

# ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

Volume 18 Number 35  
September 11, 2006  
Print ISSN 1042-1394  
Online ISSN 1556-7591

## HIGHLIGHTS...

New Jersey has trained more than 300 recovery mentors who now hold the state's Recovery Mentor Associate (RMA) certification, and is also paying, with its ATR grant, for those mentors to work with clients. Clients must put in the request to work with mentors in order to obtain the ATR voucher. That voucher is then given to the provider, which could be a faith-based organization, a community-based organization, or a treatment program. *See story, top of this page.*

The annual National Survey on Drug Use and Health (NSDUH), released last week, had good news on all fronts for teenagers: illicit drug use and, for the first time, alcohol use, is down. But the survey also revealed that treatment providers need to focus new attention on the 50-59 year old age group. The survey also showed that most people who needed treatment but didn't get it, didn't even try to get help. *See story, bottom of this page.*

## INSIDE THIS ISSUE...

Review shows no beneficial link between ONDCP campaign, youth use. *See page 5.*

Theme at annual forum is change and journey into the future. *See page 6.*

Reversal of doctor's conviction calls attention to pain management. *See page 7.*

© 2006 Wiley Periodicals, Inc.  
Published online in Wiley InterScience  
(www.interscience.com) DOI: 10.1002/adaw.20057

## Access to Recovery

### New Jersey's recovery mentor initiative increases workforce

Figuring out how to use federal Access to Recovery (ATR) funds can be a challenge, but New Jersey has responded with a program using recovery mentors that is a boon to treatment providers and clients alike.

Not counselors, recovery mentors have their own new certification: Recovery Mentor Associate (RMA). The Addiction Certification Board of New Jersey created the new certification at the request of the state's Division of Addiction Services (DAS) as part of a \$12-million ATR grant. The curriculum — 48 hours of training — is provided by the state. So far, about 300 RMAs have been trained, according to Vicki Fresolone, LCSW, LCADC, director of the DAS office of quality treatment.

Recovery mentors are the heart of New Jersey's three-year ATR grant, initially awarded in August of 2004. Recovery mentors began seeing clients in March of 2005; about 1,800 clients have requested to work with recovery mentors. The grant is scheduled to expire in August of 2007, but according to Fresolone there will probably be a 6-month no-cost extension.

"Our mentors are the bridge between treatment and a person's recovery," Fresolone told *ADAW*. "For treatment, the client has to go to a treatment center. But a mentor can go to the community and meet the client where they live, or at the diner at the corner, or someplace else."

See **MENTORS** on page 2

### More good news for youth in annual survey, but treatment gap persists

The downward trend in drug abuse by adolescents is continuing, and for the first time, even alcohol use is going down, according to the 2005 National Survey on Drug Use and Health (NSDUH). However, the percentage of people who say they need but do not get treatment is unchanged; many of these people did not even try to get treatment.

The report, released by the Substance Abuse and Mental Health Services Administration (SAMHSA) September 7, showed decreases across the board for youth ages 12-17, notably in use of alcohol, which went down for the first time after years of unchanged rates.

Of 12-17 year olds:

- 9.9 percent engaged in past-month binge drinking (5 drinks or more on one occasion), compared to 11.1 percent in 2004
- 16.5 percent reported past-month alcohol use, compared to 17.6 percent in 2004

For this Administration, preventing any underage drinking is a priority. The NSDUH singled out the under-21 age range in calculating alcohol consumption. Of people ages 12-20, 28.2 percent used alcohol within the past month. Furthermore, 18.8 percent (7.2 million young people) were binge drinkers, and 6.0 percent (2.3 million young people) heavy drinkers (defined as binge

See **SURVEY** on page 3

### MENTORS from page 1

However, in order to work with a recovery mentor, a client must either be in treatment currently, or have been in treatment in the past.

Treatment providers, who have been confused by the “faith-based” and “community-based” and “client-choice” provisions of the ATR funding, can actually benefit directly by the RMA program, because recovery mentors are an enhancement of the treatment workforce, but their salaries are paid by ATR vouchers.

