The Tennessee Association of Alcohol & Drug Abuse Services (TAADAS) believes that public policy regarding substance abuse issues must be based on the goal of promoting total abstinence from dangerous psychoactive drugs. Consequently, in treating drug addiction, TAADAS is opposed to any substitution of one narcotic for another on a continuing or permanent basis. Methadone is an addictive narcotic that is sometimes used to expedite detoxification of heroin addicts. However, it can be, and many times is, abused when readily available through methadone “maintenance” programs, which simply maintain drug addiction. Methadone is a divertible substance, has a high street value, and has contributed to many deaths worldwide. It should be used only as a last resort in those few cases when all other methods of treatment have failed. In such cases its use should be administered only by licensed and qualified nonprofit drug treatment clinics. The maintenance duration should be on an individualized and time-limited detox basis, with the targeted outcome being total abstinence.

In Tennessee, more and more methadone clinics are attempting to open simply for the large profits that can be realized because of the state’s unwillingness or inability to monitor and regulate these businesses. TAADAS opposes providing a profit motive for methadone maintenance programs and feels that Tennessee should only license established nonprofit entities to provide this service and closely monitor those programs. Currently, medical doctors who are more interested in profits than appropriate care, along with

(Continued on page 3)
Alcohol, Drug Problems May Be Dropped from Sentencing Considerations

Among the U.S. Sentencing Commission's recommendations to the U.S. Congress regarding federal sentencing guidelines is that drug or alcohol dependence should no longer be a consideration for a reduced sentence, the Wall Street Journal reported Oct. 10.

The commission was called on to review the federal sentencing guidelines after Congress passed the Protect Act in April.

The law allowed U.S. Attorney General John Ashcroft to order prosecutors to appeal any sentence that a judge issued that was less than called for in the federal sentencing guidelines.

The commission also recommended that restitution to victims by the accused, community ties, mitigating circumstances, guilty pleas, or plea bargains should no longer be used by judges to issue a lesser sentence than what federal guidelines mandate. Eric Jaso of the Department of Justice said the panel's recommendations would have no impact on federal judges who ignore the sentencing guidelines.

But others say the commission went too far in removing certain categories, such as restitution and mitigating circumstances. The problem in sentencing is that sentences are too high, not too low - time and time again, low-level, nonviolent drug offenders are sentenced to decades in prison, said Rep. John Conyers Jr. (D-Mich.), a member of the U.S. House of Representatives Judiciary Committee.

The U.S. Congress can decide to accept the recommendations without action, or reject them. In addition, Congress could also pass new sentencing laws.

Most Addicted Individuals Suffer More Than One Addiction

The 2002 National Survey of Substance Abuse Treatment Centers found that nearly half of the 1.1 million people receiving addiction treatment have more than one addiction, the Fitchburg Sentinel & Enterprise reported Oct. 6.

'The day of the single addiction is almost a dinosaur. Most people are addicted to more than one substance these days,' said Wayne Rushlow, a licensed mental health therapist and substance abuse counselor in Leominster, Mass., and the surrounding area. 'If people can't get one, they have the other to fail back on.'

According to the report, released by the Substance Abuse and Mental Health Services Administration (SAMHSA), 48 percent of the 1,136,287 people receiving treatment in 2002 were treated for both drug and alcohol dependency.

Rushlow said multiple addictions are a result of people experimenting with drugs at a younger age, starting at age 10. "They start with lesser drugs and, being adolescents, they get bored. It escalates very quickly and by the time they reach 21, they've run the gamut," Rushlow said.

The study also showed that 49 percent of rehabilitation facilities provided special programs for people diagnosed with dual addiction and mental disorders.

Massachusetts Considers New Tax to Fund Treatment

With a fiscal crisis in Massachusetts resulting in cuts in addiction-treatment funding, lawmakers are considering a tax that would fund treatment, education, and prevention efforts, Alcoholism & Drug Abuse Weekly reported Oct. 13.

The measure would increase the state's alcohol tax to create the Substance Abuse Health Protection Fund. The fund would be phased in over three years, with the maximum amount in the fund ranging from $70 to $80 million a year.

Although the state's alcohol excise tax has not been raised in nearly 25 years, the alcohol industry is strongly opposing the bill.

"It is time for the alcohol beverage industry to recognize that we have a huge public crisis in addiction," said Betty Funk, president and chief executive of Mental Health and Substance Abuse Corporations of Massachusetts. "We must get this bill. We need this money and we need it in a way that we could depend on."

The bill is currently in the Massachusetts Senate Ways and Means Committee.

Currently, nine states use revenues from alcohol excise taxes to fund treatment programs. They are Arizona, Idaho, Kansas, Mississippi, Montana, New Jersey, Oregon, Tennessee, and Utah.

Congratulations to Michael Jackson from Memphis Recovery Center on his recent appointed by the Governor's office to the Licensed Alcohol and Drug Abuse Counselor (LADAC) Licensure Board!
Methadone Position Statement Concluded...

(Continued from page 1)

investors who want a large return on their investments, can simply open a methadone clinic and reap huge rewards, usually at the taxpayer's expense through the TennCare program. As long as there is a profit motive involved, coupled with lax monitoring and enforcement of regulations, this will continue to be the case. Tennessee should cease the practice of licensing for-profit methadone clinics and should put in place strong regulations to govern all methadone programs.

Background:
Methadone is a synthesized opiate replacement substance with effects that can be very similar to the opiates – opium, morphine, heroin. However, methadone differs from the opiates in that it has a long-lasting effect in the body (24-36 hours compared to 3-4 hours for heroin). The long lasting effect constitutes a major reason for its use in the treatment of heroin addiction. However, methadone is effective only as a substitute for opiates and therefore not useful in the case of other chemical dependencies, such as alcohol, cocaine, or marijuana. Methadone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychological dependence, physical dependence, and tolerance may develop upon repeated administration. Methadone is an opiate substitute and not a treatment, though it is sometimes used in the management of chronic relapsing opioid dependence. However, it should never be viewed as a permanent endpoint or 'cure.' Any use of methadone should occur within the context of detoxification and must be embedded in a comprehensive program that includes mandatory drug testing.

addresses the multiple problems associated with addiction, and has abstinence as its ultimate goal.

In Tennessee, more and more methadone clinics are attempting to open simply for the large profits that can be realized because of the state's unwillingness or inability to monitor and regulate these businesses.

Rationale:
Many methadone clinics currently operate under the misconception that the only standard a person needs to meet to stay in the program is to show up for the daily dose. Methadone programs that permit open-ended methadone use, and do not closely monitor other drug use, deter the addicted person from achieving drug-free status and are not in the community's, nor the addicted person's, best interests. Most current systems which govern the dispensing of methadone lack appropriate controls, and Tennessee is no exception in this regard.

Methadone can produce a heroin-like euphoria for novice drug users and for all drug users when injected into a vein. The prescribed daily oral dose should be controlled so that it does not have this effect. Some clinics do not control the dosage well, sometimes dispensing doses so high that the recipient displays zombie-like behavior. Lethal over-doses are not uncommon when patients are allowed to take the methadone away from the clinic. Methadone should be consumed only under the supervision of experienced personnel.

