

ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

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HIGHLIGHTS...

A bill to regulate methadone — both for pain and for addiction treatment — has been introduced by the Senator from West Virginia. The bill would require physician and consumer education, monitoring of prescriptions and overdose deaths, and imposition of take-home rules that point toward opioid treatment programs having to be open every day of the week. The take-home provision appears to have been sought by Center for Substance Abuse Treatment. *See story, top of this page.*

Patients who use Vivitrol, the \$800 monthly injection of naltrexone for alcoholism treatment, will get some financial assistance from Alkermes under a new initiative undertaken by the company. Due to roll out starting next week, the assistance will include one free dose for new patients, and help with insurance copayments for patients who need it. *See story, bottom of this page.*

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Caron tobacco cessation program funded by Phillip Morris... *See page 3*

Future of Mass. treatment programs depends on alcohol tax... *See page 4*

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Senator Rockefeller proposes legislation to regulate methadone

Sen. John D. (Jay) Rockefeller IV (D-W. Va.) has introduced his long-awaited bill that would regulate methadone, and it targets both methadone prescribed for pain and methadone dispensed by opioid treatment programs (OTPs) for increased regulation.

While there are many provisions of the bill that are supported by the addiction treatment field, such as requirements for improved mortality reporting and education of physicians and consumers, there are others, such as a possible requirement that programs be open seven days a week, which are not.

Senator Rockefeller timed the bill, the Methadone Treatment and Protection Act of 2009, to be released at the same time the Govern-

ment Accountability Office (GAO) report on methadone deaths came out. That report, released April 1, sums up research that shows that the increase in methadone overdose deaths — not only in West Virginia, but nationally — is due to pain prescriptions, not OTPs (see *ADAW*, April 6). Even the bill's preamble links the increase in overdose deaths to the increase in prescriptions for pain.

The bill is “a recognition of the fact that methadone is a proven and effective treatment for pain and addiction,” said a Senate staffer familiar with the issue. “It is also a recognition of the fact that more must be done to keep people from misusing this and other opioid drugs.”

[See ROCKEFELLER on page 2](#)

Maker of Vivitrol to launch financial assistance program for patients

Alkermes, the manufacturer of the injectable medication Vivitrol for treatment of alcohol dependence, has launched a four-month tour of the nation in an aggressive effort to lift access barriers to the treatment's wider use. Specifically, Alkermes will offer financial assistance for the first time, including one free trial of the \$800 injection to new patients.

The 40 community forums scheduled to take place through late July constitute a signature effort in a period of significant investment by the Cambridge, Mass.-based company in Vivitrol, the depot form of naltrexone. Alkermes began this overall effort in January when it came to an agreement to take over the commercial rights to the medication from Cephalon, which had been marketing

the drug in a joint arrangement with Alkermes (see *ADAW*, Dec. 10, 2008).

The company's director of clinical resources and education told *ADAW* that he expects the sessions to attract a cross-section of titles in organizations treating addictions. “Regardless of where an alcohol-dependent individual shows up, whether that is at a primary care office, a rehab facility, or a shelter, we want to be helpful and increase the chances that the person is going to find recovery,” said Alkermes' Robert F. Forman, Ph.D.

Forman said Alkermes' appearance at last week's annual meeting of the National Council for Community Behavioral Healthcare meeting was a bit premature in that the com-

[See VIVITROL on page 5](#)

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Big role for SAMHSA

Meanwhile, the Substance Abuse and Mental Health Services Administration (SAMHSA) wants to reduce methadone overdose deaths no matter what the cause. "Even if we accept that the increase in deaths isn't associated with OTPs at all, we feel a responsibility to educate practitioners," said Nicholas Reuter, M.P.H., Senior Public Health Advisor, Division of Pharmacologic Therapies, at SAMHSA's Center for Substance Abuse Treatment (CSAT). He added that the number of methadone prescriptions for pain plateaued in 2007 and 2008, said Reuter. "The steady increases have stopped," he said. "Presumably, there should be a decline in overdose deaths, as well." It's too soon for that data to be in, he said.

