TAADAS Supports Bureau Relocation

On Friday, February 23rd, 2007, Governor Phil Bredesen, by executive order moved the Bureau of Alcohol and Drug Abuse Services from the Department of Health to the Department of Mental Health and Developmental Disabilities. The Bureau had been in the Department of Health for the past 16 years when then Governor Ned McWherter moved them from the Department of Mental Health to the Department of Health.

“There was a period of time to figure out how to make things work, an adjustment if you will,” explained TAADAS Vice-President, Sharon Trammell on the move 16 years ago from Mental Health to Health, “the same is happening now. Commissioner Betts and her staff are working diligently to make this transition as smooth as possible.”

Commissioner Betts phoned TAADAS Executive Director, Vernon Martin almost immediately after the Executive Order was signed to announce the change and to invite Martin and TAADAS Representatives to sit down with her and discuss the impending changes for the Bureau, the main funding source for the majority of TAADAS’ member agencies. Subsequently, she, Deputy Commissioner Joseph Carobene, and BADAS Interim Director Dr. Howard Burley met with the TAADAS Board of Directors. At that meeting Commissioner Betts explained that the move was made as part of the Governor’s efforts to streamline government and expressed that she and her staff are looking forward to working with the A&D providers across the state. All of the TAADAS member agencies pledged their full support to the Commissioner and further pledged to do whatever they could to make the transition a successful one.

“I anticipate a very workable relationship with the Department of Mental Health and Developmental Disabilities and want to work as closely with them as we have for the past sixteen years with the people in the Department of Health,” said Trammell. “It was quite reassuring to have Commissioner Betts and her staff come to our Organizational Member Meeting just 2 weeks after the change to address our members and their concerns.”

TAADAS Annual Recovery Month Celebration

an evening with Jana Stanfield

Dinner & Awards Ceremony
in the Crowne Ballroom
Millennium Maxwell House Hotel
Nashville, TN
Thursday, September 13, 2007

For Information on Tickets or Advertising and Sponsoring opportunities, contact Vernon Martin @ 615.780.3901 ext 18.
A study on California's Proposition 36, which offers minor drug offenders treatment rather than incarceration, finds that about one in four offenders never show up for treatment, the Los Angeles Times reported April 1. The report, from UCLA researchers, concluded that, despite its flaws, Prop 36 has saved the state of California $2.50 for every $1 spent; more than $600 million has been spent on the program since it was approved by voters in 2000.

UCLA researchers tracked almost 100,000 defendants who have been referred to Prop 36. They found that about half of offenders failed to complete their court-ordered treatment, leading critics to charge that defendants are taking advantage of the program. Police say they are spending more time arresting drug offenders.

Prop 36 allows offenders three chances at treatment before they can be sent to prison. "Every time I'd get arrested ... [I knew] I've got three more chances coming to jail," said drug offender Alexander Santillan.

"For the lay voter, I'm sure they thought, 'If you build it they will come,' and that you would have close to probably a 75 percent or higher success rate," said Los Angeles County Superior Court Judge Ana Maria Luna. "We just haven't seen that anywhere in the state."

The UCLA researchers, however, found that 78 percent of offenders who did complete treatment remained drug-free a year afterwards, and 59 percent had gotten jobs. "Most people in recovery will have a relapse," said David Pating, president of the California Society of Addiction Medicine, a Prop 36 supporter. "Isn't California fed up with our prisons being overcrowded?"

California Gov. Arnold Schwarzenegger recommended that repeat offenders be better supervised or moved out of Prop 36, saying that a small group of miscreants are costing the state and the program a lot of money. "Some people, quite frankly, don't belong in Prop 36," said researcher Angela Hawken. "They're going to fail. They're going to keep failing. We're wasting our money. And we're really ... putting our community in jeopardy by having them on the streets."

The UCLA researchers thought, 'If you build it they will come'...
TAADAS FORGES NEW RELATIONSHIP WITH DCS

In recent days TAADAS and its member organizations have begun the process of forging a new working relationship with the Tennessee Department of Children’s Services. Through the efforts of TAADAS Board President, Mike McLoughlin, TAADAS and DCS are working together to address the issue of addiction among the parents of children either in or in danger of being placed in DCS custody. At the April TAADAS Organizational meeting, Randal Lea, the Assistant Commissioner of DCS, spoke to the group about the need for services for parents and children. He noted, “We believe if we target those families for whom effective substance abuse treatment is the only barrier to reunification, we will be the most effective.”

As a result of Mr. Lea’s interaction with TAADAS and its members, a subsequent meeting was held with Mr. Lea and DCS Commissioner Dr. Viola Miller. TAADAS members John York of Samaritan Recovery Centers, Joe Pickens of JACOA, Mike McLoughlin of Memphis Recovery Center and Vernon Martin, Executive Director of TAADAS attended. The group explored ways to work together to address the issues and how TAADAS and TAADAS members can be of assistance in providing services to DCS. Dr. Miller noted the ongoing need for A&D treatment services for those DCS parents in need and voiced support for TAADAS’s efforts to date. Additional meetings are scheduled to discuss Adolescent Treatment Services and other ways that the two organizations can work together to benefit Tennesseans in need.

STUDY HINTS PERIODS OF ABSTINENCE PREVENT DAMAGE FROM HEAVY DRINKING

The Japanese belief that a "liver holiday" can help protect the health of heavy drinkers seems to be accurate, according to a study that compared everyday drinkers to those who take a few days off between bouts of heavy consumption.

Reuters reported April 17 that a study of 89,000 men and women found that men who drank heavily on a daily basis had a higher mortality rate than those who drank about the same amount of alcohol on a weekly basis, but concentrated their drinking into bouts separated by days of abstinence. Daily drinkers who consumed 300 grams of alcohol or more weekly were up to 55 percent more likely to have died during the 13-year study period than heavy drinkers who consumed alcohol just a few days per month.

Researchers speculated that daily drinkers may be continually exposed to the carcinogen acetaldehyde, an alcohol byproduct, thus raising their cancer risk.

