TAADAS Mission:
To provide a collaborative Tennessee voice for addiction, co-occurring, prevention and recovery support services to effect positive change.

TAADAS Sponsors Legislative Breakfast

Wednesday, March 11th was Alcohol and Drug Treatment and Prevention Services day on Capitol Hill as TAADAS hosted its annual Legislative Breakfast. According to Vernon Martin, Executive Director of TAADAS, “the purpose of our Legislative event is to educate and sensitize our elected officials about current issues facing alcohol and drug treatment, prevention and recovery support services.”

TAADAS members, staff and guests gathered at Legislative Plaza to meet and interact with their respective House and Senate representatives. The first order of business was to sponsor breakfast in the Legislative Cafeteria where approximately 300 individuals including House and Senate members, their office staff, and others joined TAADAS members for breakfast and informal discussion concerning the issues at hand. TAADAS staff provided a booth with materials from the Clearinghouse where over 500 pieces of literature and educational material were distributed.

After the breakfast, TAADAS members and staff held individual meetings with Representatives from the various districts across Tennessee where TAADAS members provide services. There were two central themes for this year’s meetings. First, Funding is in jeopardy for Alcohol and Drug Treatment and Prevention — we must not go from bad to worse; and secondly, Tennessee needs legislative champions and advocates for Alcohol and Drug Treatment and Prevention services. TAADAS members stressed that Tennessee ranks 48th in the United States in per capita funding for alcohol and drug treatment services, and publically funded A&D services cannot afford additional cuts. It was pointed out that for the first time in the history of the Federal A&D Block grant program, funding for the State’s maintenance of effort or State matching funds is in jeopardy, and any additional losses will certainly have a long-term negative impact on Tennessee and Tennesseans.

Legislators were encouraged to get educated and involved in the issue and to become advocates for alcohol and drug treatment, prevention and recovery support services. They were encouraged to consider SJR 0066
**Mark Your Calendar**

To bring awareness and create venues for public education about anxiety and depressive illnesses, Freedom From Fear has created **National Anxiety and Depression Awareness Week, May 3 - 9, 2009**. This program, which began in 1994, is now celebrating its 15th successful year. Each year more than 40 million Americans will suffer with an anxiety disorder and over 20 million will suffer from some type of depressive illness. The cost to the economy of these terrible diseases is billions of dollars each year; the cost in human suffering is immeasurable.

**World No Tobacco Day** is celebrated around the world every year on **May 31**. This yearly observance informs the public on the dangers of using tobacco, the business practices of tobacco companies, what WHO is doing to fight the tobacco epidemic, and what people around the world can do to claim their right to health and healthy living and to protect future generations.

**May 6 - 12: National Mental Health Counseling Week**
www.amhca.org

**May 10 - 16: National Alcohol- and Other Drug-Related Birth Defects Week**
www.ncadd.org

**May 24 - 30: Older American’s Mental Health Week**
www.owl-national.org/Welcome.html

TAADAS will be closed for the following holidays:

**April 10th:**
**Good Friday**
(Tennessee State offices closed)

**May 25th:**
**Memorial Day**

April is
- STD Awareness Month
- Child Abuse Prevention Month
- Counseling Awareness Month
- Alcohol Awareness Month

May is
- Mental Health Month
Legislative Breakfast (continued)

which seeks to establish a joint legislative committee to study issues relating to Alcohol and Drug Abuse. And it was stressed that Alcohol, Drug Abuse and Addiction affect Tennesseans at all levels in all parts of the State and that almost everyone knows an individual or a family that is affected by the disease of Alcoholism, Drug Abuse or Addiction.

After the individual meetings with House and Senate members, the group reconvened to hear from select representatives. Representative Janice Sontany of District 53 in the Nashville area discussed pending legislation concerning the registration of Half-Way Houses; Senator Lowe Finney of District 27 in Jackson spoke about the need for legislative involvement in A&D issues and a Legislative Training event on A&D issues that he attended earlier in the year; and Representative Eric Watson of District 22 in the Chattanooga area spoke about A&D issues in general and the impact that it has on individuals and families. All in all it was an excellent day on the Hill with over 30 TAADAS members, staff and guests interacting with Senators and Representatives about the critical issues facing the field.

The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by TAADAS and funded by the Tennessee Department of Mental Health and Developmental Disabilities. The purpose of the REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction information and referrals to all citizens of Tennessee at their request.

