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News for policy and program decision-makers

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In This Issue...

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ONDCP possibly up for elimination, sign-on letter sent to OMB

When *The New York Times* reported Feb. 17 that the Office of National Drug Control Policy (ONDCP) was slated for elimination by the Office of Management and Budget (OMB), the addiction treatment field, already worried by the lack of a website for the office, went into overdrive. The purpose was to save an agency that had come to be, under former director Michael Botticelli, the leader of the federal government's move to transform the "drug war" into a focus on treatment and recovery. "We can't arrest our way out of the problem" was the battle cry of the ONDCP under Botticelli and his predecessor, former Police Chief R. Gil Kerlikowske. And the country's law enforcement community backed up this idea, giving the ONDCP extra credibility in quarters where it was badly needed.

Bottom Line...
The ONDCP, reported to be on the chopping block, got a huge display of support from the field in a sign-on letter.

By Thursday, a letter to OMB Director Mick Mulvaney supporting the ONDCP had garnered more than 200 signatures. Spearheaded by Kevin Sabet, Ph.D., who worked for the ONDCP for more than two years and is now director of the Drug Pol-

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New Jersey strikes fast to enact broad insurance safeguards for patients

New Jersey Gov. Chris Christie and state legislators moved at comparatively breakneck speed this month in finalizing strong insurance protections for substance use treatment and strict limits on initial prescribing of opioids. In doing so, they affirmed that the gravity of a prescription drug and heroin crisis that resulted in 1,600 overdose deaths in 2015 outweighed any concerns about future insurance costs or potential cutbacks in coverage.

Bottom Line...
It took New Jersey legislators just over a month to answer Gov. Chris Christie's call for strong insurance protections for substance use treatment and strict limits on initial opioid prescribing, giving the state what its leaders are calling a model law.

The broad-based initiatives in Senate Bill 3, signed into law by Christie on Feb. 15, have been warmly welcomed in the state's substance use treatment provider community — even among those who do not rely primarily on private insurance payment.

"I hope that more people will be able to access an appropriate level of care," said Robert Budsock, president and CEO of Integrity House, where just over 5 percent of 420 licensed beds are designated for the commercial insurance population. "It is difficult to battle with insurance

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icy Institute at the University of Florida, where he is assistant professor, the letter was sent Feb. 23 (for a copy, go to https://learnaboutsam.org/wp-content/uploads/2017/02/FINAL-ONDCP-COALITION-LETTER-1-1.pdf).

The ONDCP is a popular agency, operating within the Executive Office of the President. No longer a cabinet position, however, the director is now outranked by others, including the attorney general and the secretary of the Department of Health and Human Services. Yet, the office's function — to coordinate strategy among the 16 federal agencies that support the national drug strategy — is key, Botticelli told us last week.

Functions separate from policy

The ONDCP has three main functions, said Botticelli. "By statute and authority, ONDCP creates our national drug control strategy," he said. Regardless of what policy an administration has, this function is essential. "ONDCP ensures that those agencies are doing what the strategy says, and that the federal budget is in accord with that," he said.

The second function of the ONDCP is to monitor the performance of the strategy: "Are we meeting our commitments, are we getting the outcomes that we want?"

And the third responsibility is to supervise the drug control budget — this is not the ONDCP's budget, but the dollars that each federal agency contributes to it. The ONDCP also has two grant programs — Drug-Free Communities (DFC) and High Intensity Drug Trafficking Area (HIDTA).

> **'ONDCP ensures that those agencies are doing what the strategy says, and that the federal budget is in accord with that.'**
>
> Michael Botticelli

Implicit in the role of the ONDCP is the need to keep the drug issue a priority in the federal government, said Botticelli. "That's why ONDCP is in the Executive Office of the President," he said. "So some of the concerns I have if ONDCP went away would be that our efforts would become very haphazard, because there would not be one entity setting a national strategy." Without one agency to set policy, there would be a "diminished emphasis on drug control issues."