The study appears in the May 1, 2007 issue of the American Journal of Epidemiology.

Reference:

“Reuters reported April 17 that a study of 89,000 men and women found that men who drank heavily on a daily basis had a higher mortality rate than those who drank about the same amount of alcohol on a weekly basis”
MAJOR STUDY LAUNCHED TO EXPLORE TREATMENT FOR PRESCRIPTION DRUG ADDICTION

In response to the growing national problem of prescription drug abuse, the University of California-San Francisco (UCSF) is launching a new study to evaluate treatments for addiction to prescription painkillers. The research is the first large-scale study to assess whether addiction to opioid painkillers, such as Vicodin and OxyContin, can effectively be treated with drug treatments currently used for heroin addiction.

The study is part of a national effort involving 11 clinical research centers to evaluate such therapies. Known as the Prescription Opiate Addiction Treatment Study, or POATS, it is being led by the National Drug Abuse Treatment Clinical Trials Network, under the National Institute on Drug Abuse (NIDA).

“The abuse of prescription opiates has become a very serious problem in our society, but until now, there have been no large-scale studies to evaluate how to treat those addictions,” said Stephen Dominy, MD, director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital Medical Center, who is co-leading the UCSF portion of the study. “This study hopes to assess whether current opiate dependence therapies are effective, as well as the role of counseling in treatment outcomes.”

An estimated 2.2 million Americans aged 12 or older start using prescription pain relievers each year for non-medical uses, surpassing the number of new marijuana users (2.1 million), according to the 2005 National Survey on Drug Use and Health. In that survey, more than 6 million Americans reported using prescription drugs for non-medical uses in the previous month, which is more than the number abusing cocaine, heroin, hallucinogens and inhalants, combined.

Those users, however, appear to fit a very different profile from traditional patients in heroin dependence programs, according to Yong Song, PhD, co-principal investigator for the UCSF site study and an assistant clinical professor of psychiatry in the UCSF School of Medicine. These users tend to be younger with fewer other dependency issues, such as alcohol or cocaine, and often come from a middle-class background.

“Opiate addiction is well studied in heroin dependence, but very little is known about what treatments are effective with this group of people,” Song said. “We think this is a different demographic, but it’s not well studied. This trial will confirm whether they really do look different.”

Visit www.ucsf.edu/ for more information about this study.

IOWA PHARMACY LOGS YIELD ARRESTS

Reviews of records about purchases of pseudoephedrine-based drugs at Iowa pharmacies led to five arrest warrants being issued against people suspected of buying the medications as raw materials for making methamphetamine.

The Quad City Times reported April 11 that police say that the logs required under the 2005 Iowa Pseudoephedrine Control Law have helped curb the proliferation of clandestine meth labs around the state. In addition to requiring buyers of pseudoephedrine-based products to sign a log book, the law compels purchasers to show a photo ID. Only individuals ages 18 and older can buy the drugs, and purchases are limited to 7,500 grams over a 30-day period.

"It has been very successful," said Gary Kendell, director of the Governor's Office of Drug Control Policy, of the law. "It has caused a 70 percent reduction in meth labs over a two-year period."
Sticky Solution Sought for Underage Drinking

Utah prevention agencies are distributing preprinted sticky notes that parents can slap on liquor bottles at home as a warning to children against underage drinking, the Salt Lake Tribune reported April 9.

The notes, available free at the state’s Parents Empowered website, are printed with the message, “At your age, drinking is dangerous. So are really angry parents.” The stickers also can be affixed to liquor cabinets or refrigerators.

A different set of sticky notes are available at Utah state liquor stores, with no-drinking pledges intended to be signed by youths before they go out with friends.

“Research shows that parental disapproval is the No. 1 reason that underage children choose not to drink,” said Utah Alcoholic Beverage Commission chairman Larry V. Lunt. “But it is not good enough for parents simply to tell youngsters, ‘Do not drink.’ The possibility of permanent damage is too great.”

Reducing Underage Drinking: A Collective Responsibility

Alcohol use by young people is extremely dangerous, both to themselves and society at large. Underage alcohol use is associated with traffic fatalities, violence, unsafe sex, suicide, educational failure, and other problem behaviors that diminish the prospects of future success, as well as health risks. Despite these serious concerns, the media continues to make drinking look attractive to youth, and it remains possible and easy for teenagers to get access to alcohol.

Why is this dangerous behavior so pervasive? What can be done to prevent it? What will work and who is responsible for making sure it happens? Reducing Underage Drinking: A Collective Responsibility, a joint report by the National Research Council and Institute of Medicine, addresses these questions and proposes a new way to combat underage alcohol use. It explores the ways in which may different individuals and groups contribute to the problem and how they can be enlisted to prevent it.

The report says that reducing underage drinking requires a cooperative effort from all levels of government, alcohol manufacturers and retailers, the entertainment industry, parents and other adults in a community. The report proposes a comprehensive strategy to curb underage drinking, a problem that costs the nation an estimated $53 billion annually, due in part to losses stemming from traffic fatalities and violent crime.
News from Capitol Hill

By Nathan Ridley

News from Capitol Hill
May 14, 2007
Nathan H. Ridley

Bredesen Seizes the Day. Struggling to find the votes for his tobacco tax proposal, Governor Bredesen finally listened to some elected folks who actually have to cast the votes to enact the proposal into law, and tried a new approach. Ever since the first sales tax was implemented after World War II when returning veterans changed the state’s political landscape with the notion that we would be better than the horrors of the war they had just fought, school funding equity has been an issue. During the 1990’s the smaller and poorer schools systems sued the state for its inequitable education funding system and prevailed. The General Assembly responded with the Basic Education Program (BEP) and resolved the litigation. As fixed statutory formulas and changing demographics tend to do over time, problem areas developed. After serious conversations with Senators Woodson and McNally and Representatives Fitzhugh and Winningham, Governor Bredesen has decided to tackle the problem areas and ask for a change in the distribution formula and for a greater expenditure of education funds than he had originally requested. Not many governors quote much Shakespeare, but Governor Bredesen’s closing remarks for Thursday’s joint convention of the General Assembly included these words from Brutus trying to rally his comrades in Shakespeare’s Julius Caesar:

There is a tide in the affairs of men Which taken at the flood, leads on to fortune; Omitted, all the voyage of their life Is bound in shallows and in miseries. On such a full sea, are we now afloat. We must take the current when it serves, Or lose our ventures.

