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News for policy and program decision-makers

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Highlights...

Treatment providers can participate in the NQF's evidence-based practices project. The NQF is interested in hearing about best practices with supporting outcomes data. Submissions are due March 13 for seven categories in the treatment of substance abuse. The project is funded by the Robert Wood Johnson Foundation. *See story, top of this page.*

A grassroots parents group is pushing for a nickel tax on a gallon of alcohol in New Jersey. The proceeds are to go to substance abuse treatment programs, adding an estimated $10 million to publicly funded treatment. The challenge will be to make sure the nickel tax is used only for treatment. *See story, top of this page.*

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Evidence-Based Practices

National Quality Forum seeks input from treatment field

The National Quality Forum (NQF) is calling for information about "best practices" in treatment for substance abuse. The project, called "Evidence-Based Treatment Practices to Treat Substance Use Disorders," is based on submissions by stakeholders, including treatment providers. Responses are due March 13.

This NQF project, which is funded by the Robert Wood Johnson Foundation, is a golden opportunity for treatment providers to participate in the creation of standards that could affect the entire field. The NQF is a private, nonprofit, public benefit corporation that was established in 1999 to set voluntary consensus standards for the improvement of healthcare quality.

"It's critically important for the field to send in their best practices," said Howard B. Shapiro, Ph.D., executive director of the State Associations of Addiction Services (SAAS), based in Washington, D.C. "We have to be the source of input for evidence-based practices." The NQF is playing an increasingly important role in the health care system as a standard-setting organization, he told *ADAW*. "Their process is open and rigorous, and recently they have begun moving into the addiction and mental health fields."

The key word for the NQF is "consensus." The health-focused group convenes stakeholders as members — consumer groups,

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Nickel Tax on Alcohol

Parents group determined to add $10 million to N.J. treatment programs

The concept of taxing alcohol to bolster state budgets isn't a new one, but making sure the dollars go to substance abuse treatment as additional money, and not into the state's treasury to make up the deficit, is a different matter. In New Jersey, advocates are well aware of this challenge in their efforts to add a tax of 5 cents to every gallon of alcohol, and to see that the revenues go directly to treatment. But the advocates, spearheaded by a grassroots group of parents whose children have died of overdoses after being denied access to appropriate treatment, are determined to achieve their goal.

The "Just a Nickel" campaign was kicked off February 22 at the State House in Trenton, where the members of the group Parent to Parent approached legislators to ask for the new tax. It would bring in an additional $10 million to the $11 million currently allocated out of the alcohol excise tax.

The $10 million would provide treatment for an additional 3,800 addicted people a year, according to the New Jersey chapter of the National Council on Alcoholism and Drug Dependence (NCADD), which has been working to get the alcohol tax in the state for several years.

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providers, purchasers — and calls for best practices from these groups. In December, 2004, the NQF conducted a workshop on substance abuse treatment which was the basis for the current call for information. (See box on page 3 for a list of workshop participants.) The workshop result was a recommendation of seven categories (see box, page 2) for the creation of standards, or best practices.

"The discussion from the workshop proceedings, and also from last year's IOM report, was that we certainly have deficits in the quality of care provided to patients in the health care system in general, but also specifically to clients with substance use disorders," said Karen Beckman Pace, PhD, RN, Senior Program Director with the NQF. "There's also quite a bit of variation. This process is to try to achieve some consensus around what should be done with patients with substance use disorders."

"If there's something that's going on in your facility and it's working, and you feel the world needs to know about it, that is something we would be interested in hearing," said Pace.

Seven categories for best practices

1) Opportunistic screening for alcohol misuse in all healthcare settings
2) Brief intervention, by a healthcare practitioner trained in this technique for patients identified with SUDs
3) A written treatment "prescription" for needed services for all patients assessed and diagnosed with SUDs
4) Initiation of effective psychosocial interventions for all patients referred for specialty SUD treatment
5) Consideration of addiction-focused pharmacotherapy for patients with alcohol or opioid dependence
6) Systematic activities to promote patient engagement and retention in treatment by specialty SUD providers
7) Processes for engaging SUD patients in long-term monitoring/management through collaboration between specialty and primary care providers

Source: NQF (www.qualityforum.org)

Access to care

Often, the weaknesses in the substance abuse treatment system stem from inadequate capacity, or a lack of funds. The problem of access isn't one that can be solved by evidence-based practices performed by the treatment providers alone, but one that requires insurance companies and public agencies to make commitments as well, conceded Pace. However, promoting evidence-based practices could lead to improved payer policies, she suggested.

