

ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

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Canada study says heroin more cost-effective than methadone for some

A controversial study from Canada comparing the costs of heroin — as a treatment drug — to methadone has found that heroin is more cost-effective for some patients. Reports on the study in the press in Canada and the United States just reported the findings, without noting the flaws. *ADAW* spoke to the top United States government regulator of pharmacologic therapy to get insights into the methodology of the Canadian study and implications of the results for treatment providers.

For the study, “Cost-effectiveness of diacetylmorphine versus methadone for chronic opioid dependence refractory to treatment,” the researchers used mathematical modeling to derive a cost comparison between methadone maintenance

treatment and medical heroin (diacetylmorphine) in which the dose is carefully controlled. The study, published March 12 in the online version of the *Canadian Medical Association Journal (CMAJ)*, is based on data from the North American Opiate Medication Initiative (NAOMI) released in 2008 and published in 2009 in the *New England Journal of Medicine* (see *ADAW*, Nov. 3, 2008 and August 31, 2009).

The study was based on a hypothetical cohort of patients, assigned the baseline characteristics of the patients in the NAOMI study. It was not based on any of the patients in the NAOMI trial, but constructed out of the data and extrapolated to project possible future savings.

See [NAOMI](#) page 2

Treatment Program Profile

Florida youth agency positioned to adjust to changing landscape



A Florida organization offering adolescent substance use services in five southeast counties is anticipating dramatic change on numerous fronts, from a full managed care transition involving its primary funder to the manifestations of national health reform. Its CEO believes that the Drug Abuse Treatment Association (DATA) will be able to adjust to fast-paced change because of its diversified services for youths and its outlook toward operating leaner.

“One thing that a managed care entity will require here is the immediate suspension of waiting lists; we currently operate under waiting lists

for our residential programs,” DATA chief executive John E. Fowler told *ADAW*. “One of the things we’re doing is working smarter and more efficiently.”

In the context of residential treatment, that will mean being prepared to decrease average residential lengths of stay and to make up for it by shifting service priorities to making sufficient supports available to patients and their families at discharge, Fowler said.

Agency evolution

The Palm Beach County-based DATA began as an adult outpatient
See [DATA](#) page 6

NAOMI from page 1

The article, by Bohdan Nosyk, Ph.D., and colleagues, starts with the premise that medicinal heroin is better at retaining patients than methadone maintenance at treating chronic opioid addiction for the subgroup of patients who have relapsed at least twice from methadone treatment, as the NAOMI data indicated.

However, the direct costs of treatment with heroin are higher, because the drug must be injected on a daily basis at a clinic. For this study, the researchers calculated incremental cost-effectiveness over 1-year, 5-year, 10-year, and lifetime periods. They found that over a lifetime, people on methadone gained 7.46 quality-adjusted life-years (QALYs) and generated a social cost of \$1.14 million, while those on heroin gained 7.92 QALYs and generated a social cost of \$1.10 million. The cost savings was primarily due to reduced criminal activity, the researchers said.

The cost of heroin maintenance is much higher than the cost of methadone maintenance — \$14,891 a year compared to \$3,192.

CSAT's response

We asked Robert Lubran, director of the division of pharmacologic therapies at the Center for Substance Abuse Treatment at the Substance

Abuse and Mental Health Services Administration, to comment on the recent study.

He said that the cost savings are not huge — \$1.14 million compared to \$1.10 million — and that the savings all come from the criminal justice system.

“And you have to keep in mind that the study population is very narrow,” he said. “They failed at least two episodes of methadone maintenance,

‘This seems more of a palliative rather than a therapeutic approach.’

Robert Lubran

but we don't know why methadone treatment didn't work.”

The cost benefits in the heroin patients were due to better retention in that group than in the methadone group.

The treatment system is different in Canada, noted Lubran. “It's not regulated the way it is here,” he said. Methadone maintenance treatment must include counseling and comprehensive services in the United

States, with steps taken to help patients who are in jeopardy of relapse. That is not the case in Canada. For that reason, it's “really inappropriate” to draw any conclusions about whether heroin treatment would be effective here based on this study, he said.