The Tennessee REDLINE is promoted and calls are received from all over Tennessee. Treatment and other program referrals are made on the REDLINE. Callers are provided with at least three referral sources when possible. REDLINE staff does not offer therapy or counseling to the caller or substance abuser, but gives them the information to put them in touch with someone who will provide a diagnosis, prognosis or assessment of the mental or physical health of the substance user/abuser. The REDLINE strives to provide the caller with specific referrals based on their stated needs.

Referral sources are not limited to TAADAS member agencies, state funded programs, or to any specific area of the state. Any program can apply with the REDLINE to be included in the referral database. For an application contact the Information Specialist at 1-800-889-9789 or download the form here.

**REDLINE Provider Questionnaire**
Featured Publication
The clearinghouse resource center has numerous publications on substance abuse and related issues. In each edition of the TAADAS Times, we introduce one of the publications. This month we present:

Comorbidity - Addiction and Other Mental Illnesses
This research report, created by the National Institute on Drug Abuse (NIDA), gives an overview of what current research says about comorbidity of drug use disorders and other mental illnesses.

To get your free copy of our featured publication, or any other materials, call the Clearinghouse at 615.780.5901 or order online at www.taadas.org.

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

www.harborhousememphis.org

Funded in part under an agreement with the Tennessee Department of Mental Health and Developmental Disabilities

Smokers Might Quit for Pets
Some smokers may be willing to quit smoking if informed that secondhand smoke is causing harm to their pets, MSNBC reported February 9.

Researcher Sharon Millberger of the Henry Ford Health System in Detroit and colleagues found that 28 percent of pet owners who smoke said they would attempt to stop if they knew that secondhand smoke from cigarettes caused health problems for their pets.

The researchers found that 11 percent of 3,293 pet owners said they would think about quitting, and 16 percent of nonsmoking pet owners who lived with someone who smoked would ask the smoker to quit (24 percent would ask the smoker to smoke outside).

Secondhand-smoke exposure may increase a pet’s risk of developing lung cancer, allergies, eye and skin diseases, and respiratory problems. Roughly one-fifth of the 71 million American pet owners are smokers.

“For tobacco-control advocates, on our team we can now have vets and kennels and pet supply stores,” Millberger said. “So, for example, when someone takes Fluffy in to the vet, the vet can ask them about their smoking behavior and whether they allow smoking in their home.”

The findings were published online Feb. 10, 2009 in the journal Tobacco Control.
Tobacco Taxes Expected to Cut Smoking, Hurt State Finances

Sharply rising tobacco taxes may accomplish what state lawmakers largely failed to do when handed a pile of money from the nationwide tobacco settlement a decade ago: cut smoking rates.

Bloomberg News reported Feb. 19 that the new 62-cent increase in the federal tobacco tax, combined with rising state tobacco taxes, could cut U.S. tobacco consumption by up to 10 percent.

States, however, may not be celebrating. Many took the money from the 1998 tobacco settlement and used it for everything but tobacco prevention. But declining tobacco consumption could reduce the industry’s annual payout to the states by up to $500 million, and also poses a threat to the $37 billion in bonds that states issued based on expected future receipts of tobacco money. The bonds were issued so that states could get an upfront, lump-sum payout of the settlement money rather than waiting for each year’s payments, which are based on sales.

“While settlement revenues may be shrinking, most tobacco bond structures have debt service requirements with built-in increases for future years,” said Richard Larkin, an analyst at municipal-bonds firm Herbert J. Sims and Co. Some state bond issues might have to use their reserves to pay the interest on the bonds, he added.

“States that earmarked revenues from cigarette excise taxes for specific programs may be forced to make cuts to those programs or increase the cigarette excise taxes, to make up for the revenue shortfall caused by the volume decline resulting from the federal excise tax increase,” noted a recent report from Fitch Ratings.

“The striking irony of the [tobacco settlement] was that it made states dependent on the sale of a deadly product that dramatically increases their health-care costs,” said Allan M. Brandt, dean of the Graduate School of Arts and Sciences at Harvard University.
April 2, 2009
Nathan Ridley

106th Tennessee General Assembly. At noon on January 13, 2009, the newly elected General Assembly convened in its organizational session. The Senate elected Ron Ramsey of Blountville in Sullivan County to his second term as Speaker of the Senate and Lieutenant Governor. He presides over a Senate where Republicans hold a comfortable 19-14 majority over the Democrats. The House elected Kent Williams of Carter County to his first term as Speaker in only his second term in the House. Even more fascinating was his winning fifty vote total composed of all 49 House Democrats and himself. He then proceeded to appoint Republicans as committee officers, and each subcommittee and committee has an even partisan balance for its membership. Members and observers alike have been struggling to learn how to predict the actions of House subcommittees and committees this year.

