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News for policy and program decision-makers

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In This Issue...

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Kerlikowske may leave ONDCP for Chicago police post

Gil Kerlikowske, director of the Office of National Drug Control Policy (ONDCP), may be going to Chicago as superintendent of the police department — at least, that is what he would like to do. As of press time April 28 he was one of three finalists for the position, which will be appointed by Mayor-elect Rahm Emanuel, former chief of staff for the Obama administration.

Kerlikowske was chief of police in Seattle before President Obama nominated him to be drug czar in 2009. Emanuel takes office May 16, at which point he will pick the police superintendent.

"Rahm respects the skills of someone who's good at his job," said Bob Weiner, former spokesman for the ONDCP, and for the U.S. House Select Committee on Narcotics Abuse and Control. "That's Rahm — he's intensely practical," Weiner told *ADAW*, adding that Emanuel was his mentor when he was at the ONDCP.

If Kerlikowske does leave the ONDCP, there is concern that the momentum for the new direction he has taken, under Obama, will be lost, sources told *ADAW* last week. "It's difficult not having a leader," said Herbert D. Kleber, M.D., director of the Division on Substance Abuse at Columbia University and a former deputy director of the ONDCP. Kleber is also concerned that budget deficits could leave a leaderless ONDCP particularly vulnerable to cuts.

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Treatment Program Profile

Sober-living center broadens reach by offering testing to community

by Gary Enos, Contributing Editor

Fielding requests from both its departing residents and the larger community around Long Beach, Calif., the transitional sober living organization Serene Center has launched an expansion of a drug testing service that it refers to as "abstinence monitoring." The three-year-old Serene Center's founder sees this development as at least helping to meet a need for individuals and families who are finding limited options for community treatment and aftercare in resource-poor times. The drug tests are the only service the individuals receive, and they pay for them out of pocket. If they need counseling, they are referred elsewhere.

"A lot fewer people are getting the services they need," Serene Center president Andrew Martin told *ADAW*. "When people are struggling to find any services, this gives them something."

Serene Center offers transitional sober living in a condominium-like setting to men and women immediately upon their exit from primary treatment; it does not offer direct residential treatment in this setting, but does have an outpatient therapy program. Martin said the abstinence

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One lobbyist expressed the same concerns. "It makes it easier for the White House or Congress to dismantle or defund the agency when there's a lame duck director," said the source. "And I feel as if he is really hitting his stride on the prescription drug abuse issue and on issues in general." Kerlikowske's departure at this time would also make it possible for law enforcement advocates to move away from a demand reduction approach in backing another candidate.

Some sources currently inside the beltway didn't want to speak on the record, because they will still have to work with Kerlikowske if he stays, and will have to work with his successor if he leaves. But they all like him and don't want him to leave. "My concern for the field is how long it would take to get somebody in this position," one source said. "This is not a high enough profile position that Congress and the President will recognize that it needs to be filled quickly."

The ONDCP director position is an important one, said Becky Vaughn, executive director of the State Associations of Addiction Services. "More than ever, this position has had a big impact on the White House and OMB (Office of Management and Budget) in terms of funding," she said, adding the Kerlikowske himself is responsible for this. "He has clearly established himself as a very well respected advocate."

The story about Kerlikowske's desire to be superintendent of police in Chicago was broken by The Associated Press April 20. Kerlikowske told AP that he "wouldn't have applied for it if I didn't want it." Rafael Lemaitre, spokesman for the ONDCP, told *ADAW* that the AP article was accurate.

> **'It's never good for a drug czar to leave.'**
>
> John Carnevale, Ph.D.

Sources said that Emanuel probably checked with President Obama before tapping Kerlikowske for the position. We asked the White House press office to confirm this, but the White House referred us back to Lemaitre, who again did not comment.

David K. Mineta is deputy director for demand reduction at ONDCP. The deputy director position held by Tom McLellan, Ph.D., until a year ago (see *ADAW*, April 19, 2010) has still not been filled.