Our state government has found itself on the unusual tide of having more funds than it anticipated having for the 2006-07 fiscal year and the coming 2007-08 fiscal year. The State Funding Board projected that the State will receive from $289 to $350 million in new revenues for the fiscal year that begins July 1. Driving the revenue surge is continued strong growth in the state’s franchise and excise taxes, that is corporate property and income taxes. The new revenues will be used to better our woeful education system and to bring greater equity to our education funding formulas. The pilot programmed pre-kindergarten program is due for a steep climb. High school students will have to take more mathematics. More funding in the state’s Better Education Program formula for at risk children will be available. Community college opportunities will be more readily available to students who can show readiness for that level of work.

DUI Task Force Report followup. The Criminal Practice Subcommittee of the House Judiciary Committee deferred to its summer study sessions just about all of the work product of the Governor’s DUI Task Force. As you will recall, the task force recommended repeal of the litter pickup penalty provision and several other items on the prosecutorial community’s wish list. Next on the list were, administrative revocations of driver’s licenses for DUI offenders, and expansion of our open container prohibition, and some mandatory use of ignition interlock devices for repeat offenders. For the treatment community, this last item gives pause for concern because of the fiscal effect of taking funding away from treatment resources in search of an unproven silver bullet in the form of ignition interlock devices. These legislative study committee sessions will be the perfect opportunity educate our state policy makers that the state’s Alcohol and Drug Addiction Treatment fund has been the only source of any growth in treatment resource funding since its enactment in 1999.

Election update: Kevin Gallagher will face Jeanne Richardson in the Democratic Primary election on May 31 to determine who will succeed Beverly Marrero as State Representative for District 89, which covers the Midtown area of Memphis.
FAITH CENTERED EDUCATION RELEASED TO ASSIST COMMUNITY LEADERS

As addiction touches millions of lives in the U.S., faith leaders can now access a new tool to help those suffering from alcohol or drug dependence in their communities.

NAADAC, the Association for Addiction Professionals, and the National Association for Children of Alcoholics (NACoA) have released a new joint effort, the Certificate in Spiritual Caregiving to Help Addicted Persons and Families. This certificate program offers information and strategies to help faith leaders provide effective and appropriate support for those suffering from alcohol and drug dependence. The educational program will also help faith leaders guide individuals or families who have a family member who is suffering from addiction.

Clergy are often approached by individuals and family members seeking help, support and guidance in dealing with the pain and confusion caused by addiction. This program will help faith leaders understand and support the promise of recovery.

This new program is designed to:

- provide leaders with basic knowledge about addiction and its impact on family members,
- create opportunities to learn about treatment and recovery resources in the faith leader’s local community,
- enhance the ability to recognize alcoholism and drug addiction, and
- offer tools and strategies to help children and families living with alcohol and drug addicted parents.

"NAADAC is pleased to partner with National Association for Children of Alcoholics in offering this credential. We aim to help leaders in the faith-based community reach out to other practitioners of their faith and the whole community. This certificate can provide the tools for faith leaders to help people with advice and guidance that is timely, accurate and effective," said Shirley Beckett Mikell, NCAC II, CAC II, SAP, Deputy Executive Director of NAADAC.

Sis Wenger, President and CEO of NACoA stated, "Members of the clergy consistently say that alcohol and drug problems are pervasive in their congregations and communities. NACoA has long recognized the critical role clergy in facilitating and supporting healing from the ravages of addiction in the family. This certificate will enhance clergy persons' effectiveness in helping congregants impacted by this disease."

Too often children and their family members suffer in silence and shame while a family member struggles with alcohol or drug addiction. Helping individuals and family members rebuild emotional, physical and spiritual health "is a 'must have' resource for the modern pastor," according to Fred L. Smoot, PhD, Chair of the Core Competencies Task Force on Substance Misuse for the Association for Clinical Pastoral Education.

The requirements for the Certificate in Spiritual Caregiving to Help Addicted Persons and Families include face-to-face or online training; required readings; onsite visits to local agencies; attendance at open Alcoholics Anonymous (A.A.) and open Al-Anon meetings; and completion of an online exam. The program is offered at an introductory rate of $50 beginning April 2, 2007 until December 31, 2007.

Enrollment can begin by visiting www.naadac.org and clicking on "Certification" or visiting www.nacoa.org and going to the Clergy page.

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**Study Looks at Suboxone Treatment for Prescription Drug Abuse**

Researchers at the University of California at San Francisco (UCSF) and others nationally are hoping to determine whether the anti-addiction medication Suboxone -- a mix of buprenorphine and naloxone -- can be used to effectively treat people addicted to prescription opiate-based drugs like Vicodin and OxyContin.

The Prescription Opiate Addiction Treatment Study (POATS) is the first large-scale research project of its kind. Funded by the National Institute on Drug Abuse (NIDA), POATS research is being conducted at 11 sites nationally, including UCSF.

"The abuse of prescription opiates has become a very serious problem in our society, but until now, there have been no large-scale studies to evaluate how to treat those addictions," said Stephen Dominy, M.D., director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital Medical Center. "This study hopes to assess whether current opiate dependence therapies are effective, as well as the role of counseling in treatment outcomes."

Researchers noted that people addicted to prescription opiates tend to be younger, more affluent, and have fewer related dependency issues than those addicted to illicit opiates like heroin. "Opiate addiction is well studied in heroin dependence, but very little is known about what treatments are effective with this group of people," said Yong Song, Ph.D., co-principal investigator for the UCSF study. "We think this is a different demographic, but it's not well studied. This trial will confirm whether they really do look different."