Methadone programs that are not properly managed become part of the narcotics problem by supplying methadone to the illicit drug market. Methadone has been known to cause death when accidentally ingested by children in homes where it is carelessly handled by drug-addicted parents. Numerous deaths due to overdose of methadone have been documented, in some areas outnumbering heroin-related overdose deaths. Babies of methadone dependent mothers are born addicted to methadone.

Current state-of-the-art pharmacological treatment for opioid addiction includes substances such as Naltrexone, or Naltrexone in combination with Buprenorphine, or L-alpha-methylmethadolog (LAMM). These treatments lack the potential for abuse and are preferred by many physicians who deal with chronic opioid abusers. Conversely, the international and local movement to increase the use of methadone at the community level is extremely dangerous and unnecessary.

Increased access to methadone has failed to deter drug use. Since 1985, Australia has been dispensing methadone free, or at a very low cost, to over 23,000 heroin addicts through public and private clinics as well as homeplaces. Australia's heroin addicts are now among the world's highest per-capita consumers of methadone. A 1991 survey by the Australian National Drug and Alcohol Research Center found that two-thirds of the methadone patients in Sydney continue to inject heroin. Clinics are now being funded to get people off methadone.

As in Tennessee, oversight of methadone clinics in many other states is inadequate, as well as in many countries around the world. And there is no standardized protocol. Currently, patients using methadone clinics often continue to use other drugs, such as cocaine, alcohol, marijuana and tranquilizers. Many clinics do not include drug testing or programs to address ongoing drug use, lack adequate counseling for methadone recipients, and offer no counseling related to vocational training and assistance. Without proper oversight, many methadone programs sacrifice quality for profit, with little concern about helping the addicted person return to mainstream society.

Portions of this statement are taken from Drug Watch International's position on methadone treatment and are reproduced here with their permission. This statement was adopted unanimously by the TAADAS Board of Directors on Thursday, November 13, 2003.

TAADAS Fast Facts on Co-Occurring Disorders

Did you know...

Nationally,
20.3% of adults with serious mental illness also have a substance abuse disorder
(SAMHSA 2002 Report to Congress)

In Tennessee,
18.4% of those treated for substance abuse also had a mental disorder
(TOADs FY 01/02 Report to TD Oh).


Adopted unanimously by the TAADAS Board of Directors on Thursday, November 13, 2003.

Did you know...
NEWS FROM CAPITOL HILL...

By: Nathan Ridley

As 2003 draws quickly to a close with the onrush of the holiday season, it is time to dust off our crystal ball for 2004 to get a glance at its challenges and opportunities. House Speaker Jimmy Naifeh will convene his other 98 fellow House members into session at noon on January 13, 2004 for the second annual session of the 103rd General Assembly. The eternal John Wilder will do likewise for the 33 member Senate at the other end of the freshly renovated second floor of our State Capitol.

Topping their list of issues will be our frequently troublesome state budget. Governor Bredesen has continued his policy from his days as the Mayor of Nashville of conducting public budget hearings for each of his cabinet level commissioners. There, each commissioner has an opportunity to present his or her priorities and improvements for the upcoming 2004-2005 fiscal year. These hearings often include discussions of federal funding mandates and restrictions. The Commissioner of Finance and Administration has encouraged each commissioner to present a five percent cut position during his or her presentation. Within the Department of Health, the Bureau of Alcohol and Drug Abuse Services administers the state block grant program and distributes federal and state funds to 44 primary service providers across the state. As we all know, a one dollar cut in the state block grant program actually removes two dollars in treatment services because of the loss of matching federal funds.

Other issues will include the Governor’s TennCare proposal. Governor Bredesen appears to be off to a good start in his reform efforts with his implementation of a preferred drug list for the entire TennCare program rather than each managed care organization having a separate drug list. Expected savings from better economies of scale in the TennCare drug program run as high as $150 million a year. Another issue will involve the issue of teacher pay equity in our poorer school districts. Last year the General Assembly allocated an additional $27 million as a down payment to address a lawsuit the state lost concerning teacher pay equity. Some suspect that this year’s allocation will be in the same ballpark as the second of a continuing series of payments. The lottery will continue to draw legislative interest, as will nursing home fire safety standards, higher education governance, and state employee and teacher compensation.

Upcoming Election Note: State Representative Carol Chumney from Memphis has resigned her legislative seat to concentrate on her race for a Memphis City Council seat. We thank Carol for her service to this state and wish her many successes in her future endeavors. Governor Bredesen has called a special primary election to replace her December 16 and the general election February 10. The area is staunchly Democratic, so the winner of the primary will ultimately win the seat.

Alcohol and Drug Abuse Counselor Board vacancy filled: Governor Bredesen has recently appointed Michael Jackson, a certified A&D counselor, of Memphis and our own Memphis Recovery Center to a full five year term on the board.

Calendar Notes: State offices will be closed Wednesday through Friday, December 24 through 26, for the Christmas holidays. State offices will also be closed on Thursday, January 1, 2004 for New Year’s Day. Please also note the following dates on those new 2004 calendars: Tuesday, February 10, 2004 is the Tennessee Presidential Preference Primary, and this date may have some local primary races, such as the previously noted Memphis legislative race. Thursday, August 5, is the State Primary Election, and Tuesday, November 2 is the State and Federal General Election.

Nathan Ridley is an attorney with the Nashville firm, Bout Cummings, Conners & Berry, PLLC. You may contact him by e-mail at nridley@boutcummings.com.
OPERATION STAND DOWN EVENT A SUCCESS!

By Bill Burleigh

Because of great support, 326 Veterans received a variety of services and information during the 11th Annual Operation Stand Down event held at the Tennessee State Fairgrounds, October 31 through November 2, 2003.

During those three days, each veteran had the opportunity to eat and sleep peacefully, get a haircut, go through a review of any legal issues they have, receive all sorts of medical, dental and visual exams and treatment with follow-up appointments at the VA Medical Center as needed. They were able to get a Flu shot, a haircut, play games, get new reading glasses, get a winter coat. Many filed a claim for their Veterans Benefits, listened to some great music, attended 12 step meetings, visited with a good bunch of folks who came to visit with them, were served by caring, supportive veteran service organizations, ate some great home cooked food and ate some of the best home cooked desserts possible! They had time to relax, read books, play games, get new reading glasses, (did I mention eat a lot of food?), visit with other veterans, and get a break from their normal day on the street or working a temp labor job! There were a lot of new veterans attending their first Stand Down event. Hopefully the word is out about the services available for veterans at both the annual event AND during the year at our office!

All of this was possible only because of direct support, involvement and contributions.

Some interesting statistics from this year’s Operation Stand Down event:

♦ Over 100 veterans filed claims for veteran benefits with the TN Dept of Veterans Affairs, the VA Regional Office or the Disabled American Veterans office.
♦ 8 veterans were immediately accepted into the VA Medical Center Substance Abuse Treatment Center in Murfreesboro.
♦ Over 100 veterans filed claims with the Food Stamp Office.
♦ 169 veterans received Flu Shots.
♦ Over 300 veterans got haircuts.
♦ Over 150 received a full set of clothes Sunday morning including a winter coat.
♦ There were NO incidences or problems during the event!

◆ Everyone had all the food they could eat at every meal!

