.webster@cadas.org

**Cultural Competence**  
March 6,  
CADAS, Chattanooga $50  
Facilitator: Joanne Stevenson Jenkins  
Contact: Adam Webster,  
423-756-7644 or adam.webster@cadas.org

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Tobacco-Exposed Kids Do Worse on School Tests

Adolescents who are exposed to secondhand smoke at home perform worse on standardized school tests than non-exposed youth, although researchers are not sure why. HealthDay News reported Oct. 10 that researchers at Temple University studied thousands of 16- and 18-year-olds from the United Kingdom, cross-referencing testing results with parental smoking and controlling for socioeconomic status, gender, and youth smoking. They found that those exposed to smoking at home performed 30 percent worse on tests than their peers.

The study was published in the October 2007 issue of the Journal of Adolescent Health.

Doctors Can Use Simple Test to Detect Patient Smoking

A device called a pulse cooximeter, commonly used to test for carbon monoxide in firefighters, can also be used by doctors to detect smoking among patients who may be reluctant to admit their addiction, Reuters reported Oct. 23.

"There is no good way to screen people for smoking," said lung specialist Sridhar Reddy. "You can ask them directly, do you smoke. But once they say they don’t smoke and they lie about it, they will never volunteer that information."

Reddy, speaking at the scientific meeting of the American College of Chest Physicians in Chicago this week, said that the pulse cooximeter is superior to blood, urine or saliva tests because it involves simply putting a clip-on device on the patient’s fingertip. The device reads the amount of carboxyhemoglobin in the blood through the fingernail.

CASA: Smoking, Drinking, Drugs and Depression Related

Depression, alcohol use, and marijuana use are all more prevalent among adolescents who smoke, according to a report from the National Center on Addiction and Substance Abuse (CASA). Reuters reported Oct. 23 that the report, which analyzed previously published data and surveys, found that 59 percent of smokers aged 12 to 17 also drank alcohol, compared to 11 percent of nonsmokers. Current cigarette smokers in this age group also were 13 times more likely to smoke marijuana, and also have a higher risk of depression and anxiety disorders.

Some researchers speculate that smoking may prime the adolescent brain for other types of addictive behaviors. "Teenage smoking can signal the fire of alcohol and drug abuse or mental illness like depression and anxiety," said CASA head Joseph Califano. "There’s no question that early teenage smoking is linked to these other things. Now whether it’s causing it or not, I think the jury is probably still out on that."

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

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Memphis, TN 38114

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Expensive and exclusive addiction treatment programs in Malibu, Calif., like Promises and Passages have more to worry about than wildfires: some critics and former patients say that the programs are more concerned with making money than treating patients, the Los Angeles Times reported Oct. 9. “They’re scam artists,” said Garfield Logan, a professional surfer who paid $42,000 to Promises Malibu for a month-long rehab stay but was kicked out of the program after five days for belligerent behavior. The program kept the money, and Logan along with others has sued, alleging breach of contract and unfair business practices. Many of the Malibu programs demand upfront payment in full for the first month, and refuse refunds if patients leave treatment early or are expelled. “If you leave, your money stays,” said Passages co-founder Chris Prentiss. “People do leave programs, they do get expelled from programs when they act out,” said Cynthia Moreno Tuohy, executive director of NAADAC, the Association for Addiction Professionals. “That’s not a reason not to be reimbursed for services that aren’t received. It’s important not to take advantage of someone who is ill.”

Unlike most treatment programs in the U.S., the Malibu centers are for-profit enterprises, with fees that can double those at the Betty Ford Center, one of the nation’s preeminent nonprofit treatment programs. Tucky Masterson, who had to sue Promises to get back a portion of the $35,000 she paid for treatment after dropping out of the program, later got help at the nonprofit Hazelden program. “I was treated at Hazelden – I was there for three days – and they charged me to the penny for those three days,” said Masterson, who now runs a sobriety house for women. “With Promises, I had to fight tooth and nail to get any money back.”

Both Promises and rival Passages Addiction Cure Center claim high success rates, but researchers say that the claims are impossible to verify. “A cure? That’s pretty good,” said Scott Walters, a University of Texas School of Public Health researcher who conducted a landmark study on treatment outcomes. “People have been making claims about successful treatment since the dawn of time, since the snake-oil salesman … Anybody can make any claim they want and get away with it. It’s essentially an unregulated industry.”