A total of 648 people will be enrolled in the study. Participants will be treated with Suboxone for a month, then detoxed; sobriety will be measured after two months. Half the group will receive intensive individualized drug counseling, while the other half will receive brief counseling from doctors.

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**Pain Meds Reformulated to Prevent Addiction**

With addiction to prescription painkillers rising sharply, some drug makers are looking for ways to deliver effective pain relief with less risk of dependence, the Associated Press reported March 18.

A recent meeting on prescription drug addiction organized by the National Institute on Drug Abuse included information on Remoxy, an abuse-resistant version of oxycodone being developed by Pain Therapeutics Inc. Remoxy is a gelatin version of the drug that, unlike OxyContin, can't be crushed and then snorted or injected. The drug is currently in late-stage clinical trials.

Researchers also are looking at combining oxycodone with naltrexone, an anti-craving drug, to prevent abuse.

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**Community Hospitals Hit Hard by Addiction, Mental Illness**

A new federal study finds that about one in four adults admitted to community hospitals have a mental-health or addiction diagnosis.

The Agency for Healthcare Research and Quality report found that 7.6 million out of 32 million hospital stays by Americans ages 18 and older involved mental illness or alcohol or other drug disorders. Of these, 1.9 million had a primary diagnosis of addiction or mental illness.

Patients dually diagnosed with addiction and mental illness accounted for about 1 million community-hospital stays.

Medicare paid for about half the stays, while 18 percent were paid for by Medicaid. About 8 percent of patients were uninsured; the rest were covered by private insurers.

The report also noted that about one third of all hospital stays by uninsured patients involved addiction or mental-health problems.

"The significant number of hospital stays related to mental-health and substance-use disorders signals the need for an increased national effort to identify and intervene early before the conditions require a hospital stay," said Terry Cline, Ph.D., administrator of the federal Substance Abuse and Mental Health Services Administration.

"Too often because of social stigma or lack of understanding, individuals and health care providers don't recognize the signs or treat mental health or substance use disorders with the same urgency as other medical conditions."
New Employees at TAADAS

Krissy Jinkerson
Information Specialist

I began working at TAADAS in February of 2007. I am enjoying the challenges and enrichment that accompany my job answering the TN REDLINE. I became interested in non-profit work through serving as an Americorps member at a non-profit called Prevent Blindness. As the Children’s Coordinator I used eye exam vouchers donated by local Ophthalmologists to schedule eye exams for children in Metro schools who were without health insurance and had failed yearly eye screenings. I have completed two and half years of undergraduate pre-nursing education and have plans to return to school at some point.

Natalie Lucas
Clearinghouse Coordinator

I recently graduated from Middle Tennessee State University, and joined TAADAS in March. I majored in Organizational Communications with my background including non-profit work, event planning and P.R.. This year has been quite a year for me, I was married in October to Ross Lucas of Nashville, graduated from MTSU in December, and now have found my place at TAADAS as the new Clearinghouse Coordinator.

Fire at English Mountain Recovery

As many of you know English Mountain Recovery experienced a devastating fire at our facility on Good Friday of this year. NAATP, TAADAS and many others have been generous in sending notice of our needs as a result of the fire. The fire destroyed our newly renovated Administrative offices, Admission offices, training rooms, recreation room, laundry facilities and all contents of each. If you or someone you know is interested in helping us please give them our name and mailing address.

English Mountain Recovery (EMR) is a 56 bed residential treatment facility located in the Smokey Mountains of East Tennessee. Set on a serene 27 acre campus, EMR joins hands with nature’s perfect setting to provide an environment where lives can be transformed. We are dedicated to providing the highest quality of recovery services to individuals and their families at the most affordable costs. We are committed to client service, while emphasizing a spiritual foundation, true to the original foundation of the 12 Step Program.

We are a 90 day residential program with the opportunity for longer stays as indicated on an individual basis. English Mountain Recovery’s full range of treatment modalities includes Twelve Step Philosophy, Equine-Assisted Therapy, Experiential and Adventure therapies, Creative Arts, Spiritual Consultations, Relapse Prevention and a dynamic Family Program. We also provide Integrative Therapies such as Yoga, Acupuncture, and Nutritional Therapy.

English Mountain Recovery is always here to provide a safe, therapeutic environment for people who are struggling with addictive disorders and wish to regain their lives, find a healthy balance, and become an asset to their families and communities.

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### Workshops & Trainings

**Methods of Anger Control**  
Facilitator: Bill Nugent, June 1  
Helen Ross McNabb Center  
Contact Martha Culbertson,  
865.329.9087

**Mastering Alive Relationships**  
Facilitator: Wilbert Alix  
HART Center, Memphis June 1, 2, 3  
Contact Jane Abraham at 901-828-1332

**Co-Occurring Disorders**  
Facilitator: Jim Jones, Sr, Jackson  
Madison County Health Department,  
June 8, Contact Barry Cooper  
731.423.3653

**Pharmacology Update 2007**  
Facilitator: Glen Farr  
June 15, 2007, UT Conference Center,  
Contact Martha Culbertson,  
865.329.9087

**From Co-D to In-D**  
Facilitator: Elaine Orland, HART  
Center, Memphis,  
June 15 & 16, Contact Jane Abraham,  
901.828.1332

**Family Systems and Addiction**  
Facilitator: Carolyn Willette-West,  
JACOA, Jackson,  
June 22, Contact Barry Cooper  
731.423.3653

### Featured Publications:

**Helping Yourself Heal A Recovering Man’s Guide to Coping with the Effects of Childhood Abuse**

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. June 11–17 is National Men’s Health Week. In honor of that, this edition’s feature is: *Helping Yourself Heal A Recovering Man’s Guide to Coping with the Effects of Childhood Abuse.*

This guide is for men with substance use disorders who were abused as children. It explains some of the feelings that can surface when someone dependent on alcohol or drugs enters treatment. The guide also defines childhood abuse, lists symptoms of abuse, and informs the reader of how to handle childhood abuse issues while in treatment. Additional resources are included. Spanish version also available.