Only looking at costs from the criminal justice system creates a severe limitation, said Lubran. “They didn't look at the whole range of social and medical costs,” he said. Not counting the medical costs is a major limitation as well, he said. In Vermont, for example, patients in methadone maintenance have Medicaid costs that are three times the costs of other patients not in OTPs, he said.

About three quarters of the heroin patients were unemployed, said Lubran, noting that that is not the case in opioid treatment programs in the United States. Adding the costs of welfare — not factored into the *CMAJ* study — would create a different equation altogether, said Lubran.

“It doesn't seem as if someone on heroin maintenance is functional, if they're not working and not going to school,” he said.

“The other thing we don't know is whether the dose of methadone was adequate” in the Canadian program, said Lubran. The average dose was 96 milligrams, which “may

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not be adequate for these severely dependent people,” he said. This could have contributed to criminal activity. If that is the case, then giving them more methadone might have been a better option than giving them heroin, he said.

“There are a lot of unknowns here,” said Lubran. “This seems more of a palliative rather than a thera-

peutic approach.”

Lubran also said that underlying psychiatric comorbidity should be treated. It’s not just a matter of giving a patient medication. “We’re trying to promote a wholistic approach, integrated with primary care and behavioral health care so that you’re

treating the whole person – the psychiatric problems, and the medical problems.”

The National Institute on Drug Abuse (NIDA) refused to comment on the study.

NAOMI is funded by the Canadian Institutes of Health Research. •

For the study, go to www.cmaj.ca/content/early/2012/03/12/cmaj.110669.

State Budget Watch

Oklahoma seeks additional treatment beds in budget request

The centerpiece of the budget request in Oklahoma’s administrative budget for the addiction field is



a restoration of pre-cut levels for substance abuse treatment beds — 100 more beds for \$4.5 million. Since 2009, The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has been cut more than \$36.6 million — from \$326.3 million to \$289.8 million. Appropriations for substance abuse programs have been cut 21 percent, from \$87.6 million to \$69.5 million.

This has resulted in “drastically reduced access to care” for people in the state needing substance abuse services, according to Terri White, ODMHSAS commissioner. And the cuts have not saved money, but rather have meant a heavier price ultimately, because the consequences of untreated addiction — in health care and criminal justice — are always more costly than providing treatment up front. The problem steamrolls because resources are drained taking care of people in crisis, instead of being used to treat people early in their addiction, said White.

“There is a shortage of substance abuse treatment services in our state,” said White in an email to *ADAW*. “On any given day there are 600 to 900 Oklahomans who are in need of a residential treatment program, but cannot get in because every bed is full. Many of these individuals who are forced to wait

How ODMHSAS has responded to cuts

Over the past three years the Oklahoma Department of Mental Health and Substance Abuse Services has been forced by budget cuts to:

- Cut department leadership positions.
- Reduce overall central office administration.
- Close a unit at Griffin Memorial Hospital and cap their census at 120.
- Merge Norman Alcohol and Drug Treatment Center with the Children’s Recovery Center.
- Close a co-occurring unit at the Tulsa Center for Behavioral Health.
- Close an Enhanced Residential Care unit at Central Oklahoma CMHC.
- Cut over 70 private providers by more than \$3.5 million.
- Initiate three separate voluntary buyout programs.
- Initiate a voluntary furlough program.

Oklahoma is also using more telemedicine to deliver services, which saved \$1.77 million. ODMHSAS now oversees 168 telemedicine sites across the state.

become further consumed by their illness and end up becoming sicker and more vulnerable to the negative consequences that await — lost jobs and lost families, criminal behavior, incarceration, injury and death.”

This month ODMHSAS participated in a statewide “media blitz” in which local news organizations publicized the state’s need for more resources for substance abuse treatment. One of the biggest problems is the waiting list, which has 1,540 names waiting for one of the 690 ODMHSAS residential or halfway house beds. (Counting duplicates, the actual number is probably closer to between 600 and 900.) There are also 1,000 people on waiting lists for treatment itself. And last year’s cuts alone added at least another 1,200 people to the list of people unable

to access services.

