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News for policy and program decision-makers

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HIGHLIGHTS...

As the main spokesperson for the White House on the treatment and prevention side of federal drug policy, Bertha Madras, M.D. took some time to explain the national drug control strategy this week. The focus — on screening and early intervention on the one hand, and chronic hard core addicts on the other — calls into question where the money will come from to fund treatment. However, Madras said that most people identified by screening can be treated by a brief counseling session from a health care provider. *See story, top of this page.*

Seabrook House is investing in transitional living for its patients. Instead of sending them home, the facility has purchased real estate in nearby Pennsylvania to house some patients from its New Jersey facility in an aftercare program that will help them adjust to getting back into life in the community. *See story, bottom of this page.*

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National strategy focuses on screening

ONDCP demand reduction chief urges early intervention

The National Drug Control Strategy, released February 9 by the White House Office of National Drug Control Policy (ONDCP), has as its main focus two extreme ends of the population served by the addiction field: those people in the general population who would benefit from brief screening and intervention, and chronic hard core addicts. It is the first group that most interests Bertha Madras, M.D., ONDCP deputy director for demand reduction.

The strategy, produced by the ONDCP, is the narrative that supports the anti-drug portion of the President's proposed budget. It is released at the same time as the budget.

Called Screening, Brief Intervention, Referral, and Treatment (SBIRT), this federal program is one area that receives an increase in funding in the Administration's proposed budget. Madras champions SBIRT because it

works, she told *ADAW* last week in an interview on the strategy. "There is a drop of 48 percent in drug abuse after a brief intervention."

At the SBIRT sites located around the country, researchers conduct random substance abuse screening of people who come in for primary care, said Madras. The screening is done via standardized scripts, and the results "were surprising," she said. "We found that of the population screened, 20 percent are problem users. Of that 20 percent, only about 3 percent are addicted and need specialty treatment." Sending most of the people who screen "positive" to treatment isn't necessary, said Madras. "Most will respond to a brief intervention lasting no more than 30 minutes."

About 20 million people in the country need some kind of interven-

[See SBIRT on page 2](#)

Seabrook House will establish facility for transitional care by summer

Many clients in primary addiction treatment programs experience a jarring transition when they complete intensive treatment and immediately return to an environment that lacks support and offers numerous temptations to use. The Seabrook House treatment organization in New Jersey has recognized and responded to this concern for some time, but has had to send clients to other parts of the country to provide them with transitional living options after treatment.

As of this summer, Seabrook House expects to be operating its own transitional living facility both for its primary treatment clients and for individuals who have received

treatment elsewhere. To be located outside Wellsboro, Pa., about five hours from Seabrook's main New Jersey campus, the Seabrook West facility is expected to serve up to 48 men of all ages on a 13-acre estate already licensed as an addiction treatment site and formerly owned by the Caron Foundation.

"Seabrook West will be licensed as a transitional living facility," Matthew Wolf, Seabrook House's vice president of business operations, told *ADAW*. "This will be a three-phase program with a three-month length of stay, where residents will experience 12-Step immersion."

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SBIRT from page 1

tion, extrapolating from those SBIRT figures, said Madras. "It's a devastating health problem," she said. "But of that 20 million only 25 percent need specialty treatment, meaning referral to an addiction specialist who would provide counseling, medications, faith-based treatment, outpatient or residential. The other 75 percent only need brief counseling by health care professionals."

Chronic drug users

Getting chronic users into treatment would "cripple drug profits" and ultimately result in the "illicit drug enterprise" being deprived of its source of revenue, the strategy says. This "demand-reduction" strategy is Madras' main task at the ONDCP.

But what treatment advocates see missing from this year's drug strategy — and budget — is a way to address the unmet demand for treatment. "I would love to see the drug czar's office set a 5-percent increased target to bring the funding gradually up to address the unmet treatment need, including the group that is in the drug strategy," said Deborah Beck, director of the Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP) of Harrisburg. "Everybody knows there's not enough money to do this overnight," she said. "But if you increased the money for treatment year by year, you could de-

crease the demand for drugs." This would be "ambitious," she conceded, "but it's the right thing to do."