There were many, many positives from this Stand Down. One of the biggest surprises for me was the number of veterans who had been helped in the past who came to help out this time! I saw 15-20 who had been at previous Stand Downs receiving services who attended this Stand Down to help provide services! I thought that was a big, big positive. Thank you for your continued support of those who have served our country. Visit our website, www.osdtnashville.org, to keep up-to-date on our services for veterans. You may contact Bill directly at 615.321.3919 or email him at bill@osdtnashville.org.

PHYSICIANS INADEQUATE AT DIAGNOSING ADDICTION

Policymakers and addiction specialists say that physicians are routinely failing to diagnose addiction in their patients, the New York Times reported October 21st.

'Although doctors and nurses have the best opportunity to intervene with alcoholics and substance abusers, our research indicates they are woefully inadequate in even diagnosing someone with this disease,' said Joseph Califano Jr., chairman and president of Columbia University’s National Center on Addiction and Substance Abuse (CASA).

According to research conducted by CASA, nine out of 10 primary-care physicians fail to diagnose addiction in patients who display typical symptoms of the problem.

'Caring for patients with substance abuse is one of the most difficult things I have ever had to deal with as a doctor,' said Dr. Catherine D. DeAngelis, editor in chief of The Journal of the American Medical Association and a pediatrician. 'But I am hardly alone. Doctors are trained to focus on a specific pathology and effective treatments for diseases. But when the question in question carries a substantial behavioral component, like substance abuse, physicians get frustrated and don’t do as well.'

Contributing to the problem, researchers said, is insufficient training in the treatment of addiction, frustration on the part of doctors with addicted patients, physicians’ misconception that treatment does not work, and a low rate of insurance reimbursement for such services.

To address the problem, CASA recommended enhancing formal addiction training for medical students, residents, and doctors; expanding Medicare, Medicaid, private insurance and managed-care coverage for treatment; and introducing legal accountability for primary-care doctors who fail to diagnose addiction.

TIP 24: Guide to Substance Abuse Services for Primary Care Physicians

This report gives primary care clinicians specific guidance on identifying indications of substance abuse, determining ways to broach the subject with a patient, and deciding what screening and assessment instruments to use. It explains how to perform a brief office-based intervention in which patient and clinician set mutually agreed-upon goals and a 'contract' to stop or cut back the alcohol or drug use. Also discussed are indepth assessments, appropriate referrals, and specialized treatment. To order your free copy of TIP 24, call the Statewide Clearinghouse at 615.780.5901 or log on to www.taadas.org.
Adolescent Residential Treatment  
(Co-Ed, Ages 12-18)  

Alcohol and Drug Services  
(Prevention, Intervention, Counseling, Assessments, Drug Screening)  

Educational Services  
(DUI School, Moral Reaognition Therapy, Driver Improvement, Anger Management, Tobacco Free Teens, Life Skills)  

Outpatient Counseling Services  
(Individual, Group, Family)  

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

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

Sullivan County  
6145 Temple Star Rd.  
Kingsport, TN 37660  
423-349-4070  

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

Sevier County  
215 Court Ave., Suite 201  
Sevierville, TN 37864  
865-428-6110  

Unicoi County  
204 Gay St.  
Erwin, TN 37650  
423-743-2260  

Hawkins County  
423-639-7777  

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

Research Explores  
Prenatal Alcohol Damage to Fetal Brains  

Research using imaging techniques is allowing scientists to determine which areas of the developing brain of fetuses are damaged by prenatal alcohol exposure, the New York Times reported Nov. 4.

'Alcohol is a dirty drug,' said Dr. James R. West, head of the department of anatomy and neurobiology at the Texas A&M medical school. 'It affects a number of different neurotransmitters, and all cells can take it up.'

According to West, drinking affects different sites in the fetal brain. For instance, drinking in the first trimester can lead to facial malformations, while in the second it can disrupt nerve formation in the brain. In the third trimester, drinking can destroy existing neurons and interfere with nervous-system development.

Eventually, the research could lead to the development of a medication that would protect the brains of developing fetuses in pregnant women who cannot stop drinking.

'The idea of giving drugs to pregnant women is controversial,' said Dr. Michael E. Charness, an associate professor of neurology at Harvard University. 'Drugs may have their own risks. But the rate of drinking is high. And the women won't stop drinking despite interventions. It might be reasonable to give them a drug that can prevent the more serious effects of alcohol.'

You are Invited  
Comprehensive Community Services  
Holiday Open House  

December 5, 2003  
11:30 am—1:30 pm  

321 W. Walnut Street  
Johnson City, TN 37604  
423.928.6581
Binge Drinking
Lower on
Diverse College
Campuses

A Harvard University study finds that colleges that have greater cultural diversity have much lower rates of binge drinking among high-risk students, Reuters reported Oct. 30.

'If you have younger white males together to the exclusion of other groups, you're going to have fewer role models for lighter or nondrinking behavior,' said Henry Wechsler, lead author of the study. 'That may explain why fraternities have had such a high level of drinking problems.'

The study analyzed the demographics of 114 predominantly white colleges and the drinking behavior of 52,312 college students. The data was taken from the 1993, 1997, 1999, and 2001 College Alcohol Study surveys.

The review found that the underage binge-drinking rate was 54 percent among white students at colleges with little racial diversity. At colleges with some racial makeup, the binge-drinking rate was 44 percent.

At colleges with a greater number of older students, the binge-drinking rate was 37 percent compared, to nearly 50 percent at other universities.

The study's findings are in line with previous research that found that binge-drinking rates differ among student subgroups. According to the research, African-American, Asian-American, female, and older students have lower rates of binge drinking compared to white, male, and younger students.

Researchers suggested that college administrators review their admissions and housing policies in an effort to reduce rates of binge drinking.

The study is published in the November 2003 issue of the American Journal of Public Health.
TREATMENT SERVICES EXPAND IN STATES ADOPTING .08 LIMIT

A number of states that have adopted a .08 blood-alcohol limit for drunk driving also have included in their laws a variety of prevention and treatment initiatives, Alcoholism & Drug Abuse Weekly reported October 13th.

In Pennsylvania, for instance, the state went beyond simply implementing a .08 legal limit to avoid losing federal highway funds, with state legislators including in the law assessments and treatment services, provided on a tiered basis depending on the offenders' blood-alcohol content at the time of arrest and any prior offenses.

Mothers Against Drunk Driving (MADD) called Pennsylvania's system unique. Named Accelerated Rehabilitative Disposition (ARD), the system screens all drunk-driving offenders for alcohol and other drug addiction. They are then referred to the appropriate treatment services. Offenders would pay for the treatment according to their income level, insurance coverage, or other assets.

SMOKING RATE ON DECLINE

A Centers for Disease Control and Prevention (CDC) study shows a slight drop in the number of adults who smoke cigarettes, Reuters reported October 9.

According to the report, 46.2 million adults, or 22.8% of those age 18 years and older, were smokers in 2001. The number is a slight decline from the 23.3% of adults who smoked in 2000.

The CDC credited tobacco prevention and control programs on the state level for the decline.

Despite the decline, the CDC said it is questionable whether the U.S. would meet its 2010 date to reduce the adult smoking rate to 12% or less.

"We do have a lot of concern that we may not be able to maintain these smoking declines," said Dr. Corinne Hsten, medical officer in the CDC's office of smoking and health.

The CDC report recommended that states increase funding to their anti-tobacco programs. However, with budget struggles, many states have cut these funds or are planning to do so.