"I can't speak for the purchaser and payer community, but they are part of our membership and part of our process," said Pace. (Cigna Behavioral Health and the American Managed Behavioral Healthcare Association were both represented at the 2004 workshop.) If payers can see proof of the effectiveness of practices, they may be more likely to pay for them, she said. "On a theoretical basis, having this kind of consensus that payers know about can move the whole issue forward in terms of having adequate coverage for services, if those services are demonstrated to be effective." She admits that access to treatment is a "longer term issue" than just setting up best practices. Still, she hopes that identifying and having consensus on evidence-based practices will ultimately improve access to treatment.

General health care

Some of the measures, such as screening and brief intervention, are

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more relevant to general health care than to substance abuse treatment. But the NQF still wants to hear from substance abuse treatment experts on these, as well as the other measures, said Pace. "They probably know the evidence and the literature in much more detail," she told *ADAW*. "And if they're aware of an evidence-based practice — such as a really specific screening tool for alcoholism — then they should submit it."

One treatment-specific category centers on the "written treatment prescription," or treatment plan. "We are looking for standards for what a treatment plan should look like and what elements should be included," said Pace. "Should there be a time limit, should it be reviewed, and if so when?" Respondents are encouraged to get very specific, said Pace.

No single standard

The NCF call for best practices should not signal a move toward a single standard for each category, said Pace. More than one "best practice" could exist for each. "The intent is that clinicians, whether in general practice or in specialty practice, should implement on a consistent basis the practices that are shown to be effective," Pace told *ADAW*. "The ultimate stakeholder is the patient and consumer," she said. "The benefit of implementation of best practices is the patient being treated."

After reviewing the practices, the NQF steering committee will release a set of detailed practices within each of the seven categories. The submissions will be reviewed for effectiveness, feasibility, and usefulness, with outcome data an important part of the process, said Pace. The steering committee has not been selected yet.

The submissions will be compiled and reviewed by NQF staff, she explained. "We will have a steering committee and a technical advisory panel to help us review the practices. We'll set up evaluation criteria, and look at how the submissions stack up." All recommendations will go through the consensus process, meaning that stakeholders — providers, consumers, and purchasers — will all agree on what is a best practice.

"We'll be looking at outcomes data," said Pace. "That's why we've asked people to submit this information. Sometimes people call and say, 'We have a practice we think is effective, but we don't have proof.'" Without the outcome data, the NQF will not be able to use the submission, she said. Furthermore, the data submitted cannot be proprietary. "We have a policy of endorsing only open-source standards."

The NQF standards for substance abuse treatment are expected to fit in well with the broad recommendations from the Institute of Medicine report released last fall (*ADAW*, Nov. 7, 2005), which called for integration of care, patient control, and access to treatment. "The IOM report was much broader and hit a larger range of subjects, and the NQF standards will be a piece of the puzzle," said Shapiro, noting that there is a trend toward evidence-based practices.

There are two pitfalls to watch out for, said Shapiro: 1) policymakers could mistakenly believe that evidence based practices are the only factor that affects outcomes, and 2) payers could potentially misuse evidence-based practices to limit payment to those practices only. These concerns make it particularly important for treatment providers to respond.

The complete call can be accessed at www.qualityforum.org. Scroll down to Substance Use Disorder Call for Practices, and click on "complete call" and "submission form." For questions about the project, contact Pace at (202) 783-1300 or info@qualityforum.org. Submissions are due by Monday, March 13, 2006. •

Workshop participants

These people participated in the December 2004 NQF workshop on evidence-based treatment practices for substance use disorders.

Frank McCorry, Ph.D. (Co-Chair)
NY State Office of Alcoholism & Substance Abuse, New York, N.Y.

Rhonda Robinson Beale, M.D. (Co-Chair)
CIGNA Behavioral Health, Eden Prairie, Minn.