Promises also has been cited by state regulators for providing medical services outside the scope of their licenses. However, the programs continue to include physicians on their staff listings, saying that they are consultants. The state has issued about 20 citations against nine addiction centers in Malibu since 2002, whereas none have been issued against the four Phoenix Houses in Los Angeles and Orange County, which have more treatment beds. The Malibu Ranch Treatment Center was closed in January after regulators found that alcohol and other drugs had been taken onto the property, the program had no licensed or registered counselors, staffs did not supervise residents, and that the program exceeded its treatment capacity. “We didn’t close down because we were running a substandard treatment center,” said Malibu Ranch director Jerry Schoenkopf. “We were having economic problems.”
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<th>Marin Wants to Derail Mass-Transit Alcohol Ads</th>
<th>Target Joins Kohl’s in Halting Sales of Drinking Games</th>
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<td>The New York and Boston public-transit systems have lagged in protecting children from exposure to alcohol advertising, according to the Marin Institute, which wants to ban all alcohol ads from municipal trains, buses, and other transit services. NY1 News reported Nov. 8 that Marin officials held a press conference at City Hall in New York to call for an alcohol-ad ban at the Metropolitan Transit Authority (MTA). &quot;We know that there is a connection between alcohol advertising and underage drinking,&quot; said Michele Simon, research director at Marin. &quot;The case had been made time and time again that the more ads for alcohol kids see, the more likely they are to drink.&quot; Hunter College students working with Marin found 200 alcohol ads on just 35 MTA trains canvassed. An MTA spokesperson said that less than five percent of the agency’s ad revenues come from alcohol. New York Assemblyman Felix Ortiz (D-Brooklyn) has introduced a pair of bills that would ban alcohol ads on public-transit systems statewide. &quot;Our public transit systems are not the appropriate places for alcohol or tobacco products to be displayed,&quot; said Ortiz. &quot;Young people and teens travel these systems regularly and we know that they are negatively affected by these images.&quot; Marin released a study showing that 75 percent of public-transit agencies now prohibit alcohol advertising, including those in Chicago, Los Angeles, Washington D.C., San Diego, Philadelphia, and the San Francisco Bay Area.</td>
<td>Bowing to a grassroots advocacy campaign, retailer Target has joined Kohl’s in halting sales of controversial drinking games that critics say promote binge drinking, USA Today reported Jan. 10. A letter-writing campaign by drug-prevention advocates resulted in Target announcing this week that it is no longer selling games like Drinko in its stores or on its website. Kohls made a similar decision prior to Christmas. The advocacy campaign was coordinated by Join Together, Center for Science in the Public Interest, and Community Anti-Drug Coalitions of America. Target received more than 2,000 protest letters from advocates, while Kohls received more than 2,800. The campaign continues against retailer Linens ‘n Things, which still sells games like &quot;Shots and Ladders&quot; and &quot;Keg Pong.&quot; Company officials did not return calls from USA Today reporters looking for comments this week. &quot;Teen drinking is a huge problem in our country today,&quot; said Judy Mezey of Student Assistance Services, a Tarrytown, N.Y., group that participated in the letter-writing campaigns. &quot;Here we are trying to create an environment that supports young people and helps them make the right decisions. Products like these undermine the efforts of parents and communities.&quot;</td>
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<th>Marijuana Skin Cream?</th>
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<td>Researchers say that marijuana plants could provide the basis for topical, anti-inflammatory lotions to treat everything from wounds to psoriasis, the San Francisco Chronicle reported June 9. New research shows that natural cannabinoids in the body -- similar to those found in marijuana -- reduce inflammation. Researchers found that wounded lab mice whose cannabinoids were blocked took longer to heal, and some medical marijuana patients have reported that inflammatory diseases like psoriasis and even asthma improved when they smoked marijuana. Mice with skin allergies also healed faster when given a topical lotion containing THC, the main active ingredient in marijuana. Lead study author Meliha Karsak of the University of Bonn in Germany said that a skin cream derived from marijuana would have too low a concentration of THC to have any psychoactive effects. &quot;Most people have believed for some time that the cannabinoid system is involved in modulating the immune system,&quot; said Donald Abrams of San Francisco General Hospital, who has studied medical marijuana use among AIDS patients.</td>
<td>The study appears in the June 8, 2007 issue of the journal Science</td>
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2,500 Crack Prisoners Could Be Freed

Thousands of prisoners convicted of crack-cocaine offenses could see their sentences cut and be released from prison if the U.S. Sentencing Commission makes recent changes in sentencing guidelines retroactive, the Los Angeles Times reported Nov. 12.

