ALCOHOLISM & DRUG ABUSE WEEKLY

News for policy and program decision-makers

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Next steps for the recovery movement: Stay vocal, issue is bipartisan

With the loss of some recovery leaders from federal government, some advocates in the field are worried that their momentum will be lost (see *ADAW*, February 6). But interviews last week revealed that even without a website for the Office of National Drug Control Policy (ONDCP) — something which has rattled advocates who want everything to go back to the way it used to be — there's still a lot that can be done.

Bottom Line

The recovery movement is alive and well and growing, but needs support from everyone concerned about addiction as a health problem.

First, there is a movement to get more people in recovery into federal government. The movement, spearheaded by Facing Addiction, already has more than 100 applications, said Facing Addiction co-founder Greg Williams. "We don't know yet where these individuals might be placed," Williams told *ADAW*. But they would be in top positions. "We believe this can inform policy moving forward," he said. "We have plans to represent a top-tier list." Until Senate confirmations move forward, however, nothing will happen.

"Having people in recovery in

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Report details an uncommon exposure to fentanyl in regular cocaine users

A June 2016 incident in which 12 people in New Haven, Connecticut, overdosed on fentanyl, contained in a substance they thought was cocaine, underscores the need for more comprehensive and multiagency strategies to combat opioid overdose, a new report suggests.

Authors of an article in the Feb. 3 edition of the Centers for Disease Control and Prevention's (CDC's) *Morbidity and Mortality Weekly Report* detailing the crisis in New Haven point out that typical public education and naloxone distribution efforts that target regular users of opioids would not have captured these New Haven individuals because opioids generally were not their drug of choice. The June outbreak resulted in nine hospital admissions and three deaths.

Bottom Line...

A 2016 illicit fentanyl outbreak in New Haven, Connecticut, affecting individuals who thought they had purchased cocaine, illustrates the need for public health and education strategies with a broad reach across the drug-using community.

The authors wrote that "this outbreak of severe opioid intoxication among patients who were cocaine users, but not chronic opioid users, suggests that distributing naloxone and offering training to all illicit drug users, their friends, and family members might prevent such opioid-associated morbidity and mortality."

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federal government should not be something that happens by accident," said Michael Botticelli, former director of the Office of National Drug Control Policy, in recovery and openly gay. "Having people in recovery throughout the federal government should happen by design," he told us last week. "Under the Obama administration there were similar projects — on LGBT, on people of color."

The focus should not be restricted to addiction work, said Botticelli. "The recovery community needs to demand that they be involved in these positions and these discussions," said Botticelli. The recovery nominations project will give people in recovery a chance to step forward "and be open not only about their individual competences but their recovery."

The loss of Botticelli, as well as Tom Coderre and Tom Hill from the Substance Abuse and Mental Health Services Administration (SAMHSA), hurt the field, advocates agree. "They are irreplaceable," said Carol McDaid, principal at lobbying firm Capitol Decisions. But the recovery appointment project can help, she said. "This is when the recovery advocates are going to have to step up, the grass roots is going to have to step up, getting good candidates," she said.

Still, everyone in the recovery field thinks that the gains made over the past eight years are at risk, said McDaid,"You'd have to be naïve if you didn't think about that strategically."

The long-time grassroots recovery group, which has been known for celebrating recovery, decreasing stigma and implementing real recovery support services across the country, is Faces and Voices of Recovery. Patty McCarthy Metcalf, executive director, said that Botticelli, Coderre, and Hill helped create a "culture of recovery" at ONDCP and SAMHSA. "We do have a lot of people in recovery at SAMHSA and at ONDCP," she told *ADAW*. "They may not be vocal or have leadership positions, but they understand how far we've come and that we can't go backwards. They know it's a health crisis and not a criminal justice issue."

The national advisory council of SAMHSA's Center for Substance Abuse Treatment (CSAT) consists of many people in recovery, who are in leadership positions throughout the country, said Metcalf. "Structurally, CSAT is where the money comes from. Any decisions around funding for Community Support Services comes from CSAT, not from CSAP [Center for Substance Abuse Prevention] or CMHS [Center for Mental Health Services]."

