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CRC's new CEO launches inpatient pre-Vivitrol detoxification program

Last year when the Food and Drug Administration (FDA) approved Vivitrol for the treatment of opioid dependence (see *ADAW*, Oct. 28, 2010), the field was left with a conundrum. The injection of naltrexone could be given only if someone was opioid-free — the labeling said no opioid ingestion for a week. The question for physicians and treatment providers was how to get a patient to that opioid-free state so Vivitrol could be injected without precipitating withdrawal?

One answer came last week from CRC Health Group, which on Feb. 24 announced a new program for people with opioid addiction that involves a 15-day inpatient detoxification and counseling stay, culminating with the initial injection of Vivitrol, and followed by counseling.

Vivitrol — injectable naltrexone lasting for a month — blocks the effects of opioids. It was approved for the treatment of alcoholism in 2006.

Vivitrol is not going to replace methadone, said Andrew Eckert, CEO of CRC, which has 140 treatment programs nationwide, including opioid treatment programs (OTPs). "This is another science-based tool," he told *ADAW*. But OTPs already provide counseling. That's the second missing piece that CRC fills in — in addition to providing detoxification from opioids, it

See **CRC** page 2

Treatment Program Profile

Detox center operator perseveres in face of siting opposition

by Gary Enos, Contributing Editor

Having just experienced a smooth sail in locating what will be its third inpatient detox facility, the organization Sunrise Detox is facing a much more arduous process in the community of Lawrence, N.J. While company administrators push on with a process that already has involved six months of struggle in working with the local community, the difficulties they are experiencing illustrate the kinds of challenges any treatment organization could endure in trying to site facilities designed to help drug addicts and alcoholics.

"This has been a massive amount of work, with attorneys, planners, myself," Linda Burns, chief nursing officer for Sunrise Detox, told *ADAW*. "We're trying to deal with a distorted view about what medical detox is."

Sunrise Detox currently operates inpatient drug and alcohol detox facilities in Lake Worth, Fla., and Stirling, N.J., and has just emerged from a routine siting process that will result in its third facility south of Lake Worth in Fort Lauderdale. But in Lawrence, where Sunrise Detox is seeking approval for a 36-bed detox center, neighborhood opposition has been intense and consistent during several hearings before the community's Zoning Board.

Burns explained that a complicating factor in Lawrence has been

See **Opposition** page 7

CRC from page 1

will provide counseling before and after Vivitrol.

Counseling

The detoxification will take from three to five days, after which patients will be admitted into inpatient treatment — a quarantine — for about a week, during which time they will be prepared for their first injection of Vivitrol. That preparation, which will include education and counseling, is key — as is the counseling in the ensuing months. "These medications don't stand on their own," Eckert said.

During the week after detoxification, the CRC inpatient program will "focus on the needs of this population," said Jerry Rhodes, president of CRC's recovery division. "We'll look at their needs coming off detox, dealing with craving and providing education about opioid abuse," he told *ADAW*. On the 15th day the patient gets his or her first Vivitrol injection. "Then we discharge that patient into a network of CRC and non-CRC programs," Rhodes said.

The Vivitrol injection wears off after 28 days, so it must be given every month. Whether the patient gets subsequent injections – which are not administered by CRC, but by the patient's physician or a physician arranged for by CRC discharge staff — "will be highly dependent on the individual's motivation," said Rhodes. "There's nothing we can do to force them. That's why counseling is so important."

Frequency of counseling will be "highly individual," said Rhodes. "We will encourage it to be as intensive as possible."

'We'll look at their needs coming off detox, dealing with craving and providing education about opioid abuse.'

Jerry Rhodes

Insurance companies are interested in paying for this program, including the 15-day inpatient stay, said Rhodes. "We are in dialogue with a number of insurers about this."

