

ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

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HIGHLIGHTS...

The treatment field is taking a wait-and-see approach to Prometa, the proprietary treatment for stimulant and alcohol dependence that is still in clinical trials. Providers and experts are withholding judgement until the results of those trials are released. But people who have worked with Prometa say the initial results are promising, although they admit that the results may be due to a large placebo effect. *See story, top of this page.*

Fentanyl-laced heroin overdoses are reaching the point at which Chicago-area officials are looking at the possibility of treatment-on-demand, a concept that has been embraced in Baltimore, among other cities. There is a waiting list of 700 for methadone, and some experts think it's time for an increase in mobile outreach. *See story, bottom of this page.*

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Field cautious about Prometa; clinical trial results awaited

Treatment providers are the number-one marketing target for this new treatment protocol, but it's more than a year too early to tell whether it's an evidence-based practice.

Prometa, the outpatient treatment for methamphetamine, cocaine, or alcohol dependence owned and licensed by Los Angeles-based Hythiam, Inc., is getting a lot of press lately, but many in the treatment field are withholding judgement — and are not signing up to become Prometa licensees — until the results of randomized controlled trials come out over the next couple of years.

The lack of evidence that the treatment works hasn't stopped Hythiam, which has garnered some of the top drug abuse experts in the field, from promoting it. "I hope everyone will wave the flag" when

the results are released, Sanjay Sabnani, senior vice president of strategic development for Hythiam, told *ADAW*. "But we realize there are people who will need a different level of evidence."

\$12,000-\$15,000 cost

The cost of the treatment, which is outpatient, is significant. Treatment consists of four to five hours of intravenous infusions, take-home vitamins and non-addictive oral medication to help with sleep. A physician stays with the patient throughout the infusion. For a private-pay patient, the alcoholism protocol costs \$12,000, and the stimulant (methamphetamine or cocaine) dependence protocol would cost \$15,000. That cost includes counseling. "If you went to a 28-day

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Ill. providers, political leaders coalesce as heroin overdose deaths rise

The data don't tell a promising story for Illinois' heroin-using community right now. While the number of confirmed overdose deaths attributable to use of heroin mixed with the potent painkiller fentanyl has passed the 100 mark since the start of the year, the size of the state's waiting list for methadone treatment services continues to hover around 700.

This situation's urgency has prompted treatment professionals and political leaders in the state, particularly in the Cook County area in and around Chicago, to initiate a discussion of short-term responses to this crisis and longer-range solutions to close the treatment gap for

addiction services. Participants in these talks generally agree that no one funding source or treatment strategy will be sufficient to erase the problem.

"Everyone has got to work together in a coordinated approach," U.S. Rep. Danny K. Davis (D.-Ill.) told *ADAW* last week. "We're seeing more and more of that being done in Illinois."

Treatment professionals in the Chicago area are crediting Davis with bringing together community leaders in the face of the latest threat involving fentanyl-laced heroin. Health and law enforcement officials began to engage on this prob-

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treatment program, the cost would be \$20,000 to \$40,000," Sabnani pointed out. "Of the 700 people we've treated in this country with Prometa, we haven't had one person ask for their money back."

An open-label study has just been completed by Harold C. Urschel, III, M.D., who is with Research Across America, a group of physicians who perform clinical trials. Presented at the annual meeting of the College on Problems of Drug Dependence (CPDD) in Scottsdale as a poster, Urschel said the 50-patient trial shows 97 percent of the patients who completed the trial reported a significant decrease in craving. Of the 50 patients in the trial, 36 completed it and 31 reported on craving.

The medications

Also at CPDD, Urschel revealed the drugs that are in the Prometa protocol: hydroxyzine (the take-home oral antihistamine to reduce anxiety), flumazenil (infused), and gabapentin (oral take-home). In addition, vitamins are included in the infusion and in the take-home medications.

The identity of the medications, which had until recently been a closely guarded secret, was allowed because patents have begun to come through on the Prometa protocols, Sabnani told *ADAW*. The first

Prometa and advertising

Prometa isn't only for the drug court population. Last month Renaissance Recovery Malibu became a licensee. And in Southern California, billboards with a picture of Chris Farley, a comedian who died in 1997 of a drug overdose, advertised Prometa with the tag line "It Wasn't His Fault," stressing that addiction is a brain disease. A "minimal" amount has been spent on advertising, says Sabnani, although *AdAge* reported that the company plans a "seven-figure" print and television campaign this year.