Specific tools

When the Comprehensive Addiction and Recovery Act (CARA) was enacted last July (see *ADAW* July 18, 2016), it authorized a small amount of grant funding for "building communities of recovery." This could be used for recovery schools, recovery supports, and other recovery-related issued. "One of our jobs will be to make sure that the funding from that and from the rest of CARA gets appropriated," said McDaid.

CARA's allocation of $37 million gave $20 million to the Department of Justice, to focus on recovery support services in the criminal justice system, said Metcalf. "We're advocating that SAMHSA and Congress come to a resolution" on the other $17 million, to use money to fund recovery support services, she said.

The $1 billion in Cures money going out to the states can be used for recovery supports, but only to the extent that the state wants to use it for that. "We have 127 recovery community organizations across the country," said Metcalf. "We gave them specific strategies to work with the SSAs to become apart of that funding." In some states, RCOs are not even being invited to the table. When the applications are in February 17, more will be known about how that Cures money will be used.

The Surgeon General's report

ALCOHOLISM & DRUG ABUSE WEEKLY
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Editor Alison Knopf
Contributing Editor Gary Enos
Copy Editor James Sigman
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on Alcohol, Drugs, and Health, released last year (see *ADAW*, November 21, 2016) is being used "massively" in the field, said McDaid.

There are also real possibilities for the Affordable Care Act (ACA), said McDaid. The bill introduced last month by Senators Bill Cassidy (R-Louisiana) and Susan Collins (R-Maine) would protect addiction and mental health coverage in each of its three options for how states can "re-implement" the ACA, she said. On the House side, there is a strategy moving forward that instead of one big replacement will include a series of small incremental reforms. "A number of hearings in the House Energy and Commerce Committee appear to be laying the groundwork for that," said McDaid. "I don't think it's a done deal that we will lose coverage."

Not just recovery

Very little federal funding has gone directly to national recovery organizations, said Williams of Facing Addiction. Aside from some technical assistance, the vast majority of the funds go out to states and local entities, he said. "The missing gap in moving the recovery movement forward is to understand that there are local resources that want to support the growth of recovery support services," he said. It's up to foundations, individual families, and the federal government to help fund these resources, he said.

"The challenge is investment," said Williams. "We need states to be writing grants, not just about detox, not just three weeks in an inpatient program, but about a five-year recovery management plan" for each patient.

Facing Addiction doesn't consider itself a recovery organization. "We wouldn't take the place of the great work Young People in Recovery and Faces and Voices of recovery are doing," he said. The large family loss movement — people who have lost loved ones to overdoses — is a big part of Facing Addiction's constituency, he said. "This is why we wanted to build an overarching movement," he said.

Family loss movement

The family loss movement includes some people who are in favor of the war on drugs, who do not fit easily into the recovery movement, which is anti-stigma. But, said Williams, they do fit, in their own way. "Something that Pam Hyde (former SAMHSA administrator) said often and should get credit for is that people fight over the 10 to 15 percent they don't agree with and forget about the 85 percent they do agree on," he said. "That's where we try to push the agenda, which for us includes recovery, prevention, criminal justice reform, and more that is bubbling up through the grass roots." Unifying disparate voices is an important tactic, said Williams, especially "when you're trying to get $1 billion in the Cures bill and you need everybody in every corner to be pushing for this."

> **'A lot of the dust bowl states who elected Trump have alcohol and opioid problems. He has the base to tackle this issue.'**
>
> Greg Williams

The recovery movement historically has been about "celebration of recovery," said Williams, while the families with loss movement "has a lot of anger." The recovery movement is "getting more angry as the death toll continues to rise," he said. "There's much to learn from each other. From a recovery perspective, families of loss never get to experience recovery." The co-founder of Facing Addiction, Jim Hood, lost his son to an overdose four years ago. "He never experienced recovery," said Williams of Hood's son, Austin.

"There's a level of urgency from the families of loss movement that the recovery movement never had," he said. "If there's anything the recovery movement can learn from the families of loss, it's that sense of urgency. It's what the AIDS movement had, and what the breast cancer movement had in the 1960s. We need to fire people up."