The ONDCP works closely in coordinating across different agencies, Botticelli noted. "We rely heavily on HHS for prevention, treatment, and recovery support," he said. "We work closely with the Department of Justice on the law enforcement response. We coordinate with the State Department and Department of Homeland Security and Defense on stopping the flow of drugs."

As for the two grant programs, Botticelli said DFC would probably continue under SAMHSA, if the ONDCP were eliminated, and he thinks SAMHSA would continue to support the program. "But if HIDTA were embedded in another law enforcement agency like the Drug Enforcement Administration, there's a probability that the focus of those dollars might be diluted," he said.

A way forward

It's important for people to make their voices heard, not only on preserving ONDCP, but on advocating for a "way forward," said Botticelli. "This has to be not just the prevention and treatment groups, but law enforcement too," he said. "And it's important that this not be seen as a bipartisan issue."

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Unfortunately, nobody in the administration could talk to us about this, even though many support the ONDCP. As one person no longer in government said, "Elections have consequences. Fundamentally, it's a Trump administration now."

Emails to the ONDCP about this story were not returned. We called the White House press office, which told us to send an email, which was not returned.

Sharon LaFraniere, a reporter on the *New York Times* story, told us the information from OMB was accurate. This information also had the National Endowment for the Arts and the National Endowment for the Humanities slated for discontinuation. Some sources suggested this information came from a memo that was not approved by OMB leadership, but rather derived from Heritage Foundation recommendations for a budget.

Former spokesmen

"Eliminating ONDCP would significantly hinder President Trump's ability to carry forth any comprehensive strategy to reduce drug use and its consequences in America," said Rafael Lemaitre, who was the ONDCP spokesman for part of President Obama's tenure. "Ironically, it would also increase government waste and abuse by eliminating the only agency that serves as a subject-matter watchdog for duplicative and ineffective drug control programs across government."

And Bob Weiner, a spokesman for the ONDCP in its early years, called elimination of the office "an inane option given the opioid crisis." Weiner noted that President Trump said in his campaign that opioids were the number-one issue he heard about in New Hampshire.

Indeed, the only voices that supported the reported elimination of the ONDCP were pro-marijuana legalizers, who ignored the criminal justice reforms put forward by Botticelli's ONDCP, which called for treatment instead of incarceration, and instead viewed the agency as an enemy.

"The drug legalizers would like nothing more than a return to the diffuse splatter of over 20 agencies with turf wars and no coordination instead of the successful comprehensive drug strategy that has reduced monthly drug use by nearly half since the highs of the 1960s and 1970s, reduced crack by two-thirds and brought crime to all-time lows," said Weiner. "Afghanistan — the birthplace of al Qaeda — remains the number-one producer of opium for heroin, and Pakistan — the country that harbored Osama bin Laden — produces a third as much." This drug money is a big course of funding for terrorists, he said. "This is no time for dithering," he said.

And from Lemaitre: "It would be management malpractice to shut down ONDCP in the midst of a national opioid epidemic and during a time of increased youth drug use in America."

There are many people who would like the ONDCP to go back to the recent era of Botticelli, with a focus on treatment, prevention and recovery instead of enforcement and control. However, John Walters, ONDCP director in the George W. Bush administration, is helping to advise Trump on the ONDCP, and *ADAW* has already learned that the drug strategy will be more like Walters' than Botticelli's (see *ADAW*, Jan. 30). At this point, what will happen under the new ONDCP now appears to be less pressing than whether the ONDCP will continue to exist. •

For a copy of the *New York Times* report, go to https://www.nytimes.com/2017/02/17/us/politics/trump-program-eliminations-white-house-budget-office.html?_r=0.

GAO criticizes SAMHSA for lack of oversight of DFC grantees

The agencies that supervise the Drug-Free Communities (DFC) support program — the Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) — could do more to monitor the performance and compliance of grantees, the Government Accountability Office (GAO) has reported. Collaboration between the agencies has improved since the GAO's last report on the DFC program, issued in 2008 (see *ADAW*, Sept. 15, 2008). But SAMHSA, in particular, has dropped the ball on some monitoring, according to the audit, "Drug-Free Communities Support Program: Agencies Have Strengthened Collaboration but Could Enhance Grantee Compliance and Performance Monitoring."

