In This Issue...

There’s a lot of money to be made in urinalysis: by labs, by consultants and by treatment centers who are being invited to participate in revenue-sharing opportunities. These are not necessarily illegal but raise ethical questions. We learned of one such scheme in which the treatment center buys shares in a SEC-regulated company, and in turn submits urine specimens for confirmation testing.

... See top story, this page

Physician group urges focus on spiritual and psychosocial

... See page 3

SSA at center of Vermont’s opioid addiction treatment success

... See page 5

SAMHSA FY 2015 budget: More details revealed in CJ

... See page 7

The Business of Treatment

Centers eye auxiliary markets, care continuum in expansions

The decision over whether to expand an addiction treatment facility with a new site or program involves numerous business variables, but an important nonbusiness factor remains pivotal as well: Growth that is in keeping with an organization’s traditional clinical mission likely stands the best chance of long-term success.

ADAW last week spoke with the CEOs of two treatment facilities that in recent weeks have launched new program sites. Gentle Path at The Meadows is the new sexual addiction treatment center for adult men that is now part of The Meadows’ programming in Arizona, and the Vance House is the new women’s

Bottom Line…
Some addiction treatment centers are seeing significant growth potential not in their core services, but in related programs that mesh with current business and clinical trends.
focus on addiction treatment programs, said Boatman. Using what he calls a “limited partnership model,” Boatman sells shares in Pivotal Point. “It’s illegal for us to tell treatment programs how many specimens to send,” he told ADW. “We’re regulated by the SEC.” But one share costs $12,000, and that investment could yield about $3,500 a month, he said. One share is expected to equal about 200 specimens a month, he said, adding that outpatient programs should test each patient three times a week.

The urine specimens go to the Sky Toxicology lab, a confirmation lab that performs combined liquid chromatography and mass spectrometry confirmation testing. “A lot of the bigger treatment centers are building their own labs, like CRC and Elements,” said Boatman, who is also affiliated with Florida-based rehabs. “But for the smaller guy, that’s a whole other beast.” It costs millions to set up a lab, according to the Pivotal Point website — although Pivotal Point can help programs “build” their own labs.

No federal money

Boatman stressed that no federal money — Medicaid or Medicare — is involved. “Our business is based off of private insurance,” said Boatman. Pivotal Point files the insurance claims for the tests. “We don’t deal with federal money as far as the partnership model goes,” said Boatman. (Restricting the partnership to private insurance avoids running afoul of federal anti-kickback regulations.)

Boatman acknowledged that this is an investment, and there is a risk. “We can’t make promises,” he said. Could centers lose the $12,000 per share they invest? “Theoretically, I guess you could lose it,” said Boatman. However, he said so far, “everybody is getting paid.” “Our lab has been open for a few months, and payouts are just starting to happen,” said Boatman. “Our goal is to have 10,000 specimens in the first year; we have 15,000 already.”

We asked Boatman whether he was concerned about being accused of fraudulent billing or running a kickback scheme. “We have law firms looking over everything,” he said.

Need for confirmation tests

There are some good reasons to do confirmation testing, said Boatman. First of all, it eliminates the risk of “false-positives.” The initial screening tests are very sensitive, so sometimes they incorrectly say a specimen contains evidence of drug use; the confirmation test is specific. Another reason is to measure not only whether someone is misusing drugs, but also whether they are taking therapeutic medications at the prescribed levels.

There is a need for maintenance screening to determine if someone has relapsed,” agreed Jeffrey C. Lynne, a Delray Beach, Florida, attorney who specializes in zoning and sober homes. But the entire sober home–lab connection is rife with corruption, he said, noting that in the Florida model, people live in sober homes after treatment and the “housing provider” is responsible for drug testing.

Scams

There are some outright scams, said Lynne. They typically work this way: Housing operators test residents via a single screen for up to 15 substances. If that single screen comes up positive, the specimen then goes to confirmation testing to determine which of the 15 substances it was positive for. The lab would bill insurance, which paid about $100 for each confirmation test, for a total of $1,500 a test. A 10-bed sober home could bill insurance almost $4 million a year if it did five drug tests a week on each resident, said Lynne.

It didn’t take long for people in the treatment and housing industries to realize that there is a lot of money to be made in urinalysis, Lynne told ADW. So people started opening

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their own labs, using creative arrangements by which they didn't necessarily purchase the costly analyzers. In some cases the analyzers were loaned to them, with the agreement that they purchase the reagent, said Lynne. Some manufacturers of the analyzers leased them out to multiple entities, “like a time share,” he said.