“We use every last recovery mentor we can get our hands on,” said David Kerr, president and founder of Integrity House, a 362-bed therapeutic community with an additional 62 day-treatment slots, based in Newark. Integrity House has 26 RMAs, all paid for by ATR dollars; two are on staff, the rest are part time.

“Quite frankly, while ATR does focus on getting people into treatment, the way we interpret this is that we’re trying to get people into recovery,” said Kerr. “Treatment is a small part of the person’s recovery, but the real momentum starts after.”

### The recovery mentor’s job

As complicated as the ATR program can seem, staying focused on the client choice part of the voucher is essential. It works

this way: a potential client calls the New Jersey hotline for information about substance abuse treatment. “The operator would ask some questions,” said Fresolone. “The client would be told about the recovery mentor

**‘Treatment is a small part of the person’s recovery, but the real momentum starts after.’**

David Kerr  
Integrity House

program. They would get an initial voucher for an assessment. And if they walk into a treatment program, they would give them that voucher.” Ideally, she said, the assessment provider helps the client get into treatment.

The recovery mentor’s relationship with the client begins during treatment. “The mentor and the client sit down and develop a recovery plan,” said Fresolone. “They identify the issues the client would

like to work on, such as reconnecting with family or reconnecting with kids. There’s a wide range, but it’s all initiated by the client.”

For example, the recovery mentor can do traditional case management: helping clients find jobs, housing and child care. “Or they can take it a step further and take a client to a food stamp appointment, or supervise child visitation.” The recovery mentor also introduces the client to the recovering community.

It’s important to distinguish between “grant” and “voucher.” The ATR grant goes to the state, and the vouchers go to clients. The clients then give the vouchers to providers, who give them to the state, and get paid in return, explained Fresolone. “The providers get the vouchers and turn them into the state.”

### Clinical supervision

The provider — whether it’s a faith-based organization (FBO), a community-based organization, or a treatment center like Integrity House — is responsible for providing clinical supervision of the RMA under a licensed clinical alcoholism and drug abuse counselor (LCADC). “Supervision is called internal if you have the counselor on staff, but if you’re a faith-based agency and you don’t have a supervisor, you can get a voucher for supervision,” said

# ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

**Executive Editor:** Karienne Stovell  
**Editor:** Alison Knopf  
**Contributing Editor:** Gary Enos  
**Associate Editor:** Sarah Merrill  
**Production:** Kevin DeYoung  
**Editorial Director:** Jo-Ann Wasserman  
**Publisher:** Sue Lewis

**Alcoholism & Drug Abuse Weekly** (Print ISSN 1042-1394; Online ISSN 1556-7591) is an independent newsletter meeting the information needs of all alcoholism and drug abuse professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in alcohol and drug abuse, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the first Monday in July, the first Monday in September, the last Monday in November and the last Monday in December. The yearly subscription rate for **Alcoholism & Drug Abuse Weekly** is \$699. **Alcoholism & Drug Abuse Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: [subinfo@wiley.com](mailto:subinfo@wiley.com). © 2006 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden. For reprint permission, call (201) 748-6011.

To renew your subscription, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: [subinfo@wiley.com](mailto:subinfo@wiley.com).

**Business and Editorial Offices:** John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; Alison Knopf, e-mail: [insinger@bestweb.net](mailto:insinger@bestweb.net); (845) 225-2935.

Catherine Vahey, project manager of the DAS NJ Access Initiative, as the RMA project is called. "If they don't have an LCADC on staff, we can hook them up, and we'll pay for case supervision." For example, if a church doesn't have an LCADC on staff, the church can sign an affiliation agreement with a place like Integrity House. "We would pay Integrity House for the supervision," Vahey explained.

Ironically, the RMA project has also contributed to the pool of counselors. Many of the RMAs decided to go on to get the additional training to become clinical alcoholism and drug abuse counselors. "For our project, that's been tough," Vahey admitted. While the state still needs counselors, it needs the RMAs too. "We really would like to see the mentor service be sustained."