To help meet the demand for treatment, agencies beyond those under the purview of ONDCP are involved. For example, Medicaid does not pay for inpatient treatment, and the Deficit Reduction Act includes huge cuts that will impact outpatient treatment as well. "We need to make sure Medicaid fully covers treatment at all levels, and also halfway houses for people who need it," says Beck.

Madras said that Access to Recovery (ATR), the President's own initiative that allows faith-based providers to use federal treatment funds to provide services, is a strong program to help severely addicted patients. "We're strong advocates of ATR because it lets patients have a choice of the type of treatment that resonates with them, and because it helps pay for very important ancillary services like babysitting and bus fare," she said.

Another challenge noted in the strategy is prescription drug abuse — the only category that has continued to rise among youth. The strategy notes that the majority of misuse is not due to theft, prescription fraud, the Internet, or criminal medical dispensing, but rather to people who have a legitimate prescription who are giving it to others. The best

solution, according to the strategy, is prescription monitoring programs, coupled with physician and patient education.

Other highlights

The Administration proposed \$90 million for the Drug-Free Communities (DFC) program. For the past two years, the Administration has proposed zero-funding for this program. Showing a certain nerve, considering the history and the fact that this year's proposal is still a \$246-million cut from what Congress gave, the strategy focuses on the work the coalitions across the country have done in partnership with ONDCP.

Beck of DASPOP in Pennsylvania has nothing but praise for student assistance programs (SAPs) — especially when they are helping students in crisis. But these programs tend not to get DFC funding, she says. Instead, the money comes from states. "My state funds heavily the SAPs that work with troubled kids," she said. In the case of DFC grants, primary prevention, rather than intervention, is usually the focus.

The strategy also weighs in with support for drug testing in schools. The U.S. Supreme Court's ruling in 2002 allowing of public schools to test students for drugs adds a "powerful, nonpunitive tool" to help discourage drug use, the strategy says.

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But it is not nonpunitive: only students in extracurricular activities are subject to this test under the Court's decision, which says that students who refuse to be tested can be barred from those activities. The strategy also says that drug testing can "create a culture of disapproval toward drugs." There is some concern by the treatment field that this just leads to a disapproval of the drug users themselves, and further stigmatization that discourages self-identification and asking for help.

There are also several pages devoted to drug testing in the workplace, another priority of the White House.

Field response

As the document that along with the President's budget tells America how the White House proposes to handle the country's drug problems, field advocates would like the strategy to be more relevant to the work they do. Initiatives that are Administration priorities — student and workplace drug testing and primary prevention of marijuana use — are discussed at length in the strategy but don't affect the treatment field. SBIRT, however, does have the effect of finding more patients, but raises the question of whether there is adequate funding to treat those people. (When we started asking Madras about budget questions, the ONDCP press officer said the interview had to end due to time constraints.)

The treatment field expects more of the national strategy than promises without funding. "TCA is currently reviewing the report and hopes that the strategy is comprehensive, demonstrates its mission, and assures a long term treatment strategy that builds on the strength of evidence based treatment programs," said Linda Hay Crawford, director of Therapeutic Communities of America (TCA).