Bredesen Budget Address. Governor Phil Bredesen addressed a joint convention of both houses of the 106th General Assembly on March 23, 2009, to present his seventh fiscal year budget. Then something curious happened. Governor Bredesen actually presented four budget proposals; one for the current fiscal year where we are one billion dollars in the hole, and the coming three fiscal years, 2009-2010, 2010-2011, and 2011-2012. By raiding departmental reserves again, spending some of the state’s TennCare and Rainy Day funds, and sprinkling in some federal “Economic Recovery” funds, the Governor has a workable proposal that will close the current fiscal year with a very tiny, tiny surplus of $6,700. While beginning to whittle back all state departments except for education and correction, Governor Bredesen also proposes to use the “Economic Recovery” funds to balance the next two years with a stable budget of no payroll increases and vacant position freezes. For the final year, he recognizes that significant cuts will have to be in place. The wisdom of the Bredesen approach is this: Typically, a government program gets a bit bigger every year as revenues and payrolls grow a bit. Governor Bredesen destroys that expectation with his four year budget package that shows the state will limp along with its stimulus money, will hope for improved revenue collections, and will be prepared for the third year when the cuts must be in place.

Legislative Process. The General Assembly now has Governor Bredesen’s proposed budget. The Senate has already established a deadline for budget hearings for each of the state agencies and has also established a deadline for scheduling bills in the committees. Among the Senate leadership, hope still abounds for an adjournment by Memorial Day. For a budget as complex as this one with significant cuts and two time non recurring dollars, legislative standard time (LST) may push adjournment into June.

Local Nashville Happening. Since this item received a brief mention in the last issue, here is a brief follow-up. On January 22, 2009, Metropolitan Nashville Davidson County voters defeated the two proposed charter amendments, one of which would have made English the official language of Metropolitan Nashville. The Nashville Chamber of Commerce breathed a collective sigh of relief, and folk of Germanic descent may still place an order in their native tongue at the Gerst Haus.

Calendar Notes: State offices will be closed Friday, April 10, 2009, for the Good Friday holiday, and Monday, May 25 for the Memorial Day holiday.

Nathan Ridley is an attorney with the Nashville firm, Bradley Arant Boult Cummings, LLP. You may contact him by e-mail at nridley@babc.com.
‘Thirdhand Smoke’ Lingers on Surfaces, Threatens Kids

Toxic dust from smoking settles on surfaces and dangerous volatile compounds disperse in the air, posing a risk to children and others from so-called “thirdhand smoke,” experts say.

The Chicago Tribune reported Jan. 5 that the residue from tobacco smoke is especially dangerous to children “because they breathe near, crawl and play on, touch and mouth contaminated surfaces,” according to a recent study in the journal Pediatrics.

Some parents have instituted no-smoking policies in their homes after learning about the dangers of “thirdhand smoke” — similar to decisions not to use lawn chemicals in areas where children play. “We think this is a reminder to parents — smokers and nonsmokers alike — that if they allow smoking in the home, it’s going to hurt their children,” said Joel Africk, president and CEO of the Respiratory Health Association of Metropolitan Chicago.

The study appears in the January 2009 issue of Pediatrics.
Cocaine and Amphetamine Use Decreases Among U.S. 12th Graders

The use of cocaine and amphetamines among high school seniors in the U.S. continues to decrease, according to recently released data from the 2008 Monitoring the Future survey. The percentage of 12th graders reporting past year use of cocaine has decreased slightly in recent years (from 5.7% in 2006 to 4.4% in 2008) and amphetamine use decreased from the most recent high of 11.1% in 2002 to 6.8% in 2008. In addition, the use of methamphetamine — a type of amphetamine — has decreased as well, reaching a low of 1.2% in 2008. Lloyd Johnston, the study’s principal investigator, notes that “the use of this highly addictive drug is now down by about two thirds among teens since 1999, when its use was first measured.”

Percentage of Twelfth Graders Reporting Use of Stimulants in the Past Year, 1999 to 2008

*Methamphetamine is also included in the category amphetamines.