### Job offer required

Another bump on the road has been making sure that the people trained to be RMAs actually plan on working as RMAs. So far, about 300 RMAs have been trained, but "not

that many are working, I can tell you that," said Vahey. "We have a lot of FBOs that sent their management through the training, just to understand what the recovery mentors are learning." Now, however, the state requires that there be a promise of employment before getting the RMA training.

Some of the RMAs are in recovery themselves, said Vahey. "If they're in recovery, they have to be clean and sober for two years prior to the training." Others have been involved with a friend's or family member's recovery, and still others have been working with the addicted population already, she said.

Most of the mentors do this part time, because it's hard for a provider to know ahead of time whether they'll have enough clients requesting recovery mentors to justify a full-time salary. The ATR dollars only go as far as the hours requested by the client. A recovery mentor works with a client who is in treatment for two hours a month for 6 months, said Vahey. "This kicks up to two hours a week prior to discharge," she said.

### Recovery vs. treatment

The RMA program highlights the difference between recovery and treatment. "Treatment is time-limited, delivered by professionals, focused on the acute phase of the chronic illness of chemical dependency," said Fresolone. "Recovery is more often a support supplied by a peer, it's less acute in nature, and it goes to the client as opposed to the client going to it."

Everyone wonders what will happen when the ATR grant — and the funding for RMAs — expires. "That's going to be a real problem," Kerr of Integrity House admits. "What I'm hoping is that the federal government will do a paradigm shift and move RMAs into the mainstream block grants, maybe as a mentor set-aside."

Treatment providers are still responsible for providing aftercare and every other service they did before the RMAs were introduced, said Fresolone. "We were very careful with this in our design," she told *ADAW*. "This isn't a replacement for treatment. It's an enhancement to service." •

### SURVEY from page 1

drinking on at least five days in the previous month).

The public health concern about underage drinking has intensified because of recent research showing that the younger the drinking age, the more likely that alcoholism will develop later. And the NSDUH supports this: the survey found that drinking before age 21 increased the risk of developing alcohol dependence or abuse by 5 times, compared to having the first drink at 21 or older.

Whether the drop in drinking will be sustained is unclear. "The news today is there is a fundamental shift in drug use among young people in America," said Assistant Surgeon General Eric B. Broderick, D.D.S., M.P.H., SAMHSA Acting Deputy Administrator. "We first saw

this shift towards healthier decisions when rates of tobacco use among young people began to go down," he said. "We will see if the decline in drinking among 12 to 17 year olds becomes a continued pattern as well."

Regardless of age range, alcohol is still the predominant substance of choice. Of all people age 12 and older, 22.7 percent engaged in binge drinking at least once in the 30 days prior to being surveyed. The NSDUH considers past-month behavior "current." Among young adults ages 18-25, 41.9 percent were current binge drinkers. Of 18-25 year olds, 15.3 percent were heavy drinkers. These figures were comparable to the 2004 estimates.

Past-month marijuana use among 12-17 year olds declined significantly, from 8.2 percent in 2002

to 6.8 percent in 2005. And overall past-month illicit drug use continued to decline, from 11.6 percent in 2002 to 11.2 percent in 2003, 10.6 percent in 2004, and 9.9 percent in 2005.

### Treatment needs

But despite the good news on youth, the same disquieting information about treatment is still coming in from the survey: people know they need help, but don't even try to get it.

In 2005, there were 1.2 million people who felt they needed treatment for either a drug or alcohol problem, but did not get it. Most of these people (865,000) had made no attempt to get help. This is a fairly steady statistic and it's always raised red flags for the treatment field: why are these people not getting the help

[Continues on next page](#)

### Continued from previous page

they admit they need? One possible reason for not seeking treatment is that people just don't want to go, and many will only go if they are coerced, Mark Willenbring, MD, director of the division of treatment and recovery research at the National Institute on Alcohol Abuse and Alcoholism, told *ADAW* earlier this year.

But trying to get help doesn't necessarily always work. In 2005, 296,000 people did attempt to get

treatment, and couldn't. On the bright side, 2.3 million people did obtain substance abuse treatment in 2005.