"It's never good for a drug czar to leave," said John Carnevale, Ph.D., a public policy consultant who served under three different administrations in the ONDCP. Whether the person in the position is appointed or acting, their office is governed by laws which require that certain things be done. "But we all know that drug policy is a function of strong leadership," said Carnevale. "In this case, the drug czar came in and said we're going to change our approach, and emphasize public health instead of law enforcement." If Kerlikowske does leave, the successor will have to continue with that same agenda, at least under the Obama administration, said Carnevale.

"In my mind the drug czar's job is to help the president of the United States define drug policy," Carnevale told *ADAW*. "This drug czar did that. But now the real challenge is to figure out a way to manage the drug budget." And that will be the job of Kerlikowske if he stays, said Carnevale. Supporting a public health approach will require that there be guidance so that the most important, evidence-based programs are saved, not cut, he said.

Kerlikowske "made a big impact, and he deserves credit for that," said Carnevale. "But my worry is that with this deficit, we're going to end up dismantling parts of the federal drug budget in a way that's

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not rational." In a budget cutting environment, the fear is that "no one is using the strategy of asking what is the best way to cut this without causing the most damage," he said. "We can't afford for that to happen."

Ultimately, nobody expected Kerlikowske to stay forever. Kleber noted that most directors have stayed about two years. And if the drug czar's first love is policing, that is where he would be expected to return. An approach by Emanuel may have been just too good to turn down, said Kleber, who recalled that when he was offered the deputy director job by Bill Bennett, Kleber wondered whether it was a good time to make sure a move. He was given this advice: "When it is a good time, the job won't be offered."

In Kerlikowske's case, a departure would be a particular loss for stakeholders. "I know he took a lot of time meeting with states and state agencies to learn about the system," said Rob Morrison, executive director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). "He did a nice job educating the public, and especially focusing on the nexus between criminal justice and addiction." Kerlikowske said that as a police chief, he learned the value of addiction treatment, noted Morrison. So he — like many in the field — hopes Kerlikowske will stay, but wishes him well if he leaves.

And Morrison, like others, is concerned about having an ONDCP without a confirmed director at the helm. "We need a strong ONDCP, and that includes the personnel to lead it." •

ONDCP releases plan to reduce prescription opioid overdoses

Last month the Office of National Drug Control Policy (ONDCP) released a plan culminating six months of collaboration across many different federal agencies that requires every state to monitor and track prescription opioids. The plan, announced April 19, would also require more education of prescribers and dispensers of prescription opioids, free up restrictions on disposal of unneeded or expired drugs, and work to shut down "pill mills."

The plan, however, doesn't come with any funding requests. "There's no additional supplemental funding that we're asking for," said Rafael Lemaitre, spokesman for the ONDCP. "This relies on existing funding streams and requests from the President for different programs," he said. Manufacturers of opioids will pay for the education of prescribers and physicians, he noted. The prescription drug monitoring program (PDMP) utilizes the Hal Rogers Prescription Drug Monitoring Program, funded by the Department of Justice, instead of the Substance Abuse and Mental Health Administration's NASPER (National All Schedules Prescription Electronic Reporting) Act, which is languishing for lack of funds.

However, the administration supports NASPER's reauthorization in Congress. NASPER is a formula grant program that funds state PDMPs and encourages interoperability, so that patients don't cross state lines to doctor-shop and otherwise obtain addictive drugs that are being tracked in their own state. The NASPER grant program started in fiscal year 2009 with $2 million in grants to the states. NASPER was authorized by Congress in 2005 at $15 million but received only $4 million of the funds, and the program is now expired. Proposed legislation (H.R. 5710) is pending that would reauthorize it for three years. (For a review of the funding dispute between NASPER and Hal Rogers, see *ADAW*, Nov. 16, 2009.)

> **'This relies on existing funding streams and requests from the President for different programs.'**
>
> Rafael Lemaitre

"We're in the process of the 2013 budget guidance," Lemaitre told *ADAW*, adding that the next drug budget may include provisions for funding some of the prescription drug strategy.