Some advocates 'getting a little lost'

Williams also pointed out that the opioid crisis didn't start last year, yet it wasn't until last year that the Obama administration started its push for the $1 billion that was finally realized in Cures. "So we have to remain optimistic going forward," he said.

"A lot of the dust bowl states who elected Trump have alcohol and opioid problems," said Williams. "He has the base to tackle this issue."

Williams thinks the advocates are "getting a little lost" in terms of the ONDCP, calling for the website to be put back up. "It's not an office that has much power when it comes down to dollars." Actual funding decisions and money flowing to the states happen on Capitol Hill, he said "That's where we're really excited — the willingness of individuals and families to call their senators, to ask Ben Carson what he thinks about ecovery housing." The ONDCP is "more about rhetoric," he said.

Still, the institutional memory at ONDCP has fallen off the radar screen, said one administration official on background. "Most large-scale change happens from the ground up." And from a fiscal perspective, it makes more sense to position addiction as a public safety issue, saying that treatment reduces criminal behavior and saves public health and other dollars," said this official. "Reach out to the new administration and do your work lo-

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cally." And keep in mind this one fact: nobody is opposing recovery. The addiction issue is a bipartisan one. "Just try to have someone leading ONDCP who has a public health background."

Having an ONDCP director in recovery, like Botticelli, may not happen. Even having someone with a public health background may not happen. But taken together, the move to have more federal employees who are in recovery, expanding the tent to include other voices, and the understanding that Trump supporters want recovery support services too will go far in making voices heard. •

Botticelli's optimistic advice: Partner with law enforcement

Michael Botticelli, who as director of the Office of National Drug Control Policy (ONDCP) under President Obama championed the recovery movement, shared advice for advocates in a 30-minute phone conversation with us last week. His main advice: don't wait for something to happen — make it happen first.

"It's important for key leaders in the field to not to wait for the administration to define what its policies will be," he said. For example, President Trump promised to repeal the Affordable Care Act (ACA), something that Republicans in Congress had been talking about doing throughout the Obama years. "There is already significant concern about changes to the ACA and what that means to people with addiction," said Botticelli. Advocates need to "underscore the important role that insurance plays around getting people treatment in general," he said. Without coverage for treatment, crime and mortality will go up, he said.

Botticelli had been listening to a broadcast of President Trump talking to the National Sheriff's Association before our interview. "It's interesting that he focused a considerable amount of his remarks on the ravages that drugs are having on communities," said Botticelli. "He talks in a number of ways that are important to the field." But building a wall to prevent drugs from entering the country is "an oversimplification," Botticelli said. "Clearly reducing the availability of drugs is part of the solution, given the magnitude of the heroin and fentanyl problem, but it's overly simplistic to say we're going to reduce drug use solely by building a wall." President Trump also talked to the sheriffs about the role that drugs play in driving crime in the streets, said Botticelli. "This is an issue that President Trump is attuned to," he said. "The current epidemic is the worst we've ever seen. It's incumbent on the advocates to make sure they're putting themselves in place, to say 'We've known about this for a long time, and we have the solutions to these problems,'" said Botticelli.

> **'When you get law enforcement saying that the biggest crime prevention tool is increasing access to treatment, that's impactful.'**
>
> Michael Botticelli

We still 'can't arrest our way out of the problem'

The message that addiction is a public health problem and not a criminal one is key. That message — embodied in former ONDCP director Gil Kerlikowske's oft-repeated statement that "we can't arrest our way out of this problem" — took hold in the Obama administration. "It's important now that the addiction field talk about how we partner with public safety and law enforcement to send the same message," said Botticelli. "It was incredibly impactful when [Botticelli's predecessor under Obama] Gil Kerlikowske, as a former police chief, said 'We can't arrest our way out of this,'" he said. "People often ask me what the process was at ONDCP in pivoting from law enforcement and supply reduction to one focusing more on public health." Part of the answer was the support of law enforcement itself, he said. "It's always helpful when you get unexpected messengers who can help carry your message."