Smoking is the leading preventable cause of death in the United States.

CADAS’ VALENTINES DAY MURDER MYSTERY EVENT

The Council for Alcohol and Drug Abuse Services, CADAS, will host a Murder Mystery Dinner Party/Fundraising Event on Saturday, February 14th 2004—Valentine's Day at the new Chattanooga Trade Center. This year’s theme will be 'An Affair to Forget'. The evening includes music for dancing before and after the play by a Swing Band. They have a fantastic sit down dinner planned.

The play will be preformed by professional actors and will include audience involvement.

A block of rooms with a special rate at the Marriott Hotel has been secured for out of town folks who want to have a special Valentine's weekend!

Tickets are $100 per person. All proceeds are tax deductible and go to help individuals who suffer with substance abuse.

For more information or to purchase your tickets, please call Paula Gault at (423) 766-7644 ext. 155.
By Judy Shepps Battle

It's a synthetic performance-enhancing anabolic steroid. It increases muscle strength, encourages muscle growth, and is virtually undetectable in standard drug-screening tests given to athletes. It’s tetrahydrogestrinone, or “THG,” if you prefer its simpler name. It also is the drug named in the latest sports-related drug scandal.

Three athletes - runners Regina Jacobs and Dwain Chambers and shot-putter Kevin Toth allegedly have tested positive for THG. Fortunately, response to the use of this drug has been swift, both by sports officials and by politicians.

USA Track & Field - the national governing body for track and field, long-distance running, and race walking - reportedly is proposing a zero-tolerance rule on use of steroids, the first infraction of which could result in a lifetime ban on sports participation. The International Olympic Committee is considering adding THG to the list of substances for which athletes are tested at next summer’s games in Athens. The National Football League is considering a retest for THG in their drug-tested samples and major league baseball may add THG to its list of banned substances. And, after completing testing, the Food and Drug Administration (FDA) has banned the substance.

Senators Joseph Biden (D-Del.) and Orrin Hatch (R-Utah) recently cosponsored a bill, the Anabolic Steroid Control Act of 2003, which would make THG and similar substances illegal under the federal Controlled Substances Act.

Although these all are great responses, they miss the point. THG is not the problem; it is simply a chemical compound. By the time the sports and political worlds adjust to the presence of this particular drug, yet another performance-enhancer will have made the news - and a more sophisticated method of avoiding detection with standard screening tests will have been created.

Nor are athletes who use THG the problem. It is highly unlikely that future athletes will be deterred from taking these drugs simply because steroid users are banned from participating in sports. If the pressure to perform is great enough, the risk of getting caught will be ignored.

We, the adult audience, are the true problem. We are the problem because of our seemingly insatiable desire to be entertained by sports. We want thrills - slam dunks, crushing tackles, perfect dives - in exchange for our admission fees. We want to see superhuman feats, such as slugger Mark McGwire hitting 70 home runs in one season.

Was anyone surprised to learn McGwire took a steroid-like product, androstenedione, to build his muscles? Most of us may have been mildly shocked by this revelation, but not surprised. And therein lies the problem.

In our society, enhanced entertainment is the norm. In a world where digital technology allows even the most mediocre musical performance to become outstanding, where “ordinary” people compete for million-dollar prizes by becoming island castaways, few are satisfied with watching athletes who are anything less than spectacular. This type of enhanced entertainment, however, can easily become confused with reality.

In the case of sports, the line between reality (genuine athletic prowess) and unreality (the enhanced performance of someone on THG, for example) becomes blurred.

Both mind and muscles atrophy as we watch this type of “reality.” In our demand for higher and higher standards of strength and athletic ability, we have less compassion for human foibles.

Most importantly, our children learn from our reaction to artificially enhanced entertainment. They quickly assimilate the messages we convey regarding our attitudes toward taking steroids to become a little stronger on the balance beam or having an “edge” on the playing field.

Perhaps it is time to distance ourselves from such enhanced “reality” and show our kids that in real life, everyone is not a stellar athlete.

Go shoot some hoops with your kids. Maybe they will laugh and call out “air ball” when you miss your shot, but they also will come to understand that in time, everyone’s sports skills and self-esteem can become enhanced – without the use of chemicals.

Judy Shepps Battle is a New Jersey resident, addictions specialist, consultant and freelance writer. She can be reached by e-mail at Judy@writeaction.com. Additional information on this and other topics can be found at her website at http://www.writeaction.com.
**WORKSHOPS & TRAININGS**

**ADHD and Addictions**
Facilitator: Emily Stevens, CADAS, December 2, Contact Bob Burr, 423.756.7644

**Addiction, Depression, Anxiety & Obsessive-Compulsive Disorder**
Facilitator: Emily Stevens, CADAS, December 4-5, Contact Martha Culbertson, 865.329.9087

**Primary Function #12: Consultation**
Facilitator: Hilde Phillips, Helen Ross McNabb Center, Knoxville, December 4-5, Contact Martha Culbertson, 865.329.9087

**ASAM Patient Placement Criteria—2R**
Facilitator: Frances Clark, CADAS, December 6, Contact CCS Office, 423.756.7644

**Therapeutic Storytelling**
Facilitator: Bob Burr, CCS, Johnson City, December 8, Contact CCS Office, 423.756.7644

**YOGA-Professional & Personal**
Facilitator: Becky Dempsey, CADAS, December 12, and Plateau Mental Health Center, December 15, Contact Bob Burr, 423.756.7644

**Suicide Prevention/Grief Intervention**
Facilitator: Dr. Harold Whitmore, CCS, Johnson City, January 29, Contact CCS Office, 423.938.6581

**National Student Assistance Conference**
March 11-14, 2004, Walt Disney’s Coronado Springs Resort, Lake Buena Vista, FL, Contact www.nsac.info or 1.800.453.7733 for more information

---

**FEATURED PUBLICATIONS**

The Clearinghouse resource center has numerous publications on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of the publications from the Clearinghouse. This month's feature is Alcoholism Getting the Facts.

For many people, the facts about alcoholism are not clear. What is alcoholism, exactly? How does it differ from alcohol abuse? When should a person seek help for a problem related to his or her drinking? The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has prepared this booklet to help individuals and families answer these and other common questions about alcohol problems. The following information explains both alcoholism and alcohol abuse, the symptoms of each, when and where to seek help, treatment choices, and additional helpful resources. (Also available in SPANISH)

To get your free copy of either of these publications, or any of the hundreds of other prevention materials, call the Clearinghouse at 615.780.5901 ext 5 or order online at www.taadas.org.

---

**GOVERNORS URGED TO CONDUCT SCHOOL DRUG TESTING**

During an anti-drug summit with New England governors in Boston, Mass., John Walters, director of the White House Office of Drug Control Policy, urged state leaders to implement random drug testing in schools, the Boston Herald reported Oct. 9.

Walters said school drug testing is necessary to discourage drug use among young people. Currently, the New England region is facing a heroin epidemic.

'This is a silver bullet,' Walters told the governors. 'I know this is a tool that will make a difference.'

According to Walters, New England has more people ages 12 and older who are dependent on illegal drugs than any other region in the United States.

While local educators and addiction specialists say random drug testing in schools has merit, they also see some problems.