Eckert's introduction

The Vivitrol launch was Eckert's first big publicity event for CRC — he joined as CEO in January (see *ADAW*, Dec. 20, 2010) and does not have a background in substance abuse treatment. Most recently, he was CEO for four years of Eclipsys Corporation, a healthcare information technology company. But there will be continuity, since General Barry McCaffrey is continuing as senior policy advisor to CRC, and Bain Capital will continue to be the private equity sponsor. "[Former CEO] Barry Karlin leaves me with very large shoes to fill," Eckert conceded. But Karlin has been advising Eckert, and in fact the two are neighbors. "We spent quite a bit of time together over the last months," said Eckert, who also spent the last two months visiting CRC facilities.

Something else happened when Eckert took this position – he has heard, for the first time, stories from family and friends about their loved ones' substance abuse problems. "It's been eye-opening for me," he said. "Regardless of who you are or where you live or where you've been educated, every family has experience with this," he said. "I am hearing stories I never knew, and never would have known. This runs very deep and very broad in our society. "

Eckert feels strongly that there is a big opportunity for substance abuse treatment now, mainly because of the treatment gap. "We treat 30,000 people a day, but that's just a drop in the bucket compared

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to what the market needs," he said. "There are 20 to 23 million people who could use the type of services we provide. It's a tremendous opportunity to build this company."

Eckert was joined in the Vivitrol announcement, which took place in Philadelphia, by Richard F. Pops, president, chairman, and CEO of Alkermes, which makes Vivitrol, and other local and national leaders in the substance abuse field. •

Revised anti-drug media campaign effective, study finds

Results of the first evaluation of the revised national anti-drug media campaign run by the Office of National Drug Control Policy (ONDCP) were published last week, showing that the campaign, called "Above the Influence," is working. Unlike the previous campaign ("My Anti-Drug"), which had negative evaluations from the Government Accountability Office (see *ADAW*, Sept. 11, 2006) and was even shown to increase drug use in a research study (see *ADAW*, Oct. 27, 2008), Above the Influence did lead to a reduction in marijuana use, according to a study published in the current issue of *Prevention Science*. The study was funded by the National Institute on Drug Abuse.

The study of 3,236 students in 20 communities nationwide found that 12 percent of 8th graders who had not seen the campaign initiated marijuana use, compared to only 8 percent of students who had seen the campaign. When the study began in 2005, all of the students were about 12.

Above the Influence was funded at $200 million a year in 2005, when it first started. After the negative evaluations of the previous campaign came in, funding was reduced and is now at $45 million. ONDCP and the Partnership at drugfree.org (formerly the Partnership for a Drug-Free America), which has the contract to manage advertising development with the pro-bono advertising agencies, issued statements publicizing the study results. The Partnership also strongly called for increased support for the campaign when the study was published Feb. 23.

The campaign funding is used to pay for testing (required by legislation) and production.

Risk messages don't work

Michael Slater, Ph.D., lead author and professor of communication at Ohio State University, said that the Above the Influence campaign is successful because it taps into teenagers' aspirations and desire for autonomy, instead of focusing only on risks. One of the television ads, for example, ends with the line "Getting messed up is just another way of leaving yourself behind."

> **'Kids who are the most likely to mess around with any substance are sensation seekers, and they're not risk-aversive.'**
>
> Michael Slater, Ph.D.

This approach turns the argument around from "Is it hurting you?" to "Is this really what you want?" Slater told *ADAW* last week. "From my perspective, the heart of it is that adolescence is a time when kids are seeking to establish independence and autonomy," he said. Using marijuana may be a way of establishing autonomy. "But if substance abuse can be framed as a way of not being independent, that kind of message can work."

Risk-oriented messaging for marijuana doesn't work for several reasons, said Slater. "Kids who are the most likely to mess around with any substance are sensation seekers, and they're not risk-aversive," he said. This is a fundamental problem because the teens who are most sensitive to risk messages are the ones who are the least likely to use marijuana or other drugs, he said.