Another field criticism of the strategy — something that keeps it from being relevant to the field — is

Drug control funding: Agency summary FY 2006 – FY 2008 (Budget authority in millions)

	FY 2006 Final	FY 2007 Estimate	FY 2008 Request
Department of Defense	1,086.6	1,073.9*	936.8
Department of Education	489.8	524.8	275.0
Department of Health and Human Services			
Centers for Medicare and Medicaid Services	—	—	75.0
National Institute on Drug Abuse	998.9	1,000.0	1,000.4
Substance Abuse & Mental Health Services Admin.	2,440.9	2,442.5	2,360.4
Total HHS	3,439.7	3,442.5	3,435.7
Department of Homeland Security			
Customs and Border Protection	1,635.3	1,874.6	1,970.3
Immigration and Customs Enforcement	382.3	422.8	450.2
United States Coast Guard	1,225.5	1,140.2	1,073.2
Total DHS	3,243.1	3,437.6*	3,493.7
Department of Justice			
Bureau of Prisons	62.6	65.1	67.2
Drug Enforcement Administration	1,890.8	1,876.0	2,041.8
Interagency Crime and Drug Enforcement	483.2	485.1	509.2
Office of Justice Programs	238.2	227.8	178.9
Total DOJ	2,674.9	2,654.0	2,797.0
ONDCP			
Couterdrug Technology Assessment Center	29.7	19.6	5.0
High Intensity Drug Trafficking Area Program	224.7	225.3	220.0
Other Federal Drug Control Programs	193.0	194.0	224.5
<i>Drug-Free Communities (non-add)</i>	<i>79.2</i>	<i>80.0</i>	<i>90.0</i>
<i>National Youth Anti-Drug Media Campaign (non-add)</i>	<i>99.0</i>	<i>100.0</i>	<i>130.0</i>
Salaries and Expenses	26.6	26.0	23.9
Total ONDCP	474.0	464.9	473.4
Small Business Administration	1.0	1.0	1.0
Department of State			
Bureau of Internat'l. Narcotics & Law Enforcement Affairs	1,036.0	1,011.2	783.7
United States Agency for International Development	120.9	84.0	313.1
Total State	1,156.9	1,095.2	1,096.8
Department of Transportation			
National Highway Traffic Safety Administration	1.6	2.7	2.7
Department of Treasury			
Internal Revenue Service	55.0	55.0	57.3
Department of Veterans Affairs			
Veterans Health Administration	376.7	376.6	392.0
Total	12,999.2	13,128.1	12,961.4

* The FY 2007 resources for the Departments of Defense and Homeland Security are enacted figures.
NOTE: In addition to the resources displayed in the table above, the Administration requests \$387.6 million in FY 2007 for Emergency Supplemental funding and \$266.1 million in FY 2008 for Emergency Designations. These resources represent counterdrug spending principally associated with Afghanistan operations. **Detail may not add to totals due to rounding.**

the absence of alcohol as a topic. Madras countered that the strategy does include alcohol "because we never make the distinction, it's an artificial one." The block grant that covers treatment "is for people with addiction problems, including alcohol," she said. "ATR certainly doesn't say that if you have an alcohol problem you can't be there." While the mandate of the ONDCP is illicit drug policy, alcohol is included "in

practice, regardless of mandate."

But even for those programs within the jurisdiction of ONDCP, there needs to be more of a plan on how treatment will be paid for, says Beck. "For drug courts, you need more than the set-up and administration," she said. "And the same with screening and brief intervention. That is just unearthing more people in need of treatment. How will you pay to treat them, too?" •

The Addiction Project combines film, host of activities

Using a multitude of media platforms and working closely with national advocacy groups, HBO will launch a national campaign designed to educate the public that addiction is a treatable brain disease.

The centerpiece of the Addiction Project will be a documentary film of the same name, to premier on the cable network during a free preview weekend, March 15 to March 18. The following week, the film will be available on DVD and sold in national chain stores. There will be up to 14 supplemental films subsequently shown on HBO and its affiliated cable channels. In addition, HBO will launch a separate interactive website (URL unknown at press time) with information about the films and organizations involved. Rodale Press will publish a companion book and three national advocacy groups will spearhead a grassroots national campaign around the film in more than 30 cities. The Robert Wood Johnson Foundation (RWJF) provided funding, and the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) are partners in the campaign.