A new policy aimed at equalizing penalties for crack and powder cocaine, if applied to past as well as future offenders, would cut an average of about two years off the sentences of 19,500 federal prisoners, which would result in the release of about 2,500 prisoners.

The U.S. Sentencing Commission is being pressed by federal judges, prisoner advocacy groups, and civil-rights organizations to make the changes retroactive. However, no rule change in history has resulted in such a mass release of prisoners, and the U.S. Justice Department opposes retroactivity.

"The unexpected release of thousands of prisoners convicted of crack-cocaine offenses could see their sentences cut and be released from prison"

20,000 prisoners ... would jeopardize community safety and threaten to unravel the success we have achieved in removing violent crack offenders from high-crime neighborhoods," the department said.

But Reggie B. Walton, a D.C. federal judge and former White House drug-control official, called the crack-powder sentencing disparity "fundamentally unjust" and called for prior offenders to have their sentences reduced.

"If you are trying to send the message to the greater society that our process is a fair and just process, it becomes very difficult to say, 'Well, we lower the sentences retroactively for other types of drugs, but in reference to crack cocaine, which we know has had a significantly greater adverse impact on people of color, we are not going to do it,'" Walton said.

Toys Recalled for Child Drug Threat

Chinese-made toys made with a chemical that converts to gamma hydroxyl butyrate (GHB) when ingested have been pulled from store shelves in the U.S. and Australia after at least five children were hospitalized, the Associated Press reported Nov. 7.

The toys, called Spin Master Aqua Dots in the U.S. and Bindeez in Australia, are popular arts-and-crafts beads that can be arranged in designs and stuck together when sprayed with water. A chemical coating on the beads metabolizes to GHB if the beads are ingested, possibly causing unconsciousness, seizures, drowsiness, coma, or death.

In the U.S., two children went into unresponsive comas after swallowing the beads, and three children were hospitalized in Australia.

Millions of the toys have been recalled. Aqua Dots had been a hot-selling toy this holiday season, and were heavily advertised both in retail stores and online.

"This is something that [Spin Master] could not have foreseen," said toy-industry consultant Chris Byrne. "This is an extremely hot toy. ... It’s a little scary."

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African-Americans and Hispanics need access to more residential addiction treatment if improvements are to be made in outcomes among these populations, experts say. Medical News Today reported Oct. 25 that while blacks and Hispanics have rates of heavy drinking, binge drinking and alcohol dependence that are the same or lower than those of white Americans, their treatment outcomes are poorer and they suffer greater health and social problems as a result of drinking.

Part of the reason may be that blacks and Hispanics are less likely to be enrolled in residential treatment programs, despite their more serious alcohol-abuse characteristics. "We calculated that if African American patients were assigned to residential treatment at the same rate as white patients, the racial disparity in alcohol-treatment completion might decline by as much as 20 percent between African Americans and whites," said researcher Ricky N. Bluthenthal of the RAND Corporation. The same also would be true of Hispanics, he said, even though there is less disparity between their treatment-success rates and those of white patients. "Because it is so much harder for a minority person to get into treatment, only the most persistent, motivated people are likely to get into care," said Laura A. Schmidt of the University of California at San Francisco’s School of Medicine. "Thus, we would expect that minorities in treatment have higher completion rates and greater success in treatment than comparable minorities. What Dr. Bluthenthal and colleagues are showing is that, despite all this, minorities are less likely than whites to stay in treatment, other factors being equal."

Bluthenthal recommended that patients with higher alcohol-abuse severity be routinely assigned to residential treatment. "My research shows that the most severely affected minorities are the least likely to receive treatment," he said. "When they do get treatment, it is in less intensive settings, and now we see from this report, for a shorter duration of time. Despite all this, minorities who drink at the same levels as whites will experience higher rates of alcohol-related harm. Therefore, the need for treatment is greater in minority communities and yet the care is diminished on multiple levels."

The study was published in the November 2007 issue of the journal Alcoholism: Clinical & Experimental Research.

Seeking to improve worker health as well as the bottom line, more U.S. employers are paying for smoking-cessation programs for employees, the New York Times reported Oct. 26. About one in three firms with 200 employees or more offer stop-smoking interventions as part of their benefits plans, and the rate is even higher among larger firms. "Tobacco cessation has been the hot topic for the last year," said Helen Darling, president of the National Business Group on Health, a group representing larger employers; 58 percent of members now offer smoking cessation, Darling said. Companies say spending $900 or so on smoking cessation makes far more sense than paying the extra $16,000 in lifetime medical bills generated by the typical smoker. Smokers also tend to be absent more from work and less productive when they are on the job. United Parcel Service, which spends $2.6 billion on employee healthcare annually, began offering smoking cessation in February. Union Pacific Railroad said its stop-smoking program has helped cut the smoking rate among its employees from 40 percent in the 1990s to 17 percent today.