When we described the limited partnership of the Pivotal Point group, Lynne said this sounded like a “way to get in the back door because you can’t get in through the front door.” Lynne said that in terms of kickbacks — even if federal money isn’t involved — there is little regulation, especially in Florida, of this kind of arrangement.

**Out-of-network payments**

The best insurance for drug-testing schemes is the Preferred Provider Organization, which allows out-of-network payments, said David Lisonbee, president and CEO of Twin Town Treatment Centers in Los Alamitos, California, who recently received a sales letter from Pivotal Point. With an out-of-network payment, there’s no utilization review, no contract and no tracking, and the patient co-pay gets written off, he said.

A salesman for the Pivotal Point Toxicology Group said that Elements is a “big shareholder.” We contacted Elements to confirm this but did not get a response by press time.

“The people getting ripped off are the insurance companies, and the people paying premiums, whose rates are going up because of these scams,” said Lisonbee, whose center does conduct drug testing.

**The gray zone**

We asked Boatman how he got involved in the field; he responded that he has been in many fields, and that “one thing led to another.” According to his LinkedIn profile, he is the owner/founder of The Ambition House, described as halfway houses and a “rehab center” in South Florida. He is also chief operating officer and co-founder of APEX Physician Group, a health care provider specializing in addiction medicine, with a focus on people being discharged from residential treatment.

Boatman operates in the gray zone of the unregulated addiction world, which is attracting entrepreneurs of all sizes. People like Lisonbee, who takes a dim view of the Pivotal Point business model, aren’t interested, but the fear is that programs that do participate — and get the extra profit — will, like programs who pay for referrals, outlast the ethical ones.

“At the end of the day, you have to ask if there is any kind of fee splitting, any kind of kickback,” said Lynne. “But in reality, there is no one policing the industry.” The Department of Children and Families (DCF), which regulates substance abuse treatment in Florida, is “powerless,” he said. “They have no staff and no administrative authority.”

Meanwhile, outside his office window, Lynne can see the “generation of kids” who have been sent to rehabs and sober homes in Florida on their parents’ insurance, with parents paying rent. They’re no longer addicted to opioids, but “they have no life of purpose,” said Lynne. “We call it club rehab.” As long as housing operators can keep going propped up by drug-test money, testing may remain the only recovery-related activity that takes place in many sober homes.

### Physician group urges focus on spiritual and psychosocial

Some physicians in the addiction treatment community have become concerned about the direction of medication-assisted treatment, saying that it lacks the “spiritual” and 12-step components that they feel are essential to treatment. They have formed a group called Like-Minded Docs, which has more than 150 physicians, many of whom are medical directors of top treatment programs, and also members of the American Society of Addiction Medicine (ASAM).

Michael Walsh, president and CEO of the National Association of Addiction Treatment Providers (NAATP), said that a group of addiction physicians came away from a 2012 ASAM conference with misgivings about the prevalence of medication-only topics and a dearth of “12-step talk or abstinence talk” at the meeting. “That’s where Like-Minded Docs started,” Walsh told ADAW. The goal of the group was to send the message that “abstinence is as much of an option as medication,” said Walsh, who isn’t a physician and isn’t a member of either organization but whose sympathies lie with Like-Minded Docs. “We aren’t crazy about putting 16-year-olds on Suboxone for the rest of their lives.”

Ken Thompson, M.D., a founding board member of Like-Minded Docs, said the preponderance of medication-related topics at ASAM’s annual medical-scientific conference two years ago made many addiction physicians apprehensive that medication is being viewed as the only way to treat addiction. “My concern is that we are losing the heart and soul of what makes addiction medi-

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cine different from other branches of medicine,” said Thompson, who is medical director of Caron Treatment Centers.

The tragedies of opioid overdoses have spurred calls for medication-assisted treatment. Thompson understands this. “If a young person dies of an opioid overdose, people say, ‘He probably would still be alive if he had been on Suboxone,’” he said. “But if he had been going to an NA or AA meeting, he probably would have been alive too.”

Originally trained as an internist, Thompson calls himself “an analytical guy” who at the same time is “a believer in spiritual and psychosocial methods.” He and his colleagues began to round up others who “were on the same page, expressing those concerns.”