The plan was announced by the ONDCP, the Department of Health and Human Services (HHS), the Food and Drug Administration (FDA), and the Drug Enforcement Administration (DEA). The FDA's part of the plan includes the Risk Evaluation and Mitigation Strategy (REMS), but the full opioid REMS still needs to be developed.

Drugs for which REMs will be required include transdermal fentanyl, methadone, extended-release morphine, OxyContin and generic extended-release oxycodone, and transdermal buprenorphine. Go to http://1.usa.gov/km4y7Y for the list of drugs for which REMS will be required.

Training

Under the plan, four agencies — the ONDCP, FDA, DEA, and SAMHSA — would "work with Congress to amend federal law to require practitioners (such as physicians, dentists, and others authorized to prescribe) who request DEA registration to prescribe controlled substances to be trained on responsible opioid prescribing practices as a precondition of registration," the strategy states. "This training would include assessing and addressing signs of abuse and/or dependence."

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Drug manufacturers would have to develop educational materials to train physicians "on the appropriate use of opioid pain relievers," an initiative that is the responsibility of the ONDCP, FDA, and SAMHSA.

There are also no special provisions for medication-assisted treatment for addiction using opioids — methadone and buprenorphine. "The administration is very supportive of medication assisted treatment of substance use disorders," said Lemaitre. "However, the prescription drug action plan does not address that specifically."

Treatment provisions

The strategy suggests that addiction treatment providers already know how to detect substance abuse risks in patients, but that other treatment providers — in particular, those who prescribe opioids for pain — do not. "Outside of specialty addiction treatment programs, most healthcare providers have received minimal training in how to recognize substance abuse in their patients," the strategy document, called "Epidemic: Responding to America's Prescription Drug Abuse Crisis," states.

Yet nothing in the strategy suggests that addiction treatment providers would receive special status, much less be involved in the training of physicians in special issues involving opioids, such as tolerance. In fact, the strategy, an expansion of the drug strategy, does include as a goal the addition by 10 percent of funding for treatment, but does not indicate where these resources would come from. It also says the states would have to increase reimbursement for Screening, Brief Intervention, and Referral to Treatment (SBIRT). However, there is no specific reference to treating people who are addicted to prescription opioids. •

Plan's goals for reducing prescription drug abuse overdoses

The goals for prescription drug abuse under the ONDCP plan include:

- A 15-percent reduction in non-medical use of prescription psychotherapeutic drugs among young people age 12 and above within 5 years.
- An approved and implemented REMS for certain long-acting and extended release opioids within 1 year.
- A Model Pain Clinic Regulation Law within 1 year.
- A national public education campaign on prescription drug abuse and safe disposal within 2 years.
- Legislation passed within 2 years that requires prescribers applying for DEA registration to complete training on appropriate use of Schedule II and III opioids.
- An increase by 25 percent in the number of states reimbursing for SBIRT within 2 years.
- Legislation in all 50 states establishing PDMPs within 3 years.
- Expansion by 10 percent, within 3 years, the available funding for treatment "since only a small fraction of drug users currently undergo treatment."
- Within 5 years, a decrease by 15 percent in the number of unintentional overdose deaths related to opioids.

State Budget Watch

West Virginia cost of drug and alcohol abuse: $1.6 billion a year

A report released last month from the WV Partnership to Promote Community Well-Being and the WV Prevention Resource Center (WVPRC) said it costs the state more than $1.6 billion a year. These costs could rise to more than $2.3 billion by 2017 according to the report, the final in a series that examines the cost of substance abuse on the state.

"The high costs of substance abuse presented in all of our reports are actually conservative, because they focus only on direct costs," said Yetty Shobo, WVPRC evaluation specialist and author of the report. The indirect costs of injuries and illness not directly due to substance use were not included in the estimates, she said. "In addition, the cost of tobacco use and abuse is not included in any of the reports because that has been adequately examined in various studies."