“As part of this year’s budget request, we are asking for an additional 100 residential substance abuse treatment beds,” said White. “Over the past three years, ODMHSAS has been forced to cut more than \$30 million from its budget. Funding of this request would restore residential substance abuse services to pre-cut levels, which would help.” The cost of the additional beds would be \$4,475,916.

During fiscal year 2011, 16,865 adults received treatment for alcohol or drug abuse funded by ODMHSAS, with services ranging from detoxification to transitional living, according to ODMHSAS. But this was just the tip of the iceberg in terms of who needs treatment. An estimated 78

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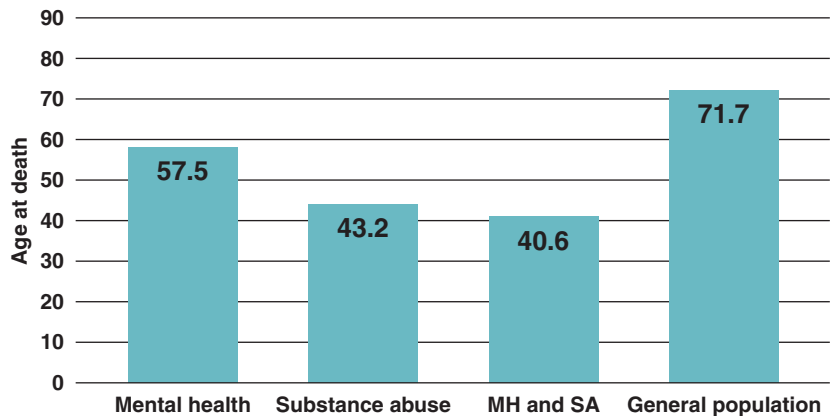
percent of adults who need substance abuse treatment are not receiving appropriate care in the state. More than 80 percent of youth who need substance abuse treatment services are not receiving them.

More figures from ODMHSAS: Alcohol is still the primary drug of choice for those in treatment services, representing 35.7 percent of adults in treatment. This was followed by marijuana (19.3 percent), methamphetamine (19.1 percent) and prescription drugs (14.3 percent).

Of all inmates in the Oklahoma Department of Corrections, 33 percent were incarcerated for drug and alcohol offences and at least 50 percent were incarcerated for a crime related to substance abuse, according to ODMHSAS. Among offenders, distribution of drugs is the top offense, and possession of drugs is second.

ODMHSAS is the “payer of last

Mortality: Average age at death by cohort



Source: ODMHSAS

resort,” meaning it serves people who need treatment who are 200 percent of federal poverty level or below, and have no other means of paying. “Many Oklahomans are without insurance or do not have health

insurance that adequately covers substance abuse services for themselves or their family,” said White, adding that access to care, always a problem, has become even more difficult. “The budget cuts over the past four years have certainly exacerbated the problem,” she said.

Substance abuse also lowers life expectancy even more than severe mental illness, and substance abuse and severe mental illness combined lower it even more, according to data from ODMHSAS (see graph, above). “Access to treatment services must be a priority if we are going to help these individuals and their families,” said White. •

‘Many Oklahomans are without insurance or do not have health insurance that adequately covers substance abuse services for themselves or their family.’

Terri White

Single dose of LSD can reduce alcohol misuse: Meta-analysis

Based on data from randomized controlled clinical trials, researchers in Norway have for the first time gather together information on how lysergic acid diethylamide (LSD) can help treat alcoholism. The study, “Lysergic acid diethylamide (LSD) for alcoholism: meta-analysis of randomized controlled trials” by Teri S.

Krebs and Pål-Ørjan Johansen, was published online March 8 in the *Journal of Psychopharmacology*.