The 150 or so physicians who belong to the group “are not against medication in any way,” said Thompson. “We’re not against buprenorphine, methadone or naltrexone,” he said. “But we emphasize that for all addictions, the psychosocial and spiritual interventions, including 12-step interventions, must be included in the treatment process,” he told ADAW. “And to not do so falls short of practicing good addiction medicine.”

Thompson thinks that something similar has already happened in psychiatry, which “some years ago lost its role in actually providing psychotherapy.” Many people are now given medications instead of, not in addition to, psychotherapy, he said, adding that this is already happening in addiction: physicians get no addiction training beyond the eight-hour training course in buprenorphine, and can treat up to 100 patients with the medication. Many of these physicians are not ASAM members, and certainly not ABAM-certified.

Research and funding

Like-Minded Docs is a diverse group. It includes Robert W. Mooney, M.D., addiction psychiatrist at Willingway, who is anti-medication, and Ken Roy, M.D., an ASAM member who runs a buprenorphine program in New Orleans. It also includes ASAM President Stuart Gitlow, M.D., and many ASAM physicians.

Gitlow told ADAW that his “personal view is that addiction has roots in all aspects of the biopsychosocial and spiritual, and that each of these aspects should be appropriately addressed during treatment.” The original focus of ASAM was addiction, he noted, adding that in recent decades ASAM has “never strayed from the belief that psychological and spiritual issues are two of the keys to an understanding of this disease state.”

The ASAM annual meeting has become more focused on biologic topics, but that has been driven by research, which in turn is driven by funders — pharmaceutical companies and the federal government, Gitlow explained. “That the biologic has come to be better represented within sessions is no surprise to any who have watched the pathway taken by research dollars over the years, or the bias held by those who handle the purse strings,” said Gitlow. But that doesn’t necessarily mean ASAM physicians only use biologic, not psychosocial and spiritual, domains in treatment, he said.

There are still a few addiction physicians who are opposed to medication, admitted Thompson, but some members of Like-Minded Docs are profound advocates of medication (including Gitlow, who consults for the makers of the new buprenorphine medication Zubsolv).

Moving toward the center

“The wonderful thing about our discourse is that we began to see each other’s personalities and get a flavor for different practice styles,” said Thompson. Since the group’s inception, many of the initial members have “come toward the center,” he said. “We are saying that our goal is to get people as well as possible,” he said. “And we certainly didn’t want to detract from the importance of ASAM as representative of addiction medicine.”

And for those who say the goal of treatment is abstinence, Thompson points out that abstinence means different things to different people. If someone is on a prescribed medication and not abusing substances, many clinicians would consider that person “abstinent.”

The next step for Like-Minded Docs is “to continue to get the word out, to educate physicians about the real importance of adding psychosocial and spiritual interventions,” said Thompson.

There is no membership fee to belong to Like-Minded Docs. “We did ask for a collection, and I think got ten dollars from some people, but this is a grassroots group,” said Thompson.

‘Big tent’

And it’s meant to be “big tent,” not divisive. Some prominent members of ASAM were reticent about joining initially “because they didn’t want to ally with something that was conflicting,” said Thompson. “But as people have joined, they have seen this isn’t an organization that creates division, but an organization that will carry the heart and soul of treatment for addiction.”

The Like-Minded Docs website has some of the language of AA, such as “trusted servants,” probably because a significant percentage — but not all — of the members are in 12-step recovery, said Thompson.

‘Their primary purpose is to make sure abstinence and 12-step recovery isn’t left out.’

Michael Walsh
SSA at center of Vermont’s opioid addiction treatment success

Although it’s Vermont Governor Peter Shumlin who has been in the headlines, first devoting his entire State of the State speech to the opioid addiction crisis (see ADAW, January 13) and, most recently, hosting Gil Kerlikowske in one of the drug czar’s final official deeds before being confirmed as border control chief (see ADAW, March 10), Barbara Cimaglio is the behind-the-scenes person whose job includes advising the governor on and implementing the state’s addiction treatment system. At the March 3 visit, Kerlikowske said that Vermont should serve as an example to the rest of the states in how to handle the heroin epidemic: treatment. And on March 10, Attorney General Eric Holder again held up Vermont as a model.