Unrestricted grants from Hythiam

Below are the three research trials currently under way on Prometa, according to Hythiam:

- Walter Ling of UCLA is conducting a 90-patient, randomized, double-blind placebo-controlled study using Prometa to treat methamphetamine dependence; results expected third quarter 2007.
- Raymond Anton, Medical University of South Carolina is conducting a 60-patient, randomized, double-blind placebo-controlled study using Prometa to treat alcoholism; results expected third quarter of 2007.
- Jeffrey Wilkins, Cedars Sinai, is conducting an 80-patient, randomized, controlled study using Prometa for alcoholism; results expected first quarter 2008.

patent came last spring from Europe, with U.S. patents expected this year, he said. According to Hythiam, anyone who's willing to sign a non-disclosure agreement about protocols is welcome to know the entire procedure. Hythiam "licenses the intellectual property that comprises the

Prometa protocols to physicians who have been trained to use them," according to the company.

Drug court success

In Pierce County, Wash., the drug court just completed a trial of Prometa with 40 patients. Like all

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Executive Editor: Karienne Stovell
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other Prometa trial results to date, it was open-label — everyone knew who was getting it. Terree Schmidt-Whelan, Ph.D., executive director of the Pierce County Alliance, said that the results, announced 60 days after admission, were so good that the county is now seeking additional funding to adopt Prometa permanently. “It gives people the ability to focus, to stop drug-seeking behavior, to focus on what they need to do to change their life,” she told *ADAW*.

Typically, clients get the intravenous infusions on a Monday, Tuesday, and Wednesday, said Schmidt-Whelan. “They come back to us that Friday or the next Monday, and they’re completely different. They’re standing tall, they’re confident, they’re nicer, their hair is combed, their clothes are clean, they’re self-motivated, and they have a far easier way of examining their own issues.”

But the treatment was expensive: the Pierce County Alliance contributed \$90,000 for treatment for those 40 patients. The treatment included intensive outpatient, not typically a part of Prometa. All patients had been in residential treatment at least once in the past. The average was two previous episodes of residential treatment.

‘Chasing magic bullets’

Some treatment providers think Prometa symbolizes this society’s desire for a quick fix. “It’s chasing magic bullets again,” said Michael Harle, president and executive director of Gaudenzia, a therapeutic community based in Norristown, Penn. “I treat methamphetamine addicts, and I’m not looking for a magic pill.”

There’s also the problem of multiple drugs. “I don’t have speed-only drug addicts,” said Harle. They may exist but I don’t have them.” Another problem is the addicts themselves, for whom the quick-fix concept of Prometa is ideal. “Our clients are really looking for a magic cure,” says Harle, who isn’t anti-medication — Gaudenzia uses buprenorphine as an initial medication with opiate

NIDA director on Prometa

This is an interchange between Rep. Elijah E. Cummings (D-Md.) and Nora D. Volkow, M.D., director of the National Institute on Drug Abuse, on Prometa. It’s from the transcript of the June 28 hearing on methamphetamine treatment held by the House Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources, of which Representative Cummings is the ranking member.

Rep. Cummings:

Dr. Volkow, you earlier invoked the term magic bullet. This Sunday’s “New York Times” magazine ran an article entitled, “An Antiaddiction Pill.” The article just discusses Prometa, a drug treatment protocol for cocaine, alcohol, and meth addiction that is being marketed aggressively by an LA based healthcare services management company called Hythiam. Some addiction medicine physicians who have administered this drug protocol have reported encouraging results in reducing anxiety and drug craving.

But some scientists have expressed concerns about the aggressive marketing of the protocol, without clinical investigation. Can you comment on that for a moment?

Dr. Volkow’s response:

Yes. Certainly. I’ll be happy to comment on it. In the field of drug addiction, it has been very, very difficult to change the culture to accept drug addiction as a disease and as you know, we are treated differently in that private insurances do not cover for the treatment. Why? Because they say drug addiction treatment does not work.

And so it has become extraordinarily important for us to provide objective evidence of the effectiveness of treatment interventions. And it is harmful to the field to promote that treatment without that evidence, because it serves to propagate the treatment when the studies that are done properly do not show effectiveness. It serves to propagate the sense that treatment does not work.