January 9, 2009. Reprinted from CESAR Fax, a weekly, one-page overview of timely substance abuse trends or issues, from the Center for Substance Abuse Research (CESAR) at the University of Maryland.
The $819-billion economic stimulus plan recently approved by the House of Representatives included tax cuts, aid to states and a myriad of other spending from infrastructure improvement to job programs — but not the direct funding for alcohol and other drug treatment or prevention that advocates had hoped for.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and 150 other groups had written to the House and Senate budget committees asking for $100 million for the Substance Abuse Prevention and Treatment Block Grant (SAPT) be included in the stimulus package. Citing the impact that block grant funds have on drug use, employment, crime, and housing, NASADAD argued that including the funding would be “a valuable way to foster economic growth and help those most in need of services.”

However, that plea apparently fell on deaf ears in Congress. Neither the bill passed on a 244-188 vote in the House on Jan. 22, or the measure being considered in the Senate, included block-grant funding. In fact, according to NASADAD, neither bill even mentions substance abuse or the Substance Abuse and Mental Health Services Administration.

The Senate bill does include $75 million for smoking-cessation programs, however — money that sponsor Sen. Tom Harkin (D-Iowa) said would help the economy by cutting smoking-related healthcare costs. And both bills include increases for the Department of Justice’s Byrne Justice Assistance program — $3 billion on the House measure and $1.5 billion for the Senate bill.

“Byrne grants help state and local governments to fund a broad range of law enforcement-related activities; among the allowable uses for Byrne funds are education, prevention and treatment services for drug addiction,” noted Gabrielle de la Gueronniere, deputy director for national policy at the Legal Action Center. “A number of states use some of their Byrne grant funds for drug treatment and alternative-to-incarceration programming.”

Also included was an increase in federal assistance for state Medicaid programs, and the Senate bill calls for an additional $400 million for the Social Services Block Grant “for States and local non-profits to deliver critical services to unemployed and low-income individuals struggling with the effects of the recession.” No such provision was included in the House bill, however, according to a NASADAD analysis of the stimulus plans. Both plans featured significant funding for general prevention and wellness programs — $5.8 billion in the Senate bill and $3 billion in the House plan. The House measure, for example, said the goal is to prevent chronic diseases and thus lower healthcare costs. Health research and even health-related information technology funding is also part of the stimulus plan.

Join Together, 1/30/09, Bob Curley
### Workshops & Trainings

#### Nashville

**April 3, 2009**
Intensive Study 10 hrs, 8:00 a.m. - 7:00 p.m.
**Case Management – Complete Core Function**
Frances Clark Patterson, PhD, MAC

**April 18, 2009, Saturday**
**Psychopharmacology UPDATE**
John Martens RN, CS, MSN, LADAC

**May** (dates to be determined)
- **Adult & Adolescent Screening & Assessment:** Rodney Bragg, Cindy Sneed
- **Integrated Pharmacopsychosocial Approach To Addictions Treatment:** Peter Martin
- **Returning Vets & Their Families:** Clint Lien
- **Hazelden: Co-Occurring Disorders - Substance Abuse Treatment & Mental Illness:** Nan Schultz

**June 5, 2009**
**Referral – Complete Core Function**
Kathy Benson, NCAC II

**June 13, 2009**
**Addiction Severity Index**
Frances Clark-Patterson, PhD, MAC, LADAC

**June 20, 2009**
**ASAM Patient Placement Criteria-Rev**
Frances Clark-Patterson, PhD, MAC, LADAC

**June 26, 2009**
**Contentment in Recovery**
John Fite, PhD, LADAC

Pre-registration with payment is required. All workshops are 6 hours unless noted. 8:45 a.m. - 4:00 p.m. Contact Susan Young, Training Coordinator c/o Alcohol and Drug Council, 2612 Westwood Drive, Nashville TN 37204, 615-269-0029 ext. 111.

#### Knoxville

**Contact Martha Culbertson (865) 329-9087**

**April 17:** **Motivational Interviewing**
6 hours - $50
Facilitator: Francis Clark-Patterson

**May 5:** **Mindfulness-Based Stress Reduction**
5 hours - $40
Facilitator: Doris Kilgore

**May 14:** **ASI Training**
6 hours - $50
Facilitator: Adam Webster

**May 29:** **Addicted Clients & Family Issues**
6 hours - $50

Location for all of the above:
Helen Ross McNabb Center

**June 12:** **Pharmacology Update 2009**
6 hours - Cost TBD - Facilitator: Glen Farr
Location: UT Conference Center

#### Chattanooga

**Contact Adam Webster (423) 756-7644, ext. 166**

**April 14:** **Gang Awareness**
6 hours - $50
Facilitator: Marc Fomby

**April 24**
**Co-Occurring Disorders** - 3 hours - no cost
Facilitator: Holly Cook, LPC, MAC & Ethics - 3 hours - $25
Facilitator: Kristi Gibbs, Ph.D., LPC, RPT-S