The NSDUH estimates that 9.1 percent of the population has a substance dependence or abuse disorder based on the DSM-IV. This represents 22.2 million people, of whom 3.3 million were dependent on or abuse both alcohol and drugs, 3.6 million were dependent on or abuse illicit drugs but not alcohol, and 15.4 million were dependent on

or abused alcohol but not illicit drugs. These numbers have not changed since 2002.

The survey also revealed a big treatment gap for people with co-occurring disorders. Only 47 percent of the 5.2 million adults with both serious psychological distress and substance dependence or abuse received mental health treatment or substance abuse treatment in 2005, and the treatment was more likely to be for their mental health prob-

## Older adults and the NSDUH survey

There was one age group that showed a significant increase in illicit drug use: adults ages 50-59. For this group, past-month illicit drug use went from 2.7 percent to 4.4 percent between 2002 and 2005. This is a reflection of that generation's experimentation with drugs in the 1960s; this cohort has always had higher rates of illicit drug abuse.

When targeting and treating older adults, providers need to take into account the fact that they have specific needs, according to Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP, executive director of NAADAC, the Association for Addiction Professionals (NAADAC). "Older adults need treatment that is sensitive to their specific needs and they often won't identify with other age groups in mixed treatment settings," she said. Treatment should deal with special aging issues, she said, including loss, their new place in society, their status in the community, and their health. It's also important to address the loss of their addiction, Tuohy told *ADAW*, because the addiction "often has been helping them compensate for the other losses that they have faced as they have gotten older."

Other issues involving the 50-59 year old group, according to NAADAC:

- **Outreach:** This needs to focus on the community providers who help older adults, such as social workers, hospitals, physicians and other prescribers to provide them with the training needed to identify and recognize alcohol and other drug addiction issues. "There also needs to be outreach for the families of the older adults to let them know what resources are available since they often face too many demands on their time to be able to search out the best treatment options," said Tuohy.
- **Assessment:** Assessments need to be very specific and look at seniors' issues including vision, head trauma and other biological damage that may have resulted from their addiction.
- **Continuing Care:** Care needs to be long-term, at least a year, so new patterns and social lives can be integrated into their social system. There also needs to be a family component so the children can get the tools to help with their own, and their family members' recovery.
- **Family:** The "sandwich generation" refers to the middle aged children of older adults who are sandwiched into responsibility for their children and their parents. "The family needs to identify specific impacts of addiction on themselves and any resentments or unforgiveness as a result of any lack of parenting from the addicted parent," said Tuohy. "Al-Anon, as well as professional counseling, is a great support." It's also important to include grandchildren as a part of a multigenerational recovery process, she said.
- **Community:** Part of community is teaching the community to be an environment of support for the older person. "Often people react to the destructive behaviors of older adults by saying, 'They've lived their lives, let them do what they want with their remaining time,'" said Tuohy. "What needs to be recognized is that treatment isn't just to help the older adult with an addiction problem, but also to address any long-term impact that can be imposed on the multi-generational family unit." Employers also need to be aware that there is an increasing need for Employee Assistance Programs (EAPs) to be in place to help the middle generation who are dealing with their parent's addiction, she said.

*Resources: The Central East ATTC, the DC Addiction Prevention and Recovery Administration and NAADAC have prepared a resource on older people and addiction.*

*Copies of "Substance Abuse Awareness for Seniors: A Guide for Developing a Substance Abuse Awareness Program for Older Adults" can be obtained by calling (800) 548-0497 or (301) 565-3390.*

lems (34.3 percent) than for their substance abuse problems (4.1 percent). Only 8.5 percent of those with co-occurring disorders received treatment for both.

Depression was associated with a higher rate of substance abuse among 12 to 17 year olds, as well. In

this age group, 13.7 percent had at least one major depressive episode in their lifetime, and 8.8 percent during the past year (compared to 7.3 percent of adults 18 and over). Of the adolescents with a major depressive episode in the past year, 19.8 percent also had drug or alcohol de-

pendence or abuse, compared to 6.9 percent for teens without a depressive episode in the past year.