Louis E. Baxter, Sr., M.D.
Physicians ' Health Program//Healthcare Professionals ' Program, Medical Society of New Jersey, Lawrenceville, N.J.

Elaine F. Cassidy, Ph.D.
Robert Wood Johnson Foundation, Princeton, N.J.

Mady Chalk, Ph.D.
Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Rockville, Md.

Wilson Compton, M.D.
Division of Epidemiology Services and Prevention Research, National Institute on Drug Abuse, National Institutes of Health, Rockville, Md.

Deborah W. Garnick, Sc.D.
Brandeis University, Waltham, Mass.

Eric Goplerud, Ph.D.
George Washington University, Washington, D.C.

Pamela Greenberg
American Managed Behavioral Healthcare Association, Washington, D.C.

Col. Kenneth Hoffman, M.D.
Department of Defense Military Health System, Falls Church, Va.

Ronald J. Hunsicker, D.Min.
National Association of Addiction Treatment Providers, Lancaster, Pa.

Robert Johnson
Addiction Prevention and Recovery Administration, Washington, D.C.

Daniel Kivlahan, Ph.D.
Center of Excellence in Substance Abuse Treatment and Education, VA Puget Sound Health Care System, Seattle, Wash.

Valerie Naquin
Cook Inlet Tribal Council, Inc., Anchorage, Alaska

Luc R. Pelletier, RN
San Diego, Calif.

Jeffrey H. Samet, M.D.
Boston University, Boston, Mass.

Christine Savage, RN, Ph.D.
International Nurses Society on Addictions, Cincinnati, Ohio

Arthur Schut
State Associations of Addiction Services/Mid-Eastern Council on Chemical Abuse, Iowa City, Iowa

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New Jersey's excise tax on alcohol is currently 12 cents per gallon for beer, 70 cents per gallon for wine, and $4.40 per gallon for spirits. Raising each by 5 cents — and dedicating that revenue to treatment — would raise $10 million for treatment in New Jersey, according to Kathleen Dobbs, a founder of Parent to Parent. "Out of the $99 million that comes from the booze tax, treatment, education, and prevention get only $11 million," said Dobbs. With the nickel tax, the total from the alcohol tax for treatment would be $21 million.

Key variables in a state's readiness to impose an alcohol tax

- Budget deficit or other substantial need for the state to raise taxes
- Strength of the advocates/coalition that would introduce research findings, including breadth, e.g., participation by religious groups and recovery community
- Availability of funds that can be used for legislative advocacy
- Existence and efficacy of a lobbyist for the issue
- Well-positioned champion in both houses of the legislature
- Political strength of the alcohol industry and its allies
- Support of the governor
- Permissibility of earmarking
- High proportion of nondrinkers
- High proportion of evangelicals and/or fundamentalists
- Support of major media
- Low taxes relative to surrounding states
- Little cross-border trade in alcohol
- Years since last increase
- Ratio of state government alcohol costs to revenue

Source: Pacific Institute for Research and Evaluation on "Assessing State Readiness to Act on Alcohol Tax Research Findings" (2005). For more, go to www.saprp.org

The tobacco lesson

But merely raising taxes on alcohol won't help, as New Jersey residents well know. They learned their lesson when cigarette taxes went up for three years in a row, but at the same time smoking-prevention efforts were cut by $20 million, according to a report by the Pacific Institute for Research and Evaluation (PIRE) on "Assessing State Readiness to Act on Alcohol Tax Research Findings."

What may help push this initiative toward a reality is public support, not for a tax increase per se, but for a tax increase tied to treatment funds. According to the NCADD-NJ/Eagleton Survey conducted in 2004, 68 percent of state residents support raising the alcohol tax, providing that funds are dedicated to treatment. Without the treatment link, support for the tax is much lower (48 percent). Support for an alcohol tax that would fund treatment has remained steady in the state, according to the PIRE report.

"The language has to be precise and concrete enough so the $10 million from the nickel tax goes only to treatment," says Candace Singer, director of public policy for NCADD-NJ, which has drafted proposed legislation. "When we wrote up the bill, we said the extra money would go into the state's Alcohol Education, Rehabilitation, and Enforcement Fund (AEREF)," she said "We will have the bill stipulate that the amount of tax revenue going to that fund will be $21 million."