"Whether it's the new administration or Congress, they need to hear not just from the addiction field but from public safety and law enforcement," he said. "It's really important for the addiction treatment community to partner with law enforcement." The National Sheriffs' Association and the National District Attorneys Association are among the groups that can help. "When you get law enforcement saying that the biggest crime prevention tool is increasing access to treatment, that's impactful," he said. "It's one thing for the treatment field to promote it, one thing for the ONDCP to do it, but when you have the sheriffs saying it, that has an impact."

"Sheriffs operate many of the jails across the country," said Botticelli. "We were trying not just to work with them on supporting increased access to treatment, but working with them about implementing evidence-based treatment

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behind the walls, and on good re-entry and early release programs."

There were numerous meetings at the White House with corrections officials who were shown examples of what sheriffs were doing in their jails, said Botticelli. "We brought Sheriff Peter Koutoujian from Middlesex County (Massachusetts) numerous times."

Not just personal

Botticelli's unanimous confirmation ONDCP director was a clear sign of the broad bipartisan support for the public health approach to addiction. "There's significant consensus in an overall approach to drug policy," said Botticelli.

But he is modest about his own personal appeal. "I don't think I was confirmed unanimously because of who I was." In fact, his clear-eyed and honest responses to questions before Congress disarmed any possible criticism from even the most conservative lawmakers of this articulate, openly gay man in long-term recovery. There's no reason for that momentum to stop just because he is no longer there, he said. "Continue to work with Congress on this, because there's a significant consensus in an overall approach to drug policy."

Botticelli was still exploring options for his next steps. "My main goal is to be sure whatever I do makes significant contributions to the field." •

CADCA annual meeting: Training for youth to take back home

The first major conference for the substance use field since the presidential election took place last week in National Harbor, Maryland, where more than 3,000 community-based prevention workers and young volunteers gathered for the annual leadership forum of CADCA (Community Anti-Drug Coalitions of America). Starting with Prevention Day, sponsored by the Substance Abuse and Mental Health Services Administration, the conference had more than 75 workshops on topics ranging from marijuana legislation and tobacco cessation to the opioid epidemic and underage drinking.

"This is the largest gathering we've had in recent years," Gen. Arthur T. Dean, CADCA chairman and CEO, told *ADAW* last week. More than a training event for youth, the forum brings together federal and state officials from across the country, said Dean.

At the forum, 171 coalitions received recognition for their graduation from the yearlong training in effective coalition-building. "They take this back to their hometowns," said Dean.

A typical coalition has three to seven full-time staff members working in a not-for-profit, explained Dean, adding that each coalition works with more than 100 volunteers. The coalitions have federal Drug-Free Communities (DFC) grants. Under the terms of the grants, the training academy is required. "It's like getting a master's degree in community-based substance use prevention," said Sue R. Thau, public policy consultant for CADCA, who participated in the interview with Dean. "It's very intense."

The training last week included "hot issues" such as underage drinking, misuse and abuse of medicine (prescription or over-the-counter), and tobacco, said Dean. "How do you manage your work in a state that has legalized marijuana?" is a key question for the coalitions, he said.

There were almost 400 youth in training at the forum last week, said Dean. "They are learning about all they need to carry out this work at the local level," he said. "We have found that coalitions who incorporated this training are the most effective at convincing local and state officials," he said. "Young leaders can carry a substantial message to leaders in the community."

Speakers included Robert DuPont, M.D., former director of the National Institute on Drug Abuse; and Michael Botticelli, former director of the Office of National Drug Control Policy (ONDCP). (For an interview with Botticelli, see the previous story on page 4.)

CADCA national leadership awards went to Botticelli and Sen. Sheldon Whitehouse (D-R.I.).

Hill Day

Last Wednesday, CADCA attendees met with legislators and staff on Capitol Hill. "This helps our representatives understand the importance of the work done at the local level," said Dean. It helps keep funders aware of the DFC program and of other legislation that supports prevention in local communities. "We're also asking them to thank people," said Thau, noting that the funding from the Cures Act and the Comprehensive Addiction and Recovery Act, which came last year, is important. "We're shoring up the relationships, and then making the case that the $1 billion over two years is fantastic, but only a small amount is going to prevention," she said. "We do need more emphasis on the front end."