The NSDUH surveys about 67,500 people. It does not include people who are incarcerated.

For the survey, go to [www.oas.samhsa.gov](http://www.oas.samhsa.gov). •

## Review shows no beneficial link between ONDCP campaign, youth use

A contractor's national evaluation of the White House Office of National Drug Control Policy's (ONDCP's) high-profile National Youth Anti-Drug Media Campaign has found no evidence of a reduction in teen drug use, and in a few instances actually uncovered a link to negative outcomes for youths. What may be most troubling about the analysis is that it calls into question whether any type of media effort can potentially influence young people's decision-making concerning substance use.

The findings are set out in an August report from the Government Accountability Office (GAO) to the Senate Subcommittee on Transportation, Treasury, the Judiciary, Housing and Urban Development and Related Agencies. The GAO reviewed evaluation reports and associated documentation from Westat, Inc., a contractor hired by ONDCP and the National Institute on Drug Abuse (NIDA) to evaluate the third phase of the media campaign.

The GAO states in its report that Westat's method for evaluating the media campaign, based on responses in a longitudinal survey of youths and parents, were credible. However, ONDCP is strongly disputing the consultant's findings and calling them "deeply flawed," even though the GAO states that ONDCP had been on record as considering the Westat evaluation to be the most reliable means of assessing the campaign's effects.

Westat reported that the media campaign purchased enough ad-

vertising time between September 1999 and June 2004 to achieve an average exposure of 2.5 youth-targeted ads per week for young people and 2.2 parent-targeted ads per week for parents. And indeed, the contractor found a significant increase over time in parental and youth recall of televised messages in the campaign, including recall of campaign phrases such as "The Anti-Drug."

But in analyzing the effects of exposure to campaign messages, Westat generally found no significant effects on factors such as the development of anti-drug attitudes among groups including adolescent non-users of marijuana. In some cases, those youths reporting higher exposure to anti-drug ads appeared to experience negative effects, such as a tendency to believe that more of their peers were using drugs regularly.

While the media campaign has attempted to encourage parents to engage with their children to protect them from drug-related risks, the Westat analysis found this goal difficult to achieve in one important respect. Although the consultant found favorable effects of the campaign on parental conversations with their children and participation in activities with them, the campaign appeared to have no significant effect on parents' monitoring of their children.

In another disturbing finding, the analysis indicated that the only association found between campaign exposure and self-reported

drug use was a negative one, where subgroups such as girls and youths ages 12.5 to 13.5 experienced higher rates of initiation of marijuana use.

The GAO report states that the findings of little positive impact from the campaign applied to both the period before and after ONDCP took steps to strengthen the campaign's messages and anti-marijuana focus in 2002. The reporting of significant exposure to campaign messages but a lack of positive results from it raises significant concerns about media campaigns in general, the GAO states.

"It raises questions concerning the understanding of the factors that are most salient to teens' decision-making about drugs and how they can be used to foster anti-drug decisions," the report states.

The GAO believes that Congress should use the report's findings to guide its budgetary decision-making on the campaign, which was funded at \$100 million in fiscal 2006 and is slated for a \$20 million increase in President Bush's fiscal 2007 budget proposal.

"Congress should consider limiting appropriations for the National Youth Anti-Drug Media Campaign beginning in the fiscal 2007 budget year until ONDCP is able to provide credible evidence of the effectiveness of exposure to the campaign on youth drug use outcomes or provide other credible options for a media campaign approach," the GAO states in the report.

*Continues on next page*

Continued from previous page

ONDCP has taken issue with this recommendation and has criticized the GAO for not specifying how to demonstrate campaign

progress and for not issuing suggestions on how to improve the campaign. It believes that failing to maintain the campaign's effort would amount to "raising a white

flag to those who favor drug legalization, with the expectation that youth drug use soon would begin to rise, reversing years of hard-earned positive news." •

Conference Update: Therapeutic Communities Meet in NYC

Theme at annual forum is change and journey into the future

"While moving forward, we are not forgetting our roots," said Charles J. Devlin, senior vice president of Daytop Village, in welcoming the 700 attendees at the opening session of the 23rd world conference of the World Federation of Therapeutic Communities held last week in New York City. The conference theme — "continuing the journey" — focused on

melding the "modern" TC with the traditional, said Devlin, who was chair of the conference.