So last week, we asked Cimaglio, deputy commissioner of alcohol and drug programs in the state Department of Health, what it’s like being the single state authority in Vermont. “What we’re doing is what we know to be the best approach for any substance — a comprehensive approach,” she said.

Cimaglio’s division couldn’t have made this progress without being part of the larger health department, with all of the resources it offers, she said. In addition, the governor’s buy-in was essential — as it would be in any state, she said.

But there are also many who are not in recovery, including some researchers, he said.

Gitlow said he has never heard, among the leadership at ASAM, a belief that the biologic is any more important than any of the other domains in treating addiction. “If anything, I have heard the reverse — that a medication alone is unlikely to lead to a true recovery among any addicted patient population,” he said.

“I don’t see that there is any split, or difference of opinion, between ASAM and the Like-Minded Docs,” said Gitlow. “My sense has always been that all of us are working to ensure that patients with addictive disease have access to the highest-quality medical care, and that such medical care, for any illness, must cover the gamut of the human condition — and that includes spiritual and biologic alike.”

Like-Minded Docs didn’t, in the end, “get their own coffee pot” — they are working with ASAM. “They want to stay in the middle and stay away from the fringes,” said NAATP’s Walsh. “Their primary purpose is to make sure abstinence and 12-step recovery isn’t left out.” Many of the Like-Minded Docs are working in medication-assisted treatment, Walsh said. “We’re trying to get the message across that not one size fits all,” he said. •

The website of Like-Minded Docs is http://likemindeddocs.com.

For more addiction information, visit www.wiley.com

‘What we’re doing is what we know to be the best approach for any substance — a comprehensive approach.’

Barbara Cimaglio

For the hub-and-spoke system to work, the governor had to take the leadership for the Medicaid partners to work with Cimaglio on the state plan amendment. “We couldn’t do this on our own,” she said. “We came with the ideas, but we had to get the okay — we were going to spend some resources in order to make this happen, and it wasn’t just money, it was people.” The governor “sets the priorities,” and agencies must follow those priorities.

Governor Shumlin has supported the entire infrastructure for the hub-and-spoke system, said Cimaglio. He also requested an increase for it for fiscal year 2015.

And there is a recent victory on the insurance side: Blue Cross Blue Shield just agreed to pay the bundled rate for services in the hubs of methadone maintenance and buprenorphine, said Cimaglio, adding that other insurance companies are expected to follow suit.

The governor’s support also sends a strong signal to supporters in the community, because leadership is also required at the local level, especially when it comes with providing facilities for the treatment of people with addiction, and fighting NIMBY (not in my back yard) barriers. In Vermont, a number of local mayors, police chiefs and medical leaders support the expansion of medica-

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tion-assisted treatment, she said.

Significant support for this came from the director of the hospital in Rutland, who was willing to be home for one of the state’s hubs. This was a breakthrough, said Cimaglio. “For ten years we tried to get a provider to do methadone treatment in Rutland, and we couldn’t find anyone,” she told ADAW.

Less incarceration, more treatment

The governor is also supporting proposed legislation that would bring more pretrial services to people who have substance abuse problems to give them treatment instead of placing them in the corrections system.

“There’s an awareness that we have a lot of people going into corrections who don’t need it, but who need treatment,” she said. There is no support in the state for building more jails and prisons, which means that many people who are incarcerated are being lodged out of state, with the state corrections department paying the bill. “Nobody wants to do that,” she said. “We all want to get people helped.”

‘Bully pulpit’

While Governor Shumlin has always been supportive of treatment and the hub-and-spoke expansion, since January, “now what we have is the governor really using his bully pulpit to call attention to this issue,” said Cimaglio.

This concept has pervaded not only the entire government of Vermont, but also may spread to other states due to the national stature of Governor Shumlin’s opioid addiction treatment stance. “I think what Governor Shumlin has done is pretty amazing — to get the White House to pay attention, and to realize strong national leadership,” said Cimaglio. “I’ve been around a long time, so I say this with a full look-back into history.”

Expansions from page 1

extended-care facility site operated by Pavillon in North Carolina.

In both cases, the leaders of the organizations indicate that the decision to expand was based on a combined evaluation of market demand and organizational fit.

“We’re not just growing for the sake of growing,” said Jim Dredge, CEO of the Wickenburg, Ariz.–based The Meadows. “We’re responding to demand.”

“We knew that we needed more sober living on our campus — there’s a particular dearth of these programs for women,” said Anne Vance, CEO of the Mill Spring, N.C.–based Pavillon.