The apparent requirement for mandatory seven-day opening for OTPs is the most significant and onerous aspect of the bill for the addiction treatment field. The other provisions, which also affect pain prescribing, are:

- Practitioner education for methadone and other opioids.
- Grants to states and not-for-profits to provide consumer education about proper methadone use, due to the drug's long half-life and the

dangers of misuse, targeted to areas with high overdose deaths and methadone abuse (\$15 million a year).

- Creation of a Controlled Substances Clinical Standards Commission to establish dosing standards for all forms of methadone, including conversion factors for transitioning patients from another opioid to methadone.
- Additional funding for SAMHSA to administer the National All Schedules Prescription Electronic Reporting Act, established in 2005 (\$25 million a year).
- Creation of a National Opioid Death Registry.

methadone was being diverted from the West Virginia OTPs was unfounded, so the bill, which was originally to have targeted OTPs nationally, shifted gears. The main focus of the proposed legislation is now methadone itself — whether for pain or for addiction treatment.

In West Virginia, OTPs are now open seven days a week. There are 1,200 OTPs nationwide; some states are more restrictive than the bill, and some are less. In New York, however, where there are 126 OTPs, there is no requirement for seven-day openings. There are 1,200 OTPs nationwide, providing treatment to 260,000 patients.

The seven-day openings are addressed in a provision that, *ADAW*

'They're trying to accomplish legislatively what they can't do by regulation.'

Mark Parrino

Open every day

Senator Rockefeller's home state, while it has only nine OTPs, was the focus of methadone controversy even before this bill was introduced. Almost three years ago, a local newspaper called methadone treatment for addiction the "killer cure" (see *ADAW*, June 23, 2006). However, the initial suspicions that

has learned, was recommended by CSAT, which has direct authority for regulating OTPs. The bill requires that OTPs "make acceptable arrangements" for take-home doses when the program is closed on Sundays or holidays. The arrangements would require that the dose be given "under appropriate supervision."

Furthermore, the bill said that

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SAMHSA “shall issue a notice that references regulations on acceptable arrangements under this subsection, or shall promulgate regulations on such acceptable arrangements.”

While CSAT could add these restrictions by changing the methadone regulations, that would require an economic impact study by the Office of Management and Budget, said Mark Parrino, president of the American Association for the Treatment of Opioid Dependence (AATOD). “They’re trying to accomplish legislatively what they can’t do by regulation.”

Last year CSAT sent a “Dear Colleague” letter to OTPs that strongly suggested the agency is interested in mandating seven-day openings. In the letter, CSAT director H. Westley Clark, M.D., said OTPs would have to follow the eight criteria for take-home doses in deciding who could get take-homes, even for one day like a Sunday (see *ADAW*, March 23, 2008).

The Rockefeller bill does not say anything about prohibiting take-home doses, except for those patients who are deemed not ready for the privilege of even one take-home. Currently, about 5,000 of the methadone patients nationwide in the system have 30 days of take-home doses, according to Parrino.

The 8 criteria for methadone take-home doses

Methadone regulations say that a program’s medical director must determine which patients can have take-home doses, and in making that determination they should consider the following:

1. Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol.
2. Regularity of clinic attendance.
3. Absence of serious behavioral problems at the clinic.
4. Absence of known recent criminal activity, e.g., drug dealing.
5. Stability of the patient’s home environment and social relationships.
6. Length of time in comprehensive maintenance treatment.
7. Assurance that take-home medication can be safely stored within the patient’s home.
8. Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

Source: CSAT

These patients have been in treatment for more than five years, he said.

Legislative process

The bill is likely to go through significant changes as it proceeds through the hearings and rewrites that are the nature of crafting federal legislation.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) are among those in the field working on this issue, now that the bill has been introduced. “We’re going to work with

our partners at SAMHSA, AATOD, and the Legal Action Center to offer ideas on the next steps,” said Rob Morrison, interim executive director of NASADAD, which houses the State Opioid Treatment Authorities. “We’re in the first stage of this,” he said. “We’ll look at ways to strengthen and improve the bill.”