Looking for a champion

Other states have alcohol taxes for treatment, but they also have a legislative "champion," something that has been missing in New Jersey. But there are legislators, such as Sen. Joseph Vitale (D-Middlesex), chairman of the Senate health and human services committee, who are favorable to the idea. Senator Vitale has been a champion on a number of treatment-related issues, and is the sponsor of the parity bill currently before the legislature (see sidebar with letter). Another possible champion on the Assembly side is Assemblyman Joe Roberts, who has sponsored a needle-exchange bill that was tied to extra funding for treatment, and also a straight appropriations bill that gave extra money to treatment.

But the core group of parents involved with Parent to Parent is committed to this tax initiative, and if they are as successful as they have been in some of their other projects, it stands a chance, according to Dan Meara, spokesman for NCADD-NJ. In one example, Parent to Parent obtained funding for building a treatment program in south New Jersey. The parents "pushed long and hard for the program," Meara told *ADAW*. (The new program is Daytop, a long-term residential treatment program for 13- to 18-year-olds in Pitts Grove). "We rattled cages and doors," said Dobbs. "We

Related Web sites:

- www.parent2parentnj.org
- www.justanickel.org

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One mother's story

"I got into this because of my son," says Kathleen Dobbs, a founder of Parent to Parent. Ultimately, Dobbs' son went to state-funded treatment for 16 months, after she spent months trying to get insurance to approve treatment and finally contacted the White House, which helped secure him a bed in a public treatment program. Funds from the "booze tax" supported treatment for her son. "But my insurance company didn't pay," she told *ADAW*. "I had good coverage, and when it came to treatment for my son's cocaine addiction, I had five letters saying he needed long term treatment," Dobbs recalled. "The girl on the other end of the line said we need a second opinion. I said I have five letters. She said you sent them all together so that just makes one."

Her son's treatment took place eight years ago, and she has been an advocate ever since. "He was clean for five years and relapsed three years ago," said Dobbs, who has gone back to school to get certified as a substance abuse treatment counselor. She said, "He's doing pretty well now, but it's a day to day thing." Dobbs said she will never forget the promise she made during the nights when she and her husband were desperate to help their son. "My other son moved out because he couldn't stand the chaos. My daughter locked herself in her bedroom. There were nights my husband and I sat in the middle of the bed crying and hugging each other. I made a promise back then that there would be funding for treatment."

got the bricks and mortar money for Daytop, plus treatment funding for the first year." In addition, Parent to Parent fought for — and obtained — $400,000 in state funds to cover treatment and detoxification for 13- to 24-year-olds. "We made them make a commitment," she said.

Obituary binders

Much of the power of Dobbs' work comes from her binders of obituaries, she told *ADAW*. "You stand in front of politicians with two 3-ringed 6-inch binders that are full of obituaries on both sides of the page from drugs and alcohol, and dare them to tell you no," said Dobbs.

Dobbs and the other parents are motivated by the desire to make sure other parents don't lose children who are waiting to get into treatment. Kass Foster, for example, lost her son to an overdose while he was on a waiting list. Along with Louise Havicht and Susan Soose, both of whom lost sons to overdoses due to lack of treatment, Foster and Dobbs started grassroots work to help find treatment for people who don't have insurance. The nickel tax, the group believes, can do that. •

Letter pleads case for parity

The below is excerpted from a letter from John L. Hulick, director of public policy for NCADD-NJ.

To the editor,

Incoming Gov. Jon Corzine immediately set a tone of reform in the state in the weeks before he took the oath of office. An issue greatly in need of his attention that has nothing to do with pay to play but that is critical to the state's well-being would require health insurers to cover addiction and mental illnesses as they do other medical conditions. The new governor demonstrated a commitment to health coverage parity in the U.S. Senate, assuming it as part of his legislative agenda following the untimely death of his Senate colleague, Paul Wellstone. We ask that he seize the opportunity as our new governor and lend the full heft of his office to enacting parity, and that he do so in the near future.