Administration officials told *ADAW* last month that the ONDCP drug strategy, which funds the DFC grant program, would favor treatment, primary prevention, and stopping drugs from coming in at the border (see *ADAW*, January 30), creating some hope that prevention would get more attention from the Trump administration. "We understand that a new administration is in town, and from what we know of their priorities we think they will

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support us in our work and helping communities," said Dean. "People are very concerned about the opioid epidemic, and about helping young people stay away from substances of all types," he said. "The vibes here are enthusiasm and excitement — these community leaders are very interested in making sure parents and young people can lead productive lives without having to endure the ravages of drugs."

ONDCP Acting Director Kemp Chester was also at CADCA.

"We understand that a new administration is in town, and from what we know of their priorities we think they will support us in our work and helping communities," said Dean. "People are very concerned about the opioid epidemic, and about helping young people stay away from substances of all types," he said. "But the vibes here are enthusiasm and excitement — these community leaders are very interested in making sure parents and young people can lead productive lives without having to endure the ravages of drugs."

The local angle

Bruce Kelly, coalition coordinator for the Putnam Communities that Care Coalition, went to CADCA from Carmel, New York. "We are so excited to be able to spend several days with other similar organizations from across the country, learning and honing our prevention skills so our community can be a better place, one that doesn't suffer from the harms of drug and alcohol abuse," said Kelly in a statement released prior to the conference. Most recently, the coalition placed seven boxes throughout Putnam County to help keep prescription medication out of the hands of teens.

We asked him how the conference was going, and on Wednesday he reported back that the organization's three main goals — networking, finding creative ways to get youth involved, and increasing knowledge about underage drinking and marijuana use specifically focusing on brain research — were met.

"We will weave the information into our meetings to apprise members and use it in our campaigns," said Kelly. "Our needs are just as important as they were with the last administration," he said. "It's crucial for youth engagement that you involve them in the process and acknowledge their importance in the work the coalition does." •

Fentanyl from page 1

The report's authors, led by Anthony J. Tomassoni, M.D., of the Department of Emergency Medicine at the Yale School of Medicine, credited a multiagency response that included two government departments of public health with mitigating the effects of the fentanyl substitution last June. "The rapid medical, law enforcement, and public health actions likely limited the extent and impact of this outbreak," the authors wrote. Leaders from departments of laboratory medicine at Yale and the University of California, San Francisco also were co-authors of the report.

Onset of crisis

In a period of less than 8 hours last June 23, 12 individuals who had bought and used a white powder that was sold as cocaine were transported to Yale New Haven Hospital facilities with symptoms consistent with opioid overdose. Some of the patients required naloxone doses far in excess of the typical initial dose of 0.1 to 0.2 mg, and some patients who responded at first to the reversal drug proceeded to develop respiratory failure.

Two of the individuals were pronounced dead on arrival at the hospital, and a third died from multisystem organ failure three days after having taken the powdery substance adulterated with fentanyl (there were trace amounts of cocaine in the powder). On-site toxicology screens found that in almost all cases, the hospitalized patients tested positive for cocaine. Blood testing found that only one patient tested positive for an opioid (hydrocodone), and authors of the report stated that this "was consistent with reports by the patients that most were not habitual opioid users."

The authors added that "this outbreak was unique in representation of fentanyl as cocaine to an opioid-naïve population, which resulted in an outbreak of fatal and nonfatal overdoses."

While a growing number of opioid users are likely to have been made aware of the risk of their preferred substance being substituted by or adulterated with fentanyl, it is considerably less likely that regular cocaine users who do not use opioids have received similar warnings.

Community response

The report states that within a few hours of recognition of the outbreak, a multiagency response was launched. Participating agencies included the public health departments for New Haven and the state of Connecticut, the New Haven Office of Emergency Management, the Connecticut Poison Control Center, the New Haven Mayor's Office, and the Drug Enforcement Administration.

Some of the initial actions of these agencies included advising emergency medical services (EMS) crews to increase naloxone doses in treating suspected cases of fentanyl overdose, and issuing public alerts specifically citing sales of the high-potency opioid being marketed as cocaine.