"We're learning to play nice with others," said Devlin, saying that TCs are beginning to integrate evidence based practices, and to work with other professionals from related fields, with the aim of helping clients.

The National Institute on Drug Abuse, for example, was a sponsor

of the conference, and director Nora Volkow, M.D. made a presentation to the full conference on the brain chemistry of addiction. This is potentially a big step into the future for TCs, with their drug-free ethos and stress on the "family" community.

But the TC is not changing its basic mission, based on the plenary speakers from Daytop, the conference host. "A lot of the work we do is common sense, and has to be done with a daily structure and routine," Devlin said. "Treatment is centered on people, not on drugs."

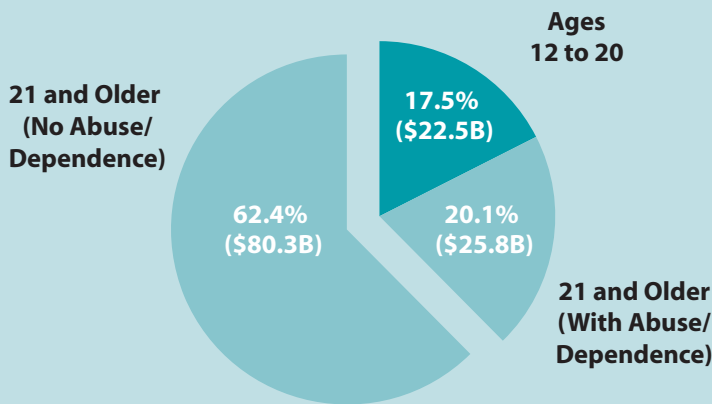
And the World Federation of Therapeutic Communities still has in its collective memory its beginning in the 1960s when TCs broke away from the International Council on Alcoholism and Addictions over the issue of medicalization and pharmaceutical treatment like methadone.

"It was time to step away from the restrictions of a field that employed pharmacological and medical methods, and focus instead on the human being," said Monsignor William B. O'Brien, president of the World Federation of Therapeutic Communities and president of Daytop, recalling the early days of TCs (when the conference was much smaller). "Now there's a signpost on the road that says harm reduction, and more people are going down that road," he said. "Funding is going down that road."

O'Brien founded Daytop because as a priest in the 1960s he found that addicts had no place to go for help. Society had given up on them, and, he said, the harm reduction road "is paved with the same message of failure and resignation,

Alcohol Expenditure Study Show Alcohol Industry Has Financial Interest in Underage Drinking

"Early initiation of alcohol use provides substantial financial value to the alcohol industry," according to an analysis of the quantity and cash value of drinking in the United States. Of the estimated \$128.6 billion spent on alcohol in 2001, \$22.5 billion (17.5 percent) was attributable to underage drinking, according to the report, which is published in the current issue of the *Archives of Pediatric and Adolescent Medicine*. In addition, because underage drinkers are more likely to become adult drinkers with alcohol abuse and dependence (almost all — 96.8 percent — of the adult drinkers with alcohol abuse and dependence began drinking prior to the age of 21 years), early initiation also results in a long-term cash value to the alcohol industry. Slightly more than \$25 billion was linked to alcohol consumed by adult drinkers with alcohol abuse or dependence, according to DSM-IV criteria.



Source: CESAR

the message of ‘once an addict, always an addict.’”

The TC, said O’Brien, represents “true harm reduction” because it is the road to being a better person. “The TC burns like a beacon of hope against a descending darkness of despair.”

It was easy to see that beacon burning at the stirring opening ceremony, in which 50 Daytop residents carried majestic flags representing each of the 50 countries, and attendees from each country stood when their flag was presented and their

country’s name announced. The music was the moving “Fanfare for the Common Man” by American composer Aaron Copland.