The film depicts the emotional, psychological, social and political toll that addiction takes on the country, and shows that the disease is treatable and that there are millions of Americans in long-term recovery. Subjects covered include the nature of addiction, addiction in the workplace, the protracted battles waged by families with insurance companies, and the difficulty of finding and accessing adequate treatment. The film also highlights advances in treatment, including brain imaging and the ability of researchers to pinpoint areas of the brain affected by addiction.

Community Anti-Drug Coalitions of America (CADCA), Faces and Voices of Recovery (FAVOR), and Join Together are the three na-

tional organizations spearheading the national rollout of the community grassroots campaign. Premier events are planned around the release of the film, with the goal of bringing together people in recovery and their families, elected officials, professionals in the field, and other advocates and supporters to raise awareness about addiction and recovery and promote new attitudes and policies. There will also be house parties, briefings, and other community events. The goal is to have local partnerships sustain public awareness, education, and advocacy for the long-term. Efforts would include outreach to local media organizations.

In Boston, the premier event will take place at the State House, with Gov. Deval Patrick an invited speaker, Roberta Leis, program director at Join Together, told *ADAW*. Leis describes the grassroots efforts as a collaboration among the three advocacy groups. The three will be reaching out to other national groups in the field and their local affiliates.

“This is such an exciting oppor-

tunity for people to understand addiction,” says Leis. The three organizations are about to launch a “companion partners” website (separate from the HBO interactive site) at www.AddictionAction.org. The site will provide people and organizations throughout the country with organizing tools, information on premiers, and house party tools (the goal is to have hundreds of house parties throughout the country, says Leis). The groups will also spearhead town meetings, capital briefings. “Working with our partners, we have a broad reach,” says Leis. They will also work with HBO regional directors on the various activities.

“Having seen the film, it’s very, very powerful,” says Leis. “It really reaches the one-in-four people in this country who are touched by addiction. And that’s HBO’s goal. They’re the experts at producing incredible documentaries. The goal is to have everyone in the country understand that this is a brain disease and there are many effective treatments. It’s also a great opportunity to try to change policy.” •

NIDA releases booklet on addiction to complement HBO release

Last week the National Institute on Drug Abuse (NIDA) released a booklet for consumers called “Drugs, Brains, and Behavior: The Science of Addiction.” The 30-page full-color book explains addiction and is hoped to reduce stigma, according to NIDA director Nora D. Volkow. Its release was timed to coincide with the March 15 airing on HBO of *Addiction*. The documentary was shown at CADCA last week.

“Thanks to science, our views and our responses to drug abuse have changed dramatically, but many people today still do not understand why people become addicted to drugs or how drugs change the brain to foster compulsive drug abuse,” said Volkow in a statement. “This booklet aims to fill that knowledge gap by providing scientific information about the disease of drug addiction in language that is easily understandable to the public.”

The 90-minute documentary was produced in partnership with the Robert Wood Johnson Foundation, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and NIDA.

The booklet can be viewed and downloaded as a PDF file at the NIDA website: www.drugabuse.gov/scienceofaddiction.

CADCA and CHPA launch cough medicine abuse campaign

The Community Anti-Drug Coalitions of America (CADCA) has teamed up with the Consumer Healthcare Products Association (CHPA) to prevent cough medicine abuse by young people. The campaign was announced February 14, as CADCA gathered for its annual leadership forum in Washington.

The keystone of the campaign is a “toolkit” called “A Dose of Prevention: Stopping Cough Medicine Abuse Before It Starts.” It is designed for parents, teachers, retailers, health care providers, law enforcement officials, and other community leaders. “The most effective tool we have to fight substance abuse, including cough medicine abuse, is education at the community level,” said General Arthur Dean, chairman and CEO of CADCA.

The cough suppressant dextromethorphan is in over-the-counter cough medicine, and when taken in large amounts (sometimes 25 to 50 times the recommended dose), a “hallucinogenic high” results, according to CADCA. There are also dangerous side effects.

