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News for policy and program decision-makers

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One of the hardest-hit states by prescription opioid overdoses, West Virginia now has a path to increased funding for substance abuse treatment: the Justice Reinvestment Act, which will save money by putting drug offenders in treatment instead of jail and prison. The law, which will also reduce the state's prison overcrowding problem, relies heavily on drug courts.
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New treatment money for West Virginia providers under Justice Reinvestment Act

West Virginia is a little state with a big drug problem. It has more than twice the national average of prescription drug overdoses, and while fingers point at many different culprits, everyone agrees that there is a need for more treatment. Under the Justice Reinvestment Act recently passed by the state legislature, there is $25 million in new funding for the next five years, most of which will be for substance abuse treatment programs.

Bottom Line...
Treating instead of incarcerating drug offenders in West Virginia will reduce prison overcrowding, and new funding from the governor's Justice Reinvestment Act will help, but most programs still have long waiting lists.

The treatment money isn't going directly to the Department of Health, however. It's going to the Department of Military Affairs and Public Safety, which will then distribute it — first to the Supreme Court and then, when it has worked its way down, to the single state authority (SSA) over the block grant.

"Initially, we had thought that the legislature was going to designate the Justice Reinvestment Act money coming through our department, since we're the SSA," said Mary Aldred Crouch, director of pro-
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The Business of Treatment

OTPs confront price challenges as they diversify drug options

B$T

Methadone is the drug most commonly used in the treatment of opioid dependence, but two other medications — buprenorphine and naltrexone — are increasingly being used as well. Buprenorphine already has made significant inroads in traditional opioid treatment programs (OTPs), and the injectable naltrexone formulation sold as Vivitrol appears to be heading the same way, but these facilities still report challenges in overcoming price barriers to implementing a greater diversity of medication treatments.

Bottom Line...
More competitive pricing has begun to surface with alternatives to the brand-name versions of buprenorphine, but few discounts are presently available for the injectable medication option Vivitrol.

At a cost in the range of $700 to $850 a dose for each monthly injection of Vivitrol, the medication is significantly more costly up-front than methadone, which is less than one-tenth of that. And even at large multisite provider organizations, such as the for-profit CRC Health Group, negotiating more competitive pricing is not always easy. While generic competition will likely mean
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grams in the West Virginia Bureau of Behavioral Health and Health Facilities within the state Department of Health. "But they put it through community corrections," she told *ADAW*. "I'm not sure if they have nailed down how they intend to provide services."

Drug courts

Block grant money will not be used for the Justice Reinvestment Act treatment services, she said. That funding is already allocated, and the legislature did not give the SSA any more money. However, via drug courts, new treatment will be provided, and go through the SSA's network of treatment providers in many cases, she said.

The law requires judicial circuits to establish adult drug courts, which would then determine who qualified for treatment instead of incarceration.

In some instances, she said, treatment in the 16 drug courts is provided directly by the drug courts. Three years ago, Crouch, a licensed social worker and alcohol and drug counselor, provided drug court treatment services as an independent contractor to a West Virginia drug court; at the time, psychologists conducted all of the assessments, she said.

Drug courts are popular, and some treatment providers do contract with them, said Drennan. "But they only serve 500 people a year," he said. "There's a lot of demand but there's not a lot of resources to go around."

The Justice Reinvestment Act, signed late last month by Governor Tomblin (who proposed it), relies on drug courts, which would reduce prison overcrowding by diverting drug offenders to treatment instead of prison. The only problem is that there are already waiting lists for treatment.

> **'There's a lot of demand but there's not a lot of resources to go around.'**
>
> Mark Drennan

Overwhelmed system

There are about 30,000 people in West Virginia now who need treatment for substance use disorders (SUDs), said Mark Drennan, executive director of the West Virginia Behavioral Healthcare Providers Association. "Our members treat about 15,000," he said, noting that the federal Substance Abuse Prevention and Treatment block grant pays for that care. Asked who treats the other 15,000, he responded, "Nobody. That's the problem." Treating additional people from the criminal justice system will require additional money — and even then, the people who need treatment now can't get it.

There are about 25 members of the association who are licensed providers of behavioral health services; 13 are designated community mental health centers, and they provide most of the SUD treatment in the state, said Drennan. Clearly, working more closely with criminal justice is going to be essential for all of the providers.

"Over the past year, we've been trying to forge a better working relationship with corrections and parole and probation and the courts," Drennan told *ADAW*. These are the same agencies that Drennan works with to get treatment to the chronically mentally ill, he said. Now, the group is going to try to get those agencies to refer patients who need SUD treatment as well.