The meta-analysis was done by searching databases for studies from 1943 to 2010 for peer-reviewed randomized controlled clinical trials. Out of 4,275 records, only six trials were used for the meta analysis.

The six eligible trials included 536 adults; 61 percent received high-dose LSD (the treatment group), and 39 percent were controls and received either low-dose LSD, amphetamine, ephedrine, or placebo.

Most were male inpatients of alcoholism treatment programs. All trials used a single oral dose of LSD.

Benefits lasted 6 months

The beneficial effect of LSD on alcohol misuse was only seen at 3 months and 6 months. By 12 months after treatment, the benefits had completely faded. Even so, the researchers said, it’s uncommon for any psychiatric drug to have effects after only one dose.

In terms of adverse events, these were mainly psychiatric — anxiety

For more information on addiction and substance abuse, visit www.wiley.com

and confusion — so people should be informed of these side effects and the administration should take place in a comfortable environment, the researchers said.

Further trials would be able to show if there are certain subgroups that would benefit from this kind of treatment, the researchers concluded.

How it works

How LSD led to fewer alcohol problems had to do with the subjective psychological experience, the trials found. Here are comments from investigators from two of the trials:

“It was rather common for pa-

tients to claim significant insights into their problems, to feel that they had been given a new lease on life, and to make a strong resolution to discontinue their drinking.” (Ludwig et al., 1969).

“It was not unusual for patients following their LSD experience to become much more self-accepting, to show greater openness and accessibility, and to adopt a more positive, optimistic view of their capacities to face future problems.” (Bowen et al., 1970).

Speculating as to why something so effective has not been uti-

lized, the researchers gave four possible reasons: 1) most of the randomized controlled trials were not statistically significant when considered individually, 2) the trial authors discounted moderate or short-term effects because they “expected unrealistic results,” 3) early trials were described poorly giving “the mistaken impression that well-designed studies did not exist,” and 4) the social and political history of LSD made it difficult to get regulatory approval for clinical trials.

The research was supported by the Research Council of Norway. •

For the study, go to <http://bit.ly/wW9NCh>.

Alabama’s prosecution of moms challenged; field signs on

Last week 47 medical, public health, and legal advocacy groups and individuals filed an amicus curiae (friend of the court) brief in the Alabama Supreme Court urging it to reverse a lower court’s ruling that allowed a methamphetamine lab law to be used to prosecute women who give birth to babies who test positive for controlled substances.

Alabama’s 2006 Chemical Endangering Law was written to protect children from the dangers of methamphetamine labs. However, two prosecutors in rural counties have used the law to prosecute and punish women who give birth to babies with drugs in their systems. Last August the Court of Criminal Appeals upheld the practice, and attorneys representing two of the women — Amanda Kimbrough and Hope Ankrom — have taken the case to the Alabama Supreme Court, saying — as they have from the beginning — that the meth lab law was never meant to be used to prosecute women for exposing their fetuses to controlled substances.

Over 60 Alabama mothers have been charged under the chemical endangering law. “The Court of Criminal Appeals has engaged in judicial activism, and in the guise of

judicial interpretation passed new legislation that is recognized to be bad for babies,” said Brian White, Kimbrough’s lawyer.

Emma Ketteringham, director of legal advocacy at National Advocates for Pregnant Women, told *ADAW* that even pregnant women who receive medication that is prescribed for them — and the doctors who pre-

in Alabama the notice they are due under the constitution to know that if they deliver a pregnancy to term, they could be prosecuted,” said Ketteringham.

Interestingly, there have been no arrests in Jefferson County, the most highly populated county in the state. “Arrests are taking place in certain rural counties, where one

‘Hospitals in certain counties drug test women who give birth. The sheriff is called. The women are arrested and prosecuted. And in places like Marshall County, bail is set at \$1 million.’

Emma Ketteringham

scribe it — could be subject to prosecution and punishment under the current interpretation. National Advocates for Pregnant Women, along with the Drug Policy Alliance and the Southern Poverty Law Center, are counsel for the amici.