**May 1**
**Adventure-Based Experiential Counseling II**
Facilitators: Phyllis Hoppes, MA, LADAC, CAS, CFAE and Travis Tweed, CTRS
6 hours - $75

(Chattanooga Training Schedule continued on next page)
### WORKSHOPS & TRAININGS

### CHATTANOOGA (continued)

**May 8**  
**Integrative Care**  
6 hours - $50  
Facilitator:  
Rev. Dr. Jane Abraham, LCSW, CCATODSW, LADAC, NCAC II, CCAP, ICADC, ADS, SAP  

All workshops held at CADAS, 207 Spears Avenue, Chattanooga, TN 37405

### MEMPHIS

**The HART Center Training Events**  
1384 Madison Avenue, Memphis, TN 38104  
www.thehartcenter.org registration  
901-828-1332  
Rev. Dr. Jane Abraham, LCSW, LADAC, ADS  
Keith Henderson, LCSW

**Grief Release Ritual Three Day Event**  
**April 3**, 6-10 pm;  
**April 4**, 10am - 5pm;  
**April 5**, 10am - 2pm;  
15 hours; $105

**HART Work**  
**May 2**, 9am - 3pm, 6 hours, $75

**HART DANCE**  
**June 6**, 9am - 3pm, 6 hours, $75

**Grace House Regional Training Events**  
Held at The HART Center  
1384 Madison Avenue, Memphis, TN 38104

**Meditation**  
**May 22**, 9am - 3pm, 6 hours, $35  
Rev. Dr. Jane Abraham, LCSW, LADAC, ADS

**Eating Disorders and the Brain**  
**June 18**, 9am-3pm;  
**June 19**, 9am-3pm  
6 hours; $70  
Karen Dennis, LPN, NCAC II, LADAC

### JACKSON

Contact Barry Cooper (731) 423-3653

**April 2 & April 3**  
9:00 am - 4:30 pm, 12.0 hours, $110 (both days)  
**Psychopharmacology/Co-Occurring Disorders**  
Facilitator: John Martens, RN, MSN, LADAC

**April 16 & April 17**  
9:00 am - 4:30 pm, 12.0 hours, $110 (both days)  
**Gang Issues/Teen Suicide Awareness & Prevention**  
Facilitator: Marc Fomby

**April 24**  
9:00 am - 4:30 pm at Youth Town  
6.0 hours, $75 (lunch provided)  
**Experiential Strategies for Prevention Specialists**  
Facilitator: Mark Baldwin, LPC-MHSP

**May 1**  
9:00 am - 4:30 pm, 6.0 hours, $50  
**Professional Ethics**  
Facilitator: James (Jim) Jones, Jr., LCSW, ACSW

**May 15**  
9:00 am - 4:30 pm at JACOA, 6.0 hours, $50  
**Women’s Issues in Treatment and Recovery**  
Facilitator: Linda Hazel, Ph.D., LMFT

**June 18 & June 19**  
9:00 am - 4:30 pm at JACOA  
12.0 hours, $100 (both days)  
**ASI/ASAM**  
Facilitator: Adam Webster, MS

**June 26**  
**Grief and Loss**

Unless otherwise noted, location depends on attendance. Check website (www.jacoa.org) the week of training for updates
The Alcohol and Drug Council is pleased to announce that Christopher Kennedy Lawford will be the featured speaker at the 43rd Alcohol and Drug Council Annual Dinner on April 28, 2009. Mr. Lawford’s speaking engagement is sponsored this year through the generosity of the Caron Foundation and Caron Treatment Centers which are located in Pennsylvania, New York, Florida and Bermuda. Proceeds from the ADC Annual Dinner directly support the Recovery Programs of the Council.

Brian Collins, a vice president of operations for Corrections Corporation of America and ADC board member, will be the Honorary Chairman of the 2009 ADC Annual Dinner. The dinner will be held at the Curb Events Center on the Belmont University campus from 5 p.m. until 9:30 p.m. Ticket and sponsorship information is below.

Individual Dinner Seat - $85.00
Half Table Host - $600: Reserved half table for five and program recognition.
Full Table Host - $1200: Reserved full table for 10 and program recognition.
Bronze Sponsor - $3000: Includes dinner for one full table of 10.
Silver Sponsor - $5000: Includes dinner for two full tables of 10.