So to my knowledge, and I’ve looked into that literature, there is no randomized study that has proven the efficacy of Prometa. There was a study that was recently reported last week in the Committee on Problems of Drug Dependence (CPDD) meeting where they showed positive results, however that’s an open trial, and the placebo effect is likely to compound the results of that study.

So as of now there is no evidence of a randomized study that can attest to the efficacy of the treatment. Do I support the utilization of treatments that are not evidence based? No, I do not.

addicts. But it’s the focus of Prometa that he objects to. “We don’t see treatment as a cure,” says Harle. “What we do is help people get to a point where they can manage their long-term recovery.”

The Matrix Model

The Matrix Model, the outpatient program for stimulant abuse created

in 1995 by Richard Rawson, M.D., and cognitive behavioral therapy work well, but only for patients whose “brains are working, with the craving and anxiety gone,” said Sabnani.

Rawson referred to Prometa with distaste as “a procedure which has gone to the marketplace and is being aggressively marketed without dou-

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ble blind placebo controls or even any controls.” He noted that NIDA director Nora Volkow commented that she could not endorse Prometa, in answering questions at the June 28 Souder committee hearing (see box) on methamphetamine treatment.

Rawson recalled the open-label cocaine treatment trials of the 1980s, when researchers were “scrambling” trying to find a way to treat crack. “If you gave them a medication like imipramine or Prozac, with a big dose of enthusiasm and hope, they would do real well,” he said. But

the breakthroughs the field was looking for didn’t materialize.

Walter Ling, who works closely with Rawson at UCLA, is doing the double blind placebo controlled trial for Prometa. “When the study is done there will be good solid evidence as to whether this works,” said Rawson. But he stressed that the placebo effect is big, especially when it involves an infusion.

Urschel, who admits that when he first heard about Prometa he thought it was “hokey,” agrees that a placebo effect will be there. But even if the placebo effect is what is

working, there is no harm in giving the treatment now, he said. “Are you going to let people die just because you’re waiting for placebo-controlled results? There’s no downside other than the money. Why not let people try it?”

The answer to that question, said Rawson, is in the data. “We just don’t have the data yet.” When the results of the three studies currently under way come in over the next two to three years, Rawson, Volkow, and others may have a different viewpoint toward Prometa. For now, they are taking a wait and see approach. •

State Associations of Addictions Services holds first annual conference

This year the State Associations of Addictions Services (SAAS), based in Washington D.C. and headed by executive director Howard Shapiro, held its first conference. The event, which ran from July 10-13 and was held in Chicago, had about 400 attendees — an attendance which many people said indicated continued health for the field. SAAS is the only national organization of state alcohol and drug abuse treatment associations. For more information, go to www.saasnet.org, or call (202) 546-4600. Below are three reports from different areas of the meeting.

Seabrook House diversifies payer sources

One of the best attended sessions at the State Associations of Addictions Services (SAAS) conference in Chicago last week was that presented by Edward M. Diehl, president of Seabrook House in Seabrook, N.J. Many of the 300-plus people listening to his presentation laughed at his reminiscences of 1977-1991 (“the most wonderful years”) and the ensuing “Darth Vader” years of Green Spring of Maryland and the other managed care companies that took the field by storm in the 1990s.

In 1991, Green Spring took over two contracts that were responsible

for 65 percent of Seabrook House’s business: the Food and Beverage Workers and New Jersey Blue Cross and Blue Shield. “That almost doomed us irreparably,” said Diehl. “Of 19 BCBS patients in treatment at the time, Green Spring directed us to discharge 18 of them. They redefined what had been a biopsychosocial problem as a medical problem, and said all that was needed was detox and the 12 Steps.”

Since then, Seabrook House has worked to make sure that it never has so many eggs in one basket. And in 2001, it made a decision that it would not cave in to insurance company demands for shorter and shorter stays.

“Our short-term residential program had by 2001 turned into a managed care mill,” said Diehl. “Our staff was fried.”

So after looking around the country to see what programs worked best, and were successful both clinically and financially, Seabrook House came in 2001 to this formula: detoxification, four to five weeks of inpatient treatment, and supportive living. “We eliminated programs that didn’t work,” Diehl said. “We closed the four outpatient adolescent treatment facilities.”