In a recent survey, 73 percent of CADCA member coalitions reported that parents in their communities don’t think cough medicine

abuse is a problem. The survey also found that 75 percent of members don’t think parents are talking with their children about cough medicine abuse. The Partnership for a Drug-Free America found that one in 10 youths — 2.4 million young people — has abused dextromethorphan.

CHPA represents the manufacturers of over-the-counter medicines, and the partnership with CADCA is just one of its initiatives to address cough medicine abuse. “Medications are developed to improve the public health, so we are committed to stopping the dangerous behavior of teens abusing these medicines,” said CHPA President Linda A. Suydam, D.P.A. “The key to doing this, according to the substance abuse experts, is through education.” She urged parents to “be vigilant,” to safeguard medicine cabinets, monitor Internet use, and seek help if their child has a problem.

Also at the CADCA meeting, Gen. Barry McCaffrey (Ret.), former director of the White House Office of National Drug Control Policy and now a board member of CRC Health Group, received the CADCA National Leadership Award. The award was presented February 15. Past recipients of the award include CASA Chairman Joseph Califano, former

Robert Wood Johnson Foundation President Dr. Steve Schroeder, and Florida Governor Jeb Bush.

Other CADCA news

Also last week, CADCA hosted an advocacy day in which lawmakers from Capitol Hill spoke about prevention funding. Senators Charles Grassley (R-Iowa) and Tom Harkin (D-Iowa), Rep. Danny K. Davis (D-Ill.), Rep. Elijah Cummings (D-Md.), Rep. Sander Levin (D-Mich.), Rep. Jim Ramstad (R-Minn.) and Rep. Mark Souder (R-Ind.) were all featured speakers at the February 13 gathering.

Finally, CADCA announced that it has recently completed a survey with state National Prevention Network (NPN) representatives to discuss the relationship of these federally funded state prevention plans with community coalitions. All states participated in the survey, which was endorsed by the National Association of State Alcohol/Drug Abuse Directors. Highlights from the study will be released in coming weeks, according to CADCA. This is the first national survey on states’ relationships with coalitions. •

For the “Dose of Prevention” toolkit go to www.doseofprevention.com.

Parity update: Insurance discrimination tracked

There are two pieces of good news on parity. This month, insurance companies were put on notice that they are being tracked in how they discriminate against addiction by Faces and Voices of Recovery (FAVOR). At the same time, on Capitol Hill, an important Senate Committee voted overwhelmingly for the parity bill.

FAVOR expects thousands of responses to its call for reports of insurance denials for treatment for addiction and recovery support. The responses will then be compiled for

a registry, which will track insurance discrimination. The creation of the registry coincides with hearings by Representatives Patrick Kennedy (D-R.I.) and Jim Ramstad (R-Minn.) on parity.

Via a questionnaire posted on the FAVOR home page at www.facesandvoicesofrecovery.org, individuals can submit their experiences with insurance companies. Information includes accounts of the individual’s experiences seeking help, detailed reports about the interactions with the insurance com-

pany, and a brief history of the individual or family member’s addiction and recovery.

“People can be anonymous, although we encourage them to provide us their name,” Pat Taylor, executive director of FAVOR, told *ADAW*. This is not the place to tell stories of addiction and recovery, however. “We have another place on our web site for that,” said Taylor.

Shining a light on the discriminatory practices of insurance companies will help in the fight for par-

Continues on next page

Continued from previous page

ity now going on in Congress, according to FAVOR. People who respond will be most helpful if they can identify themselves and the insurance company involved, according to FAVOR.

“If you have experienced insurance discrimination, I urge you to let others know by sharing your story,” said Merlyn Karst, chair of FAVOR’s board of directors and in long-term recovery. “By our silence we are keeping too many of our loved ones from getting the help they need.”

The registry will be used to educate lawmakers about insurance discrimination against people with addiction. Many individuals have private health insurance but are unable to obtain any coverage for treatment for addiction.