Beyond traditional residential

In the four years that Dredge has been at The Meadows, he has overseen a steady pace of expansion that has doubled the capacity of the organization to its present 220 beds on five campuses scattered around the Wickenburg area. Highlights for the organization during that period have included the acquisition of the Remuda Ranch program and most recently the February opening of the Gentle Path at The Meadows sex addiction program, founded by nationally known process addictions expert Patrick Carnes, Ph.D.

The Meadows clinically has focused on a niche of addressing trauma, and to a great degree its expansions have embraced areas that are closely related to trauma, such as eating disorders and sex addiction. While Dredge says that bringing in experts such as Carnes and Meadows senior fellows Claudia Black and Alexandra Katehakis was critical to the decision to open a sex addiction program for males, he adds that the program’s connection to The Meadows’ core mission carried equal importance.

In analyzing the business decision to expand, Dredge said that in general an organization must examine its core strengths first, then look at adjacent areas for possible growth and the hub-and-spoke expansion, since January, “now what we have is the governor really using his bully pulpit to call attention to this issue,” said Cimaglio.

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has allowed The Meadows to refocus its main campus to the core service of trauma-based treatment for adults ages 26 and over, Dredge said.

Dredge explained that The Meadows’ growth generally has unfolded according to an ongoing five-year plan for the organization, dictated largely by emerging demand. He presently characterizes that demand as “a tsunami of need.”

He added that several fellow member organizations in the National Association of Addiction Treatment Providers (NAATP) appear to have adopted a similar growth mode. “None of us believe it is time to sit still,” he said.

**Completing the continuum**

At Pavillon, the recent decision to grow has been more about extending a continuum of services in response to pressures on residential treatment stays. “Insurance [coverage] for residential is getting shorter and shorter,” said Vance. “We know that people need longer stays.”

Pavillon already had been operating extended-care services for women, but continued restrictions on residential lengths of stay were making it important to have more extended-care options available on its campus. Vance pointed out that there is only one other extended-care program for women in the immediate area.

It purchased a larger house on its campus and now can serve up to 12 women at the Vance House (employees of Pavillon voted to name the facility after the organization’s CEO). With the move, Pavillon has increased the total number of patients it can treat at one time by 10 percent.

Vance said the most recent expansion has been in the works for some time. As much as she insists that residential treatment belongs in the care continuum, she sees the industry’s move more in the direction of day treatment and sober living.

“We saw this coming six months ago,” Vance said. “We had to look for other ways that we could continue to serve as many people as possible.”

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**SAMHSA FY 2015 budget: More details revealed in CJ**

The Congressional Justification (CJ) for the fiscal year 2015 proposed budget from the Substance Abuse and Mental Health Services Administration (SAMHSA) fills in some gaps that were left out of the March 5 (see **ADAW**, March 10). The CJ, which provides details and the exact wording of the proposed budget, was not released until March 7, after press time for the March 10 issue.

Below are some additional details. We also asked SAMHSA for further explanations, which are provided below.

• Transfer between accounts: The proposed budget would allow SAMHSA to “transfer funds between any of the accounts of SAMHSA with notification to the Committees on Appropriations of both Houses of Congress at least 15 days in advance of any transfer, but no such account shall be decreased by more than 3 percent by any such transfer.” The purpose, according to the CJ, is to make sure “multiple accounts are not a barrier to the efficient administration of the agency, or appropriate responsiveness to emerging issues ....” We asked SAMHSA what kind of “emerging issues” would require money to be moved from, say, the Center for Substance Abuse Treatment to the Center for Mental Health Services. “On substance, the appropriations bill includes authority to reallocate small amounts within the accounts of one agency, but this language would allow small amounts of funding to be transferred between SAMHSA’s separate accounts,” said an unidentified SAMSHSA official in an email that was conveyed by a press officer. “If the issue were on the horizon for long enough, the President’s Budget request and congressional action could address it sufficiently by placing resources in the accounts as necessary, but this language would enable SAMHSA to respond to late-breaking issues that might otherwise outstrip SAMHSA’s ability to shift funds within the appropriate account.” We’ll see what the appropriations committees make of this.