“There’s nothing in that law that mentions pregnancy, fetus, any term at all that would give women

up-and-coming prosecutor who was running for judge decided to do this, and where another who just became a judge did it as well,” she told *ADAW*. “This is what we think happens. Hospitals in certain counties drug test women who give birth. The sheriff is called. The women are arrested and prosecuted. And in

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places like Marshall County, bail is set at \$1 million.”

Ketteringham related the story of one pregnant woman who called her in dismay, after being told by her doctor that if she didn't stop using the painkillers she was dependent on — she had gone to him for help — she would be arrested after having her baby and there was nothing he could do about it. “She shared with her doctor her medical issue. The doctor told her she would be arrested. Anyone would try to give birth underground and never go to a doctor again,” said Ketteringham. “I was on the phone with her, with her family. I said my advice is give birth out of state. If you give birth in Alabama you'll go to jail.” But the young woman had other children in school and did not want to move. She was ar-

rested right after she gave birth, and bail was set at \$500,000. She is still in jail. The baby went to relatives.

“This completely undermines the Alabama legislature's response to this issue,” said Ketteringham. “There is a child welfare system, and that's supposed to be the response.”

Amanda Kimbrough is facing ten years in prison because her baby was stillborn. She tested positive for methamphetamine. Hope Ankrom's baby was exposed to cocaine. She is not in jail; she pled guilty to chemical endangerment but properly preserved the right to appeal, said Ketteringham.

“We're not talking about the rights of women to use drugs while pregnant,” said Ketteringham. “We're talking about the right to know that what you are doing could get you arrested.”

Signers of the amicus briefs included the American Academy of Addiction Psychiatry, the American College of Obstetricians and Gynecologists, the American Psychiatric Association, the American Medical Association, the Medical Association of Alabama, the American Medical Women's Association, the American Nurses Association, the American Society of Addiction Medicine, the Harm Reduction Coalition, the Legal Action Center, the National Association of Social Workers, and the National Council on Alcoholism and Drug Dependence, Inc.

The state's attorney general has two weeks to respond, but will probably ask the supreme court for more time, said Ketteringham. •

For more information, go to <http://bit.ly/yvRJBe>.

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treatment program but would transition into becoming one of the first agencies in its southeast Florida region to meet the need for adolescent services. Asked to cite how many individuals the organization serves at a particular time, Fowler hesitates, as besides its treatment services it also runs prevention programs in 15 schools and an intervention program in around 20 schools.

DATA houses 70 youths under 18 in each of its two residential treatment programs. About 85 percent of the organization's overall funding comes from the state Department of Children and Families, with the rest coming from county government, several local United Way agencies and other local charities.

The Department of Children and Families has begun rolling out its plans to contract with six managing entities in the state that will oversee services under subcontract arrangements with providers. Managed behavioral health care arrangements have existed in the state on a pilot basis, and now are expected to have a statewide reach.

‘There will be a commitment to reduce residential services by 30 percent under the managed entity.’

John E. Fowler

The transition in the region where DATA delivers services was supposed to take place last Dec. 1, but there have been delays in the contract award process. DATA also has a direct stake in the bidding process, as it and several other child- and family-serving agencies in the region formed a coalition to submit their own bid to become the region's managing entity. Fowler said that group now goes by the name Southeast Florida Behavioral Health Network.

Even with no decision yet made on the managing entity, some effects

of the impending change already are being felt. State officials have projected significant cost savings through use of the managing entities, Fowler said, and the state budget for behavioral health services was reduced by \$12 million shortly after the policy decision to restructure the system was made.

Fowler added in regard to the state's priorities, “There will be a commitment to reduce residential services by 30 percent under the managed entity.” He believes DATA is better positioned to adjust to this given its existing continuum of prevention, intervention, residential treatment, outpatient treatment and aftercare support services.

Fowler, who started working at DATA in the mid-1980s as a part-time counselor, says the continuum approach of the organization “has been part of our mission all along.”