Experts say that some companies are adding smoking-cessation coverage even as they cut back on other health benefits. Employers typically contract with large regional or national prevention providers, such as Free and Clear or Healthways, the latter the owner of the online stop-smoking support community Quitnet.
House Committee Approves Addiction/Mental Health Parity Bill

In a historic move, the House Education and Labor Committee voted 33-9 to approve a strong mental-health and addiction parity bill, setting the stage for a possible House floor vote on the measure this fall. The vote marks the first time a House committee has approved parity legislation. The bill, H.R. 1424, The Paul Wellstone Mental Health and Addiction Equity Act of 2007, is cosponsored by Rep. Patrick Kennedy (D-Mass.) and Rep. Jim Ramstad (R-Minn.). It would require group health plans with 50 members or more to cover addiction and mental health problems (as defined in the DSM-IV, the "bible" of behavioral healthcare diagnosis) on par with other illnesses.

The coverage provisions in the legislation are modeled after the Federal Employees Health Benefit Program and include out-of-network care. "This bill is about treating people equally," said Kennedy. "If you can get care for heart disease or cancer or diabetes out of network, but you can't get care for alcoholism or depression or PTSD out of network, that's not equal." During committee debate, supporters of the parity bill beat back an attempt to amend the measure to conform with a Senate bill – cosponsored by Kennedy’s father, Sen. Ted Kennedy (D-Mass.) – that field advocates say is weaker than the House version. Unlike the House bill, the Senate parity bill (S-558) would preempt stronger state parity legislation and give health plans the power to determine coverage levels.

"The Senate bill is the product of two years of bipartisan negotiations between a broad, well-respected group of senators, mental-health advocates, providers and business groups, who represent virtually all interests in the debate," said Rep. John Kline (R-Minn.), who sponsored the defeated amendment, CQ Today reported Sept. 18. "The House bill starts to immediately unravel support of the Senate compromise." But Kennedy called the committee vote "a strong, bipartisan endorsement of fairness, equal opportunity, and common sense. "It's a first step towards ensuring that anybody who pays their premiums can get the care they've paid for," he said. Andrew McKetchnie, a spokesperson for Ramstad, told Join Together that further action on the bill probably won’t occur before Congress takes its August recess, but that both the Energy and Commerce and Ways and Means Committees have pledged to act on the bill when lawmakers return in September, if not before. If the bill clears those committees, as expected, the measure could get a vote in the full House this fall, and the margin of victory in the Education and Labor committee "bodes well for the vote on the floor," said McKetchnie. Pat Taylor, director of the advocacy group Faces and Voices of Recovery, said she was "very excited by this important step." Experts say that opponents fall into a few main camps: people who see addiction as a moral failure; and self-insured business groups and health insurers, who think that parity will hurt their bottom line. At this point, we have all the empirical data we need," said McKetchnie. "If people are opposing parity now, they probably will never support it.

Carol McDaid, a lobbyist for Capital Decisions who works on behalf of treatment providers and the American Society of Addiction Medicine, said the key to the measure’s fate in the Senate may be "how much will the business groups be willing to give once the House passes a stronger bill?" David Wellstone, co-chair of Wellstone Action – an advocacy group dedicated to carrying on the work of the late Sen. Wellstone – said he was "ecstatic" about the committee’s passage of his father’s namesake bill.

"We’re looking forward to passage of a strong bill," she said. "The biggest obstacle to that occurring will likely come in negotiations with the Senate, where the weaker parity bill has been endorsed by a number of prominent mental-health advocacy groups, including the National Alliance for the Mentally Ill.

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"I think we’re going to pass this bill. I think we have some momentum," he said. "I hope the Senate will see this bill and asks why don’t we get a stronger bill with better consumer protections."

Wellstone acknowledged that significant differences remain between the House and Senate bills, but showed little inclination to back down on the preemption language – which he called "unacceptable" because it could result in up to half the states having to adopt weaker parity laws -- or using the DSM-IV to determine which conditions insurers should be required to cover. "Health plans are looking at their quarterly investor reports," said Wellstone. "I'm looking at kids who have died." Former first ladies Betty Ford and Rosalynn Carter called for passage of a parity law in similarly strong language in a July 18 op-ed in the Washington Times.