If you are interested in purchasing tickets, or would like more information on sponsorships, please contact Jenny Kitchen at 615-269-0029

Accepting Nominations!

Each year, the Alcohol and Drug Council of Middle Tennessee presents an award to recognize exemplary contribution to the middle Tennessee area in the field of alcohol and drug services by a professional and/or volunteer. The John P. Mulloy, Jr. Community Service Award is named in honor of Mr. Mulloy’s long and dedicated service. Mr. Mulloy retired in 1996 as Executive Vice President of the Alcohol and Drug Council after 24 years of service to the Council. The award will be presented at the Alcohol and Drug Council’s Annual Dinner on April 28th. To nominate a professional and/or volunteer in the alcohol and drug services field submit an application by 4 p.m. on April 8th.

Pictured below are John P. Mulloy, Jr. (center) with 2008 winners John Yancey (left) and Joe Covington (right)
There is Help for Problem Gamblers in Tennessee

What is Problem Gambling

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

Is there Problem Gambling in Tennessee?

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

Are You a Compulsive or Problem Gambler?

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

Have you …

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

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

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

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

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

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

**West Tennessee**
The Gambling Clinic at the University of Memphis
901-678-STOP (7867)
www.thegamblingclinic.memphis.edu
E-mail: gambling@memphis.edu
In response to a growing need for addiction services to speak with a unified voice, members of TAADAS, TAABS (Tennessee Association of Addiction and Behavioral Health Services), and Assistant Commissioner Bruce Emory of the Division of Alcohol and Drug Abuse Services have been exploring ways providers can work together through existing trade association and provider association platforms to achieve this goal.

As a result of a number of meetings between the Executive Committees of the two organizations, the Board of TAADAS has recently moved to adopt this group’s recommendations and expand the TAADAS membership criteria and the scope of the organization’s efforts. At its February Board Meeting the TAADAS Board adopted the following Membership Criteria, Mission Statement and Organizational Goals

**Organizational Membership Criteria:**
Membership in TAADAS shall require that an applicant be a provider of addiction, co-occurring, prevention or recovery support services.

**Mission Statement:**
To provide a collaborative Tennessee voice for addiction, co-occurring, prevention and recovery support services to effect positive change.

**Organizational Goals:**
- To provide a forum of advocacy for providers
- To provide a forum of advocacy for consumers
- To increase resources, services, and sustainability available to organizations and individuals serving the population
- To increase acceptance of recovering individuals
- To influence state and national policy decisions relative to addictions, co-occurring, and recovery support services
- To further a sense of fellowship and helpful relationships among the association’s members
- To influence and shape the available delivery system by improving practices within the system of care

These actions are an effort to have a larger membership base, representing the broader range of service providers. In addition to these changes, the TAADAS Board voted to waive membership dues for any new member joining prior to June 30th of this year.

In March, the memberships of TAABS and TAADAS held an historic joint meeting to discuss these and related issues. As a result of this meeting, a joint committee was formed to nominate officers for the coming fiscal year and to develop a new structure for the Board of Directors of the organization. Since this meeting, twenty-six new service-provider organizations have been added to the membership. This expanded group will develop the new direction of the organization and will open the door for the organization to be Tennessee’s One Voice for Addiction, Co-occurring, Prevention and Recovery Support Services.

[Click here for Membership Application]
Inhalant Use Declines Among U.S. Teens

A new report based upon the National Survey on Drug Use and Health (NSDUH) found that fewer adolescents are trying inhalants like glue, lighter fluid and other common substances, but the overall number of inhalant abusers has not declined, the Associated Press reported March 16.

The report said that about 1 million youth ages 12 to 17 — about 3.9 percent of the adolescent population — used an inhalant in 2007, down from 4.4 percent in 2006. The number of teens trying inhalants for the first time was 2.1 percent in 2007, compared with 2.4 percent in 2006.

Experts said that ongoing prevention efforts that include education about the dangers of inhalant use and parental involvement with the issue were responsible for the drop.

The rate of adolescents meeting the criteria for dependence or abuse, however, was 0.4 percent, or around 99,000 teens. This number was consistent during the study period of 2002 to 2007.

The study noted that inhalants were the third most-popular choice for teens trying drugs for the first time, preceded by marijuana and prescription drugs. The most popular inhalants used by adolescent were gasoline, lighter fluid, glue and shoe polish, followed by spray paints and other aerosol sprays, correction and cleaning fluids and degreasers, and so-called “poppers,” or nitrate inhalants.