"If you are testing for drugs, what are you testing for?" said Dr. Punyamurtula Kishore, an addiction medicine specialist who runs a chain of addiction clinics in Massachusetts. 'Are you going to test for smoking and drinking too?'

Kishore also cited the expense involved, with urine tests costing about $200 a sample and saliva tests even more.

Nancy Murray of the Massachusetts chapter of the American Civil Liberties Union cited numerous legal concerns. 'It really does run roughshod over the notion of individualized suspicion,' Murray said.

She added that most educators can spot ongoing drug use in students by observing changes in student behavior.

According to Murray, drug testing is 'just putting the emphasis in the wrong place. We don't need our schools to be more like prisons.'
**Featured Video:**

**In the Mix: Alcohol: What You Don’t Know Can Hurt You**

The Clearinghouse has over 700 videos on Substance Abuse and related issues. In each edition of the TAADAS Times, we feature one of our collection. In recognition of December being National 3-D Month, this edition’s Feature is **In the Mix: Alcohol: What You Don’t Know Can Hurt You**.

It’s true: What you don’t know CAN hurt you! With the highest incidence of drunk driving accidents in teens occurring around graduation, In the Mix takes a hard look at drinking. We meet some teens who are recovering alcoholics and a guy who paid a high price for drinking and driving: he was left partially brain damaged from an accident. We take a look at a high school program where upperclassmen hold workshops on drinking for younger students and what really goes on at a police sobriety checkpoint. Plus, find out what’s myth and what’s truth about alcohol and ways to sober up.

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

---

The TAADAS offices will be closed Wednesday December 24th—Friday December 26th so staff members can spend time with their loved ones during the holidays. We will reopen on Monday December 29th. The office will also be closed for New Years Day.

Karen, Laura, Liz, Tammy, and Tanithea all want to wish you a very safe and happy holiday season.
Federal Grants Website: Will it Click?

by Andrew D. Beadle
Reprinted from Youth Today

The federal government is making it easier for nonprofits to find, apply for and win federal grants.

Those goals are not fully realized, although three years of effort to streamline the federal grant-making process are beginning to pay dividends. By this month, grant-seekers should be able to find information on every grant offered by the federal government on one website -- www.grants.gov. And federal administrators are optimistic that visitors will be able to submit a single, unified application for multiple grants by October 31.

It is just the beginning of much-needed changes, nonprofit leaders say. Kathy Crosby, workforce development director for Goodwill Industries International, told a congressional subcommittee in April that "nonprofits like Goodwill are finding the search and mining for federal funds to support and extend their mission increasingly challenging on several fronts."

The website is "going to make a big difference," said Scott Klein, a professional staff member of the House Government Reform subcommittee on technology, information policy, intergovernmental relations and the Census. "Every nickel you can secure from the federal government will be in one spot."

Visitors can search for grant opportunities by a simple text search, specific funding opportunity, date posted, Catalog for Domestic Assistance (CFDA) number, funding activity category, agency, funding instrument type or grant topic.

Visitors can also register for a free e-mail service that notifies subscribers when new grant opportunities become available.

For grant-seekers, this could spell an end to scanning the Federal Register's table of contents every day looking for grants. It might also free them from searching the CFDA each year, which lists anticipated grants to be awarded later. And perhaps they won't have to visit each federal agency's website every day.

The system sounds great in theory. But will it save time? And will it make getting a check in the mail any easier?

Probably not - or at least not yet, said Dave Kitross, editor of the Federal Assistance Monitor, a biweekly newsletter that tracks federal legislation and public and private grants.

"I'm not sure it's that much better, [although] I guess it's always helpful to have one place to go," said Kitross, whose newsletter runs $359 a year. "To us it looks mainly like what has been available - an online CFDA."

A Headache
One requirement of the unified application -- and of all federal grants, regardless of application process -- was causing headaches for some nonprofits last month. As of October 1, applicants were to have had an identification number supplied by the Dun and Bradstreet business information company in order to apply for grants.

The nine-digit Data Universal Numbering System -- or "DUNS" -- numbers that are assigned to nonprofits will be used as universal identification numbers across the federal government, similar to Social Security numbers for individuals.

Although getting a DUNS number is fairly easy, the government did a poor job of educating the public about the new requirement, according to OMB Watch, a public interest organization that monitors spending and policy at the federal level. OMB Watch is also a member of an advisory group established by the U.S. Department of Health and Human Services to work with the government as it implements its Electronic Government Initiative. Part of the initiative involves streamlining the federal grants process.

(Continued on page 13)
Federal Grants Website...
CONTINUED...

(Continued from page 12)

Mazes and Labyrinths
Navigating that process is not easy, even for the veteran grant-seekers.

According to the House Government Reform Committee, the federal government has 600 financial assistance programs administered by 26 agencies. Each year the government awards $60 billion to nonprofits, universities and other groups through approximately 71,000 grant programs.

Another $300 billion is awarded to state and local governments through 141,000 awards.

Federal grants are decentralized, administered by thousands of federal employees. The federal process remains primarily paper-based, despite the growing integration of computer technology into daily business, according to committee reports.

Nonprofits seeking federal grants must know which agency administers the grants, when the grants will become available, deadlines for applications and how to apply. In addition, they must understand how to write a grant proposal that demonstrates their needs and qualifications.

In 1999, Congress enacted the Federal Financial Assistance Management Improvement Act to improve the effectiveness of grant programs, simplify the grant process, improve delivery of services and make it easier to coordinate services.

The Bush administration decided to make other changes to how the government announces, awards and manages grants. One priority was establishing the "e-grants" website as a central source for grant-seekers.

"You need one-stop shopping for all the folks outside the Beltway to know where everything is," said Klein, of the House subcommittee.

The government is still trying to establish a unified application process, he said, so each agency can fill out one grant application and use the same information to apply for subsequent grants without rewriting an entire application. One stumbling block has been the notion that each agency believes its grant applicants should submit special information that would not fit on a unified application, Klein said. He said that would result in a system that requires the unified application and a 'sub-application' for the special information.

But overall, the grant simplification process is proceeding well in the eyes of Congress, Klein said.

"They're right on target," agreed OMB Watch junior policy analyst Abbey Tyrna. "So far, so good, except for this DUNS number requirement."

A centralized application process is a good first step toward making it easier to apply for grants, but it is not the only help nonprofits need, said Crosby of Goodwill.

In April, Crosby told Klein's House Government Reform subcommittee that the government should consider using common definitions in grant proposals across all federal departments and agencies; implementing common standards for requests for proposals with regards to timelines, formats and scoring; and categorizing grant opportunities by common service or service populations, rather than by agency.

She said the grants 'mining' process is complex in that the grant announcements are often difficult to decipher, and the requests for proposal language may be vague or, conversely, misleading.

Providing simplified explanations is one of the benefits of subscription-based grants services like the Federal Assistance Monitor. "We don't write in Federal Register-esque," Kittross said.

Regardless of how simple the application process may become, nonprofits will also need the government to give them more time to apply if the grant process is going to be friendlier, Kittross said.

Foundation Grants: Still Scattered

Grant-making foundations don't appear ready to emulate the federal government's attempt to consolidate its grant information through a single website.

"I'm not aware of anything... as organized as the e-grants initiative," said Kathy Crosby, work force development director of Goodwill Industries International, based in Bethesda, Md. "Our experience in the foundation world is it's still about relationship-building."