In the just-ended 211th Legislature, parity bills in both the Senate and the Assembly unanimously passed committee hearings but never came for a vote before the full membership of either house.

Gov. Corzine inherits an enormous deficit, a shortfall that parity could actually help ease. Creating cost savings by expanding coverage may sound preposterous at first, but that is in fact the case. By allowing HMOs to deny or limit treatment, state residents with private insurance have had to rely on the public sector for the care they need. This cost shift adds to the fiscal burden the state shoulders and exhausts funds that could be used to provide treatment to individuals without private insurance.

Gov. Codey helped the state come to grips with mental health issues that had long gone unnoticed in the state. He, as Senate President, along with newly elected Assembly Speaker Joseph Roberts, can help advance the cause of ensuring that addicted and mentally ill residents of New Jersey receive the level of care that is appropriate to their condition. They already have an indication of the measure's viability in the Legislature with the unanimous bi-partisan support of the measure expressed in the two health committee votes. But for parity to become law, it needs a strong show of support from the state's chief executive, and it needs it as soon as possible.

John L. Hulick, director, public affairs and policy, NCADD-NJ

School districts implement drug testing as philosophical divide lingers

A series of federally sponsored summits on student drug testing has featured an unusual juxtaposition of materials, illustrating deep philosophical differences over testing. At one end of the commonly seen display table at these sessions sit materials from the White House Office of National Drug Control Policy (ONDCP), whose leaders have come to embrace testing for its value in deterring drug use and identifying students needing help. Usually in an adjacent space rest pamphlets from the Drug Policy Alliance, which opposes random testing of students and says schools' testing programs are too loosely administered to protect confidentiality and ensure accuracy.

As the debate continues, more school districts around the country — some sources place the number around 6,000 — are engaged in some form of random testing program, primarily for athletes and/or participants in extracurricular activities. It is likely that many of these districts see testing as neither a panacea or a logistical nightmare, but as just one of several tools for making their school environments safer and for reaching out to troubled and at-risk youths.

Safe environment

"It's important that the way you present this is as a safety and prevention issue," Nathan Bylsma, a student assistance program coordinator in Lake County, Ill., a recipient of federal drug testing money administered by the Department of Education, told *ADAW*. "You don't want to present this as an effort to 'catch people' [who use]. You're trying to create a safe environment for those who don't use."

At the ONDCP-sponsored summits, the next of which will be held March 15 in Falls Church, Va., experts invited by the federal office will often end up fielding questions from representatives of the Drug Policy Alliance, says ONDCP Deputy Director Mary Ann Solberg. She believes the experts' answers generally render the opposition to be a non-issue. She says evidence is mounting that random testing of students who participate in sports and extracurricular activities is having a profound deterrent effect.

"When something is effective, it should be utilized," Solberg told *ADAW*. She added, "I see [testing] as a way to promote adolescent treatment. There is not enough adolescent treatment in this country."

According to a December press release from ONDCP, the summits aim to "inform community leaders and local school officials about the issues surrounding student drug testing and promote discussion of the issue at a local level." Events were held in January in Orlando, Fla., and in February in San Diego. A summit is scheduled in Milwaukee on April 25.

Solberg said the events attract a diverse audience of school and community leaders, including both grantee organizations and would-be grant recipients under the Department of Education's School-Based Student Drug Testing program. She said that she and other presenters at such events always talk about testing in the context of a broader, non-punitive drug prevention and treatment effort that school districts should adopt.

"This is about helping students," Solberg said. "There's never any involvement of law enforcement in this."

Concerns about confidentiality

But representatives of the Drug Policy Alliance see a much different landscape at the school district level. They worry that because school-based drug testing is not subject to the same federal guidelines and oversight as workplace testing of adults, some districts operate their programs in a loose environment where confidentiality can be breached and the focus often can be on simply removing those who test positive from school activities.

"ONDCP says this is always done with the utmost confidentiality, but that doesn't often play out on the ground," Jennifer Kern, coordinator of a Drug Policy Alliance education campaign called Drug Testing Fails, told *ADAW*. "In a suburban or rural community, a nurse may talk to her daughter, and suddenly the information is all out. Or a student is pulled out of math class, and soon after that he can't be in a school program. It's not hard for others to figure out what's going on there."