Another campaign

The study was originally designed to study the effectiveness of a localized anti-drug campaign called "Be Under Your Own Influence," which was developed by study co-author Kathleen Kelly, professor of marketing at Colorado State University, long before the ONDCP Above the Influence campaign was developed. Be Under Your Own Influence did not use television; rather, it was localized and combined in-school with community-based efforts. It shared with the ONDCP campaign — which borrowed from it — the theme that drugs can impede teens' autonomy and goals.

When the researchers designed their evaluation, they didn't know that ONDCP would be launching its "Above the Influence" campaign. They had presented their Be Under Your Own Influence campaign to ONDCP two years earlier, but had no direct involvement in ONDCP's campaign.

When they started asking students about their responses to the localized campaign, they found that the ODNCP campaign had contaminated the results, so they decided to incorporate it into their evaluation.

The researchers found that 79 percent of students had seen the

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ONDCP ads — many more than had seen the localized ads.

Funding issues

Steve Pasierb, president and CEO of the Partnership at Drugfree.org, which helps facilitate the creative development of the messages used in the anti-drug media campaign, said that the data confirmed that the campaign is working, but he added that funding support is threatened.

"Our prevention infrastructure is disappearing before our eyes and the result is not fair, but it's undeniable — the additional burden is increasingly falling on the shoulders of parents and caregivers," said Pasierb in a press statement.

"At a time when a decade of progress on teen drug use, year after year reductions, is showing signs of reversing and children are not learning as much through schools and in the news media about the health consequences of using many dangerous drugs, it is important that we get that information to them by other means — through prevention messages, in schools and through their families," said Pasierb. If teens view drug use as less dangerous, then there will be higher rates of drug use, he said. •

Drug control budget: Where is prevention money disappearing to?

Substance abuse prevention funding was the big loser in the Substance Abuse and Mental Health Services Administration (SAMHSA) proposed budget for fiscal 2012, but the Office of National Drug Control Policy (ONDCP) says that there is prevention funding elsewhere in the president's proposed budget (see *ADAW*, Feb. 21). This week we are taking a closer look at overall prevention funding, focusing on specific proposed cuts, with comments from the ONDCP.

Ironically, it was only two weeks ago that ONDCP director Gil Kerlikowske was the keynote speaker at the Community Anti-Drug Coalitions of America (CADCA) conference, and praised the work of prevention programs (see *ADAW*, Feb. 14).

Drug-Free Communities

This program, which was funded at $95 million for fiscal year 2011, is being cut to $88.6 million, despite the fact that the national evaluation released at CADCA this month showed that the program reduces drug abuse significantly. At $88.6 million, funding for the Drug-Free Communities program represents an increase over the president's request for fiscal year 2011, said Rafael Lemaitre, ONDCP spokesman. It does represent a decrease of $8.6 million when compared to the fiscal year 2010 request. At $88.6 million it will fund more than 600 continuation grants and 25 new grants, said Lemaitre.

> **'Within the context of needing to reduce spending, the administration strived to identify savings opportunities that would not reduce services to those who need them.'**
>
> Rafael Lemaitre

Drug courts

ONDCP did not request any funding for the National Alliance for Model State Drug Laws or the National Drug Court Institute (NDCI). The president's budget request does maintain support for drug courts at the fiscal year 2010 level, said Lemaitre. "Within the context of needing to reduce spending, the administration strived to identify savings opportunities that would not reduce services to those who need them," he told *ADAW*. "The elimination of support for the Institute will not directly impact the operation of any drug courts, as ONDCP support is just one source of funding for NDCI's training program."

Scoring

Most of the core substance abuse prevention programs are getting cuts — Drug-Free Communities, Strategic Prevention Framework -State Incentive Grants (SPF-SIG), and the 20 percent set-aside in the block grant. Still, ONDCP points to other programs — The Education New Grants Program (a new $91 million program), the Safe Schools/Healthy Students initiative ($75.4 million), and increases in Prevention Prepared Communities ($22.6 million) — as proof that the prevention budget is increasing (see *ADAW*, Feb. 21). This leads to questions about how prevention is being "scored" in the overall drug strategy.