In its report, dated Feb. 7, the GAO said the ONDCP and SAMHSA are jointly managing the DFC program with "agreed upon common outcomes," and have funded a range of grantee activities.

However, SAMHSA "does not consistently follow documentation and reporting procedures to ensure grantees' compliance with governing statutes," the report stated, adding that "SAMHSA also has not been accurately reporting to ONDCP on grantee compliance." The main problem appeared to be with a database that was offline for more than a year.

The GAO did not find any fault with the DFC program itself, the grantees or the outcomes. All of the problems were related to administration.

DFC is, however, the ONDCP's program, not SAMHSA's. The money is appropriated in financial services to the ONDCP, which subcontracts day-to-day operations of grant and financial management to SAMHSA. The ONDCP retains the policy-level

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decision-making for the program, including what data are collected, as well as the design and implementation of evaluation.

CADCA response

DFC has grown from $10 million in 1998 to $95 million in 2016, but there is still only enough money to fund 32.7 percent of applicants, according to the Community Anti-Drug Coalitions of America (CADCA), whose members are DFC grantees. "DFC grantees have reduced drug use and abuse in communities throughout the country to levels lower than national averages because they are organized, data-driven and take a comprehensive, multisector approach to solving and addressing drug issues," according to CADCA.

ICF International, the ONDCP contractor that evaluates the DFC program, found major population-level reductions in prescription drug misuse in both middle- and high school–aged youth in DFC grantee communities over the 2009–20134 time period — reductions that were not seen nationally. Prescription drug misuse, opioid misuse and heroin are all connected.

Why the report was done

The GAO report was conducted in response to a federal law requiring it to report on the ONDCP's programs and operations, said Diana Maurer, director of homeland security and justice issues for the GAO, and author of the report. "The law gives us flexibility in what wanted to focus on," she told *ADAW*, adding, "After all, the ONDCP has a variety of programs and operations." The 2008 report was conducted in response to request letters from Congress.

SAMHSA did ensure that initial applicants had submitted proper documentation before awarding grants, the GAO found in its current report. However, once there was less consistency in confirming documentation further on. One of the requirements for some grantees is sustainability plans, and 14 of the 18 grantees that should have had them did not, the GAO review found. "These plans outline how the grantee intends to maintain necessary resources to achieve long-term goals after exiting the program," the GAO said.

Neither the ONDCP nor SAMHSA officials were aware of missing data in their files prior to the GAO review, according to the report. "Without close adherence to existing procedures, and a mechanism to ensure that the documentation it reports to ONDCP is accurate and complete, SAMHSA's performance monitoring capacity is limited and it cannot be certain that grantees are engaging in intended activities and meeting long-term goals," the report said.

'Without close adherence to existing procedures, and a mechanism to ensure that the documentation it reports to ONDCP is accurate and complete, SAMHSA's performance monitoring capacity is limited and it cannot be certain that grantees are engaging in intended activities and meeting long-term goals.'

GAO

The audit was conducted from January 2016 to February 2017.

Purpose of DFC

The DFC support program has two major goals: (1) establish and strengthen collaboration among communities; private nonprofit agencies; and federal, state, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth; and (2) reduce substance abuse over time among youth and adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

DFC grantees must show outcomes in reducing drug use among youth, as well as improvements in perceptions of risk and youth and parental disapproval of drug use.

The ONDCP provides federal grants to DFC coalitions that have antidrug efforts involvement in 12 major sectors of a community, including law enforcement and schools.

Each grant is for up to $125,000 per fiscal year; the first year may be followed by four continuation years, for a total grant period of five years. Grantees can apply for a second five-year grant, with the maximum allowable term of 10 years. The ONDCP bases decisions on whether the coalition made progress in efforts to reduce youth substance abuse, and complied with terms and conditions of the award.

In fiscal year 2015, the DFC Support Program's appropriated budget was approximately $93.5 million, representing just under a quarter of the ONDCP's total budget of about $375 million.