The New York-based Foundation Center is considered by many as the leader in helping nonprofits

...
Grace House of Memphis

Treatment Center for Women

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

Residential Programs for women including:
Detoxification • Rehabilitation • Extended Care

Our mission is to provide quality addiction treatment regardless of a woman's ability to pay.

329 N. Bellevue • Memphis, TN 38105 • 901.722.8460

Federal Grants Website... Concluded

(Continued from page 13)

find information about foundations and their grants. The organization offers both free and fee-based services, such as databases of funders and an e-mail alert about current requests for proposals. "The Foundation Center is the closest thing we have to being a type of clearinghouse or portal for the foundation sector," said Joe Mizerek, a fund-raising consultant in Florida. Mizerek recently launched www.grantsalert.com, which features grant opportunities focused primarily on educational programs.

Some state governments have encouraged foundations based within their states to accept a common application form, which all nonprofits could use to provide background and financial information when applying for grants, according to the Foundation Center.

"There is so much more that can and should be done to provide grant-seekers with the information they need to pursue the funds available to them," Mizerek said. "It won't be easy because of the great diversity in the sector.... But for there to be real progress, we need to go down a similar path to that of the federal government.

Andrew D. Beadle can be reached at abeadle@youthtoday.org.

From Youth Today: The Newspaper on Youth Work. Reprinted with permission of the publisher.

Hope of East Tennessee, Inc.
Oak Ridge, TN

Founded in 1976 as a non-profit organization

• Long term treatment for both men and women
• No insurance required
• Intensive Outpatient available
• Priority services given to clients who are pregnant, IV drug users, or HIV positive

865-482-4826 office
865-481-0503 fax
www.hopeofet.org

Partially funded by the Tennessee Department of Health and United Way
Despite increases in teen Ecstasy use over the past few years, American parents are far less likely to talk with their kids about Ecstasy than any drug - legal or illegal, according to a national survey released today by the Partnership for a Drug-Free America®.

“Most parents remain surprisingly unphased, unmotivated and non-responsive to the threat of Ecstasy in America,” said Steve Pasierb, president and CEO of The Partnership. “The majority of parents have heard about the risks of using this drug, but few are translating that awareness into preventative action at home.”

Released today, the 2003 Partnership Attitude Tracking Study (PATS) surveyed 1,228 parents across the country (margin of error = +/- 2.8%). Top-line findings of the nationally projectable study show:

- More than nine out of ten parents (92%) say they’ve heard about Ecstasy, and nine out of ten (90%) see great risk in regular Ecstasy use;
- Only one in four parents (24%) say they’ve talked with their children a lot about Ecstasy in the past year, just three% believe their teenager may have used Ecstasy already;
- 41% of parents have never talked with their kids about Ecstasy; and
- Among drug parents talk with their kids about, Ecstasy was less likely to be discussed than any other drug - illicit or licit.

“One could conclude, based on these findings, that parents are most comfortable talking about drugs they’re familiar with,” Pasierb said. “Parents know about alcohol, tobacco and marijuana. Some have come across people who’ve used cocaine and harder drugs. But Ecstasy? Parents are shying away from Ecstasy because they don’t truly understand what the drug is, or they truly don’t believe their children are at risk. This is a troubling - and somewhat ironic - situation for today’s parents, the most drug-experienced, drug-aware cohort of parents to date.”

Chemically known as 3,4-methylenedioxyamphetamine, or MDMA, Ecstasy is a synthetic, psychoactive drug with amphetamine-like and hallucinogenic properties. Taken orally in pill form, this Schedule I drug can be extremely dangerous, especially in high doses - emergency room episodes involving Ecstasy increased from 253 in 1994 to 4,026 in 2002. The drug produces an intense and pleasurable high, while putting users at risk of dramatic increases in body temperature, muscle breakdown, and kidney and cardiovascular system failure, as reported in some fatalities.

Last year, The Partnership launched a multi-media education campaign focusing on Ecstasy - the first in the country - in response to a 71% jump in teen Ecstasy use between 1999 and 2001. One in nine teenagers in America have now tried Ecstasy at least once. Between 2001-2002, Ecstasy use among teens stabilized at 11%, with 2.6 million teens reporting experimenting with the drug. (New data from The Partnership’s teen survey will be released in early 2004.)

“The message about the danger of Ecstasy is beginning to break through to the teen population, but the greater challenge rests with persuading parents about the reality of this drug as it relates to their children,” Pasierb said.

Pasierb announced that The Partnership’s National Ecstasy Education Campaign is now entering its second critical phase. New multi-media campaigns focusing on Ecstasy have been created and will be distributed throughout the country through the organization’s state and local affiliates. Additionally, The Partnership will focus on several major U.S. cities that have been identified as markets with significant Ecstasy problems among youth, including Baltimore, Philadelphia, Boston, Miami, Chicago, Detroit, Minneapolis, Denver and Seattle. (The Partnership’s Ecstasy campaign will receive added exposure in many of these markets, thanks to a multi-million dollar commitment announced today by Comcast, See next page and related release.)

Too Few Parents Getting “Daily Dose” Of Anti-Drug Messages

The survey released today reports that parents are hungry for information about Ecstasy. More than half of parents (52%) say they need additional information on the dangers of the drug. Pasierb said increased visibility of ads addressing Ecstasy could make a tremendous difference. The study released today reports a strong correlation between daily exposure to anti-drug ads and parental action. Parents seeing or hearing anti-drug ads on a daily basis are:

- More likely to have talked with their kids about the risks of drugs four times or more in the past year (52% vs. 39%); and more likely to say they’ve discussed the issue of drugs thoroughly with their kids (69% vs. 49%);
- Twice as likely to say ads made them more aware of the risks of drugs (45% vs. 23%), when compared to parents reporting low exposure, and twice as likely to say ads encouraged them to speak with their kids about drugs (51% vs. 25%).

- Yet only one in four parents (25%) say they are getting a “daily dose” of anti-drug messages.

Comcast, the nation’s largest cable and broadband communications provider, announced today an upfront commitment of $50 million in advertising exposure for Partnership campaigns over the next three years, Pasierb said. (See related news release) “One of the key advantages of our relationship with Comcast will be the ability to address regional drug threats, like Ecstasy,” he said.

“While Ecstasy is a problem nationally, it is an acute problem among teens in certain cities - like Philadelphia, Chicago, Denver and Seattle. Comcast’s local cable systems can help us deliver the right campaigns to the right cities. In other regions, other drugs, such as methamphetamine, are more problematic and will be the focus of our efforts.”

The Partnership Attitude Tracking Survey and additional information on Ecstasy are available on-line at www.drugfreeamerica.org. The Partnership encourages parents to call 1-866-XTCFACTS for a free brochure on the risks of Ecstasy available in English and Spanish. The Tennessee Statewide Clearinghouse also offers a host of free informational brochures and fact sheets on Ecstasy and other drugs of abuse. The Clearinghouse can be reached at 1-800-889-9789 or log onto www.taadas.org to order the brochures.
Meharry Medical College has been awarded a five-year, $2.5 million grant from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMSHA/CSAT) for “The Treatment Access Project for African American Women.” This program is housed within the Department of Psychiatry and Behavioral Sciences’ Elam Mental Health Center at Meharry, and is designed to expand substance abuse treatment and outreach capacity, and enhance treatment services serving African American women in Nashville who are infected with or affected by HIV/AIDS.