The bill has increased the tension between OTPs and CSAT. This topic is sure to be prevalent at the AATOD conference to be held in New York City at the end of this month. Stay tuned for updates. •

Caron tobacco cessation program funded by Phillip Morris

For the past 8 years, the Caron Foundation has received funding from tobacco giant Phillip Morris to provide tobacco cessation programs to adolescents. “I’ve had to defend this and gotten some disparaging remarks,” said Mylene Krzanowski, executive director of Student Assistance Programs at Caron. “But we would never have been able to help this many kids” without the funding. The current grant, announced at the end of March, is for \$2.6 million and lasts for 2 years.

In fact, money from the Master Settlement Agreement — which

comes from tobacco companies — could be used for such purposes. But as a 2007 GAO report found, most is used by states for their general funds, or for health care unrelated to tobacco (see *ADAW*, March 5, 2007). The 46 states party to that agreement received \$52.6 billion from fiscal year 2000 through 2005.

The Phillip Morris money being used by Caron is the same money as the master settlement money — tobacco money — Krzanowski pointed out. “Only it’s being used for the right reason.”

The Master Settlement Agreement represents a “pretty big funding source that the states have at their disposal,” said Bill Phelps, spokesman for Phillip Morris. “The CDC has said states are not spending enough on youth smoking and prevention and cessation initiatives,” he said. “We think they should.”

Caron is the only treatment program receiving such funding, said Phelps, noting that the tobacco company makes grants “by invitation only.” The Wernersville, Pennsylvania-based treatment provider

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was selected the same way other grantees are selected, said Phelps. “We talk to experts in the field, and look for programs that are out there that have proven effective,” he told *ADAW*. “There aren’t many adolescent treatment programs that help kids quit using tobacco.”

In fact, while there are many smoking prevention programs, there are few adolescent-specific cessation programs, said Krzanowski. “Our funding is for cessation.” None of the nicotine replacement therapies has been approved for use with adolescents. The 8-session Caron program, called Project Connect, uses the stages of change model, she said. “Everyone enters at a different stage, and a lot of kids think they can’t quit.”

Phillip Morris is not involved with the programming, and there’s no “hidden agenda,” said Krzanowski. “We do report back on things like how many kids we reach, how many sites we were at, and what our quit rate was,” she said.

Krzanowski has been at Caron since 1997, and when she was first approached by management about the Phillip Morris grant idea, her reaction was “You’re making me sell my soul to the devil,” she said. “But I have a different perception now.”

Caron gets other grants to support the program, said Krzanowski. “A lot of what we do is because of donations,” she said. “Last year we had a capitol campaign, and several organizations didn’t want to give to bricks and mortar,” she said. “But prevention and education has a much broader reach and appeal for some families and organizations.”

‘There aren’t many adolescent treatment programs that help kids quit using tobacco.’

Bill Phelps

Although Caron doesn’t broadcast the fact that Phillip Morris (also called Atria) funds the program — that would be seen as “branding,” said Krzanowski — “if someone asks us, we are always truthful.” When the program first began, there were “strong feelings from a number of groups regarding ‘How could you take this money?’” But now, who is funding the program doesn’t seem as important, she said. “The kids never care, and the schools don’t care.”

The bulk of the funding is for service delivery, said Krzanowski. Of the 40 people in the Student Assistance Programs, 17 work for Project Connect (although not all full-time). The program is conducted in over 200 schools a year, reaching about 3,000 adolescents a year.

In addition to work on addiction issues, the Caron project, called Project Connect, includes helping the adolescents learn how to deal with stress, communication issues, and proper exercise and nutrition.

The ideal class size for the program is eight participants. Sessions are held during lunch, after school or on a rotating basis so students miss only one class.

Caron supplies all program materials, and recommends booster sessions one month, three months, six months, and one year after the program.

Should addiction treatment programs approach tobacco companies to see if they, too, can get funding? “If you don’t ask, then you don’t get,” said Krzanowski. “You should know clearly who you are as an organization, and what your goals are and what you stand for. If you do, then yes, and there certainly are plenty of organizations who still are looking to help kids.” •

State Budget Watch

Future of Mass. treatment programs depends on alcohol tax

When Gov. Deval Patrick proposed his budget for Massachusetts, addiction treatment programs stood to lose only \$800,000. But that was because the proposal included a sales tax on alcohol, which would fund treatment programs paid for by the state’s Bureau of Substance Abuse Services. However, the governor and the treatment programs last week were fighting for these taxes in the legislature, which was resisting new taxes.