The Drug Policy Alliance generally considers it inappropriate to use drug testing outside of a medical context, Kern said. For school districts, initiating such a program can yield unintended consequences, she said, including steering youths toward alcohol use instead of drug use (since today's widely used tests cannot test for alcohol) and isolating youths whose positive tests result in removal from sports teams or other activities.

"At the heart this is still about trying to control students through the fear that they're going to be drug tested," Kern said.

She said that while the U.S. Supreme Court has supported school districts' authority to test athletes and extracurricular activity participants, many districts have hesitated to adopt the practice. But Solberg counters that more districts are expressing interest in testing because their officials understand the relationship between drug use and academic performance.

Solberg believes that a sound testing effort must include three basic elements: strict confidentiality, a non-punitive approach, and

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use of federally sanctioned labs to process the tests.

One district's experience

In Lake County, Ill., in the state's northeast corner, Community High School District 117 received a grant of more than $215,000 in the Department of Education program's fiscal 2005 grant cycle. The district tests three categories of students: athletes, participants in competitive non-athletic events, and students who receive permits to park vehicles on campus, Bylsma said.

In the groups of athletes and student drivers, students receive a one-time hair test the first time they participate in a new sport or apply for a parking permit, and then are subject to random testing later. Bylsma said few parents have registered complaints about the policies; about the only evidence that the prospect for testing has changed behavior occurred after the policy on parking was announced, when a little over 10 percent of the students who were expected to seek permits decided not to apply.

Statistics showing that marijuana use among area youths was higher than the national average, as well as a couple of high-profile drug-related accidents involving graduates of area high schools, persuaded the school board to initiate the testing program three years ago, Bylsma said.

He said that less than 1 percent of students are testing positive, and he thinks it's still hard to judge whether the program is deterring drug use or whether students who participate in sports or other activities are less likely to use drugs in the first place. Bylsma definitely sees drug testing as just one element of a comprehensive strategy he would like to see adopted. •

Three prerequisites for student drug testing

For other districts that may be contemplating a drug testing program, Bylsma said these three factors must be present:

- Buy-in from school administration, including members of the school board.
- That testing be cast as a safety and prevention issue, not a punishment-focused measure.
- A policy that although a positive test will result in consequences to the student, alternatives to suspension from activities are available for those students who pursue counseling or other needed services.

Briefly Noted

Anti-smoking T.V. ads found most effective

Television ad campaigns may be the most effective means of promoting smoking cessation, according to the results of a study that compared such campaigns with seven traditional cessation approaches. The study surveyed 787 people who had quit smoking in the past two years and found that 30.5 percent said that T.V. ads were their motivation, while nicotine replacement therapy helped 20.8 percent, professional help 11.1 percent, and telephone quit lines less than 1 percent. The most effective ads focused on smoking-related illness or delivered inspirational messages. Lead study author Lois Biener, Ph.D., said that successful ads tend to "arouse high levels of emotion." He suggested that resources should be redirected to a national anti-tobacco media campaign. The study was published in the *American Journal of Preventive Medicine* (March) and funded by the National Cancer Institute's Tobacco Research Initiative for State and Community Interventions (TRISCI).

Anabolic steroids could lead to aggression in adolescents

The results of a study in adolescent hamsters suggest that the use of anabolic androgenic steroids (AASs) could have lasting effects on adolescent humans, with increased risk for aggression that lingers into adulthood. The American Psychological Association reported on February 26 that the study found that hamsters injected with steroids became ten times more aggressive than those injected with placebo, and this drug-induced violence lasted for a full two weeks, the equivalent of half a hamster's adolescence. Lead investigator Richard Melloni Jr., Ph.D. explained that rodent and human nervous systems are similar, with worrisome implications for human teens. "Because the developing brain is more adaptable and pliable, steroids could change the trajectory if administered during development," he said. It is estimated that each year close to half a million adolescents abuse AASs.