When Magellan, the “monster survivor” of Green Spring, approved three outpatient hours of treatment for an intravenous heroin dependent adolescent, Diehl knew he had to look elsewhere for funding. “I couldn’t do business with those clowns anymore,” he said.

The next steps marked the increasing financial success of Seabrook House during the past five years.

- Fundraising: This is a logical step for a non-profit treatment program to take.
- Collections: Hire only those who can do the job.
- Accreditation: Changed from JCAHO to CARF.
- Marketing: Hired all masters-level clinicians to market the program to behavioral health and addiction program referral sources. “This was an absolute windfall for us,” said Diehl. In addition, Seabrook House bought television ads and billboards.
- Facility: “All accommodations follow the hotel industry,” said Diehl. “It’s a beautiful space to spend 28 days, and everyone, regardless of the payer, gets the same beds.”
- Insurance: “We terminated certain insurance contracts,” says Diehl. “Before, we contracted

with everyone. So we got rid of the ones with lousy rates, no support of our treatment model.” The result means less gross revenue, but better net revenue.

- Self-pay: More and more patients are self-pay.
- Records: Purchased Sequest TIER to track patients.

The gross revenue of Seabrook House was \$8.8 million in 2005, and based on where the financials were last week, was projected to be \$12.1 million for 2006, said Diehl, who believes that the field should share such figures. And the payer mix is diversified: 50 percent commercial, 20 percent private, and 30 percent MatriArk.

The biggest addition to Seabrook House is its MatriArk program, an \$8.3 million facility for mothers and children, which includes a developmental daycare facility for 80 children. This program is paid for by a state grant; New Jersey is suffering under a huge foster care problem and values treatment that can keep the mothers and children together. MatriArk is responsible for the biggest growth in Seabrook House, but it did require the initial investment.

Diehl's closing comment was greeted with loud applause. “Everybody talks about the need to expand capacity, but I say don't expand capacity until you can pay providers the right amount for one unit of service.”

Training counselors in New Jersey

If all states could follow the program run by Jim O'Brien in

New Jersey, thousands of counselors could obtain scholarships to training that would result in their licensure. The program, started by O'Brien as head of the Addiction Treatment Providers (ATP) in the state, originated in 1999 when the state imposed new licensure rules for addiction counselors. The rule was they had until 2003 to be “grandfathered” in. The license for the Certified Alcohol and Drug Counselor (CADC) certification required 270 classroom hours, 3,000 hours of practice under supervision, and 350 hours of skills-based, “you're doing it and I'm watching you,” training, O'Brien told attendees at the SAAS meeting.

Through a state grant, O'Brien's group trained counselors over the course of a 45-week program, during a 6-hour day weekly session. This was free: scholarships were provided to 1,000 people. “The state wanted us to train 40 people a year, with 200 done by five years,” said O'Brien. The ATP far exceeded those goals, training its 1,700th student this year.

Still, more CADCs are needed in New Jersey — about 1,000, according to O'Brien. “We have 2,200 CADCs in New Jersey,” he said. “We need 3,200 to 3,500.” Because the population of clinicians is aging, it's essential to bring in new blood — so much of the recruiting people for the training is done at colleges.

Finally, O'Brien has this advice for counselors applying for their license: tell the truth on the

application. There's often a problem if someone doesn't answer the question about past convictions truthfully. “Disclose everything, and the licensing board will look favorably on your application,” he said.

Also see *ADAW*, June 12, 2006.

Use Your ATTC

At last week's SAAS conference in Chicago, attendees who knew about the usefulness of their Addiction Technology Transfer Centers (ATTCs) nodded knowledgeably when the subject came up. Others wondered what the ATTC was.

The ATTCs are a free resource for addiction treatment providers. They are funded by the federal Center for Substance Abuse Treatment, and have staffers who research and answer your questions.

For example, Lisa Howard, informational specialist with the Northeast ATTC, works full time in the role of support to providers. “Any provider, front line staff counselor, someone in criminal justice — if they have a question about addiction, they can ask me,” she says. While her official capacity is support for providers in Pennsylvania, New York, and New Jersey, she responds to “any question I get,” she told *ADAW*.

Howard is based in the New York office, hosted by the Institute for Professional Development in the Addictions. To reach her, email lmhipda@nycap.rr.com.