Database down for more than a year

Some reports were missing because SAMHSA's database — COMET — went offline in December 2014,

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replaced by the DFC Management and Evaluation Tool (DFC Me), which did not come online until February 2016. However, the ONDCP's contractor did provide DFC grantees with an electronic template to collect data and document their progress. In February 2016, when DFC Me became operational, the ONDCP requested grantees to input their progress report information, including information covering the transition period from December 2014 to February 2016. "SAMHSA officials acknowledged that their staff did not conduct the necessary follow up to ensure that the files were stored in the updated system for record keeping purposes," the GAO report said. Some files were missing the Federal Financial Report, in which the grantee details expenditures, disbursements and cash receipts. SAMHSA was unaware of this omission, according to the GAO report.

The GAO conducted its audit by pulling random files.

The agreement between the ONDCP and SAMHSA requires that SAMHSA have the responsibility to ensure that all paperwork is in order, and to report back to the ONDCP.

In March 2016, SAMHSA officials instituted a new internal review process in which they randomly select 50 grant files per month to assess completeness and accuracy of information. In November 2016, when the audit was nearing completion, SAMHSA said it was planning to incorporate all of SAMHSA's grant programs in its internal review process.

While praising SAMHSA and the ONDCP for using leading collaboration practices, the GAO still criticizes SAMHSA's inconsistent monitoring of grantees, especially those who are funded year after year.

GAO recommendations, and HHS response

"As the number of youth who engage in illicit drug use remains a public health concern, the continued focus on funding grantees and monitoring them for both progress and compliance is vital," the GAO report concluded. The GAO recommended that SAMHSA take these two actions:

1. Develop an action plan with time frames for addressing any deficiencies it finds through its reviews and making systemic changes to mitigate deficiencies on a prospective basis to strengthen the grant monitoring process.
2. Develop and implement a method for ensuring that the grantee status reports it provides to the ONDCP are complete and accurate.

Barbara Pisaro Clark, acting assistant secretary for legislation at the Department of Health and Human Services (HHS), responded to the GAO report prior to publication. The HHS response, dated Jan. 26, states that SAMHSA will set timelines to implement activities to comply with the GAO recommendations. These are the two activities mentioned in the HHS response: SAMHSA will now specifically focus on DFC files for random review, and SAMHSA will use the Grants Enterprise Management System to automate grant file maintenance. •

For a copy of the GAO report, go to www.gao.gov/products/GAO-17-120?source=ra.

Harm reduction in a Trump administration: Next steps

Harm reduction is moving forward on several fronts even as advocates try to take stock of their status in a Trump administration. Last week, we asked Daniel Raymond, deputy director for policy for the Harm Reduction Coalition, about next steps.

In fact, the syringe services programs that took off as a result of the lifting of the federal funding ban last year are increasing. "We're continuing to work on geographic expansions of syringe services programs," said Raymond. The focus is now on areas where these problems were limited, especially the South, "which has tended to lag behind on harm reduction," he said. The syringe services programs initially were meant to reduce needle sharing and cut back on the spread of HIV and hepatitis C. Vice President Michael Pence, who as governor of Indiana banned such programs, had to relent when rural Scott County had an HIV outbreak due to needle sharing by Opana users (see *ADAW*, April 6, 2015).

Syringe services programs are also seen as a way to help cut back on overdoses, as these programs provide more than clean syringes. These programs have always had connections with treatment and education, offering drug users options such as referral to methadone treatment.

Harm reduction, often seen as a democrat issue, is becoming more bipartisan, noted Raymond. "You used to be able to determine if there was a good policy on syringe exchange by looking at the partisan makeup in the state," he said. "Blue states supported syringe exchange, and red states didn't." But that is starting to change. "We've seen red states passing syringe exchange," he said. "Heroin is leading them to reconsider."

Last week, the Georgia lower chamber held a hearing on a syringe exchange bill. Alabama is also considering syringe exchanges. Missouri had a hearing recently. And Virginia just passed a syringe exchange law. "But we still have big parts of the country that don't have any policy," said Raymond. "We want to remove obstacles to rolling out these programs."