When Gov. Deval Patrick proposed his budget for Massachusetts, addiction treatment programs stood to lose only \$800,000. But that was because the proposal included a sales tax on alcohol, which would fund treatment programs paid for by the state’s Bureau of Substance Abuse Services. However, the governor and the treatment programs last week were fighting for these taxes in the legislature, which was resisting new taxes.

The alcohol tax would bring in \$92 million, said Vic DiGravio, president and CEO of Mental Health and

Substance Abuse Corporations of Massachusetts. That money was to be used to fund treatment, and was

Breakdown of Governor’s proposed budget

Bureau of Substance Abuse Services

Wages and salaries	\$3,027,000
Employee benefits	\$24,000
Operating expenses.	\$419,000
Public assistance	\$84,417,000
Grants and subsidies.	\$4,260,000
Total.	\$92,147,000

presented by the treatment providers as a partial solution, DiGravia told *ADAW* last week. "It's not going to solve the budget crisis," he said, noting that the deficit for the next year could be \$4 billion. "But as advocates, we don't want to just go in and say don't cut us, but to actually offer at least a partial solution to the problem. We lobbied the Patrick Administration to support this proposal."

And Governor Patrick does support the proposal — using the projected revenue to pay for his treatment in fiscal year 2010.. "If the legislature doesn't repeal the tax exemption for alcohol, the cuts could be pretty horrific," said DiGravia.

Currently, alcohol is exempt from the 5-percent sales tax.

DiGravia wasn't hopeful about the budget due out from the House this week. "The legislature isn't going to build any new revenues into their budget," he said. "In fact, the House was asking state agencies what services would look like if there was a 10 or 15 percent cut." For addiction treatment — "a service that doesn't have a lot of fat" — cuts like that would be devastating, he said.

Even if the initial (called "House 1") budget doesn't include the tax exemption repeal, the legislature can still change its mind as July 1, the start of the new fiscal year, approaches.

DiGravia, who testified at a hearing on the alcohol tax proposal last week, said opponents are local package store owners and the alcohol industry.

Alcohol taxes proposed for sports and cities in Indiana

In Indiana, an alcohol tax would be doubled, and the revenues apportioned to cities and towns and for sports facilities in Indianapolis. There is no mention of using it for addiction treatment — or any health care.

The taxes would also be used to bail out the Indianapolis Capital Improvement Board, which has a \$47 million tax deficit. In addition, some money would go to cities and towns.

The alcohol tax would be doubled under the proposal, raising \$42 million additionally a year. The new taxes would be an extra 26 cents per case of beer, 9 cents per bottle of wine, and 53 cents per fifth of liquor. There is little public support for the tax, and strong opposition from the alcohol beverage industry.

"We have been paying our fair share," Brad Klopfenstein, executive director of the Indiana Licensed Beverage Association, told the *Journal Gazette* earlier this month. "There is not a never-ending well of money in the bar and restaurant industry."

In 2003, health and safety advocates tried to raise the tax by 50 percent, but failed then. The tax hasn't gone up since 1981.

Supplement or supplant

If the alcohol tax passes and the revenues are devoted to addiction prevention and treatment, that would be a "huge win," said DiGravia. But there is a risk involved as well. "Even if we were successful, that money could get raided for other purposes," he said. "It would be an annual fight to preserve this funding."

In fact, initially the proposal was to use the \$92 million to supplement existing treatment funding, said DiGravia. Since then, Massachusetts had unprecedented revenue losses. "So we've shifted our focus so we could hold harmless

funding for substance abuse treatment programs next year." In other words, the alcohol tax money would be used to supplant, not supplement, existing funding. There was no alternative, said DiGravia. "The way it is now, the whole safety net has been decimated," he said. "Our best hope is to hold on to what we have." •

For information on lobbying legislators to repeal the alcohol tax exemption, go to the Mental Health and Substance Abuse Corporations of Massachusetts web site at www.mhsacm.org and click on "legislative info."