To find your ATTC and contact person, go to www.naatc.org. •

Suicide top liability in addiction treatment

The biggest risk for substance abuse treatment programs is suicide, according to Sean Gerow, who is chairman of the board of SPAN (Suicide Prevention Action Network) of Washington, D.C. Gerow, who is also assistant vice president for risk management with the Irwin Siegel Agency of Rock Hill, N.Y., talked to

ADAW last week about how to reduce your risk.

“Everyone who comes into the program should have a suicide risk assessment done,” he said. And it needs to be documented, with a tool that is recognized. “If you are not equipped to treat a suicidal patient, that patient should be trans-

ferred out. A lot of programs know this, but they aren't doing it.”

Gerow, whose expertise is in the field of addiction, said staff training is essential. Consider this example: a patient died while going through detox. The staff doing the monitoring was the third shift, at

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night. Monitoring was supposed to be done every 15 minutes. “How do you know the patient was monitored every 15 minutes?” is a question that comes up at depositions in such cases. In this case, the response from staff was “Because we heard her breathing loudly.” That facility ended up paying out a large settlement.

Here’s one solution a facility found: “scan cards” that staff can use for each bed. Once an hour, the scan cards are produced for the overnight supervisor who makes sure that patients are checked every 15 minutes, said Gerow.

For more information, contact Gerow at (845) 796-3400; sean.gerow@siegelagency.com. •

Late breaking news

Prop. 36 amendments blocked by court

A court has stopped controversial changes to Proposition 36 which were slated to take effect. The changes would have made it harder for people to go to treatment instead of being incarcerated in California (see *ADAW*, July 10). Instead, treatment could have occurred in prison.

On July 13, Alameda County Superior Court Judge Winifred Smith issued a temporary restraining order (TRO) preventing Senate Bill 1137, which made the changes, from taking effect. In entering the TRO, the judge said that the California Society of Addiction Medicine and the Drug Policy Alliance, which sued to overturn the law, had a “substantial likelihood of success.” From the TRO: “Plaintiffs have demonstrated that serious irreparable harm will occur unless a status quo injunction is granted.”

The TRO is temporary; the lawsuit will go forward. Daniel Abrahamson, director of legal affairs for the Drug Policy Alliance, says the “case is so clear cut.”

The next hearing is scheduled for July 28.

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lem last winter after a large group of heroin users was found unconscious in one location. Adding fentanyl to heroin produces a more intense high that for some users is seen as creating an extra rush for no higher a cost.

But the confirmed death toll from fentanyl-related heroin overdoses has reached a staggering 105 since the beginning of the year, says Kate Mahoney, executive director of the PEER Services addiction treatment agency in Evanston. And Davis adds that the figures being cited may not reflect the full extent of fentanyl’s effects, as some deaths that may have been related to the painkiller have likely been linked to another cause.

Davis last month organized a press conference at which political leaders and treatment professionals called for emergency funding measures to combat the present crisis. While leaders are looking at short-term funding options at the local, state and federal levels, some observers believe last month’s press event may have been more significant in fueling the call for a “treat-

ment-on-demand” approach to addiction services — a strategy that has been adopted in communities such as San Francisco, Baltimore and Detroit in recent years.

“The state needs to take a close look at allocating sufficient resources for substance abuse treatment,” Dan Lustig, M.D., vice president of program development at the Haymarket Center treatment organization in Chicago, told *ADAW*.

Lustig says that while his agency was able to see 200 of its treatment clients successfully enter the workforce last year and contribute to the community’s economy, government funding support for substance abuse services continues to be relatively weak, lagging behind that for mental health services.

Need for outreach

Lustig believes that with fentanyl posing an immediate threat in the urban community, the state needs to free up resources to place more community-based providers in some of the hardest-hit areas to offer outreach services.

“We need outreach vans to do assessments in the community,”

Lustig said. “My center is open 24 hours a day, seven days a week, but we’ve got to get more people to do outreach.”

Only two community agencies at present offer these kinds of mobile outreach services in the Chicago area, he said.

PEER Services’ Mahoney, who currently serves as president of the Illinois Alcoholism and Drug Dependence Association, still sees a significant public information gap in terms of the nature of the threat from fentanyl. “Many people still aren’t aware of it, or they’ll say it’s ‘bad heroin,’” she said.

She believes events such as last month’s press conference have helped forge important relationships with media representatives who can get important messages out. “Most of the people who say they know about fentanyl say they saw something about it on TV or read something in the newspaper,” she said.