Federal funding

Federal funding for syringe exchange helps, said Raymond. "The

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two issues we hear from states that don't have a history of syringe exchange are how to address legal issues, and how to pay for the programs," he said. "For a long time, the fact that federal funds couldn't be used ended up being a conversation stopper. Now the door is open to saying we have some access to federal funds."

While naloxone reverses opioid overdoses and saves lives that way, syringe exchange programs are more designed for HIV and Hepatitis C prevention. But now, they too are being considered as a way to alleviate the overdose problems.

"We had the first explosion of syringe exchange programs in the 1990s, driven entirely by the HIV epidemic," said Raymond. "In recent years, it's been more the opioid and heroin overdoses."

Syringe exchange problems are models for much larger programs, using treatment and education. "We'll reach out to people who are using drugs — not just hand over naloxone to them, but talk to them, educate them," said Raymond. "It's the same with syringe services programs." The outreach and engagement strategy of harm-reduction advocates has always been aimed at "people who fell through the net of prevention, who are not consistently or successfully receiving treatment," said Raymond. "Good re-entry programs could be considered harm reduction," he said. Diversion from criminal justice, counseling, case management, provision of onsite health services — all are methods to reach people at risk of harm, he said.

Moving outside of dense urban areas can make siting of syringe services programs difficult, said Raymond. For example, in Kentucky, there are smaller counties, presenting a challenge for where to put these programs. "Some are being run out of health departments, and some are using mobile vans," he said.

Bipartisan

Figuring out how harm reduction will function under a Trump administration is a work in progress. "We're still trying to tease out things," said Raymond. "We think that Congress has shown that at least with some of the core elements of harm reduction, like syringe exchange and naloxone, they've accepted these as issues that transcend the older partisan divides." And in Congress, there is continued support for both types of programs, he said. "We have spent a lot of time building understanding with Republicans on the role of naloxone and overdoses, and that issue is settled," he said.

But there are still "a lot of question marks" about the Trump administration. "We see the 'tough on crime' measures as the primary way the Trump administration has talked about drugs," noted Raymond. This is contrary to the Obama administration's focus, which was more on public health and less on enforcement.

Raymond noted that Tom Price, M.D., the new secretary of the Department of Health and Human Services, is married to a Georgia state legislator who introduced a syringe exchange bill. A lot will depend on who gets appointed to run the Centers for Disease Control and Prevention, and what happens at the Substance Abuse and Mental Health Services Administration and Office of National Drug Control Policy (ONDCP).

As for the ONDCP, Raymond doesn't think it will be eliminated (see p. 1). "If you look at White House budget requests under Obama, you would often see that in order to make their numbers balance, they would propose cuts to certain programs, knowing that these had enough political support in Congress so that the funding would be restored," he said.

The dilemma, for harm-reduction advocates, is that an ONDCP that reverts to an earlier era "could do a lot of damage," said Raymond. "My fear would be if you abolish the ONDCP, the de facto spokesperson and lead on drug policy would be Jeff Sessions (the attorney general) or the DEA administrator," he said. "It would be all war on drugs all the time." •

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companies over what a clinician is saying is an appropriate level of treatment," Budsock told *ADAW*.

Details of law

Christie devoted much of his Jan. 10 State of the State address to addiction, and issued a challenge to state legislators to pass strong consumer protections within 30 days. While lawmakers fell short of that by about a week, the end result of the close cooperation between the governor and legislative leaders is a measure that state officials are touting as the nation's strongest coverage guarantee for patients with substance use disorders.

"The new law … makes New Jersey the only state in which people with insurance are guaranteed coverage and cannot be retroactively charged for six months of necessary addiction treatment," reads a statement issued by the governor's office on the day the bill was signed.

Specifically, the law states that individuals diagnosed with a substance use disorder will have covered inpatient treatment for 180 days, immediately from the time they need it. According to the legislative language, unused inpatient days in a plan year may be exchanged for outpatient visits in a one-to-two ratio. Services such as partial hospitalization and intensive outpatient care are considered inpatient days under the calculation formula.