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pany won't be revealing full information about the forum series until this week.

An invitation sent out by Forman to announce the schedule for the forums does offer some indications of the types of information and assistance that will be available to treatment professionals and organizations in attendance. Items to be presented at the sessions will include:

- Free trial doses of Vivitrol for new patients, and copayment assistance for eligible individuals. Forman indicated last week that at present there are no forms of financial assistance available to encourage the use of Vivitrol in health organizations or practices.
- Print and online tools for recovery support, including assessment tools, patient education resources and recovery support exercises.
- Transitional support to assist providers in the process of moving an individual between levels of care.
- Evidence-based resources designed to support the use of Vivitrol in combination with counseling to treat alcohol dependence.

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“We will be making available an array of resources,” Forman said last week. “Some are Vivitrol-specific, some are just about the disease, and some have nothing to do with Vivitrol at all.”

Selected locations

Community forums scheduled for April will be held on April 15 in Louisville, Ky., April 16 in Cincinnati and April 23 in Salt Lake City. Events also are scheduled for this spring’s annual meetings of the American Society of Addiction Medicine (ASAM) and the National Association of Addiction Treatment Providers (NAATP).

Forman explained that Alkermes generally has scheduled the forums to take place in locations that already have the highest utilization of Vivitrol for alcohol dependence treatment. “We want to make sure that all the resources that are made available are understood by the people who are already using the medication [in their practices],” he said.

Clearly, however, the forums and the other company activity in recent months are designed largely to boost a disappointing sales performance for the medication. The potential strengths of a medication with a monthly dosing and therefore fewer concerns about patient compliance have been offset in the marketplace by providers’ overall lack of access to the treatment — as well as continued difficulties in getting addiction professionals to embrace medication options.

“There are payers, who have to pony up the money,” Forman said in regard to the \$800 monthly cost

of the injections. “Companies in some cases have been extraordinary in advancing this treatment, but it’s an uphill battle. Some companies aren’t used to paying for alcohol medications at all.”

Alkermes clearly expects to maximize a situation in which it now controls both the manufacturing and marketing aspects of its product. Company spokeswoman Jennifer Snyder told *ADAW* that the move to shift the commercial duties from Cephalon to Alkermes occurred after several conversations between the

come to these forums as well. The office manager sees the patient and can have an opinion.”

Yet he added that he considers physicians, nurses and psychosocial treatment providers to be the core audience for the upcoming presentations.

Forman said he will attend several of the sessions, but added that the company’s research has indicated that addiction treatment professionals want to hear presentations from practitioners with experience in working with the medication.

‘Some companies aren’t used to paying for alcohol medications at all.’

Robert F. Forman, Ph.D.

two companies, and represented “a realignment of Cephalon’s priorities.”

Snyder said Alkermes would not reveal the amount it has invested in Vivitrol since the beginning of its new arrangement in January.

Target audience

Forman said the inaugural event at the National Council meeting in San Antonio attracted 35 individuals representing a variety of roles in National Council member community-based organizations, from CEOs to medical personnel to counseling professionals. He considers all of these titles, and others, to have an important impact on treatment organizations’ decisions related to prescribing medication.

“We see the team,” Forman said. “We’re looking not just for the counselor; we want the office manager to

Forman on April 21 and 22 will lead hour-long webcast sessions in which he will preview the resources that are being made available through this initiative, including offering a look at some of the online materials. Though he said more details won’t be out until the official announcement this week, he said organizations working with Alkermes in areas such as web development have told him that the company’s overall effort appears unprecedented in its scope when compared with other marketing of anti-addiction medications.

Participation in the sessions will be free of charge, and Forman said the content and format have been carefully designed so as not to run afoul of industry standards governing the relationship between pharmaceutical companies and health providers. •

Child abuse/neglect increases risk of teen binge drinking: Study

Childhood maltreatment is a robust risk factor for adolescent binge drinking, concludes research published in the journal *Addictive Behaviors*.