The program is designed to provide a continuum of services including outreach, pretreatment, case management, substance abuse treatment services, and aftercare. State-of-the-art motivational enhancement techniques will be incorporated into each component of the program to maximize program effectiveness in motivating behavior change. Over the course of the granting period, the project is designed to provide outreach to approximately 10,000 individuals, with enhanced treatment services provided to approximately 1,500.

The project involves a unique collaboration between several local agencies with long-standing involvement in providing substance abuse and HIV services to the Nashville community. The Elam Center’s existing HIV/AIDS outreach program (Project COPE, established 1989) and its outreach program for African American women who reside in public housing (SISTER Program, established 1990) will team up with a Nashville non-profit organization, Street Works, to provide the foundation for round-the-clock street outreach. Street Works, a program designed to provide outreach and prevention services after hours, has been in operation since 1997. For those women who desire treatment, staff of the First Response Center of Metropolitan Interdenominational Church will provide case management services. First Response has been active in providing a range of services to HIV+ and at-risk individuals since the early 1980s.

The Elam Center will offer program participants a continuum of treatment services that include: medical and social detoxification, intensive residential rehabilitation, medium-intensity residential rehab for pregnant and postpartum women (the Rainbow Program at Meharry), medium intensity residential rehab for co-occurring disorders, intensive outpatient, and outpatient and aftercare. The project evaluation will be coordinated through faculty in Meharry’s Department of Psychiatry and Behavioral Sciences.

For more information please contact Wayne Greer at (615) 327-6609 or wgreer@mmc.edu. The Lloyd C Elam Center is a proud Corporate Member of TAADAS. TAADAS congratulates Meharry Medical College for this great achievement!
EXPLORING THE LONG-TERM EFFECTS OF BEHAVIORAL DRUGS ON YOUTH

With drugs becoming the norm in treating attention-deficit/hyperactivity disorder (ADHD), depression, and anxiety disorders among youngsters, some experts are wondering how drug therapy will affect children later in life. Time reported Oct. 26.

Lexapro is a common prescription to treat depression, while Adderall is often used to treat ADHD. Similar drugs prescribed for children include Ritalin, Zoloft, Serquel, and Prozac. All of them come with side effects, such as weight loss and sleeplessness. And all may be chemically altering a child’s brain before it is fully developed.

Dr. Ronald Brown, professor of pediatrics at the Medical University of South Carolina, said better diagnosis and detection of childhood problems, such as bipolar disorder and ADHD, have contributed to an increase in children being treated with these disorders, primarily with drugs. New psychotropic drugs, which are more effective than earlier medications and have fewer side effects, also are driving the trend.

According to a study by Professor Julie Zito of the University of Maryland School of Pharmacy, between 1987 and 1996, the use of antidepressants among children and teens increased threefold.

But with all the types of drugs available, including mood stabilizers, sleep medications, antidepressants, anticonvulsants, antipsychotics, and antiinflammatories, the medical community, as well as parents, are concerned about the effects of psychotropic drugs on children.

“We know that kids are not just little adults,” said Dr. David Fassler, professor of psychiatry at the University of Vermont. “They metabolize medications differently.”

In a quick-fix culture, some experts say little is being explored regarding long-term use of these drugs.

“The problem,” said Dr. Glen Elliott, director of the Langley Porter Psychiatric Institute’s children’s center at the University of California, San Francisco, “is that our usage has outstripped our knowledge base. Let’s face it, we’re experimenting on these kids without tracking the results.”

Others question giving children drugs even if they are showing less-severe symptoms. “Unless there is careful assessment, we might start medicating normal variations in behavior,” said Stephen Hinshaw, chairman of psychology at the University of California, Berkeley.

To determine if any type of brain damage is occurring in children taking psychotropic drugs, researchers are using advanced brain scans, such as magnetic resonance imaging (MRI).

Early results show no problems with ADHD drugs. But children being treated for bipolar disorder show some anatomical differences that may be a result of treatment.

“We are seeing that medications do affect the brain acutely,” said Dr. Kiki Chang at Stanford University. “Is that a good thing, a bad thing? We just don’t know.”

Jacques A. Tate, LADAC, NCAC1, RTC
Executive Director
1979 Alcy Road
Memphis, TN 38114
901-743-1836 Phone
901-743-3853 Fax

HARBOR HOUSE

Programs for Men Including
♦ Social Detox ♦
♦ Residential Rehabilitation ♦
♦ Halfway House ♦

Funded in part under an agreement with the Tennessee Department of Health

SYNERGY TREATMENT CENTERS, INC.
Licensed Residential Alcohol and Drug Abuse Treatment Centers
1-Year Residential Program
No Admission Charges

Men’s Center & Women’s Center
Synergy is a private not-for-profit
Providing 12-step based treatment
For adult men and women

2305 Airport Interchange ♦ Memphis ♦ Tennessee ♦ 38132
Phone 901.332.2227 ♦ Fax 901.332.0477
www.synergytc.org
ILICIT INTERNET PRESCRIPTION-DRUG SALES BOOMING

Illicit sales of narcotics and other deadly prescription drugs over the Internet have skyrocketed, the Washington Post reported Oct. 20.

Unlike legitimate online pharmacies, rogue sites have very little or no medical monitoring, yet consumers can select from a wide selection of painkillers, antidepressants, stimulants, and steroids.

"It's like rabbits," said Wayne A. Michaels, a senior investigator for the Drug Enforcement Administration (DEA). "Every day, there are more of them. They're up, they're down, they're foreign, they're domestic."

In Nevada, for instance, the Nevada State Board of Pharmacy uncovered in a report that a small Internet pharmacy had filled 1,105 prescriptions for painkillers and other dangerous drugs in July 2002. Six months earlier, the same pharmacy had filled only 17 prescriptions.

In just one year, prescriptiononline.com had become one of the largest distributors of controlled substances in the state. Nevada regulators have since shut down the site.

"For any single pharmacy to account for 10 percent of any drug is incredible," said Louis Ling, general counsel to the Nevada pharmacy board. "The fact that it was a highly addictive painkiller and an Internet site run by a convicted felon was even more troubling. This was unlike anything we had ever seen."

Many of the websites work with middlemen who link customers with doctors who write a prescription. Many of these physicians have financial problems or histories of addiction or medical incompetence.

To combat the problem, the DEA recently formed a six-person task force to track online narcotics sales. But Laura M. Nagel, DEA's deputy assistant administrator, said trying to police the increasing number of online pharmacies "is like trying to work every corner drug dealer. We can't do it all."

In addition to the DEA, the Food and Drug Administration (FDA) is concerned about the rapid growth of foreign online pharmacies. However, the agency's strongest enforcement tool is a warning letter.

"As an investigator, it's incredibly frustrating," said Robert J. West, a special agent with the FDA's Office of Criminal Investigations. "All we can do is bang away and try to draw attention to what these guys are doing. Right now, I don't think people have any idea how widespread or dangerous this is."

STUDY PROJECTS LATER HEALTH DANGERS FROM TEEN BINGE DRINKING

A study conducted on adolescent rats says that binge drinking could lead to memory loss and other health problems later in life, Health Day News reported Oct. 18.