*Next week: a report on TCs that have incorporated methadone maintenance into their programs. •*

## Reversal of doctor’s conviction calls attention to pain management

The complexities surrounding the prescribing of drugs to treat chronic pain and the risk of illegal diversion continue to be played out in the federal courts, as an appellate court has overturned the conviction of a Virginia physician whose prescribing practices had come under the scrutiny of federal authorities.

The U.S. Court of Appeals for the 4th Circuit last month overturned the conviction of William E. Hurwitz, M.D., on charges of running a drug conspiracy from his Virginia office, The Washington Post reported. In ordering a new trial at the District Court level, the appellate court stated that the judge in Hurwitz’s 2004 trial had improperly instructed jurors not to consider whether the doctor acted in good faith in prescribing large quantities of OxyContin and other painkillers to patients.

Federal prosecutors have said Hurwitz’s prescribing practices were reckless and led to one patient’s death as well as serious injuries to two others.

While saying he was not familiar with the details of the Hurwitz case, a California addiction specialist told *ADAW* that these types of disputes reflect a split personality that is prevalent among policy-makers on the subject of drugs to treat chronic pain. Peter Banys, M.D., di-

rector of substance abuse programs at the VA Medical Center in San Francisco and past president of the California Society of Addiction Medicine, sees this ambivalence at work in his home state.

“On one hand, legislators are putting forth proposals that would guarantee adequate pain management. But on the other hand, you also see doctors being prosecuted for reckless prescribing, and I’m pretty sure that some of it isn’t,” Banys said.

The Post article stated that the U.S. Attorney’s Office is weighing its options in the wake of the Hurwitz conviction’s overturning. The newspaper reported that Hurwitz was arguably the most prominent physician targeted in a three-year federal investigation of physicians, pharmacists and patients blamed for an epidemic of painkiller abuse in the Appalachia region.

Banys said that any examination of the appropriateness of prescribing for pain management should focus on doctors’ medical records. Some searches will find that doctors prescribe appropriately but keep incomplete records, while there also are doctors for whom script writing for pain management resembles an industry, he said.

“You should look at the medical records before deciding if a doctor

is being reckless or conscientious,” Banys said.

Sharon Morgillo Freeman, incoming president of NAADAC, The Association for Addiction Professionals, also sees conflicting issues at play on this subject. Morgillo Freeman, who has written on pain management issues, believes that the best interest of the patient must be included as one of the factors considered in evaluating the appropriateness of doctors’ prescribing practices. She added in a comment to *ADAW*, “On the other hand, those very few prescribers who are problematic need to have a system in place that is sensitive enough to halt the progression of dangerous practice patterns that are in direct opposition to the intent ‘do no harm.’”

Perhaps the most difficult issue for physicians to address, said Banys, is managing the chronic pain of a person in recovery from a substance addiction. Physicians generally cannot address this issue without the assistance of a multidisciplinary treatment team, Banys said.

Some physicians have simply decided it is easier not to prescribe potentially addictive painkillers such as OxyContin than to attempt to conduct the balancing act, Banys said.

“Doctors in America are very allergic to opiate prescribing — maybe overly so,” he said. •

### BRIEFLY NOTED

#### NIDA studies the genetics of addiction

National Institute on Drug Abuse (NIDA) Director Dr. Nora

Volkow said that the results of a recent NIDA study are “a tremendous step towards more effective prevention and treatment approaches” for alcoholism and other addictions. The National Institutes of Health wrote on August

24 that for the first time, researchers employed the latest genomic technology for a comprehensive identification of the genes linked to substance abuse. Working from DNA samples, the re-

[Continues on next page](#)

Continued from previous page

searchers identified genetic variations clustered around 51 defined chromosomal regions, providing “a graphic display,” said lead researcher Dr. George Uhl, “of the close relationships between genetic vulnerability to alcoholism and (that) to other addictions.” The study will be published in the December issue of the *American Journal of Medical Genetics Part B (Neuropsychiatric Genetics)*.