Researcher Sunny Hyucksun

and colleagues at Boston University reached this conclusion after analyzing data from the National Longitudinal Study of Adolescent Health (Add Health), which included a nationally representative sample of

over 12,000 adolescents in grades 7 through 12 who completed interviews in 1995, 1996, and 2002. The researchers used the data to examine the relationship between childhood maltreatment and adolescent

binge drinking.

There were 12,748 students in the study, half were female, and 17 percent had parental alcoholism.

Students were asked on how many days they consumed five or more drinks in a row at least 2 to 3 times per month in the past year (i.e., binge drinking). Students were also asked to answer questions regarding various types of maltreatment, including sexual abuse, physical abuse, and neglect. Socio-demographic characteristics included age, gender, race/ethnicity, parental education and occupation, and family income.

Results

Overall, 11 percent of the students reported binge drinking. Maltreated adolescents were more likely, compared with those who had not been maltreated, to report this type of risky drinking behavior (12 percent vs. 10 percent, respectively).

When researchers investigated the relationship between single types of maltreatment (any neglect, any physical abuse, any sexual abuse as separate categories) and adolescent binge drinking, they found that maltreatment was not associated with adolescent binge drinking. However, when the co-occurrence of multiple categories of maltreatment was examined, and maltreatment was classified into six categories (no maltreatment; neglect only; physical abuse only; sexual abuse; neglect and physical abuse; neglect, physical, and sexual abuse), they found that all types of or combinations of types were associated with adolescent binge drinking. These findings held even after controlling for age, gender, race, parental alcoholism, and parental monitoring.

Specifically, the study showed that adolescents with neglect-only had 1.2 times higher odds of report-

ing binge drinking than adolescents reporting no maltreatment. Compared with those who were not maltreated, adolescents reporting sexual abuse had more than 2-fold greater odds of reporting the risky drinking behavior. Adolescents who had experienced both neglect and physical abuse had 1.3 times higher odds of reporting binge drinking than those who were not maltreated.

Further, when compared to adolescents with no maltreatment, adolescents who reported all types of maltreatment were about 1.8 times more likely to report binge drinking. Younger age, being male, and having a parent with alcoholism were also associated with this risky behavior. Being non-Hispanic black or Asian was protective, according to the findings.

The study was supported by a grant from the National Institute on Alcohol Abuse and Alcoholism. •

BRIEFLY NOTED

Free recovery counseling for women through Couples Project for Women

Women can receive free recovery counseling for up to six months at AdCare Outpatient Services in Worcester, Mass. through the Couples Project for Women, a study conducted by Harvard Medical School researchers. AdCare announced last week that the project is investigating whether women have a better chance for sobriety when individual therapy is combined with couples therapy. Early results have been positive. The project aims to enroll as many women as possible. Call (800)345-3552, ext. 4043 for more information.

Identifying potential for adult drinking problems in college

High-risk drinking during college may "blunt the social and cognitive development" that typically occurs during these years, according to co-author Ada Demb, whose study ap-

peared in the February issue of *Journal of College Student Development*. In survey responses from 4,428 alumni of large Midwestern universities, 46 percent reported high-risk drinking in college and about one-fifth of these scored as "adult-persistent" drinkers. Those with continued high-risk drinking were more likely than others to report using alcohol in college for social and personal coping. Demb suggests junior year may be the best time to identify potential adult-persistent drinkers, and interventions should address cognitive and social development.

House passes bill allowing FDA regulation of tobacco

On April 2 the U.S. House of Representatives passed legislation (the Family Smoking Prevention and Tobacco Control Act; HR 1256) giving the Food and Drug Administration (FDA) the authority to regulate tobacco, including the power to restrict sales based on safety concerns. The bill also gives the FDA the power to ban marketing to minors and false

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advertising claims. The bill, sponsored by Rep. Henry Waxman (D-Calif.) and supported by President Obama, now heads to the Senate.

Report: Underage drinking laws save 732 lives per year

Laws that prohibit individuals under 21 from purchasing or possessing alcohol and from driving with alcohol in their systems save an estimated 732 lives per year, according to a study funded by the Substance Abuse Policy Research Program of the Robert Wood Johnson Foundation. Analyzing 23 years of data, the findings also suggest that if all states adopted "use and lose" laws, 165 additional lives would be saved. "This study shows the impact (of the minimum drinking age) is still strong," said researcher James C. Fell, M.S. The

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study appeared online April 7 in *Alcoholism: Clinical and Experimental Research*.