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

### Featured Video:

**AIDS Update: The Latest Facts About HIV and AIDS**

The Clearinghouse has over 800 videos on Substance Abuse, Addiction and related issues. Videos range in length and subject as well as targeted audience. In each edition of the TAADAS Times, we feature one of our collection. This edition’s Feature is: *AIDS Update: The Latest Facts About HIV and AIDS.*

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

Videos can be checked out from TAADAS free of charge by anyone in the state of Tennessee for three (3) business days. UPS shipping is available for those checking out videos outside the Nashville area for $13.50 per shipment. Videos can be scheduled for agencies to view in rotation on a regular basis. They may be previewed in the TAADAS office during normal business hours. Call the Clearinghouse at 615.780.5901 to check out this or any other video in our collection. A complete video catalog is available online on the TAADAS website at www.taadas.org.
Study Says Youth Marijuana Users Face More Problems Than Drinkers

A 10-year study finds that youths who were heavy marijuana users in their teens were more likely than drinkers to have a host of problems later in life, including mental illness, relationship problems, and trouble getting a job.

The Independent reported April 22 that researchers followed 1,900 youths from age 15 to 25 and found that heavy marijuana users were three to six times more likely to use other drugs than those who drank alcohol, and three times more likely to be unemployed or drop out of school.

"Cannabis really does look like the drug of choice for life's future losers," said lead researcher George Patton of the Melbourne University Center for Adolescent Health.

The study was published in the April 2007 issue of the journal Addiction.

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Workshops & Trainings

**ASAM Patient Placement—Revised**
Facilitator: Frances Clark, A & D Council of Middle TN, Nashville, June 23, Contact Susan Young, 615.269.0029

**Beyond the Rules: A Course in Advanced Professional Ethics**
Facilitator: Kathryn Benson, June 28, Helen Ross McNabb Center, Knoxville
Contact Martha Culbertson, 865.329.9087

**Counseling Circle: An intensive collaboration experience**
Facilitator: Kathryn Benson June 29, Helen Ross McNabb Center, Knoxville
Contact Martha Culbertson, 865.329.9087

**ETAADAC Training**
Helen Ross McNabb Center, Knoxville, July 17, Contact Andy Dean at adean@etaadac.org or Rosa Carter at rcarter@etaadac.org

**Healing Arts I**
Facilitator: Gary Adler FourStar Hart Center, Memphis July 21, 21, 22
Contact Jane Abraham at 901-828-1332

**Healing Arts II**
Facilitator: Gary Adler FourStar Hart Center, Memphis August 24, 25, 26
Contact: Jane Abraham at 901-828-1332

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Recovery Books & Things

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- **July** 20% off Selected Gifts
- **August** 20% off all Meditations!

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Some Signs Point to Declining Meth Use

The Associated Press reported April 2 on a series of anecdotal and research reports hinting at a decline in meth's popularity. A crackdown on over-the-counter drugs used to make meth has led to a reported decline in the number of homegrown meth labs uncovered by police. Positive drug tests for meth use also have fallen from 33 per 10,000 workers in 2004 to 16 per 10,000 in 2006.

In the Minneapolis-St. Paul area, meth-related ER visits fell from 1,402 in 2005 to 251 in 2006, while Montana officials said that meth-related crime has declined by half.

Meth-related ER visits also fell in San Francisco, and use is falling among gay men as information on the drug's harsh side effects have spread, according to John Newmayer of the Haight-Ashbury Free Clinics. "[It's] probably the same reasons we saw the decline 10 years ago with African-Americans and crack cocaine," said Newmayer. "It just became not the thing to do."

However, meth use continues to spread and even grow in new areas, such as Florida and the East Coast.

Law-enforcement officials said that while Mexican meth has replaced locally produced drug stocks in some cases, prices have gone up and purity has fallen in places like Portland, Ore. Some officials say that interest in powdered cocaine has increased as meth's popularity has waned.

Most use of crack cocaine eventually faded away because of the pernicious effects of the drug on users, and now there are some indications that the same may be happening with methamphetamine.

Single Dose of Meth Can Hurt Fetus, Researcher Says

Pregnant mice given a single dose of methamphetamine had babies who suffered from developmental problems and impaired motor skills, according to a University of Toronto researcher.

The Saskatoon Star Phoenix reported March 19 that researchers believe that meth use releases free radicals in the brain, which can cause a variety of damage, including to DNA. Fetal brains have less ability than adult brains to counteract free radicals, said University of Toronto researcher Peter Wells.

In mice, the harmful effects of prenatal meth use appear to be permanent. Wells said it's not clear if the animal studies can be applied to human drug use, however. "It's very difficult to know the (troubles) that meth causes in humans because there's very little documentation about what they're exposed to," he said.

Women, Whites and Young People More Likely to Abuse Meth, Prescription Drugs

A study of addiction-treatment admissions finds that the profile of people addicted to methamphetamine and prescription narcotics differs from those who use non-stimulant drugs, Medical News Today reported March 31.

People admitted to treatment for addiction to stimulant drugs are more likely to be young, white, and female than non-stimulant users in treatment. Study author Tracy Gunter, M.D., said better profiling of stimulant users would improve efforts to screen patients for addiction.

"Methamphetamine and certain synthetic stimulants are purported to be 'super drugs' in that the effects are more intense and long-lasting than those produced by cocaine. Stimulants can cause a severe addictive disorder that is very hard, but not impossible, to treat," said Gunter of the University of Iowa's Roy J. and Lucille A. Carver College of Medicine. "The more we know about who is likely to try meth, the more we can do to screen for substance abuse just as many primary caregivers currently screen for tobacco, alcohol or marijuana abuse."

The researchers looked at a database containing information on 1.7 million treatment admissions and found that more than half of stimulant users were ages 21 to 34, while non-stimulant users tended to be older than 34. Forty-six percent of stimulant users were women, compared to 29 percent of non-stimulant users. And whites made up 79 percent of stimulant users, while just 3 percent were black and 18 percent were Native American, Asian, or members of ethnic groups.