"There has been no change in the manner in which prevention efforts are scored in the National Drug Control Budget," said Lemaitre. Referring to the above programs, he said the president's fiscal year 2012 request for "education and outreach programs aimed at preventing the initiation of drug use" is $1,682.8 million, an 8 percent ($123 million) increase over the fiscal year 2010 enacted level. "Despite being a part

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FROM THE FIELD...

Voices of Recovery San Mateo County: Delivering recovery support

by John de Miranda

Editor's Note: Below is the third installment in a series tracing the evolution of one recovery community organization as it evolves to meet the challenge of and opportunities of providing recovery support services. For the earlier articles, see ADAW, November 1, 2010 and November 22, 2010.

The previous two installments of this series recounted the early period of forming Voices of Recovery San Mateo County. The initial organizing impulse derived from a county official, Steve Kaplan, who understood the potential for a recovery advocacy effort to not only complement but also augment the existing system of addiction treatment services. Kaplan could see that recovery support services were becoming increasingly important to successful outcomes and were a cost effective way to leverage resources.

Indigenous leaders from within the existing recovery community were soon identified and enlisted to create a snowballing recruitment effort across the medium size county with a population of more than 700,000. A broad effort that surveyed hundreds of members of the recovery community, friends and family members resulted in a mandate to create recovery support services that would assist those in early recovery and their families to stabilize their lives and lay a foundation for their long term recovery.

To accomplish this mandate, the leadership agreed to open a part time "center" that would host regular recovery support meetings facilitated by peer volunteers trained as recovery specialists. What had started out as an informal partnership between San Mateo County Behavioral Health and Recovery Services and grassroots activists was, in late 2009, evolving into a service delivery collaboration with very limited funds but a great deal of logistical support and in-kind resources provided by the County. Understood at this stage was a shared belief that, because of the importance of the effort, hard funding resources would eventually be found to sustain the activities.

The Center opened for two evenings a week in October 2009. Peer leaders were trained in a recovery support methodology borrowed from peer mental health efforts that were already underway in the community. Wellness Recovery Action Planning (WRAP) was developed by Mary Ellen Copeland specifically to address recovery from mental health challenges. Some modifications were necessary to adapt the curriculum and action planning materials to encompass addiction recovery, and the VORSMC leadership is currently reviewing other methodologies that are more addiction recovery-specific.

More than 200 persons in early recovery and their family and friends have participated in the WRAP process which is designed to provide daily self-management tools to avoid relapse triggers and improve quality of life and interpersonal interactions. The groups are led entirely by peer volunteers who have completed WRAP facilitation training.

Willie Tipton has been attending WRAP meetings for five months. He travels by train from San Francisco where he lives to San Mateo some 20 miles south. He is a Vietnam veteran who has worked in the addiction treatment field and is a certified health care professional. Although he has been in recovery for more than 10 years, he credits his recovery support group meetings with helping him confront longstanding personal issues that were creating significant stress in his life.

Tipton has a number of health issues that are complicated by unaddressed post traumatic stress disorder stemming from his service to his country. Chronic pain and high stress were jeopardizing his equilibrium until he initiated his participation in WRAP group meetings.

The support group provides a safe place for me to share about my challenges and problems. More importantly, it is solution-focused and provides levels of understanding and support that go beyond 12-step approaches. I trust my fellow WRAP group participants to have my back. My health conditions were really undermining my quality of life and I have used the group to strengthen my ability to cope with stress and provide the necessary levels of self-care to get back on track.

The WRAP experience has caused Tipton to reevaluate his priorities.

I'm exploring options other than being an addiction treatment counselor. Before WRAP involvement I was doing a good job counseling clients, but doing a bad job of applying the same suggestions in my own life. There are other things I would like to do and I'm exploring those options.