The results, released as part of National Inhalants and Poisons Awareness Week, suggested the need for continued prevention and treatment efforts. “Most parents don’t realize how dangerous inhalants can be,” said Ed Jurith, acting director of the Office of National Drug Control Policy. “These products … are among the most popular and deadly substances that kids abuse.”
Middle Schoolers ‘Smoke’ Smarties Candy

Middle-school students have found a new use for Smarties candy — “smoking” them.

The Wall Street Journal reported March 20 that students are crushing the sugary candy discs into a powder, tearing off one end of the cellophane wrapper, pouring the powder into their mouths, and then blowing the dust out of their mouths and nose.

Adults worry about the health ramifications associated with such behavior, but they are also concerned that it may lead to kids smoking cigarettes or marijuana.

“It’s kind of like eating the candy, but a different way to eat the candy,” said 14-year-old Titus Williams, who insists he will never smoke cigarettes. Titus created an “instructional” YouTube video on how to smoke the candy.

Students at Hewitt-Trussville Middle School in Alabama are no longer allowed to carry Smarties while in school, after school administrators caught wind of the trend last year. “I have made it clear to our students that possession of Smarties (or similar candy) will result in a Class II offense,” which usually means detention, said principal Phyllis Faus. She called ‘smoking’ Smarties “hazardous to your son or daughter’s health.”

Mark Shikowitz, an ear, nose and throat doctor at Schneider Children’s Hospital said that while Smarties may irritate throats and noses — and lungs if inhaled — the candies are not life-threatening because they will dissolve. “I still don’t think it’s a great idea,” he warned.

Featured Video

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

Understanding the Federal Drug & Alcohol Confidentiality Regulations

With this unique training series, your entire staff can take advantage of the Legal Action Center’s expertise and learn about:

- Requirements of the law, and some common mistakes made by program staff (Parts 1 & 2).
- Nine ways the law permits disclosures, including consents, court orders, and medical emergencies (Parts 1 & 2).
- How to deal with criminal justice issues such as search warrants, and how to handle patient information requests from managed care companies (Part 3).

Each 30-minute training features an engaging presentation by a Legal Action Center attorney and a dramatization of one of the confidentiality issues discussed.

You can view our entire video catalog online at www.taadas.org or visit our library to preview videos. Video membership is free to residents of Tennessee but a shipping fee is charged to mail videos to customers outside the Nashville area if they are unable to visit the library in person. Please call 615-780-5901 to request a printed catalog or if you have any questions or need additional information.
More than one in four Medicaid recipients have a diagnosed addiction problem, researchers said this week, and the cost of providing behavioral healthcare and medical care for these individuals runs into the hundreds of millions of dollars annually when compared with Medicaid recipients who don’t have alcohol or other drug problems.

A new study from the Substance Abuse Policy Research Program looked at the medical records of about 150,000 Medicaid recipients in six states, and concluded that the 29 percent of patients diagnosed with alcohol or other drug addictions cost these six states alone an extra $104 million for medical care and $105.5 million for behavioral healthcare.

“We found that the medical-care costs for all health problems among those with substance abuse issues are quite significant, which means that there could be a huge cost savings if prevention or early treatment programs were started to improve the health of substance abusers,” said Robin E. Clark, Ph.D., associate professor of family medicine and community health at the University of Massachusetts Medical School’s Center for Health Policy and Research.

Costs did vary widely from state to state, however, reflecting differences in available behavioral-health treatment services.

General medical costs rose steeply as people with addictions got older, the study found — even more than costs for addiction and mental-health care.

Researchers attributed this finding to higher rates of illness among older people, the impact of long-term alcohol and other drug use, greater reluctance to seek specialty addiction treatment among this population, and more severe chronic disease among older, addicted patients.

The study, “The Impact of Substance Use Disorders on Medical Expenditures for Medicaid Beneficiaries with Behavioral Health Disorders,” was published in the January 2009 issue of the journal *Psychiatric Services*.

The Hazelden Foundation Absorbs Johnson Institute Programs

The Hazelden Foundation Center for Public Advocacy has taken over marketing of the key programs and products of the Johnson Institute, a venerable resource center for the addiction and recovery community.

“The Johnson Institute has pioneered many of the intervention and training tools used across the country today to help people find hope and healing from their problems,” said Mark Mishek, Hazelden’s president and CEO.