### Texas prison expansion could focus on treatment programs

The Texas Department of Criminal Justice will request \$520 million to support a “multipronged approach” to growing the prison system, as part of the agency’s 2008-2009 budget plan. The *Austin American-Statesman* reported on August 19 that the expansion plan would add 5,000 new beds in three new prisons, but under 1,000 additional beds dedicated to drug- and alcohol-treatment and diversion. Although a prison expansion in the 1990s included more treatment and community programs in Texas, budget cuts made by the Legislature in recent years have scaled back some of these programs. Nonetheless, in response to the recent prison expansion plans, Senate and House Leaders are questioning the wisdom of building more prisons, when adding treatment and community-based corrections programs is a less expensive alternative.

### Cultural rift over role of khat

The recent arrests of 14 members of Seattle’s Somali community have placed a spotlight on the complicated role that culture can play in the world of drug enforcement, reported the *LA Times* on August 22. The suspects are members of a trafficking ring responsible for the illegal smuggling of 25 tons of the stimulant khat from Africa into the U.S., and although the defendant’s activities appear to violate U.S. drug laws, many Somalis don’t understand why khat is illegal in the first place. “It is not a drug that makes

## Coming up...

**The Addiction Technology Transfer Center (ATTC) Network** National Office has announced a professional development opportunity for individuals in the addiction field, held from **September 11 through October 27**. “The Training Point: an uncommon learning exchange for addictions trainers” covers topics like learning and training styles, adult learning principles, facilitation and presentation skills, and transformative learning. The first and last three weeks are conducted online. The middle week is an intensive learning exchange in **Kansas City, MO**. For more information, visit [www.nattc.org/trainingPoint/index.htm](http://www.nattc.org/trainingPoint/index.htm). The ATTC is funded by the Substance Abuse and Mental Health Services Administration.

**The National Center on Addiction and Substance Abuse (CASA) at Columbia University** will hold a conference entitled “Up in Smoke: Tobacco and American Youth” on **September 21 in New York City**. Featuring experts and journalists, the emphasis will be on identifying causes and preventing teen smoking and nicotine addiction. Keynote speakers to include Nora Volkow, M.D., Director, NIDA and Cheryl Heaton, DrPH, President/CEO of the American Legacy Foundation. For more information, visit [www.casacolumbia.org](http://www.casacolumbia.org).

people crazy or aggressive,” said Somali American school counselor Ali Abdirazak, who added that most Somalis view khat as American’s would a strong cup of coffee; in their culture, khat is a legal substance that creates a safe buzz and stimulates conversation. But the DEA’s John P. Gilbride called khat a “highly addictive and devastating” drug.

## GRANTS AND FUNDING

### Call for proposals: SAPRP small and large grants

The Substance Abuse Policy Research Program (SAPRP) has announced Round XI of its grant program and issued a call for proposals

for small (under \$100,000) and large grants (\$100,000 to \$400,000) for work addressing substance abuse. Eligible experts include those in public health, medicine, sociology, psychology, economics and other behavioral and policy sciences. Projects should “increase understanding of public and private policy interventions to prevent, treat and reduce the harm caused by the use of tobacco, alcohol and other drugs.” Up to \$4 million in grants will comprise this round. The deadlines to submit proposals online are: for the small-grants program, Nov. 14, 2006 and May 8, 2007; and for the large-grants program, Nov. 14, 2006. For more information, visit <http://www.saprp.org/> or call (333) 286-4548.

## In case you haven’t heard...

*When 17-year-old Joseph Krecker died from an overdose of fentanyl-laced heroin in June, his father, Deputy Chief of Police Jack Krecker of Franklin Park near Chicago, played an important role — one of “tenacity and determination” according to the Chicago Superintendent of Police — in tracking down the alleged seller. In the midst of the investigation, the Office of National Drug Control Policy even hosted a symposium in Philadelphia on fentanyl and heroin. But on August 24, when the authorities charged 35-year-old Corey Crump with Krecker’s murder, the ONDCP was still not supporting proposed federal legislation that would give make naloxone, which reverses the effects of overdoses from opioids, more widely available. The bill, S3,557, is called the Drug Overdose Reduction Act. Since April, there have been 145 fentanyl related overdoses in Chicago.*