The study was published in the September 2006 issue of the journal Substance Use and Misuse.
'Sober Companions' Help Rich Addicts Stay Clean

Everyday people in recovery often turn to support groups or an AA sponsor when they face a possible relapse, but some celebrities and other wealthy addicts are turning to paid "sober companions" to help maintain their sobriety, the New York Times reported April 15.

Sober companions like Ronnie Kaplan, a former addict and ex-con, can earn fees of up to $1,000 per day for their services. "I get there and I sit him down and relax his mind," Kaplan said of his interaction with one wealthy client. "I ask him 'What brought this on?' It's always something," Kaplan said he will even search the client's home for drugs if he thinks it is warranted.

Some sober companions become part of a celebrity's entourage, like a personal trainer or life coach. But demand for their services is increasingly coming from outside the entertainment business, including CEOs in recovery.

"Anybody who's returning to their life after rehab needs added structure and support in that transitioning phase," said Nanette Zumwalt, owner of HIred Power, a California company that employs 70 sober companions in 15 states.

Ron Hunsicker, president of the National Association of Addiction Treatment Providers, said the recent growth in high-end treatment programs has helped feed the growth of the sober-companion profession. Patients discharged from exclusive treatment programs often are referred to sober companions who help with discharge plans and followup care. "It's another option, particularly for high risk, relapse people," said Hunsicker.

Robert Tyler, president of the California Association of Alcoholism and Drug Abuse Counselors, said sober companions can help people in recovery but added, "There's no regulation, no accountability." And at least one client says that the role of sober companions should be limited. "I don't think you need a sober companion for six months," said the client, a lawyer from Boston who spent $650 per day for a sober companion who stayed with her for four days after she left a Utah treatment program. "You have to take responsibility for your own recovery."

Questions Grow About Medical Marijuana, Workplace

With a dozen states now allowing the use of marijuana for medical purposes, employers are experiencing more conflicts between medical users and workplace drug-testing policies, USA Today reported April 17.

Some employers are sticking to "zero-tolerance" policies that call for firing any worker who tests positive for marijuana, including Columbia Forest Products. Others, like Newbridge Securities, even allow medical marijuana users to use the drug at work. Meanwhile, the courts have become involved in deciding whether medical-use laws provide any protection to workers.

"The rights of an employer to ensure productivity and safety around machinery and on the job has to take precedence," says Mark Levitt, a labor and employment lawyer in Tampa, Fla. "The use of marijuana has an effect on employees' ability to perform. That's a big concern for employers."

But Melek Pulatkonak, president and CEO of the Internet search-engine company

Hakia, said that while his company would have "to be sure their mind is clear," officials would consider a flexible work schedule for an employee who uses medical marijuana.

No state medical-marijuana laws require employers to make such accommodations for medical users. But companies remain far from certain about how firm their legal ground is in firing medical-marijuana users who fail drug tests.

"It's almost an untenable situation. Employers are screaming for answers," said employment lawyer Richard Meneghelli. "We know they're looking for clear answers, and there's not one out there right now. There's a lot of uncertainty. Employers are living in a dangerous situation."

The Oregon Supreme Court ruled last year that Columbia Forest Products did not have to accommodate a medical-marijuana user who failed a workplace drug test, despite arguments that the worker was never impaired on the job. The company said it had to maintain a drug-free workplace for safety reasons and because it is a

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Female Brain Hurt Faster by Alcohol, Study Says

Researchers say that female alcoholics perform worse than men on tests designed to gauge cognitive damage caused by drinking, Reuters reported April 23.

Study author Barbara Flannery from RTI International and colleagues compared brain-function test results from 78 alcoholic men and 24 alcoholic women ages 18-40; 68 nonalcoholic men and women were used as a control group. The study was conducted in Russia.

Female alcoholics did worse than men on tests involving visual working memory, cognitive flexibility, spatial planning, and problem solving, even though the alcoholic men had, on average, been drinking significantly longer than the women.

"Women are vulnerable to the extent to which they will experience the negative consequences of alcohol abuse and alcoholism more rapidly than men, but men will also experience it -- the same kinds of effects," said Flannery.

The greater impairment suffered by women may be due to differences in how they metabolize alcohol, the researchers said.

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

Reference:

Female Brain Hurt Faster by Alcohol, Study Says
And See All the People... The TAADAS Clergy Training Initiative

May was a busy month and June promises to be the same. With the help of JACOA’s Barry Cooper, our training in Jackson went very well—the presenters were well informed and professional, attendees were interested and very excited to be there. Students ran the gamut, from professional clergy to lay leaders working to develop recovery-supportive and prevention-minded church congregations.

The same was true for the training session held at TAADAS headquarters on May 17th. Ministers from several different denominations, representatives from Drug Court, and counselors and front line workers from Street Works, an initiative to help the homeless, all convened for a day of intense training and theological discussion related to 12 Step Programs and spirituality. The day was capped off by a musical performance by Rev. Michael Coup and the Coup Group Band from Nashville’s recovery Our next TAADAS clergy training takes place Thursday, June 14th, at the Hope Episcopal Church in Cordova and is geared to serve the needs of ministers and congregations in Memphis and the surrounding area. Hope’s own Pat Kendall will repeat the excellent presentation on the “Church and Recovery” he made for our Jackson trainees. Pat has extensive experience working with the families and spouses of addicts and alcoholics and has powerful stories to share with those who want to gain a better understanding of the far reaching impact of this disease. We are also currently in the planning stages of a clergy training scheduled the last week in June for clergy in the Chattanooga area.

Jackson Clergy Training Participants: Terry Brown, Stan Bumgarner, Patsy Whitmore, Raelynn Britt, Mark Baldwin, Pat Kendall, Ben Tournier, April Bridgeman, Barry Cooper, Adam Bridgeman, Denita Cox (From L to R)

For information on participating in any of our clergy trainings, please contact Stan Bumgarner by e-mail at stan@taadas.org or by calling 615-780-5901 Ext. 14.