Tipton's comments indicate that a peer recovery support group can assist even those in long term recovery. According to the national advocacy organization Faces and Voices of Recovery, "Peer recovery support programs are an important mechanism for increasing individuals' self-efficacy beliefs and decision-making capabilities." These kinds of services can be delivered in

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a variety of settings and at any time along a recovery continuum. They can serve as an adjunct to formal treatment or support for those following a non-treatment-initiated recovery.

Voices of Recovery San Mateo County identified the need for these services through its community assessment and is implementing recovery supports to both strengthen people in recovery today, as well as prepare for the increasing role that recovery support services will play in the future.

Next Installment: Creating a nonprofit and partnering with treatment agencies.

John de Miranda is the President & CEO of Stepping Stone of San Diego. He can be reached at johnd@steppingstonesd.org or 619-278-0777 ext. 132. He is a member of the Board of Directors of Faces and Voices of Recovery and a consultant to Voices of Recovery San Mateo County. The opinions expressed are those of the author and do not necessarily represent the views of his employer or Faces and Voices of Recovery.

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of a responsible fiscal year 2012 budget request that makes tough choices to cut spending and cut the deficit, substance abuse prevention efforts are growing," he said.

Another scoring question is raised by the Department of Education program grants that are in the drug budget; the wording for these grants now says that grantees "may" address substance abuse prevention. This includes the new Successful, Safe and Healthy Students program grants — a $365 million program.

For the Successful, Safe and Healthy Students program, $267 million is scored as substance abuse prevention, said Lemaitre. "This amount was derived from the amount expected to be used for that purpose, including continuation awards for such programs as preventing underage alcohol use, preventing binge drinking on college campuses, and support of community based prevention programs." The remainder ($98 million) is considered school safety and is not scored as drug prevention.

But since the wording — even for what is scored as drug prevention — only says the grantee "may" use it for such funds, and not that the grantee "shall," there is no guarantee that the real use of the funds will follow the ONDCP scoring.

PPACA

Funding for the Prevention Prepared Communities is being proposed to come out of the prevention funds for the Patient Protection and Affordable Care Act (PPACA) — health care reform. "The Patient Protection and Affordable Care Act prevention fund receives a steady predictable stream of prevention funding," said Lemaitre. "This has been funded in fiscal year 2011 and will continue to be funded in future years unless legislation is enacted that stops this program," said Lemaitre. He did not comment on the fact that Prevention Prepared Communities combines mental health and substance abuse funds. •

SAMHSA releases screening guide, recommending outdated CAGE

A guide that appeared on the Substance Abuse and Mental Health Services Administration (SAMHSA) products web page around Feb. 21 is meant to help physicians screen for co-occurring mental illness and substance abuse. Inexplicably, the guide, called "Talking with Your Adult Patients about Alcohol, Drug, and/or Mental Health Problems," recommends using the four-item CAGE as a screen. All other screening and brief intervention (SBI) material coming out of SAMHSA has recommended more sensitive screening tools.

The CAGE detects late-stage alcohol problems, and SAMHSA itself doesn't recommend that it be used. Even though it would be administered after the one-sentence question recommended by the National Institute on Alcoholism and Alcohol Abuse — how many times in the past year did you have four (for a woman) or five (for a man) drinks in one day — it is still not sensitive enough to detect a disorder that would warrant only a brief intervention.

In this case, however, the main reason for CAGE was that it fit in the space allotted. "The CAGE was chosen because it is short and easy to remember," according to an email from the SAMHSA press office. "In addition, there were space considerations — the screener is a very small publication and the AUDIT has something like 10 questions with

CAGE questions

- Have you ever felt you should Cut down on your drinking or drug use (use less alcohol or drugs)?
- Have people Annoyed (irritated, angered, etc.) you by criticizing your drinking or drug use?
- Have you ever felt bad or Guilty about drinking or drug use?
- Have you ever taken a drink or a drug first thing in the morning (Eye-opener) to steady your nerves or get rid of a hangover?

multiple choice answers for each. Then we would have to also include scoring information."