Lustig believes that with the state’s waiting list for methadone treatment at around 700 (with most of that number residing in Cook County), the state’s leaders need to explore other options beyond

methadone services. He says Haymarket Center has seen remarkable early results with use of the Suboxone form of the drug buprenorphine, even for clients who have used the medication for detox purposes only and not subsequently as maintenance therapy.

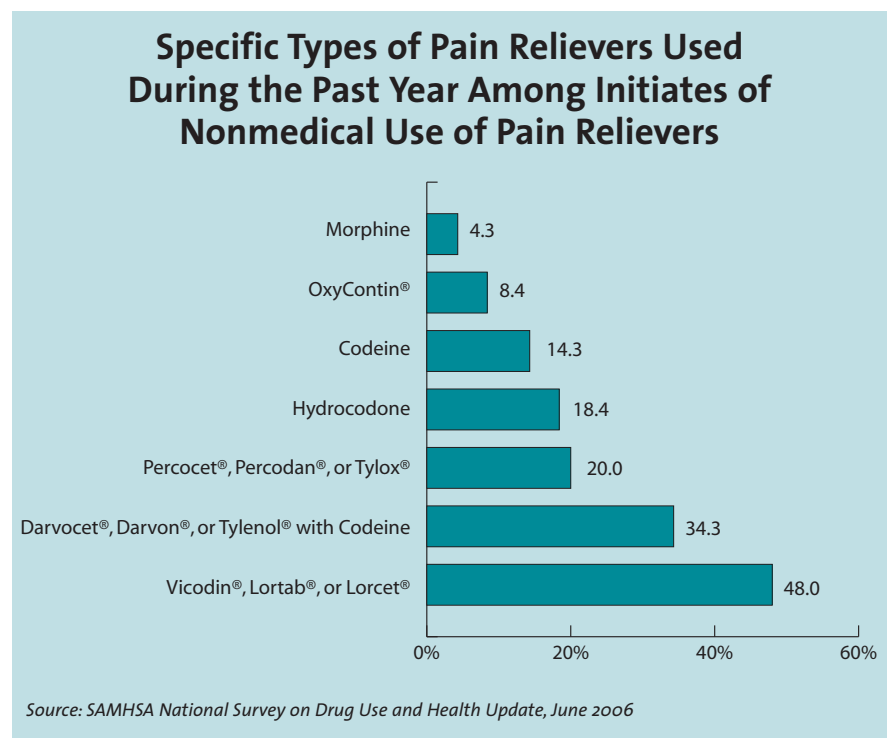
"I worked with a 27-year heroin addict who had tried methadone and everything else, and was able to achieve sobriety through Suboxone," Lustig said. From these types of experiences he draws this conclusion: "We have to free up enough tools so that when clients come in, there are options for them."

Changing face of heroin use

Mahoney says that heroin poses a more insidious threat across the community now because it is no longer simply an "end-of-line" drug for individuals who have moved from other forms of drug use. With many people snorting or smoking the drug instead of injecting it, some of the stigma surrounding it among younger users has diminished, she believes.

Many of the youngest heroin users in the Chicago area are white high school students with access to disposable income, Mahoney said. "Many are essentially living double lives," she said.

Davis considers it unacceptable that when an individual makes a first contact for treatment and may be most amenable to change,



he/she may be told to try again in 30, 60 or 90 days. He is working to lend momentum to a treatment-on-demand approach that would set aside the resources needed to allow anyone who requests publicly financed treatment services to receive them within a couple of days, as a limited number of urban communities have done.

Cook County voters in a non-binding referendum last year gave approval in principle to the concept of treatment on demand. But it is unclear thus far as to how the ef-

fort to identify funding at the state and local level will proceed, although Davis and state substance abuse treatment leaders are studying both existing funding streams and potential new sources of support at all levels.

Davis says he ultimately believes in adages such as "charity begins at home," and thinks it will be important for local leaders in the Chicago area to be highly involved in the solutions. "We engage lots of local people in everything we do," he said. •

BRIEFLY NOTED

Study reconsiders role of personality in addiction

The National Institute on Drug Abuse (NIDA) and Washington University School of Medicine reported on June 25 the results of a study suggesting that "an individual's personality influences how he or she responds to familial liability to alcoholism," explained NIDA's

Kevin Conway. Conway said that familial alcoholism is one of many variables in the "equation" predicting alcoholism. A key finding was that a high level of a personality trait called "novelty seeking" appears to increase the risk among the children of alcoholics; likewise, a low level can be a protective factor. Conway concluded, "Although the notion of an 'addictive personality' has been largely rejected, it remains fruitful to iden-

tify personality traits that predict addiction."