Grants

Re-entry treatment services are another way to reduce prison overcrowding, because they reduce relapse and recidivism. The providers association has applied, in a joint

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application with the Division of Parole, for a re-entry grant from the Substance Abuse and Mental Health Services Administration. The grant would provide about $430,000 a year in treatment funding for three years, said Drennan. "We would take people who are getting out of prison and have a history of substance abuse," he said. "They are not currently using because they've been incarcerated."

Also in conjunction with the Division of Parole, the providers association bid on a state contract to provide substance abuse treatment to individuals who are currently on parole but have failed a drug screen. They go back to jail for 18 to 24 months; instead, they would get treatment, another provision of the Justice Reinvestment Act, said Brennan. This proposal would include a range of services, including intensive outpatient treatment and residential treatment.

Even though prescription opioids are the most commonly abused drugs in the state, there are some areas in which heroin is taking hold, said Drennan. "Heroin is pretty big in the northern panhandle, where there's a path between Pittsburgh and Columbus," he said. •

Documentary trailer outrages W.Va. town

The citizens of Oceana, West Virginia, are "outraged" at a new documentary about prescription opioid addiction set in their town, the Charleston Gazette reported June 1. The trailer for the film, called "Oxyana" (after OxyContin), spurred a May 31 town meeting with Sen. Joe Manchin, Rep. Nick Rahall and Secretary of State Natalie Tennant. While no one disagrees with the fact that there is a prescription drug problem in Oceana, the 200 people who went to the meeting — in a town of fewer than 1,400 people — stressed that the preview trailer is unfair to the town.

"Oxyana" was shown at the Tribeca Film Festival in New York City in April, and director Sean Dunne won best new documentary director. The film has not had a wide release yet, so all that Oceana residents can see is the trailer, which includes residents saying: "I've seen 8-, 9-, 10-year-old kids shooting dope," "If it wasn't for drugs in this town, there wouldn't be no town" and "A lot of stuff that happens here is just not normal."

SUDs mentioned at White House meeting on mental health

Although mental and substance use disorders (SUDs) are usually mentioned in the same breath in the federal government, mental health took on a heightened meaning after last year's shootings at Sandy Hook Elementary School in Connecticut. The result was a White House document, "Now Is the Time: The President's plan to protect our children and our communities by reducing gun violence." That document, released in January, included budget increases for some mental health initiatives, among other things (see *ADAW*, February 18). And it led to the six-hour National Conference on Mental Health, held at the White House June 3.

However, the only person at the meeting who spoke about Newtown was Vice President Joe Biden, said Bob Weiner, former press officer for the Office of National Drug Control Policy and a media analyst who was at the meeting. "Nobody talked about 'Now Is the Time,'" Weiner told *ADAW*. "The president didn't mention it, [Secretary of the Department of Health Kathleen] Sebelius didn't mention it," he said. "It's frustrating that nothing else got done after Newtown."

> **'Speaker after speaker talked about coming out of the shadows and ending stigma, and many people said the same applies to substance abuse.'**
>
> Bob Weiner

"What I did sense was that everyone was glad to have the opportunity for the conference, regardless of the reason for it," said Weiner. "Speaker after speaker talked about coming out of the shadows and ending stigma, and many people said the same applies to substance abuse."

One focus of the meeting was the announcement of a National Dialogue on Mental Health, which many organizations have agreed to support, said Pamela Greenberg, president and CEO of the Association for Behavioral Health and Wellness, who participated in the conference on June 3. "Some will only stay focused on mental health, like the National Association of Broadcasters," she said. "But other organizations, in whatever way they participate, will bring up substance use disorders."

In fact, the national dialogue is "not really about the people who already have an illness and have talked openly about it," said Greenberg. "It's about the people who are afraid to seek help and are afraid to talk about it." The same concept applies

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to substance use disorders, said Greenberg.

The meeting was mainly about mental health, but "the important issue of addiction was added to the conversation, particularly co-occurring conditions," said Paolo del Vecchio, director of the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration. Jeffrey Lieberman, M.D., president of the American Psychiatric Association, spoke at length about the importance of including substance use screening at mental health visits, added del Vecchio.

Parity

There was a lot of grumbling about the lack of a final rule on parity, but former Congressman Patrick Kennedy pressed the issue the hardest. When Sebelius said the federal government wanted to wait so parity would match the timing and implementation of the Affordable Care Act, Kennedy's response was that this delay would just give the insurance companies a chance to delay on their own.