The report urges that the state adopt a plan released in the fall of 2009 (see *ADAW*, Nov. 23, 2009), which recommends state funding of county-level coalitions/initiatives, regional and state projects, prevention research and prevention system infrastructure. The legislature supports this plan, but it has still not been put into place. The WVPRC has always stressed that while treatment is important, prevention is too, and noted that the set-aside in the block grant is not enough when spread across the counties.

The WV Partnership was created by Executive Order and is the Governor-appointed substance abuse prevention and early intervention planning body. It is staffed by the WVPRC.

The report, "The Financial Bur-

den of Substance Abuse in West Virginia: Final Report in Series One," is available at www.prevNET.org and was made possible by funding from the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration. •

Testing from page 1

monitoring effort grew out of two trends it was seeing. First, some residents who had become accustomed to being drug tested every three days while in the transitional living program were asking if they could continue their testing regimen after leaving the residence and going into the community.

Yet Martin said his organization also was receiving calls from individuals who had had no prior contact with Serene Center, but who were aware of its use of drug testing services.

"I thought, 'Maybe there's a service in this,'" said Martin.

Testing methods

Serene Center's thrice-weekly testing uses both urinalysis and oral fluid testing for each client, and the client never knows which test will be used on the next occasion, Martin said.

The use of saliva testing to supplement urinalysis serves to benefit the organization in several ways, Martin explained. From a staffing perspective, it reduces the occasions for which the organization has to identify a same-gender staff member to conduct the required direct observation for a urine test. In addition, it reduces the risk of a client seeking to use one of several common methods to adulterate a urine sample, since the client has no idea when the next urine test will be requested, he said.

Serene Center's drug testing vendor is Redwood Toxicology Laboratory; it purchases Redwood's tests in bulk quantities and it also uses Redwood's laboratory for analysis of any non-negative results it receives in its on-site testing. "We rarely get a non-negative," Martin added.

Each drug test costs the client $20; the client may seek reimbursement through his/her own medical insurance but Serene Center does not bill insurance directly for any of its services. Serene Center's overall program cost is $1,425 a month for its transitional living residence stay. Most of the residents are either in the 18-to-25 age group or are in their mid-30s and older, Martin said.

He added that it is important to emphasize that testing can be conducted in a low-cost format, as he believes cost constitutes the main reason why more facilities in the addiction continuum of care have not embraced testing to the extent one might expect. He belongs to an association of 700 sober residences and estimates that only about 5 percent of these organizations conduct regular drug testing of their residents.

"Most do testing 'upon suspicion,'" Martin said. "They're trying to catch something, while we're trying to promote something," referring to the test serving as a motivator for abstinence.

Martin said that when he started Serene Center he settled on the schedule of three drug tests a week for each resident because "I followed the Navy's model — I figured the Navy knew what it was doing." He sees regular testing as a critical element of support to an addict in early recovery.

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Agencies in South Carolina may merge, if Senate approves

The South Carolina legislature is moving toward merging the Department of Alcohol and Other Drug Abuse Services (DAODAS), a cabinet-level agency, with Department of Mental Health, a non-cabinet-level agency. Last month, the bill passed in the House of Representatives, and it now moves to the Senate, where it is not expected to pass easily.

The proposed legislation would create a new Department of Behavioral Services, with both agencies operating separately within it. It would, for the first time in two decades, give the governor direct control over the Department of Mental Health.

Substance abuse isn't the only area the legislature is looking at for cost savings from consolidation. Lawmakers hope to eliminate duplication, reduce rent and state payroll, and have fewer agencies in general. A merging of the Department of Probation, Pardon and Parole with the Department of Corrections is expected to save $5.8 million annually. The merger of the DAODAS with the Department of Mental health is supposed to save $700,00 a year, with additional savings possible in the future.

Finally, cost savings aren't the only reason for the merger. "Reform," as the legislature terms consolidation, is aimed at making the Cabinet system stronger and government more efficient.