STATE NEWS

Mass. holds public hearings on OxyContin/heroin epidemic

A series of public hearings will take place across Massachusetts, inviting multiple stakeholders including parents, treatment specialists and law enforcement to weigh in on how best to address rampant OxyContin and heroin use. The hearings were launched by Sen. Steven A. Tolman (D-Boston), who chaired the first hearing on March 27, reported Enterprise News on March 30. Tolman has called for a “real treatment plan” to address this “epidemic.” A 13-member Massachusetts OxyContin and Heroin Commission will release a strategic report in the fall.

North Texas directs funds to fight drug and alcohol abuse

The United Way of Grayson County in Northern Texas has announced it will spend \$50,000 per year for four years on addiction funding. “Any 501(c)(3) program that addresses prevention or treatment for drug abuse can apply for funding,” said United Way of Grayson Director David Cortinas. “Ideally, Grayson County would be drug free.” The announcement follows the results of a United Way survey finding that drug abuse is the county’s most pressing problem.

California prison systems curb use of Seroquel, Wellbutrin

The Santa Clara County prison system is refusing to prescribe the anti-psychotic drug Seroquel (quetiapine) or the anti-depressant Wellbutrin (bupropion), except in “special cases,” in an effort to curb abuse by inmates. The Mercury News reported April 6 that the Public Interest Law Firm has stressed the restrictions “should be made

Coming up...

The **American Association for the Treatment of Opioid Dependence (AATOD)** will hold its national conference **April 25-29** in **New York City**. For more information, visit www.aatod.org or call 856-423-3091.

The **American Society of Addiction Medicine (ASAM)** will hold its 40th Annual Medical-Scientific Conference on **April 30-May 3** in **New Orleans, La.** For more information, visit www.asam.org.

The **National Association of Addiction Treatment Providers (NAATP)** will hold its 2009 Addiction Treatment Leadership Conference on **May 17-20** in **West Palm Beach, Fla.** Visit www.naatp.org for more information.

The **University of Wisconsin-Stout** will host the 25th annual National Rural Institute on Alcohol and Drug Abuse on **May 31-June 4** in **Menomonie, Wis.** Visit www.uwstout.edu/outreach/conf/nri for more information.

The **National Association of State Alcohol/Drug Abuse Directors (NASADAD)** will hold its annual meeting **June 7-10** in **Syracuse, N.Y.** Visit www.nasadad.org for more information.

based on individual treatment history and the history of substance abuse, not on cost savings.” After enacting a similar policy, the Fresno County jail reduced its psychotic drug expenses from \$95,000 to \$17,000 a month, with no evident harm to inmates. The California prison system has limited these drugs since August.

ponents) and one from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) (one time award of up to \$425,000 for court and services components). Visit www.samhsa.gov/grants/2009/ti_09_004.aspx for more information and to download an application. The deadline to apply is May 5.

CALL FOR APPLICATIONS

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** is accepting applications for FY 2009 Grants to Expand Substance Abuse Treatment Capacity for Juvenile Drug Courts. Funding is anticipated for three grants; each grantee will receive two separate awards: one from SAMHSA (\$200,000 per year for up to four years for screening, assessment and treatment com-

NAMES IN THE NEWS

David A. Dickinson will lead the Washington state Division of Alcohol and Substance Abuse Services in the Department of Social and Health Services, having left his post as Kansas’s director of Addiction and Prevention Services on April 3. Deborah Stidham, formerly special assistant to the deputy secretary of Disability and Behavioral Health Services, is now acting director of Addiction and Prevention Services in Kansas.

In case you haven’t heard...

About 20 more Utah police officers will join their colleagues in the sauna at taxpayer expense to “detox” from exposure to methamphetamine. The Salt Lake Tribune reported April 6 that the Utah Legislature appropriated \$100,000 to continue a detoxification program for officers who believe they were made ill by exposure to methamphetamine labs. Thirty-nine officers have completed the Scientology-based “detox” at over \$5,000 a person.