"I always feel as if substance abuse is a poor stepchild," said Weiner. Neither parity nor SUDs would have received much consideration at this meeting "if it wasn't for Patrick Kennedy, and the fact that Biden and Obama paid enormous attention to him," he said.

Connecting gun violence and Newtown to mental illness has been a delicate public relations problem for mental health groups. On the one hand, they are glad for the attention and new funding. On the other, they are distressed that the public wants to link mental illness with violence, saying that the mentally ill are no more likely to be violent than the rest of the population (and there is no evidence that the shooter in Newtown was mentally ill). The background check issue — the comment period on a proposed rule on background checks closed last week — is particularly troubling to advocates for patients. That, in addition to the administration's failure to get Congress to do anything this spring about guns, may be why the meeting did not pick up on the main theme from "Now Is the Time." •

State Budget Watch

$26.9 million increase for SA services in Texas budget

On May 25, the Texas legislature passed the state's 2014–2015 budget. The bill includes an increase of more than $298 million in annual funding for mental health, substance abuse and behavioral health training across the Department of State Health Services (DSHS), juvenile justice and appellate courts.

Overall, substance abuse services received a general revenue increase of $26.9 million for the two-year fiscal biennium fiscal year 2014–2015, according to Cynthia Humphrey, executive director of the Association of Substance Abuse Programs, based in Kerrville, Texas.

"This is excellent news and represents that policymakers in Texas are seeing the health benefits and cost savings gained through substance use disorder prevention and treatment," Humphrey told *ADAW* June 4. "There hasn't been a General Revenue increase in over two decades."

'This is excellent news and represents that policymakers in Texas are seeing the health benefits and cost savings gained through substance use disorder prevention and treatment.'

Cynthia Humphrey

The below funds are what is allocated for two years, with the increase to be distributed as follows:

- $4,941,828 for capacity expansion: In Texas, 38 percent of individuals who sought treatment and were placed on a waiting list were not admitted into services, said Humphrey. This item would allow DSHS to address current capacity issues in existing programs to alleviate waiting lists. The additional funding would increase funding to current contractors, she said.
- $10,696,479 for provider rate increases: The additional dollars allow DSHS to increase payment rates for providers, which have not kept pace with inflation and have increased only slightly since 2001, said Humphrey. The increases will allow providers to "continue to provide research-based treatment services."
- $10,136,707 for dedicated Department of Family and Protective Services (DFPS) treatment slots: Treatment services are needed so that children who are in custody of DFPS

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due to parental substance abuse can be reunited with their families. In fiscal year 2012, there were 14,573 families in which at least one child was in DFPS custody and in which a parent had a substance abuse problem. "Getting more children safely back home in these cases would result in significant savings to the state by shortening the time children stay in DFPS custody and thus reducing the number of children living in paid foster care," said Humphrey. In substance abuse treatment programs that contract with DSHS and specifically serve pregnant and parenting women, 43 percent of the admissions are DFPS clients. Increasing the funding will allow DSHS to pay for services rendered to DFPS clients with state funds, she explained. "This would allow DSHS to give DFPS clients priority admission status, as their services would not be contingent upon federal funding requirements.

- $1,140,000 for Oxford House expansion: This funding will support the establishment of 25 Oxford Houses — supportive housing for people in recovery from substance abuse. Funding will be focused on areas of the state with a high percentage of homelessness, ranging from 9.83 percent to 27.58 percent of homeless clients receiving substance abuse services.

Gov. Rick Perry has until June 17 to sign the budget. •

NIAAA study shows varenicline reduces alcohol consumption

Smoking-cessation drug varenicline showed promise as a treatment for alcohol dependence, according to a study by scientists at the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The medication significantly reduced craving and alcohol consumption, according to the study, which was published online in the *Journal of Addiction Medicine* on June 3.

"Drinking and smoking often co-occur, and given their genetic and neurochemical similarities, it is perhaps unsurprising that a smoking cessation treatment might serve to treat alcohol problems," said lead author Raye Z. Litten, Ph.D., associate director of the NIAAA Division of Treatment and Recovery Research. "Our study is the first multisite clinical trial to test the effectiveness and safety of varenicline in a population of smokers and nonsmokers with alcohol dependence," said Litten.

"This is an encouraging development in our effort to expand and improve treatment options for people with alcohol dependence," said Kenneth R. Warren, Ph.D., NIAAA acting director. "Current medications for alcohol dependence are effective for some, but not all, patients," said Warren in announcing the study results June 3. "New medications are needed to provide effective therapy to a broader spectrum of alcohol dependent individuals."