On the day after the crisis emerged, 700 naloxone kits were transferred from the state Department of Public Health to hospitals and EMS personnel in New Haven. On the law enforcement side, three individuals allegedly responsible for

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the fentanyl sales were arrested less than a week after the outbreak surfaced.

On a longer-term level, "This episode resulted in the formation of a partnership between the Connecticut Department of Public Health and Yale New Haven Hospital that facilitated implementation of a pilot program to provide overdose education and take-home naloxone kits to ED patients at risk for overdose. In addition, community opioid treatment programs and providers collaborated with the EDs to provide rapid access to treatment for patients with opioid use disorders," report authors wrote.

But the comments of the authors also convey that public health efforts need to be broad-based, as it is apparently not only opioid users who face risk from illicit fentanyl's entry into a drug-using community. For this reason, they suggest that public distribution of naloxone kits and the accompanying training be applied more widely across the illicit drug–using community.

They also concluded about the lessons of the New Haven episode, "The swift coordinated multi-agency response likely limited the impact of this outbreak, and the resultant strengthening of community partnerships has the potential to further limit the morbidity and mortality related to opioids in communities."

Concern about cocaine trend

Details of a phenomenon that affected cocaine users also reinforce concerns that cocaine use might be experiencing a resurgence across the nation. John Carnevale of Carnevale Associates, a public policy and strategic planning consultant, last August issued a policy brief stating that a combination of sharply higher coca cultivation in Colombia and increasing cocaine initiation rates in the National Survey on Drug Use and Health offer significant reason for concern (see *ADAW*, Sept. 26, 2016).

"I am quite concerned that drug control policy is not paying close attention to what appears to be a resurgence in cocaine," Carnevale told *ADAW*. He added, "Drug prevention has a major role to play at the onset of a new wave of drug use."

The data that are available leave some room for uncertainty about the magnitude of this trend so far, but Carnevale has suggested that a major problem lies in a diminishing ability for the nation to identify emerging drug trends. Among his recommendations in last year's policy brief is for the CDC to develop a surveillance program for emerging drugs, resembling its system for tracking infectious diseases.

"The new administration should invest, or reinvest, in real-time surveillance systems," Carnevale said. •

The full *Morbidity and Mortality Weekly Report* on the Connecticut crisis can be found at https://www.cdc.gov/mmwr/volumes/66/wr/mm6604a4.htm?s_cid=mm6604a4_w.

SAPT 20 percent set-aside essential to SUD prevention

Under federal law, states must direct at least 20 percent of the Substance Abuse Prevention and Treatment (SAPT) Block Grant toward primary prevention. This amounts to $371 million in FY 2017. The total SAPT Block Grant for FY 2016 was $1.858 billion. The set-aside constitutes the majority of funding for substance use disorder (SUD) prevention.

Last week, the National Association of State Alcohol and Drug Abuse Directors (NASADAD), whose members constitute the single state authorities (SSAs) responsible for administering the SAPT Block Grant, issued an overview of the prevention set-aside, noting that it makes up 65 percent of the primary prevention funding across the United States. In some states, the set-aside is the only funding at all used for primary prevention.

Primary prevention is prevention of substance use before it starts. In most states, the SAPT Block Grant prevention set-aside constitutes most of the SUD prevention funding in the state.

- In four states, the set-aside makes up 100 percent of the primary prevention funding.
- In 14 states, the set-aside makes up 75–99 percent.
- In 19 states, the set-aside makes up 50–74 percent.
- In 11 states, the set-aside makes up 25–49 percent.
- In three states, the set-aside makes up 24 percent or less.