News From Capitol Hill

(Continued from page 6)

Wayne McGinnis and Dave Wicker, Jr. are the candidates in Republican primary. This district is staunchly Democratic, and the Democratic primary winner should prevail in the special general election on July 17. As you will recall, this House seat is the one previously held by Beverly Marrero who resigned her House seat after winning the special election for State Senate District 30 in March. Please also note that Memphis, Nashville and Knoxville are all having city elections this summer and fall. These successful candidates often become candidates for higher office later in their careers. “There is a tide in the affairs of men”... Let’s not lose our ventures.

Calendar Notes:
State offices will be closed Monday May 28, 2007, for the Memorial Day holiday, and Wednesday, July 4, 2007 for the Independence Day holiday.

Nathan Ridley is an attorney with the Nashville firm, Bout Cummings, Conners & Berry, PLC. You may contact him by email at nridley@boutcummings.com.

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“Partially funded by Tennessee Department of Health”
**Don't Blame Clinics for Methadone ODs, SAMHSA Says**

Methadone has been involved in a growing number of drug overdoses, but diversion from methadone clinics is not the source of the problem, according to officials at the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Rather, most of the methadone associated with overdoses originated with physicians prescribing the drug as a painkiller. "While deaths involving methadone increased, experiences in several states show that addiction treatment programs are not the culprits," said H. Westley Clark, M.D., J.D., M.P.H., director of SAMHSA's Center for Substance Abuse Treatment.

Clark's comments reflected the findings of an expert policy panel, convened in 2003, which recently stated in Methadone-Associated Mortality, Report of a National Assessment that "although the data remain incomplete ..., methadone tablets and/or diskettes distributed through channels other than opioid treatment programs most likely are the central factor in methadone-associated mortality."

The panel noted that most methadone involved in overdoses was taken in tablet or diskette form, whereas most methadone clinics distribute the drug in liquid form. The experts suggested that most overdoses were the result of excessive use for purposes of intoxication, deadly combination with alcohol or other drugs, or accidentally building up toxic levels of the drug during the first few days of treatment, before tolerance is developed.

The Associated Press reported April 9 that the state of West Virginia, concerned over rising methadone overdoses, has put a moratorium on opening new methadone clinics. But a SAMHSA official said that a report from the Centers for Disease Control and Prevention on methadone overdoses in North Carolina found that 85 percent involved drugs from pharmacies, not methadone clinics.

Phil Herschman, president of the outpatient division of CRC Health Group, which runs seven methadone clinics in West Virginia, said his programs are being wrongly blamed for problems associated with the drug. "It's a battle we struggle with on a regular basis," he said. "We're more public and a more obvious target."

Some state lawmakers, however, said the moratorium is not just about overdoses but whether methadone clinics are doing enough to wean patients off the drug. Residents in Huntington, W. Va., also complain that a methadone program there has become a magnet for panhandling and prostitution, which clinic officials dispute.

"Methadone has been involved in a growing number of drug overdoses, but diversion from methadone clinics is not the source of the problem"

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**Baking Soda Ban Suggested to Control Crack**

A Missouri state lawmaker has proposed banning baking soda from store shelves in order to prevent drug dealers from using it to make crack cocaine, KFVS-TV reported April 9.

Rep. Talibdin El-Amin, a Democrat from St. Louis, is proposing that baking soda only be sold behind the pharmacy counter to prevent crack production, similar to restrictions on cold medications intended to hinder the illicit manufacture of methamphetamine.

"That's maybe going overboard," said Sikeston, Mo., resident Greg Colwick. "I would think baking soda is an item you're just used to picking up. It's convenient to do."

Some pharmacists agree, saying that the law restricting sales of formerly over-the-counter cold medicines has already become a hassle for them.

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Coalitions Address Dangerous New Heroin Mixture in Dallas

A potentially lethal combination of heroin and Tylenol PM known on the streets as "cheese" is on the rise among students in Dallas, Texas, causing heroin addiction among students as young as nine. Community leaders have joined forces to help curb this dangerous new trend through media outreach, parent and student education, public service announcements and outreach to faith-based institutions.

Cheese is a highly addictive blend of black tar heroin crushed with cold medicines containing sleep aids—commonly Tylenol PM—and sold for $2 a hit. The combination was reportedly first detected in the fall of 2005, but the numbers were so low that it was not viewed as a grave concern. However, recently the Dallas Morning News reported that arrests for the heroin mix are up 82 percent this school year. Police at the Dallas Independent School District made 122 cheese-related arrests through February. Even local treatment centers are reporting an increase in treatment requests from students who use cheese. In addition, USA Today reported that the Drug Enforcement Administration is tracking the drug combo to make sure it doesn’t become a national problem.

Coalition leaders at the Greater Dallas Council on Alcohol and Drug Abuse (GDCADA) are particularly concerned that cheese is attracting young teens and pre-teens—many of whom may not realize its potential dangers.

“We believe cheese is being marketed by drug dealers specifically to young kids as a cheap high. Dealers are telling kids that they’re not doing anything wrong by using it and since kids snort it, rather than inject it, they don’t believe it carries the same risks of heroin,” said Alison Watros, Program Director of the Prevention Resource Center at GDCADA.

While cheese may have a deceptively innocent name, the drug combination can contain from 2 to 8 percent heroin purity level, and has been attributed to several deaths in the area. The withdrawal symptoms, which can appear 6 to 24 hours after the last dose of the drug, are being seen frequently by school nurses.

The drug first began sprouting up among the Hispanic community, but GDCADA Executive Director Debbie Meripolski said its use is quickly spreading. “We’ve taken a strong proactive approach to this by creating a county-wide task force, including county commissioners, hospitals, juvenile departments, school districts, toxicology and poison control professionals, treatment and prevention leaders,” Meripolski said. “While the impact was primarily on the Hispanic community, we’re starting to see that move to other communities.”

GDCADA held a conference to discuss community-wide solutions. The concern and feedback from the community was so great that a second conference is now in the works.

Meripolski said one of the toughest obstacles they’re facing in trying to address this issue is the lack of affordable treatment available for the young kids and families impacted by cheese. “There’s no treatment available for a lot of these youngsters. By in large, the families being affected by cheese are ones who don’t have insurance coverage, and they’re just far enough above the poverty level to not qualify for free treatment,” she said.