Mary Booker, assistant director of the Florida Alcohol and Drug Abuse Association (FADAA), told *ADAW* that it is not that common to see many providers offering the breadth of services that DATA has been able to maintain. “Particularly

in the area of serving young people and their families, you don't find that always," Booker said. "I would say they have been a godsend to their community."

Health reform

Fowler also sees implementation of the Affordable Care Act as presenting challenges, in that the agency will have to transition to the concept of upwards of 85 percent of its client base suddenly having Medicaid coverage by 2014. "Very little of what we do now is reimbursed by Medicaid," he said.

The agency already has brought on Medicaid consultants to examine how some services might be restructured to become Medicaid reimbursable. "This is a significant cultural shift for the substance abuse field," Fowler said. He anticipates that more home- and community-based wraparound services for children will be an important direction in which to shift.

Also constituting a major part of the preparatory work involves "advocacy and education to legislators who'll make decisions about the dollars," Fowler said. "We can't just

Drug Abuse Treatment Association, Inc.

Founded: 1980

Locations: Five southeast Florida counties (Palm Beach, Martin, St. Lucie, Indian River and Okeechobee)

Services: Continuum of care for adolescents, including prevention, intervention and residential treatment

Staff: 100 employees

Revenue Mix: 85 percent of funding is from the state Department of Children and Families, with the rest mainly a combination of county and private money

assume that just because someone is covered by Medicaid, they will have the services they need."

Advocacy efforts in the behavioral health community in recent weeks spared substance abuse and mental health providers from seeing steep funding cuts at the state level, Fowler said.

Agency improvements

DATA also is engaged in a number of process improvement efforts within the agency, some involving

grant projects funded by the quality improvement collaborative NIATx and most focused on implementation of evidence-based practices.

Fowler said one of the projects in which DATA is involved amounts to a statewide effort to disseminate best practices through the use of peer mentors who educate their colleagues in practice implementation.

He said that within 18 months, all behavioral health programs funded by the state must be utilizing evidence-based practices exclusively. He said DATA has reached that goal on the prevention side, with its initiatives steeped in the Project SUCCESS goal-setting model for youths, and he added that the agency is making significant inroads toward the 100 percent goal on the treatment side. •

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BRIEFLY NOTED

Murder charges for doctor whose patients overdosed

The Los Angeles County District Attorney, Steve Cooley, has charged a physician with murder after three patients died of prescription drug overdoses, and says he will continue to prosecute doctors who are unethically prescribing drugs that result in deaths, the Associated Press reported March 2. If convicted, Hsiu-Ying "Lisa" Tseng, DO, faces a maximum sentence of 45 years to life in prison. Tseng, who operated a storefront with her husband, also a physician, wrote an average of 25 prescriptions

a day. The Drug Enforcement Administration suspended her license in 2010. She was arrested last month. Her husband is still running the clinic. The three men who died had been given prescriptions for opiates and benzodiazepines. One was a student from Arizona State University, Joey Rovero, whose mother said he was given prescriptions for 90 tablets of oxycodone, 90 tablets of Soma, and 30 tablets of Xanax. He overdosed because of alcohol and the three drugs. His mother founded the National Coalition Against Prescription Drug Abuse.

AMA opposes Medicare utilization review for Rx drugs

The American Medical Association (AMA) is opposing the plan by the Centers for Medicare and Medicaid Services (CMS) to restrict pre-

scription medications. Last fall the Government Accountability Office (GAO) found that drug utilization review for Medicare Part D, which covers prescriptions, was weak, in particular with regard to abusable pain medications. The CMS plan, however, would require more reviews. Furthermore, if the plan sponsor decides the drug is not medically necessary, the patient would not find out until he or she got to the drugstore to pick it up that it would not be covered, *American Medical News*, the publication of the AMA, reported March 9. The GAO report found that about 80 percent of doctor shopping involved hydrocodone and oxycodone, but, the AMA said, the CMS policies would include many other drugs as well. CMS should just focus on hydrocodone and oxycodone,