The AODOS was unable to comment on this story because the legislation was pending, a spokesman told *ADAW*. However, if the Senate passes the bill, the department will then discuss the issue further with us. Stay tuned.

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"This provides a tremendous amount of motivation to somebody who does not yet have the confidence in himself," he said. "It allows them to say, 'I can do this.' We find that when our residents can't test when they want to, they miss it."

> **'This provides a tremendous amount of motivation to somebody who does not yet have the confidence in himself.'**
>
> Andrew Martin

Treatment center's view

A primary treatment center that often refers clients to Serene Center for transitional living embraces the center's emphasis on client monitoring.

"In our determination, they're our number one preference when a client needs sober living," David Lisonbee, president and CEO of Twin Town Treatment Centers, told *ADAW*. "They have real integrity in maintaining the abstinence of clients."

Serene Center's testing frequency actually rivals that of many primary treatment organizations. During Twin Town's initial four weeks of treatment, clients are tested once a week, and during its continuing-care phase testing occurs about twice a month, Lisonbee said. Twin Town uses urinalysis only.

Serene Center added the oral fluid testing to its regimen about six months ago, Martin said. Its urinalysis technology tests for about a dozen substances of abuse, while the saliva testing picks up only about half of that number and doesn't test for some key substances such as Ecstasy (MDMA).

Martin said that the most common substances of abuse that are picked up in the center's urine tests are benzodiazepines and methamphetamine. Alcohol remains the substance that is most frequently used in the resident population, he added.

Martin sees reliable testing as an important part of its service to the community — a critical component to early recovery. "I think it's vital in the early phases to have this sort of motivation," he said. "Accountability is an important part of it." •

Serene Center
Location: *Long Beach, California*
Services: *Transitional sober living after primary treatment*
Beds: *36*
Average length of stay: *4 months*
Payer mix: *Self-pay only*

First ABAM-accredited training fellowship goes to AINY

The Addiction Institute of New York (AINY) at St. Luke's-Roosevelt Hospital in New York City received the first training program accreditation from the American Board of Addiction Medicine (ABAM) for its Fellowship in Addiction Medicine Program. This is a one-year program offering physicians training in how to evaluate and treat substance abuse disorders and co-occurring psychiatric disorders.

"This accreditation gives national recognition to the extraordinary work being done at the Addiction Institute," said Petros Levounis, M.D., Director of AINY, in announcing the accreditation last month. "We are delighted and honored to be one of the first 10 programs in the country to be accredited."

The addiction medicine fellows will train in behavioral modification techniques, motivational interviewing, 12-step facilitation, and psychopharmacology, working mainly in AINY's detoxification unit. They will also have full access to the range of AINY's training services, including inpatient facilities for detoxification and rehabilitation, a residential halfway house, specialized outpatient programs like the Crystal Methamphetamine Project for gay men, a buprenorphine induction stabilization and maintenance center, a day program and school for addicted adolescents, and a consultation service for patients in medical and surgical units.

"The program strives to provide an understanding of the nature of addiction on psychological, physiological and social bases, and to train physicians in current pharmacological and psychosocial therapeutic modalities of addiction treatment, while providing opportunities for teaching and original research," said Levounis. •

Correction

In an article on the American Society of Addiction Medicine in the April 18 issue, the amount of the funding from the National Institute on Drug Abuse should have been $100,000. We regret the error.

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State News

Illinois law requires health plans to include MH, SA coverage

Last month the Illinois House of Representatives approved a plan that would mandate private health insurance plans to include mental health and substance abuse coverage. The law would also require that this coverage be on par with medical coverage, The Telegraph reported last week. "If policies were to cover this, again which is not required, but if policies were to cover mental illness, including substance abuse and autism coverage, then I think it might trickle down to the taxpayers and save us all some money," said Rep. Lou Lang (D-Skokie), who is sponsoring the legislation. Proposed cuts to mental health and addiction by the state's Department of Human Services could be filled in by private insurers, under the Senate proposals. However, some legislators say that the measures would hurt business. Kim Clarke Maisch of the National Federation of Independent Businesses agreed, saying the mandate would remove "options from employees and employers in terms of level of coverage." Rep. Michael Tryon voted against the proposal, saying it would hurt him and his small business. "While I may need health insurance and feel more comfortable with certain mental health provisions in it, I also might feel I need insurance I can afford and that's not something I'm worried about," said Representative Tryon.