• Healthy Transitions: The $20 million which Hyde said was to go toward supporting people ages 16 to 25 with mental health and/or substance abuse problems is actually only for people with mental health or co-occurring problems — in other words, not for people with substance abuse only problems. By explanation, SAMHSA responded by email, through a press officer, that Healthy Transitions is part of Now is the Time money, which is “meant to improve access to mental health care for youth.” The only way people with substance use disorders will have access to these services is if they have a co-occurring mental illness.

The proposed budget clearly laid out two gaping holes — the

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elimination of Access to Recovery ($50 million in treatment funding) and the lack of an increase for the Substance Abuse Prevention and Treatment block grant. Given the attention to prescription drugs, overdoses, and other addiction problems, even a small increase would seem warranted, said Rob Morrison, executive director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Overall, however, the proposed budget was met with relief by NASADAD and other substance abuse treatment and prevention advocates, especially compared to past proposals In previous years, the administration had called for things like blending mental health promotion and substance abuse prevention money, which would have had the effect of gutting substance abuse prevention. There had also been “taps” on the block grant. This year, instead of starting off the budget cycle with a huge battle on many fronts, lobbyists have smaller pieces to focus on.

On the other hand, this is the last year that Sen. Tom Harkin (D-Iowa) will chair the appropriations subcommittee with oversight over the Department of Health and Human Services, which includes SAMHSA. He is retiring (see ADAW February 4, 2013), which will be a tremendous loss to the field. He is responsible for the Americans with Disabilities Act and many other laws that protect patients and people in recovery. In recent years, under his guidance, committee staff has been vigilant about safeguarding the money that is meant for substance abuse treatment and prevention, sharply rebuking SAMHSA for each effort to dilute such funding. SAMHSA may have simply decided to let this year pass without making such efforts.


Coming up…

The 45th annual medical-scientific conference of the American Society of Addiction Medicine will be held April 10–13 in Orlando. For more information, go to www.asam.org/education/annual-medical-scientific-conference.

The 2014 National Rx Drug Abuse Summit will be held April 22–24 in Atlanta. Go to http://nationalrxdrugabusesummit.org/event for more information.

The National Council for Behavioral Health will hold its annual conference May 5–7 in Washington, D.C. For more information, go to www.thenationalcouncil.org/events-and-training/conference.

Names in the News

Michael Botticelli to be acting director of ONDCP

On March 6, Gil Kerlikowske was confirmed by the Senate to be the Commissioner of U.S. Customs and Border Protection. At the same time, the Office of National Drug Control Policy, which Kerlikowske had headed, announced that when the transition was complete, ONDCP deputy director Michael Botticelli would be the acting director of the ONDCP.

Jerry Rhodes promoted to CEO of CRC; Eckert remains chair

On March 10, CRC Health Group announced that it had promoted chief operating officer Jerry Rhodes to Chief Executive Officer. Effective March 17, Rhodes replaces Andy Eckert, who will remain as chairman of the board. Rhodes joined CRC in 2003 when it acquired CAPS. At CRC, Rhodes was president of the Recovery Division for seven years and COO for the past three years. Last year he won the Nyswander Dole award from the American Association for the Treatment of Opioid Dependence for his work in medication-assisted treatment (see ADAW, May 13, 2013). After years building up CRC, Bain Capital is rumored to be preparing to sell. Most recently CRC acquired HABIT Opco, a chain of opioid treatment programs operating in the Northeast (see ADAW, December 23, 2013).

Alcoholism & Drug Abuse Weekly welcomes letters to the editor from its readers on any topic in the addiction field. Letters no longer than 350 words should be submitted to: Alison Knopf, Editor Alcoholism & Drug Abuse Weekly 111 River Street Hoboken, NJ 07030-5774 E-mail: adawnewsletter@gmail.com Letters may be edited for space or style.

In case you haven’t heard…

Is being “on” the same thing as being on “something”? A new ad for caffeine-laden Coca Cola seems to be playing on that confusion, and it’s getting some people concerned. “You’ve moved to New York with a portfolio, a pair of skinny jeans and strong opinions on hemlines. You’re on Coke.” So goes the new ad for Coca Cola, basically advertising a soda like cocaine. The New York Observer asked Arnold Washton, Ph.D., who was probably the most quoted expert on cocaine addiction back in the 1980s, to comment. “To my ears it’s like nails on a chalkboard,” he said. “It is obviously going to get attention, that is what it’s meant to do.” Coca Cola told The New York Times that the slogan is an “uplift for those moments when you really need to be on.”