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mainly by educating physicians and encouraging them to link to prescription monitoring programs, and not restrict other prescriptions. In addition, the AMA was concerned that the sponsor — the insurance company in charge of prescription benefits — would have the ability to trump doctor's clinic

STATE NEWS

Drug court expansion proposed for New Jersey

New Jersey Gov. Chris Christie wants to make drug court mandatory in all 21 counties in the state, for non-violent offenders who have abused controlled substances. He said that by requiring treatment, the state can break through denial, adding that he has experienced addiction in his own family, and “the person never admits it.” Announced at the Rescue Mission of Trenton March 1, the proposal would be the first in the country to require drug treatment for non-violent offenders. Governor Christie said this would be a “one of the lasting legacies of this administration.” The Governor's proposed budget has \$2.5 million for drug court expansion. The administration will submit legislation to implement the expansion. To see a video of the announcement, go to <http://bit.ly/zQRyex>.

RESOURCES

Legal Action Center to release new guide to confidentiality

A new updated edition of “Confidentiality and Communication: A Guide to the Federal Alcohol and Drug Confidentiality Law and HIPAA” is now available for pre-order from the Legal Action Center, with a shipping date of June 1. The guide will explain 42 C.F.R. Part 2 and HIPAA privacy requirements, and include a new section on electronic health record systems. The

Coming up...

The 18th Annual **National Treatment Accountability for Safer Communities (TASC)** Conference on Drugs and Crime will be held **March 21-23** in **Baltimore**. For more information, go to www.nationaltasc.org/conference.php.

Operation Unite, in partnership with the **Appalachian Regional Commission**, is sponsoring the first National Rx Drug Abuse Summit **April 10-12** in **Orlando**. For more information, go to <http://nationalrxdrugabusesummit.org>.

The **National Council for Community Behavioral Healthcare** will hold its annual conference **April 15-17** in **Chicago**. Go to www.thenationalcouncil.org for more information.

The **American Society of Addiction Medicine (ASAM)** will hold its annual medical-scientific conference **April 19-22** in **Atlanta**. For more information, go to www.asam.org/AnnualMeeting.html.

The **American Association for the Treatment of Opioid Dependence** will hold its national conference **April 21-25** in **Las Vegas**. Go to www.AATOD.org for more information.

Foundations Recovery Network will hold a conference on integrated mental health and addiction treatment for veterans **April 23-26** in **San Diego**. For more information, go to www.foundationsrecoverynetwork.com/events/index.htm.

RADARS will hold its annual meeting **April 24** in **Bethesda, Maryland**. Go to www.radars.org/Home2/AnnualMeeting.aspx for more information.

guide will explain both sets of FAQs issued by the Substance Abuse and Mental Health Services Administration, provide new model forms for e-health systems, help primary care providers understand whether they are covered by 42 C.F.R. Part 2, and if they are, how to comply (and how to communicate with providers if they are not). It will also help addiction treatment providers understand how

to comply, and provide new information about how the rules interface with the HITECH Act, SBIRT, security cameras, prescription monitoring programs, and Department of Transportation drug testing. To order, go to <http://bit.ly/ypNm2r>.

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Dealing with co-occurring disorders is one way to reduce relapse and costs, said H. Westley Clark, M.D., in his last interview with *ADAW* as director of the Center for Substance Abuse Treatment at the Substance Abuse and Mental Health Services Administration before his 6-month “job exchange” with Peter J. Delaney, Ph.D. (see *ADAW*, Dec. 19, 2011). But, said Clark, it's important to maintain service delivery systems for people with addiction only, and with mental illness only. A monolithic approach which combines them won't work, he said. “If jurisdictions pursue an approach that combines mental illness and addiction under the rubric of co-occurring or behavioral health, they will be stuck with the unintended consequences of many people who have substance abuse problems that are not being adequately addressed. Some people have co-occurring, some people have a single disorder. If you call it all co-occurring, that's an ineffective use of resources.” As of March 5, Clark is director of SAMHSA's Center for Behavioral Health Statistics and Quality,” Delaney's former job.