How set-aside funds are used

By statute, the SAPT Block Grant prevention set-aside must be spent on primary prevention services or services for individuals who have not been identified as needing treatment. States have the flexibility to use data to decide how to spend funds based on their local needs. The average expenditure percentages below reflect the numbers reported by states in 2015. Categories include:

- Information dissemination: increase knowledge and awareness of the dangers associated with drug use and abuse (14.8 percent).
- Education: build skills to prevent illicit drug use, including decision-making, peer resistance, stress management and interpersonal communication (25.7 percent).
- Alternatives: organize healthy activities that exclude alcohol and illicit drugs (8.6 percent).
- Problem identification: identify individuals abusing alcohol and illicit drugs and assess

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whether they can be helped by educational services (6.9 percent).
- Community-based process: provide networking activities and technical assistance to community groups and agencies (26.3 percent).
- Environmental: establish strategies for changing community standards, codes and attitudes toward alcohol and illicit drug use (10.1 percent).

In addition to using the money for general primary prevention efforts, states can use SAPT Block Grant prevention set-aside funds to target specific populations that may be at increased risk for developing a substance use disorder. In 2015, the following populations were targeted:
- Rural communities (60.0 percent of states).
- College students (58.3 percent).
- Underserved racial and ethnic minorities (50.0 percent).
- Military families (41.7 percent).
- African-American (40.0 percent).
- Hispanic (38.3 percent).
- LGBTQ (35.0 percent).
- American Indian/Alaska Native (33.3 percent).
- Asian (30.0 percent).
- Native Hawaiian/Other Pacific Islanders (26.7 percent).
- Homeless (18.3 percent)

Role of the SSAs

The National Prevention Network, a component organization of NASADAD, consists of state prevention coordinators who work with SSAs to provide high-quality alcohol, tobacco and illicit drug use prevention services. States work with local communities to ensure that public dollars are dedicated to effective programs using tools such as: providing data for data-driven decision-making, workforce development through training and credentialing, performance data management and reporting, and technical assistance to community coalitions.

The SAPT Block Grant remains the largest source of funding for prevention programs managed by state alcohol and drug authorities. In recent history, both state and federal funding for substance use disorder prevention and treatment have remained stagnant. “Despite staggering increases in opioid overdose deaths, total primary prevention expenditures managed by state alcohol and drug authorities dropped from $583 million in 2008 to $577 million in 2015,” noted NASADAD. “However, in 2016 Congress worked with the Administration to reverse this trend by allocating $1 billion to States for opioid-related services in the 21st Century Cures Act, and by approving and funding programs in the Comprehensive Addiction and Recovery Act, among other efforts.”

Prevention activities that are fully funded reduce access to alcohol, tobacco and drugs; change social attitudes; raise awareness about the consequences of substance use disorders; and build communities’ capacities to effectively deal with addiction, concludes the NASADAD fact sheet. •

For the fact sheet, go to http://nasadad.org/wp-content/uploads/2017/02/SAPTBG-Prevention-Set-Aside-2017-2.pdf.

Coming up…

The annual meeting of the **National Association of Psychiatric Health Systems** will be held **March 20–22** in **Washington, D.C.** Go to **www.naphs.org/home** for more information.

The **National Council for Behavioral Health** will hold its NatCon Conference **April 3–5** in **Seattle**. Go to **www.thenationalcouncil.org/events-and-training/conference** for more information.

The **American Society of Addiction Medicine** will hold its annual medical-scientific conference **April 6–9** in **New Orleans**. For more information, go to **www.asam.org/education/live-online-cme/the-asam-annual-conference**.

The **National Rx Drug Abuse & Heroin Summit** will be held **April 17–20** in **Atlanta**. Go to **https://vendome.swoogo.com/2017-rx-summit** for more information.

The **National Association of Addiction Treatment Providers** National Addiction Leadership Conference will be held **May 21–23** in **Austin, Texas**. For more information, go to **https://www.naatp.org/training/national-addiction-leadership-conference**.

For more addiction information, visit
www.wiley.com

in case you haven't heard…

Only seven weeks of binge drinking may result in alcohol liver damage, researchers reported last month. Just 21 binge drinking sessions in mice caused symptoms of early-stage liver disease, according to work published by researchers at the University of California-San Francisco in *Alcoholism: Clinical and Experimental Research* in the January 19 online addition. Binge drinking, defined as five or more drinks within two hours for a man, four or more for woman, frequently leads to alcohol use disorder and associated risks. Excessive alcohol use results in about 88,000 preventable deaths a year in the United States.

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