“Hazelden is committed to further expanding the Johnson Institute’s influence so that more people are educated not just about the problem, but about the solution.”
TAADAS Members

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

Organizational Members

Agape, Inc, Knoxville
Alcohol & Drug Council of Middle TN, Nashville
ALH International Ministries
Aphesis House, Inc., Nashville
Aspell Recovery Center, Jackson
Bright Horizons, Dresden
Buffalo Valley, Inc., Hohenwald
CADAS, Chattanooga
CADCAT, Nashville
Center for Professional Excellence, Nashville
Center for Youth Issues, Nashville
Centerstone, Tullahoma
Cocaine & Alcohol Awareness Program, Memphis
Comprehensive Community Services, Johnson City
E.M. Jellinek Center, Knoxville
English Mountain Recovery, Sevierville
First Baptist Transitional House (FBTH), Gallatin
Foundations Recovery Network, Brentwood
Grace House, Memphis
Greater Revelations, Nashville
Harbor House of Memphis, Memphis
Healing Arts Research Training Center, Memphis
Hope of East Tennessee, Oak Ridge
Innovative Counseling & Consulting, Memphis
Jack Bean Shelter, Savannah
JACOA, Jackson
Life Changes in Progress, Lebanon
Lighthouse Mission Ministries, Memphis
Madison Treatment Center, Madison
Memphis Recovery Centers, Memphis
Mending Hearts, Nashville
Metro Public Health Dept Behavioral Health Services, Nashville
Mount Hopewell Community Development Corp., Nashville
New Hope Recovery Center, Morristown
New Life Lodge, Burns
Operation Stand Down, Nashville
Peace Unlimited in Recovery, Inc., Nashville
Peninsula Lighthouse, Knoxville
Place of Hope, Columbia
Renewal House, Nashville
Samaritan Recovery Community, Inc., Nashville
Serenity Recovery Center, Memphis
Synergy Treatment Center, Memphis
Tennessee Community Health, Inc., Sevierville
Tennessee Lives Count Project, Nashville
The Next Door, Nashville
The Pathfinders, Inc., Gallatin
TN Professional Assistance Program, Nashville
Transitions Housing Agency, Inc., Nashville
Turning Point Recovery Residences, Nashville
Urban Family Ministries, Memphis
W.O.M.B. Ministries, Madison
Welcome Home Ministries, Nashville
Youth Town of Tennessee, Jackson

Corporate Members

Employee Benefit Specialists, Inc., Morristown
HealthConnect America, Nashville

Individual Members

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Richard Soper, MD
Brenda Thomas
Linda Wells
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Evelyn Yeargin
John York
What is TAADAS?

The Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) began March 26, 1976 when a group of concerned Tennesseans joined together in Chattanooga for the purpose of “creating and fostering a statewide association to promote common interest in prevention, control, and eradication of alcoholism and other drug dependency.” The TAADAS mission is to 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 programs are funded in part by a grant from the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services.

TAADAS’s Organizational Goals:

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

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

It’s up to US to help others understand!

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

TAADAS Membership

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

Benefits of becoming a member:

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

Membership in TAADAS shall require that an applicant be a provider of addiction, co-occurring, prevention or recovery support services.

Mission Statement: To provide a collaborative Tennessee voice for addiction, co-occurring, prevention and recovery support services to effect positive change.

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

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

Vendor Member – This category of membership is open to corporations and businesses that provide products or services to substance abuse prevention and treatment providers and professionals, and who also have a civic interest in this important cause. The Vendor membership category recognizes their support, as well as the business relationships they have established with these providers and professionals.

Corporate Member – Corporate membership is open to any corporation, business, private company, etc. that has a civic interest in alcohol, drug and other addiction treatment, intervention, education, and prevention services, and who wants to demonstrate their support of this cause through membership in an organization of like-minded corporations and individuals.

Student Member – Membership in this category is open to any individual who meets the criteria for the Individual Member category (above) and who is also a student currently pursuing a diploma, degree, or other certificate of learning.

Date: __________ * Referring Member: (If Applicable) ____________________________

*Dues for Fiscal Year 2008/2009 are waived for any member joining prior to June 30, 2009

Name: ________________________________________________________________

Agency: ______________________________________________________________

Address: ______________________________________________________________

City: __________________________ State: _________ Zip Code: ________________

Phone: ________________________ Toll Free: ____________________________

Fax: __________________________ Email: ________________________________

Agency Website: ______________________________________________________

Agency Representative: ________________________________________________

Representative Email: _________________________________________________

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