SAMHSA announces 2007 review priorities

On June 30 the Substance Abuse and Mental Health Services Administration (SAMHSA) announced its Fiscal Year 2007 review priorities for mental health and substance use prevention and treatment programs and practices. The priori-

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ties were submitted to the National Registry of Evidence-based Programs and Practices (NREPP), a voluntary rating system that provides the public with information on the “scientific basis and practicality of interventions.” The notice lists a number of priority review areas for substance use prevention and abuse treatment, including interventions that reduce risk factors or enhance protective factors, and continuing or self-care. SAMHSA’s complete *Federal Register* notice (June 30) can be viewed at www.samhsa.gov.

Valera submits IND for naltrexone implant

Valera Pharmaceuticals submitted an Investigational New Drug Application (IND) to the Food and Drug Administration for its product VP0004, a subdermal implant delivering naltrexone over an extended period for the treatment of opioid addiction, reported *Genetic Engineering News* on June 27. Although it is yet unclear as to how long the controlled release implant can deliver a therapeutic dose of naltrexone, Valera’s president David Tierney, MD., said that the goal is three to six months. Tierney said that the implant should have “significant advantages” over the daily formulation of naltrexone, approved in the 1980s for treating opioid dependence, particularly with regard to patient compliance.

Women climb Mt. Rainier in the name of recovery

The Power of Recovery Climb team, comprised of women ages 21 through 59, will attempt to summit Washington’s Mount Rainier on July 21 and 22, “illustrating the similarities between the journey of recovery and the journey of summiting a mountain...,” wrote Residence XII, a Washington-based non-profit alcohol and chemical dependency treatment center for women and their families. The climb was organized by Eve Ruff, who said she began her own recovery from alcoholism

Coming up...

The 23rd **World Federation of Therapeutic Communities Conference** will take place **September 1-5 in New York City**. The scientific program will be designed with the goal to foster Therapeutic Community (TC) appropriateness and effectiveness in addressing the treatment needs of generations of substance abusers, their families and communities. For more information, visit www.wftc.org/index_nyc.html.

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

The **U.S. Department of Higher Education (DOE)** will hold its 20th Anniversary National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education on **October 19-22 in Arlington, Va.** This national conference examines issues around alcohol and other drug abuse and violence (AODV) prevention on college campuses and surrounding communities, including keynote speakers, workshops, town meetings, poster presentations, and the National Forum for Senior Administrators cosponsored with The Network: Addressing Collegiate Alcohol and Other Drug Issues. For more information, visit <http://www2.edc.org/hec/natl/2006/>.

after climbing Rainier with a group of cancer survivors. The team is also raising funds for the Residence XII scholarship to increase the availability of treatment for women.

NAMES IN THE NEWS

Fraser Lang has been awarded the 7th Annual RSA Journalism Award from the Research Society on Alcoholism. Lang, owner of Manisses Communications Group, the former publisher of *ADAW*, *DATA: The Brown University Digest of Addiction*

Theory and Application, Psychopharmacology Update, Behavioral Healthcare Tomorrow, Addiction Professional, and other publications, sold his interest in the publications last year. “Given Mr. Lang’s obvious impact on educating scientists and addiction treatment professionals, his support of alcohol research studies, and his impact on the field that we all serve, the committee felt that he was the strongest candidate for this award,” said the RSA. The award was presented at the RSA banquet in Baltimore, Md. on June 28.

In case you haven’t heard...

David Mactas, when heading CSAT, laid the foundation for the Performance Partnership Grants — now called NOMs (National Outcome Measures). Mactas, now executive director of Straight & Narrow in Paterson, N.J., says of course treatment providers are outcomes-based. “Programs want good outcomes.” But the stress on always proving validity is another indication of the field’s being under siege. “Does Sloan Kettering always have to prove what it does works?” he asks, referring to the cancer hospital in New York City. One solution, says Mactas, would be a treatment field that were more unified than it is. “We need to speak with one voice.”