That’s why the group believes educating the community is the first step. Through PSAs in print, TV and radio outlets, GDCADA hopes to warn parents about the serious risks involved with using cheese and prevent elementary and middle school students from falling into the trap of drug dealers. “Our message is primarily that ‘this is heroin and you’d better believe it. Don’t let the cute name fool you,’” Meripolski said. “The drug dealers have found a harmless name for something that’s very harmful.”

Drugs Among Top Human Services Issues

A recent report from the Alliance for Children and Families lists drugs among the top issues affecting American society, along with the economy, population, immigration, education, health care, poverty, homelessness, violence, technology, disasters, and the workforce, PNN Online reported January 17.

The "Scanning the Horizons 2006-2007" report is intended to help nonprofits fashion their programs and plans as well as informing the public. Among the human-services trends noted in the report were the fact that 28 percent of returning veterans from the Iraq war need medical or mental-health treatment.

The Alliance is a national association of private, nonprofit human-service groups.

Taking Niacin to Beat Drug Tests Doesn’t Work, Could Hurt

Urban legend contends that drug users can take vitamin B3 (niacin) to beat a drug test, but researchers said that’s a myth that could land you in the hospital, the New York Times reported April 17.

Researchers recently reported cases where teenagers looking to beat drug tests took multiple 500-milligram tablets of niacin and ended up in the emergency room suffering symptoms like dizziness, nausea, and abdominal pain. The recommended daily dose of niacin is 14 to 16 milligrams.

Large doses of niacin can lead to skin and liver problems.

The study appears in the Annals of Emergency Medicine.

FDA finds ‘Cocaine’ energy drink illegal

The Food and Drug Administration (FDA) has taken aim at a controversial energy drink known as “Cocaine,” calling it illegal. Last fall, CADCA and several other drug prevention advocates expressed concern about the product for its potential to normalize a drug that has recently started reemerging among 18-25-year-olds. CADCA considers FDA’s finding a victory for the substance abuse prevention field and hopes it will discourage any similar marketing tactics from occurring in the future.

“This is a major victory for our field. We’ve been tracking this for some time and are pleased that the FDA took action,” said CADCA Chairman and CEO Gen. Arthur T. Dean. “Hopefully, this will discourage other companies from using such outrageous marketing ploys in the future.”

According to an April 11th Associated Press article, the FDA said the makers of the drink illegally marketed the drink as a street drug alternative and a dietary supplement. In a warning letter dated April 4, the FDA cites as evidence the drink’s labeling and Web site, which include the statements "Speed in a Can," "Liquid Cocaine" and "Cocaine — Instant Rush." In addition, dietary supplements cannot carry claims to prevent or treat a disease — something only drugs can do, according to the letter.

“Your product, Cocaine, is a drug,” the three-page letter reads. “It’s also a new drug and as such cannot be sold without FDA approval. In addition, the FDA said, the product is mislabeled because it doesn’t include “adequate directions for its intended uses.”

“Cocaine” is an energy drink produced by Las Vegas-based Redux Beverages. While it contains no actual cocaine, it is marketed as the “Legal Alternative” to the illegal drug, according to its website. Its logo appears to be spelled out in a white powder that resembles the drug. The energy drink managed to stir a marketing buzz utilizing the popular website MySpace.com, despite limited release in California and New York City. The drink promises the drinker will achieve a high, followed by a caffeine boost 15 minutes later that could last up to five hours. The drink also includes an ingredient that slightly numbs the throat, adding an oral sensation like the drug cocaine, and has caffeine content that is 350 percent stronger than its leading competitor, Red Bull.

In recent years illegal cocaine use has begun to rise. This is particularly true for the 18-25 year age group which has seen a 30 percent increase in its past month use, (from 2.0 percent in 2002 to 2.6 percent in 2005) according to the 2005 National Survey on Drug Use and Health. Redux Beverages is specifically targeting the “young party-going circuit” in its advertising campaign in general, and by utilizing the MySpace.com website. Naming a drink “Cocaine” and promising customers that it will leave you with a “high” serves to normalize and glamorize a drug that is beginning to reemerge among this age group.
The abuse of alcohol, tobacco, and illicit drugs places an enormous burden on the country. As the nation’s number one health problem it strains the health care system and contributes to the death and ill health of millions of Americans every year and to the high cost of health care. Substance abuse—the problematic use of alcohol, tobacco, and illicit drugs—also harms family life, the economy and public safety. (Schneider Institute for Health Policy, 2001, p. 6; 111) In Tennessee, untreated substance abuse costs taxpayers $43,000 for each abuse-related incident, whereas the average cost to treat each client in a state facility is $2,670. (Substance Abuse Treatment Effectiveness in Tennessee: 2002-2004 Statewide Treatment Outcomes Evaluation, 2005, p. 78)

It’s up to US to help others understand!

Alcohol and other drug dependence is a primary, chronic, progressive and potentially fatal disease. Its effects are systemic, predictable and unique. Without intervention and treatment, the disease runs an inexorable course marked by progressive crippling of mental, physical, and spiritual functioning with a devastating impact on all sectors of life—social, physiological, family, financial, vocational, educational, moral/spiritual, and legal.

We must join together to focus attention in support of addiction treatment, prevention, and recovery. The public needs to understand that addiction is a treatable illness and that millions of people achieve recovery.

TAADAS Membership

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

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

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.” 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
1800 Church Street, Suite 100
Nashville, TN 37203
615.780.5901
Fax 615.780.5905
membership@taadas.org

The TAADAS Times Newsletter is a quarterly publication edited and produced by TAADAS staff. It is distributed to over 2500 substance abuse professionals, business leaders, legislators, and concerned citizens across Tennessee and published on the internet, www.taadas.org. TAADAS accepts paid advertising for inclusion in the TAADAS Times and reserves the right to reject advertising that does not reflect its mission and purpose. 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:

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Fax 615.780.5905
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