Medication treatments for opioid dependence must be provided without prior approval requirements from insurers, according to the law. This

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also came as welcome news to Budsock, whose organization uses all of the approved medication treatments in its residential programming and uses buprenorphine and injectable naltrexone in its outpatient services.

The law spells out that insurers must cover treatment for substance use disorders to the same extent as treatment for other medical conditions, without increased copayments, deductibles or coinsurance. It also prohibits care providers from imposing onerous prepayment obligations on patients, beyond traditional copayments, etc.

"We have seen, with referrals, that in many cases insurance companies will require patients to fail first in outpatient treatment, even if a licensed professional is recommending residential," Budsock said.

Budsock hopes the new law will result in a more client-centered care system, though he also acknowledges that any law is only as strong as its enforcement. The adopted measure tasks the state attorney general with monitoring the system to track potential abuses.

"The governor's inspiration for this," Christie spokesman Brian Murray told *ADAW*, "came from discussions with people who were addicted, seeking treatment and had difficulty getting coverage when they sought help," often stymied by an insurer's pre-assessment period requirement. "As the governor said, they could die before getting the treatment even when they recognized they needed help."

State lawmakers overwhelmingly passed the measure this month, with a small handful of abstentions and no votes largely driven by concerns that the legislature was moving too fast and not considering the potential cost impacts on insurance consumers and on local governments managing employee health benefits.

"I agree with having an aggressive timeframe to deal with such an important issue, but as we have seen time and again, there are often many unintended consequences to legislation that is too quickly adopted," read a statement from State Sen. Steve Oroho, as reported by the *New Jersey Herald*. Oroho was not present this month for the final Senate vote on the bill.

Asked whether state leaders were concerned that adoption of the law might convince some insurers to drop components of their coverage for substance use disorders altogether, rather than provide them at more favorable terms for plan members, Murray said they would not speculate on that issue at this time.

Opioid limits

The new law also limits initial prescriptions for opioids to a five-day supply; the requirement does not apply to hospice or cancer patients or to patients residing in nursing homes. It also requires prescribers to explain to patients the dangers of opioids and the available alternative treatments for their condition.

The five-day limit did generate some concern among a minority of lawmakers who did not see a reason to take a stricter approach than the initial seven-day limit that other states have adopted. But Christie indicated in these comments at a press conference earlier this month that he had no intention of backing down from supporting a five-day maximum:

"If they send a seven-day limit to me, I'll veto it," Christie said. "So no, I'm not open and by the way, let's remember that the CDC (Centers for Disease Control and Prevention) says it should be a three-day window." He explained, therefore, that the five-day period represents a midpoint between what some health leaders recommend and what some states have enacted.

In this period during which Christie has intensified his focus on addiction and treatment issues, there has been some speculation that the Trump administration is considering him for the post of director of the Office of National Drug Control Policy (ONDCP). A source in New Jersey speculated to *ADAW*, however, that Christie's own interest in such a role at the federal level could depend on the degree to which drug policy is articulated as a priority in the new administration. •

For-profit marijuana wants more heavy users: How to plan

The experience of alcohol and tobacco companies means one thing when it comes to for-profit cannabis sales: companies and their lobbyists will try to weaken public health regulations in order to expand the number of heavy users, who account for the vast majority of money spent on cannabis, Beau Kilmer, Ph.D., of RAND writes in the Feb. 23 *New England Journal of Medicine*. There are alternatives to allowing for-profit private marijuana sales, he writes. For one thing, state and local governments could limit retail sales to nonprofit organizations, or sell through a government monopoly, he writes. Those jurisdictions who only want tax revenue could permit home growth and giving (such as in Washington, D.C.).

Another avenue is pricing. Post-legalization prices influence revenue and size of the illicit market, but also affect consumption. Legalization allows producers to incorporate new technologies and take advantage of economies of scale. The result is that cannabis retail prices could drop precipitously, something jurisdictions could affect by limiting production, imposing regulations, setting minimum prices or levying excise taxes.