Parity bill in Senate

The slow march for parity – the same insurance coverage for addiction treatment as for other medical conditions — took another step forward last week when the Senate Health, Education, Labor and Pensions Committee voted 18 to 3 in favor of the bill.

The treatment field prefers the House version of the parity bill because it puts addiction on a more equal footing with mental health. In the Senate version, addiction seems to fall under the umbrella of mental health. The House version is spearheaded by Rep. Patrick J. Kennedy (D-R.I.) and Rep. Jim Ramstad (R-Minn.).

But parity as a concept has strong support from Congress in general. This year, the field has high hopes for seeing parity in some ver-

sion make it into law. Business groups have opposed it in the past. In the Senate, it is Rep. Kennedy’s father Ted (D-Mass.) who chairs the committee that voted in favor of the measure February 14. Under that version, small businesses (with 50 or fewer employees) would be exempt.

Also under the Senate version of the bill, no company would be forced to offer mental health benefits; and no mental health benefits mean no addiction treatment benefits. This helps addiction treatment by letting it piggy-back onto mental health. Many employers and insurers already offer a mental health package and these benefits are already a part of workers’ expected benefits. Mental health and addiction issues would have to be covered on the same basis as physical illnesses. •

SEABROOK HOUSE from page 1

A transitional living facility — a term that some in the field are using interchangeably with “halfway house” — is gradually becoming a more prominent element in the continuum of addiction services. Yet it is not as if these facilities have sprung up everywhere, as potential operators face numerous barriers ranging from neighborhood siting concerns to resistance from private insurers that tend not to pay for less-intensive forms of residential services.

Seabrook House has taken important steps to overcome some of these obstacles, and believes it has a sound plan in place to address any others. For starters, it decided to locate its facility at a site already licensed for use as an addiction treatment operation, avoiding what often becomes a lengthy zoning battle when an organization attempts to introduce a new type of facility to a community.

“We looked at a few sites in New Jersey, but there were some potential zoning issues,” Wolf said. “We looked at some large houses, and thought that maybe with a big

fight we could have gotten in.”

Also, in keeping with Seabrook House’s growing reliance on clients with the resources to pay for treatment, Seabrook West will serve an entirely private-pay population.

“There is no insurance coverage for this service, as there is not an admitting physician to say that the residents are under his care,” Wolf said. “Also, there is not a licensed therapist on site.”

The program will employ an off-site clinical director and will be staffed on campus with a house manager (a male in recovery), night counselors, and security and office personnel. Because this is a transitional program designed to build a bridge to life in the community, residents will receive increasing privileges during their stay and will hold jobs during day hours, Wolf said.

Ronald J. Hunsicker, president and chief executive of the National Association of Addiction Treatment Providers (NAATP), told *ADAW* that a slow growth in transitional living facilities around the country is generally being fueled by organizations that have traditionally re-

ferred a large number of primary treatment clients to these programs elsewhere.

“They were referring out a significant number to places all across the country and decided why not do it themselves,” Hunsicker said of organizations such as Seabrook House.

Wolf said most of the Seabrook House clients who have been referred to extended care ended up having to travel to California or Florida, which often meant they could not continue to receive critical family support during this stage of their recovery.

Structured program

Each one-month phase of the Seabrook West program will have a distinct goal in preparing residents for a substance-free life in the community. In the first month, residents will focus on frequent attendance at 12-Step meetings and receiving a sponsor; the program will bar visitors in the first couple of weeks of residents’ stay as they are immersed in the intensive meeting schedule.

In the second month, residents will be expected to get a part-time

job. Wolf plans to work with local businesses in the surrounding area of the campus to build hiring connections. Most of the jobs will be in establishments such as fast food restaurants and convenience stores.

"This is all about building self-esteem and learning something with each day," Wolf said. "The residents will be learning how to deal with life on life's terms, such as dealing with a boss they don't like or an irate customer."