Business News

Remoxy passes abuse liability test

Remoxy, an investigational pain relief drug, showed lower liking compared with oxycodone, according to Pain Therapeutics. Pfizer is Pain Therapeutics' commercial partner for Remoxy, which has a New Drug Application under regulatory review with the Food and Drug Administration. Remoxy is an encapsulated, water insoluble, twice-daily oral formulation of oxycodone. According to Pain Therapeutics, it is designed to provide steady pain relief while resisting tampering that leads to "dose-dumping," or the rapid release of a large dose of oxycodone. The double-blind abuse liability study compared the abuse potential of Remoxy with that of extended release (ER) oxycodoine, immediate release (IR) oxycodone, and placebo. The study shows that "drug liking" was significantly lower Remoxy 40mg (whole) compared with oxycodone ER 40mg (whole) or oxycodone IR 40 mg. "Drug liking" was significantly lower for Remoxy 40mg (chewed) compared with oxycodone ER 40mg (crushed) or oxycodone IR 40 mg.

New web service helps porn addicts avoid internet porn

A new self-help "service" called RemoteWebGuard is designed to allow pornography addicts to use the internet within limits. "It's no secret online addictions, particularly pornography-related, are becoming a real issue in today's world," said Dan Uliel, Founder and CEO of RemoteWebGuard. "I started Remote WebGuard to help a personal friend with an online addiction and it has grown to help others. The system is inexpensive and effective — users can set online limits for themselves without their ability to override things. It basically helps them establish and maintain healthy Internet habits." The RemoteWebGuard on-

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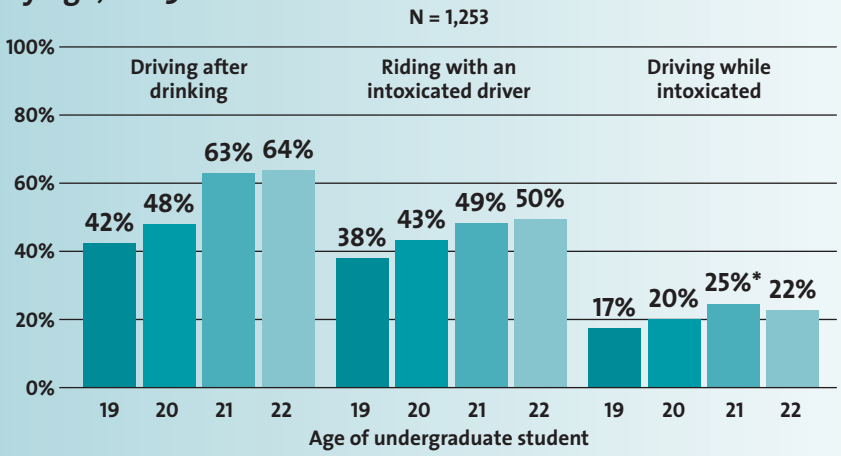
Drinking and driving at college

Almost half of underage college students drove after drinking, and twenty percent drive while intoxicated, according to the College Life Study, a longitudinal study of undergraduate students. Once these students turn 21, this increases to 63 percent. Researchers have found similar increases for riding with an intoxicated driver (see chart below).

Percentage of college students with access to a car reporting alcohol-related traffic risk behaviors in the past 12 months, by age, 2005-2008



• Denotes statistically significant change from the preceding year (p <.05).