Jurisdictions will also need to decide on their prevention messages, and on whether these campaigns should start even before legalization takes effect. "They could target

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young people with such messages to counter commercial promotion where it's allowed and encourage adults to talk to them about the effects of cannabis, especially on driving," Kilmer wrote, adding that "policymakers can learn important lessons about prevention from research on alcohol and tobacco."

There is also a lack of information about the consequences of high-potency cannabis (most research has been done on older, low-potency forms), and there is no way to measure impairment. These two facts may lead policymakers to tax cannabis according to THC content, as has been suggested by some.

"Finally, since each supply option has trade-offs, some jurisdictions may want to start with a middle-ground option before embracing a for-profit mode," Kilmer concludes. "One strategy is to implement a sunset clause allowing policymakers to decide after a predetermined period whether to maintain the status quo or switch approaches. Since no one knows the best way to tax or regulate cannabis, creating flexible rules would make it easier to make mid-course corrections and incorporate new research and other insights into policies." •

Briefly Noted

CARA Recovery Day scheduled for March 1 in D.C.

CARA Recovery Day, named after the Comprehensive Addiction and Recovery Act (CARA) of 2016, will take place March 1 in Washington, D.C., consisting of advocacy training from 8:00–9:00 a.m, followed by congressional hearings and meetings on Capitol Hill. The event will begin the evening before with a welcome reception at the Hyatt Regency Capitol Hill. The event is hosted by Faces & Voices of Recovery and the Addiction Policy Forum and co-sponsored by national recovery organization partners the Association of Recovery Schools, the Association of Recovery in Higher Education, the National Alliance of Recovery Residences and Young People in Recovery. The agenda is to bring attention to recovery support services and to the importance of the Affordable Care Act to addiction treatment and recovery support services. A related event, the CARA Implementation Conference, sponsored by the Addiction Policy Forum, will be held Feb. 28. For more information, go to http://facesandvoicesofrecovery.org/news-events/2017-cara-recovery-day.html.

Coming up...

The **National Association of Psychiatric Health Systems** will hold its annual meeting **March 20–22** in **Washington, D.C.** Go to **www.naphs.org/home** for more information.

The **National Council for Behavioral Health** NatCon Conference will be held **April 3–5** in **Seattle**. For more information, go to **www.thenationalcouncil.org/events-and-training/conference**.

The **American Society of Addiction Medicine** will hold its annual medical-scientific conference **April 6–9** in **New Orleans**. For more information, go to **www.asam.org/education/live-online-cme/the-asam-annual-conference**.

The **National Rx Drug Abuse & Heroin Summit** will be held **April 17–20** in **Atlanta**. Go to **https://vendome.swoogo.com/2017-rx-summit** for more information.

The **National Association of Addiction Treatment Providers** will hold its National Addiction Leadership Conference **May 21–23** in **Austin, Texas**. For more information, go to **https://www.naatp.org/training/national-addiction-leadership-conference**.

The annual conference of the **National Association of State Alcohol and Drug Abuse Directors** will be held **May 24–26** in **Indianapolis**. For more information, go to **http://nasadad.org/annual-meeting**.

The **College on Problems of Drug Dependence** will meet **June 17–22** in **Montreal**. Go to **http://cpdd.org/meetings/2017-meeting-information** for more information.

The annual conference of **NAADAC, the Association for Addiction Professionals** will be held **Sept. 22–26** in **Denver**. For more information, go to **www.naadac.org/annualconference**.

In case you haven't heard...

President Trump, at a Feb. 16 press conference, said drugs are "cheaper than candy bars." This prompted a search by several smarty-pants reporters, finding $1 shots and $10 Toblerone bars. Marijuana was reported to be more expensive than heroin, which was cheaper than a six-pack, according to *The Washington Post*. Meanwhile, Twitter went crazy with the idea. Here's a compilation from *Time* magazine: http://time.com/4673878/trump-drugs-cheaper-than-candy.

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