In the third month, residents will have the opportunity to elevate their standing in the house by becoming mentors to newer residents. Aftercare planning also will occur at this time. Wolf said there is a possibility that some residents will stay longer than the three-month period.

After the two-week "blackout" period without family contact, family members will be allowed to visit residents whenever they are not working or in meetings. Residents will have access to cars for going to work or outpatient sessions.

"It's about getting them back to the community," Wolf said. "There will be consequences for actions, to the degree that we can have them, but they will be given a lot of freedom."

Wolf believes that the structured environment as well as the support of fellow house members will offer that bridge to community living that is often lacking after primary treatment is completed. "A lot of patients get out of treatment, go home, and never go to a meeting," he said.

"Structure's a requirement of our program," said Brenda J. Iliff, the former executive director of a similar program operated by Hazelden in St. Paul, Minn. Iliff ran Hazelden's Fellowship Club, which has been in operation since the 1950s, before becoming director of clinical services at Hazelden's Women's Recovery Center.

"We were working with people who had been into drugs for several years," Iliff said. "They would say,

Licensing of transitional centers differs among states

While Seabrook House administrators say licensing considerations did not play a major role in their decision on where to locate a planned transitional living facility, the move across the New Jersey border into Pennsylvania should ease some regulatory burdens for the organization.

Unlike New Jersey, where halfway house facilities are licensed under nearly the same requirements that a primary residential treatment program must satisfy, the Pennsylvania Department of Health oversees a separate license category for transitional living facilities. These facilities in Pennsylvania are geared for individuals with a primary diagnosis of addiction. Operators must monitor residents' overall health, but the sites are not equipped with intensive medical services.

Matthew Wolf, Seabrook House's vice president of business operations, describes New Jersey's licensure system for these types of facilities as stricter than Pennsylvania's. However, he emphasizes that siting considerations and the appeal of both the Pennsylvania campus and its surrounding community were the factors instrumental in the decision to locate the transitional living program in Pennsylvania.

Minnesota also has a more uniform approach to licensing addiction treatment programs, regardless of the level of care, explained Brenda J. Iliff, former executive director of the Fellowship Club program operated by Hazelden. That has meant that the Fellowship Club's transitional program has been subject to some of the same guidelines as primary treatment programs.

But Iliff said that has not posed a major barrier over the years for Hazelden in operating the transitional living program. "It keeps the standards high," she said of the state requirements.

'I want to go to college,' but they were never getting up in the morning. We would tell them they had to work first. They had to practice showing up."

Costs to residents

Based on the size of the facility and its capacity to house 48 residents, Seabrook West plans to charge residents \$6,100 a month for its services. Wolf says that is about one-half to two-thirds the cost of comparable extended-care programs.

Although Wolf says Seabrook House will invest a great deal in site improvements, he describes the Pennsylvania property as "incredible," with its sprawling front lawn, a Colonial Revival style mansion that will house meeting and common living space, and a residence facility where clients will have private rooms with private baths. Residents

also will have access to workout facilities and recreation areas.

"We're stressing that this is not a spa by any means," Wolf said. "But because we have the space available, we can do this."

Hazelden's Iliff believes a strong point of the planned Seabrook West facility lies in its single-gender structure. The Fellowship Club began as a residence for destitute men before becoming a coed facility in the 1970s. She believes there is a demonstrated need for both men-only and women-only programs, as they offer an opportunity for making gains in treatment without the distractions brought about by the opposite sex.

"It's absolutely wonderful that Seabrook's doing this," Iliff said of the program in general. "This gives people a chance to practice what they have learned in treatment." •

BRIEFLY NOTED

Pennsylvania trains counselors in gambling addiction

Drug and alcohol treatment centers and behavioral health counselors across Pennsylvania are gearing up for a significant increase in compulsive gambling, reported the Pittsburgh Tribune-Review on February 3, as legalized slots parlors increasingly dot the state's landscape. While counselors have had exposure to gambling addiction, until recently gambling was more often treated as secondary to drug or alcohol addiction. Spokesman Richard McGarvey said the state Department of Health is concerned about a shortage in gambling-specific counselors. The nonprofit Council on Compulsive Gambling of Pennsylvania, which is already seeing an increase in calls to its gambling help line, will train 300 health experts for National Council on Problem Gambling certification.