Mass could reconsider marijuana penalties

The Massachusetts Mental Health and Substance Abuse Committee has backed a bill that if passed would make the possession of less than an ounce of marijuana a *civil* instead of a criminal offense, the *Boston Globe* reported on February 14. House chairwoman Rep. Ruth B. Balser (D-Newton) said that a priority of this legislative committee is to "develop programs of prevention, education and treatment and shift away from an involvement in the criminal justice system." But critics of the bill worry that its passage will ease stigma and encourage use of marijuana. The bill must now be ap-

Continues on next page

Continued from previous page

proved by the House and the Senate, then on to Gov. Mitt Romney. The *Globe* said that several states have passed similar legislation.

Business

CRC's online treatment program faltering

The nation's largest provider of substance abuse treatment, CRC Health Group, based in Cupertino, Calif., also runs the country's only accredited Internet-based addiction-treatment program. However, the *Mercury News* reported on February 21 that CRC's eGetgoing program has not attracted many clients, despite founder Barry Karlin's visions that the Internet was an obvious answer to the enormous treatment gap, offering addicts the added benefit of privacy. Yet only 1,000 addicts have completed the program since its inception in 2001. Although he found the program surprisingly well-run, medical psychologist Robert Brooner believes that the confidentiality of online counseling is beside the point when denial is the biggest barrier to getting treatment. CRC's traditional programs treat roughly 22,000 people each day.

Names in the News

The Providence Center announced on February 24 that **Dianne M. Flaherty** has been named Chief Marketing Officer. Flaherty has worked at the Providence Center since 1992, most recently as Director of Business Development. Also, **Jacquelyn M. Oliveri** has been named Chief Financial Officer. Previously, Oliveri was chief financial officer at the William J. Clinton Presidential Foundation, as well as at the San Francisco Health Authority, a nonprofit Medicaid managed care organization. Established in 1969, the Providence Center serves over 9,000 adults, children and adolescents struggling with mental illness, addiction and emotional problems.

Coming up...

The Substance Abuse and Mental Health Services Administration (SAMHSA) and **Therapeutic Communities of America** will hold the National Returning Veterans Conference on **March 16–18 in Washington, D.C.**, intended to give federal, state and local public and private service providers evidence-based information and approaches to help veterans and their families build resiliency to prevent and treat mental health disorders., substance abuse disorders, suicide and/or co-occurring disorders. For more information on workshops and registration, visit www.palmergroup.biz/RVI/VetsInfoPg.asp.

The American College of Mental Health Administration (ACMHA) will hold the 2006 Santa Fe Summit on Behavioral Health: Cross Systems Collaborations: Catalysts for Transforming Behavioral Health. Scheduled for **March 16–18 in Santa Fe**, the summit will address the goals of exploring and understanding how behavioral problems manifest themselves in other systems, such as primary care, child welfare and criminal justice. For more information or to register, visit www.acmha.org or call (505) 822-5038.

The Association for Addiction Professionals, NAADAC, will hold its 2006 Advocacy Action Day **(March 23)** and Workforce Development Summit **(March 24–25) in Washington, D.C.**, co-sponsored with the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). The Advocacy Action day will focus on legislative issues affecting the addiction professional. The summit will address the way addiction professionals can take leadership roles to benefit their careers, the clients they serve and strengthen the addiction profession. Seminars and workshops will focus on workforce development, recruitment and retention, and other workplace issues. For more information, visit www.naadac.org.

Resources

Grants to implement college prevention programs

The U.S. Department of Education has announced it is accepting applications for its Alcohol and Drug Prevention Models on College Campuses grants program, available to public, state and private institutes of higher education. The goal of the program is to identify models of effective campus-based alcohol and drug prevention programs and encourage their implementation. Five grants between $125,000 and $175,000 will be awarded to applicants who identify such a program and are interested in improving upon it for implementation at other colleges and universities. Programs should have been in effect for at least two years. The deadline for applications is March 22. For more information, visit www.grants.gov.

In case you haven't heard...

A district attorney in Arizona is taking ethnic drug courts to court. Andrew P. Thompas, attorney for Maricopa County, says the Spanish-speaking and Indian courts, which are aimed at steering drunk drivers to treatment, are a violation of the Constitution, according to an article in The New York Times. *Defendants in these courts, he said, get lighter sentences for probation violations than defendants in the general D.U.I. court. The prosecutor filed the suit in federal court February 28.*