"As it stands now, health insurers offer coverage and reimbursement if you need cancer therapy or treatment for Parkinson’s disease, heart disease, diabetes or any other physical illness," they wrote. "But if you are diagnosed with a mental illness or need treatment for an addiction, you are likely to face unequal and unfair insurance barriers that can be catastrophic to your health, your financial security and even your life. This is unconscionable. Patients affected by these disorders should be treated with the same urgency and diligence as patients with any other disease, and should receive the same healthcare options and coverage."
Philip Morris Unveils $350-Million 'Safe Smokes' Center

Philip Morris USA’s $350-million Center for Research and Technology in Richmond, Va., will be dedicated to the task of creating "reduced risk" tobacco products, the Associated Press reported Oct. 28. The company is roughly doubling its current research space, and about 500 researchers will be working in the center by next year. "The investment is large ... and we're pretty sure that it will bear fruit for Philip Morris USA both in terms of volume and profitability in the years ahead," said Dinyar Devitre, chief financial officer for Altria Group Inc. In addition to developing "reduced risk" products, company researchers also will work on other new products, including smokeless tobacco. A company spokesperson, David Sylvia, said new-product development and the "work that we are doing to reduce the harm related to all of our tobacco products" would drive future sales for Philip Morris.

The company controls half of the U.S. tobacco market. "There's no doubt in my mind that Philip Morris is at the cutting edge of finding a way to reduce the risk in cigarettes," said Bonnie Herzog, a tobacco-industry analyst for Citigroup. She added that the company's head start on research and development is part of the reason why Philip Morris -- unlike other tobacco firms -- has backed legislation that would empower the U.S. Food and Drug Administration to regulate tobacco.

"One of our key reasons for supporting FDA regulation is our hope of reducing the harm related to tobacco," company spokesperson Sylvia said. "Right now there is no testing regimen in place to determine whether one product is less risky than another."

Smoking Vaccine Gets Study Backing

New research shows that a nicotine vaccine can be effective in helping people quit smoking, the Associated Press reported Nov. 7. Research presented at a recent American Heart Association conference showed that 15 percent of patients given the vaccine were able to quit smoking for a year, compared to 6 percent of those receiving placebos. That makes the success rate of the vaccine comparable to other smoking-cessation products. Frank Vocci, director of medication development at the National Institute on Drug Abuse, said the NicVAX vaccine, which blocks the nicotine receptors in the brain, "clearly shows promise."

The 301 long-term smokers in the study received five shots each of the vaccine over a six-month period. However, while the vaccine group did better than the placebo group, the dropout rate among the vaccine group was more than twice that of the placebo group.

Grants for Treating Addicts with AIDS

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services grants total $5.3 million for FY2006 and are available to governments, schools, community and faith groups, and nonprofit organizations. SAMHSA's Center for Substance Abuse Treatment (CSAT) will award 12 grants of up to $500,000 each under this program to "enhance and expand substance-abuse treatment and/or outreach and pretreatment services in conjunction with HIV/AIDS services in African American, Latino/Hispanic, and/or other racial or ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS."

Addiction treatment programs and HIV/AIDS service organizations with a history of serving chronic drug users and their sex or needle-sharing partners are encouraged to apply, as are groups that demonstrate ties to their local community.

Application due date is May 16. For more details, see the full grant announcement online.
What is TAADAS?
The Tennessee Association of Alcohol, Drug and other Addiction Services, Inc. is a statewide advocacy association founded in 1976. The TAADAS mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism, drug dependency and other addictions.

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

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

The Nation’s #1 Health Problem - Substance Abuse!
The abuse of alcohol, tobacco, and illicit drugs places an enormous burden on the country. As the nation’s number one health problem it strains the health care system and contributes to the death and ill health of millions of Americans every year and to the high cost of health care. Substance abuse—the problematic use of alcohol, tobacco, and illicit drugs—also harms family life, the economy and public safety. In Tennessee, untreated substance abuse costs taxpayers $43,000 for each abuse-related incident, whereas the average cost to treat each client in a state facility is $2,670. (Substance Abuse Treatment Effectiveness in Tennessee: 2003-2004 Statewide Treatment Outcomes Evaluation, 2005, p. 78)

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.
Application for Membership in TAADAS

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

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Address: ________________________ City: ____________________________ State: ____ Zip Code: _______
Phone: __________________________ Toll Free: __________________________ Fax: __________________________
Email: __________________________ Agency Website: __________________________
Agency Representative: __________________________ Representative Email: __________________________

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Card Holder’s Signature: __________________________ Exp Date: _______

This project is funded under an agreement with the state of Tennessee.