SAMHSA doesn't recommend use of CAGE in its Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs. Instead, SAMHSA recommends "other screens with better sensitivity and specificity for asymptomatic, risky alcohol use," according to an email from the SAMHSA press office. "The screens we have recommended are the AUDIT and ASSIST for alcohol and the DAST for drugs. The CAGE is useful for finding more severe cases of alcohol abuse/dependency."

"In the SBIRT programs we are aiming more fully at the less involved, risky drinkers and the AUDIT and ASSIST are more suitable for this," said the SAMHSA email.

"The CAGE is built on old ideology — and I mean ideology, it's not even science," said Norman G. Hoffmann, Ph.D., Adjunct Professor of Psychology at Western Carolina University in Cullowhee, and creator of the UNCOPE screen (see *ADAW*, Nov. 15, 2010). The Annoyed item (the "A" in CAGE) is laden with value judgments, on the part of the patient and the people the patient knows, Hoffmann told *ADAW*. The Guilt item doesn't work for a correctional population, and the Eye-opener is only for late-stage drinking.

Also inexplicably, there was no reference on the web page to the SBI codes developed by SAMHSA that would help physicians get paid for a brief intervention. Given the considerable amount of time and effort put into the development of these codes, their omission from a screening guide is perplexing. Again, the reason given by SAMHSA was that there wasn't room. "Covering billing/coding topics in this type of format (it is 3.5 x 5 inches) was not part of the purpose and dissemination strategy for this product," the SAMHSA press office said in an e-mail. •

To view the screening guide, go to http://bit.ly/iiSqSQ.

Opposition from page 1

that current zoning in the office complex where Sunrise Detox wants to locate does not allow for the residential component that is considered part of an inpatient detox center (the average length of stay at Sunrise Detox facilities is just under six days). By contrast, the Lake Worth facility that Sunrise Detox operates had housed other medically related uses prior to Sunrise Detox's arrival, Burns said.

It may still be a couple of months before Sunrise Detox learns of its fate in Lawrence, as Zoning Board hearings have dragged on amid lengthy questioning of company officials and a high volume of public testimony opposing the plans. But Burns says the company presses on with optimism, adding that she has no regrets about how Sunrise Detox has conducted its business in Lawrence so far.

"I'm perfectly assured that we've done everything we can," Burns said. "We were aware of the opposition going in, and we notified and met with groups prior to the process starting."

Addressing misconceptions

Burns, who also serves as director of nursing for the company's Lake Worth facility, considers the tone of the opposition in Lawrence to be fairly typical of what addiction treatment facilities sometimes face.

'They think we're going to take these psychotic people, who will then end up roaming through their neighborhood.'

Linda Burns

"They think we're going to take these psychotic people, who will then end up roaming through their neighborhood," Burns said.

Company officials try to explain that the patients at Sunrise Detox are not mandated to treatment by another service system, but seek out the facility themselves. They pay a base rate of $1,700 a day either through their medical insurance or out of their own pocket so that they can receive the needed services. However, as The Trentonian newspaper reported late last year, even a clearer explanation of its services can sometimes land a facility operator in trouble.

When discussing his organization's patient mix, Sunrise Detox medical director Morgan Poncy, M.D., explained that the organization does not serve Medicare and Medicaid patients, adding, "We don't want that type of socioeconomic class," the newspaper reported. Poncy's comments led a local public-interest lawyer to criticize how he characterized the publicly insured population, according to the newspaper.

Though Burns said both she and Poncy have been questioned in Zoning Board hearings for about three hours apiece so far, "It's hard to have the time to undo misinformation." Reassuring letters from neighbors to Sunrise Detox's other facilities have done little to soothe Lawrence residents' concerns. An

Continues on next page

Sunrise Detox

Current Locations: *Lake Worth, Fla., and Stirling, N.J.*
Total Beds: *52*
Average Length of Stay: *5.8 days*
Base Rate: *$1,700 a day*
Payer Sources: *60 to 65 percent private insurance; the rest self-pay*

Continued from previous page
invitation from Sunrise Detox for Lawrence residents to tour the existing New Jersey facility has elicited little response, Burns indicated.