*Source: Adapted by CESAR from Beck. K.H., et al., "Trends in Alcohol-Related Traffice Risk Behaviors Among College Students (*Alcoholism: Clinical & Experimental Research, *2010) and "Trends in Alcohol-Related Traffic Risk Behaviors Among College Students" by The Center on Young Adult Health and Development. For more information contact Amelia M. Arria, Ph.D., at aarria@umd.edu.*

Continued from previous page
line system is available to Mac and PC users. It can also be installed on iPhones and iPads, and will soon be available on other mobile platforms like Android and BlackBerry. The service is not limited to helping just porn addicts — it also helps stop a variety of other online addictions including gambling, gaming, and shopping. For more information, go to remotewebguard.com.

Coming up...

The **National Association of Addiction Treatment Providers (NAATP)** will hold its annual meeting **May 14-17** in **Chandler, Arizona**. Go to **www.naatp.org** for more information.

The annual meeting of the **American Psychiatric Association** will be held **May 14-18** in **Honolulu**. For more information, go to **www.psych.org**.

The annual meeting of the **National Association of State Alcohol and Drug Abuse Directors** will be held **June 7-10** in **Indianapolis**. For more information, go to **http://nasadad.org/annual-meeting**.

Funding Opportunities

$50 million from SAMHSA for SBIRT

The Substance Abuse and Mental Health Services Administration (SAMHSA) has announced the availability of $50 million in funding for Screening, Brief Intervention, and Referral to Treatment (SBIRT). Grant applications should be for expanding the continuum of care of the state or tribe in general medical and other communities including the military, to support services for people at risk for or diagnosed with a substance use disorder. The grants should also "identify systems and policy changes to increase access to treatment in generalist and specialist settings," according to the April 20 announcement from SAMHSA. There will be $10 million a year for five years, with about 6 awards a year, but actual amounts may vary depending on what resources are available. The applicant must be the governor of the state or CEO of the tribe. Due date for the application is May 24. For program questions, contact Walker R. Forman at (240) 276-2416 or email reed.forman@samhsa.hhs.gov. For grants management and budget questions, contact Love Foster-Horton at (240) 276-1653 or email gwendolyn.simpson@samhsa.hhs.gov.

SAMHSA grants to expand residential treatment to pregnant/postpartum women and children

The Substance Abuse and Mental Health Services Administration is accepting applications for grants that will expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women (PPW) and their minor children, including services for non-residential family members of both the women and children. The grants are expected to provide about $9.8 million each year for up to three years, with each of 19 grantees receiving up to $524,000 a year for up to three years. Eligible applicants are domestic, public and private nonprofit entities, state and local governments, federally recognized tribes, public or private universities and colleges, and community- and faith-based organizations. Download the application at http://1.usa.gov/eDTsnY. Applications are due June 7.

Obituary

David Wilkerson, founder of Teen Challenge — a favorite drug prevention charity of former President George W. Bush — died April 27 in an automobile accident in Texas, the Georgetown Times of South Carolina reported last week. Wilkerson founded Teen Challenge in 1960.

In case you haven't heard...

Colorado just received clarification from the federal government on state-legalized medical marijuana, and in what amounts to a warning, U.S Attorney John Walsh told state Attorney General John Suthers, in effect, to watch out. "It is well settled that a state cannot authorize violations of federal law," Walsh wrote in a memo dated April 26, the Colorado Springs Independent reported April 28. "The United States District Court for the District of Colorado recently reaffirmed this fundamental principle of our federal constitutional system in *United States v. Bartkowicz*, when it held that Colorado state law on medical marijuana does not and cannot alter federal law's prohibition on the manufacture, distribution or possession of marijuana, or provide a defense to prosecution under federal law for such activities." Suthers forwarded the memo to Gov. John Hickenlooper and to members of the General Assembly, saying he felt "compelled" to advise the state that the federal Department of Justice "does maintain its full authority to vigorously enforce federal law against individuals and organizations that participate in unlawful manufacturing and distribution activity involving marijuana, *even if such activities are permitted under state law*." (Emphasis not added.) The legislature is considering legalizing medical marijuana, but this recent exchange is giving lawmakers pause, according to news reports. Stay tuned.