PRISM Awards garner congressional support

The Entertainment Industries Council, Inc. (EIC), a nonprofit that encourages accurate media depictions of health and social issues, reported on February 8 that its 10th Annual PRISM Awards Capitol Hill Showcase on February 7 saw congressional leaders lauding the entertainment industry for its efforts. Numerous elected officials were in attendance, including Grace Napolitano (D-CA), who commended the industry for its role in "removing stigma, clarifying misconceptions and supporting the message for recovery."

RESOURCES

NIDA: "The Science of Addiction"

The National Institute on Drug Abuse (NIDA) announced on February 13 the release of a publication that aims to explain the science of addiction to the general public.

Coming up...

NAADAC, the Association for Addiction Professionals will hold a 20th Anniversary Advocacy Action Day on **March 4-6** in **Arlington, Va.** For more information, visit <http://naadac.org>.

The National Institutes of Health (NIH), the National Institute on Drug Abuse (NIDA) and the **American Medical Association** will sponsor a joint meeting, "Pain, Opioids and Addiction: An Urgent Problem for Doctors and Patients" on **March 5-6** at the Natcher Auditorium, NIH in **Bethesda, Maryland.** For more information, visit <http://conferences.masimax.com/opioid>.

Seabrook House and **Princeton House Behavioral Health** will present a conference on Cocaine, Methamphetamine, and the High-Functioning Adult on **March 30** at the Olde Mill Inn in **Basking Ridge, N.J.** For more information, contact lweber@seabrookhouse.org.

The American Society on Addiction Medicine (ASAM) will hold its 38th Annual Medical Scientific Conference in **Miami** on **April 26-29.** For more information, visit www.asam.org.

The National Association of Addiction Treatment Providers (NAATP) will hold its 2007 Addiction Treatment Leadership Conference on **May 19-22** in **San Diego.** For more information, visit www.naatp.org/index.php.

NIDA Director Dr. Nora D. Volkow explained that with "Drugs, Brain, and Behavior: The Science of Addiction," NIDA hopes to "fill a knowledge gap by providing scientific information about the disease of drug addiction in language that is easily understandable" to the non-scientist. The 30-page booklet can be accessed at www.drugabuse.gov.

has been appointed to the Scientific Advisory Board at Catalyst Pharmaceuticals, the company announced on February 14. Rawson has long worked in the UCLA Department of Psychiatry and is the Associate Director of the UCLA Integrated Substance Abuse Programs in the School of Medicine. He is also principal investigator of the National Institute on Drug Abuse (NIDA) Methamphetamine Clinical Trials Group. Catalyst reported it is currently developing a product candidate for the treatment of cocaine and meth addiction.

NAMES IN THE NEWS

Richard Rawson, Ph.D., an expert on methamphetamine dependence,

In case you haven't heard...

More marijuana is needed for research, so someone needs to grow it...that's the view of the Administrative Law Judge for the Drug Enforcement Administration (DEA). The official recommendation made February 13 by ALJ Mary Ellen Bittner would allow Professor Lyle Craker of the University of Massachusetts-Amherst to grow research-grade marijuana. This is the plant that can be used to develop medication, according to advocates for medical marijuana. "This ruling is a victory for science, medicine and the public good," said Prof. Craker. "I hope Administrator Tandy abides by the decision and grants me the opportunity to do my job unimpeded by drug war politics." DEA Administrator Karen Tandy retains decision-making authority, and can decide to accept or reject the ALJ's recommendation. The federal government is opposed to medical marijuana research.