The community's concerns about who the facility will attract to their neighborhoods linger — a feeling that perhaps is intensified by the community being located in the county where the killing of a girl by a neighbor led to passage of the landmark sex offender registry legislation that came to be known as Megan's Law.

Burns said the next scheduled hearing for Sunrise Detox's proposal is set for March 16, and she thinks the Zoning Board might render a final decision in April. A positive outcome for Sunrise Detox in its attempt for a use variance would allow it to complete negotiations with the property's owner and start interior construction of the center.

Most Sunrise Detox patients who enter the facility because of an opiate addiction receive the medication buprenorphine for detox. Patients are not permitted to drive to the facility for admission, Burns said. Discharge planners work with patients on continuing care arrangements after detox is completed.

Takeaway messages

Burns acknowledges, "I think we're all just a little bit beaten from all this work." At the same time, she believes there is still hope for approval of the Lawrence site and she is confident that Sunrise Detox has made the case for the community's need for its services.

"There is a shortage of detox beds in New Jersey," Burns said. "We get a lot of patients from the New Jersey area coming to our Florida facility for detox."

Burns also hopes her organization's experience doesn't deter other treatment organizations from pursuing important initiatives on behalf of addicts. She said a treatment center administration needs to decide up front to pursue a project and not waver from its goal. It must carefully research the site it has identified, draw up a sound business plan, and carefully evaluate the extent of potential opposition to its plans, she indicated.

"And you need to surround yourself with the right people," Burns said. •

Coming up...

The **National Association of Psychiatric Health Systems** will hold its annual conference **March 7-9** in **Washington, D.C.** For more information, go to **www.naphs.org/AnnMeeting/index.html**.

The **California Association of Addiction Recovery Resources (CAARR)** will hold its annual meeting **March 20-23** in **Sacramento**. Go to **www.caarr.org** for more information.

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

Briefly Noted

Federal grant from AHRQ to support primary care depression and substance abuse screening

The federal Agency for Healthcare Research and Quality (AHRQ) has awarded a $3.5 million grant to a consortium to help 90 primary care practices in Minnesota, Wisconsin and Pennsylvania implement screening and early intervention for mental and substance abuse problems. The grant is going to a consortium that includes the Institute for Clinical Systems Improvement (ICSI), the Pittsburgh Regional Health Initiative, and the Wisconsin Collaborative for Healthcare Quality to screen patients for both depression and substance use. The two-part goal is to improve outcomes of patients who are treated for depression, and to reduce high-risk drinking days and drug-use days. The grant builds on ICSI's DIAMOND program for depression and the SBIRT (Screening, Brief Intervention and Referral to Treatment) program supported by the Substance Abuse and Mental Health Services Administration. "We're excited to be part of this initiative," said Nancy Jaeckels, ICSI Vice President in charge of the DIAMOND program. "We've learned through our experience with DIAMOND that screening patients for depression when they see their primary care physician for physical ailments often uncovers substance use problems as well. Studies show that treating patients for depression can help them better address their other co-morbid conditions, especially substance use where referral and coordination are often fragmented."

In case you haven't heard...

State-run media in China reported last week that a man died from Internet gaming. The man was on the Internet for three days, during which he didn't eat or sleep, according to AFP. He wasn't identified, but he went into a coma in an Internet café in Beijing, and died shortly after being taken to a clinic. Police confiscated several computers but have ruled out murder. Recently, the government has said parents should be able to ban video games. China says there are 33 million Internet addicts in the country, and there are unlicensed "boot camps" where some teenagers have been mistreated (see *ADAW*, July 20, 2009).