For the study, researchers at the University of Memphis in Tennessee injected alcohol into the bloodstream of rats in their adolescent years until they passed out. The amount was equivalent to a .40 blood-alcohol level in humans, or five times the legal drinking limit in most states.

When the rats became adults, the researchers checked their reactions after administering a smaller dose of alcohol. They found that the rats exposed to high levels of alcohol as adolescents did poorly on mazes requiring memory skills compared to other rats.

We don't know if the effects are permanent, but they seem to last for a while," said study co-author Douglas B. Matthews, an associate professor of psychology at the university. "Something had probably been changed in an area of the brain that processes memory."

In addition to apparent memory loss, binge drinking caused liver problems in the rats and stunted their growth.

The researchers said that the study's findings might translate to similar health risks in human teenagers. "This casts the human effect in a different light," said Matthews.

The findings of the study are published in the October 2003 issue of Alcoholism: Clinical & Experimental Research.

FINAL REGULATIONS RELEASED FOR FAITH-BASED SAMHSA FUNDING

The U.S. Department of Health and Human Services (HHS) has published the final regulations for faith-based organizations interested in applying for grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), Alcoholism & Drug Abuse Weekly reported October 6.

Under the new regulations, "Neither the Federal government nor a State or local government receiving funds under these programs shall discriminate against an organization that is, or applies to be, a program participant on the basis of religion or the organization's religious character or affiliation," according to the SAMHSA regulations.

The regulations also set parameters for faith-based groups to follow when offering services. For example, the rules prohibit a religious organization receiving SAMHSA funding to offer an addiction-prevention class at the same time or location as a Bible study or other religious activity.

The regulations also allow recipients of services to request an alternative provider if they object to the religious character of a SAMHSA-funded group.
What is TAADAS?  

TAADAS, the Tennessee Association of Alcohol and Drug Abuse Services, Inc, is a statewide advocacy association whose mission is to educate the public and influence state/national policy decisions in order to improve services to those who are affected by alcoholism and/or drug addiction.

How long has TAADAS been in existence?  

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

Does TAADAS have any programs?  

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

What does TAADAS do?  

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

Who can join TAADAS?  

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

Why should I join TAADAS?  

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

There truly is “strength in numbers”!!

What are some of the benefits of Membership in TAADAS?  

✓ Advocacy  
✓ First Generation Information on policy issues  
✓ Strong voice for parity issues  
✓ Unparalleled Networking opportunities with others in the Substance Abuse Community across the state  
✓ Free Subscription to the TAADAS Times, which is a bimonthly newsletter bringing the latest news, agency profiles, training, and conference information  
✓ Special discounted hotel rates in Nashville  
✓ Discounts at Recovery Books & Things  
✓ Job Postings  
✓ Membership certificate suitable for framing

How do I join TAADAS?  

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

TAADAS Members  

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

Sustaining Members  

Aptop, Inc, Knoxville  
Alcohol & Drug Council of Middle TN, Nashville  
Apoll Manor, Jackson  
Buffalo Valley, Inc., Hoberswald  
CADD, Chattanooga  
Comprehensive Community Services, Johnson City  
E.M. Jellinek Center, Knoxville  
Grace House, Memphis  
Harbor House of Memphis, Memphis  
Hope of East Tennessee, Oak Ridge  
JACOA, Jack son  
Jack C. Mill, Savannah  
Memphis Recovery Center, Memphis  
The Pathfinder, Inc., Gallatin  
Place of Hope, Columbia  
Renewal House, Inc., Nashville  
Samaritan Recovery Community, Inc., Nashville  
Serenity Recovery Center, Memphis  
Synergy Treatment Center, Inc., Memphis

Corporate Members  

Book, Cunningham, Conner, & Berry, PLC  
Bedford Health Services  
Center for Youth Issues, Nashville, Inc.  
Discovery Place, Inc.  
Lloyd C. Elam Mental Health Center  
The Firewalkers Club  
Florence Crittenton Agency  
The Guidance Center  
Harbor House, Inc—Board of Directors  
Keystone Recovery Center, Inc.  
Nashville Drug Court Support Foundation  
New Hope Recovery Center  
Operation Stand Down Nashville  
Samaritan Recovery Community, Inc.  
(TN Dental Association—Concerned Dental Professionals)  
(TN Professional Assistance Program—Toung Point  
Xler Services, Inc.)

Student Members  

J. Kevin Johnson  
Gregory Gray  
Alex Taylor

Individual Members  

Becky Allen  
Marnie Albritt  
Thomai Bainbridge

CJ Baker  
Kathy Benson  
Sarah O. Binn  
Chris Bichman  
Debra Bums  
Tom D'Amore  
Karen Doolley  
Laura Durham  
Chuck Ely  
Kimberly Edwards  
Gayle Elliott  
Gary Hanbuck  
Ester Garner  
Clarence Getz  
Mike Gilmer  
David Gordon  
Gay Harrison  
Sandra Hill  
Donna Hix  
Patricia Hopper  
Charlotte Hopper  
Gail Hutton  
Jon Jackson  
Patricia Jackson  
Mamie Johnson  
Kenneth Jones  
Dr. Smith Keida  
Terry King  
Deana Kanamaru  
Dr. Morris Klaas  
Mike Kohnsky  
Johnny Lewis  
Judy Love  
Angela Lyons  
Deb Mabry  
George Mattesie  
Judy Matthews  
Harold Montgomery  
Nancy Moore  
Linda O'Brien  
Elaine Orlandi  
Joe Ostertag  
Anna Grace Quinn  
Deborah Ray  
Nathan Kelley  
Debra Robertson  
Debra Burns  
Dr. Michael Sadler  
Karen Scroggs  
Will Shufan  
Gwen Simmers  
Commeir Smith  
Julie Smith  
Patricia Spence  
Herb Stone  
Bob Stubbs  
Ray Taffett  
George Taylor  
Sharon Tallmire  
Eileen White  
Tamara Williams  
Gary Woodhouse-Smith  
John York

Page 19
The Tennessee Association of Alcohol and Drug Abuse Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.”

TAADAS programs are funded in part by a grant from the Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services. For more information about becoming a member of TAADAS, contact the association at:

TAADAS
One Vantage Way, Suite B-240
Nashville, TN 37228-1562
615.780.5901
Fax 615.780.5905
membership@taadas.org

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

TAADAS Times Editor
One Vantage Way, Suite B-240
Nashville, TN 37228-1562
615.780.5901
Fax 615.780.5905
taadastimes@taadas.org

TAADAS is professionally managed by Xebec Management, Inc.

---

**Application for Membership in TAADAS**

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

Date: ____________________  Referring Member: (If Applicable) ____________________

Level of Involvement:  Student: $20 ___
                      Individual: $50 ___
                      Corporate: $2500 ___ $100 ___ $500 ___ $100 ___ Other $ ___

Name: ________________________________________________________________

Agency: ______________________________________________________________

Address: ______________________________________________________________

City: _____________________  State: ___________  Zip Code: ________________

Phone: _________________  Toll Free: _______________  Fax: _______________

Website: ___________________  Email address: _____________________________

Card Holder's Name: ____________________  Visa/Mastercard #: ______________

Card Holder's Signature: _____________________________________________  Exp Date: ________

---

**TAADAS’ Mission**

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