'Drinking and smoking often co-occur, and given their genetic and neurochemical similarities, it is perhaps unsurprising that a smoking cessation treatment might serve to treat alcohol problems.'

Raye Z. Litten, Ph.D.

Varenicline partially stimulates receptors for nicotinic acetylcholine, a substance that is implicated in both nicotine and alcohol disorders. In addition, early animal studies showed that varenicline decreases alcohol consumption.

"We don't know exactly how the nicotinic receptors are working," said Litten. "We do know that there seems to be a relationship between drinking and smoking." The reward system may be involved, because the nicotinic receptors can affect dopamine release, he said. He noted that researchers still don't understand the mechanism responsible for alcohol addiction.

Litten and colleagues worked with NIAAA's Clinical Investigations Group, a multi-center team of researchers at Boston Medical Center; the University of Virginia, Charlottesville; Dartmouth University, Hanover, N.H.; the University of Pennsylvania, Philadelphia; and the Johns Hopkins University School of Medicine, Baltimore.

The researchers randomized 200 alcohol-dependent adults to receive 2 milligrams of varenicline or placebo each day for 13 weeks. Study participants had reported drinking an average of at least 28 drinks per week for females or 35 drinks per week for males prior to the study.

The percentage of heavy drinking days decreased almost 22 percent in the varenicline group, compared with placebo. Varenicline also significantly reduced craving for alcohol. These effects were comparable to those of naltrexone and acamprosate, two medications already

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approved for the treatment of alcohol dependence.

No one with depression was allowed to participate in the NIAAA study, Litten told *ADAW*. Marketed under the trade name Chantix, varenicline was approved in 2006 for smoking cessation. Three years later, Chantix was given a black box warning by the Food and Drug Administration because of a risk of suicidal behavior when prescribed for psychiatric conditions (see *ADAW*, July 13, 2009). In November 2011, PLoS ONE published a study that compared varenicline retrospectively to other smoking-cessation treatments, and found that 90 percent of all suicides related to smoking-cessation drugs since 1998 implicated varenicline (see *ADAW*, November 7, 2011). The PLoS ONE study also found that varenicline was eight times more likely to result in a reported case of suicidal behavior or depression than nicotine-replacement medications. •

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price breaks for buprenorphine formulations, the same won't be true for Vivitrol for a while.

"While we have a good relationship with [Vivitrol maker] Alkermes, we really have no ability to negotiate group discounts," CRC Chief Clinical Officer Phil Herschman, Ph.D., told *ADAW*.

Still, the president of the American Association for the Treatment of Opioid Dependence (AATOD) believes that not only does it make sense for methadone clinics to offer buprenorphine and Vivitrol from a clinical standpoint, but it also could prove to be an essential business decision for these organizations.

"Programs that do not offer all three medications and do not train their staffs in their use are actually making a strategic error," AATOD's Mark Parrino told *ADAW*. "With healthcare reform, there may be different sorts of referrals available as patients have more insurance.… This is the time to train medical and clinical personnel; they all need to be knowledgeable about these medications."

Quantifying the presence

Parrino said that according to a Substance Abuse and Mental Health Services Administration (SAMHSA) report issued this spring, buprenorphine's reach into methadone clinics has expanded from 11 percent in 2003 to 51 percent in 2011. Vivitrol has made some, but far less, inroads into these clinic operations as well, says Parrino, but he expects its presence to increase. AATOD has released guidelines on the use of Vivitrol in outpatient programs.

"I think through this year it'll be used mostly as a relapse prevention tool, for when a patient wants to get off a maintenance dose of another drug," Parrino said of Vivitrol. "When this happens, 75 percent of patients will relapse to their pre-treatment drug use," absent another medical intervention such as Vivitrol dosing.

'Programs that do not offer all three medications and do not train their staffs in their use are actually making a strategic error.'

Mark Parrino

The Center for Life Solutions, one of three state-contracted methadone clinics in Missouri, actually started working with Vivitrol before buprenorphine. Executive Director Cheryl Gardine told *ADAW* that her clinic has been using the medication for a little over a year, though only about 7 of its 570 patients are currently on Vivitrol.

"The clients on Vivitrol have to be highly motivated," Gardine said. "They have to be 7 to 10 days opioid-free before the injection; some are struggling with that."

Gardine plans in the near future to hire a trained physician whose presence will enable the program to begin incorporating buprenorphine treatment as well.

Mark G. Stringer, director of the Missouri Division of Behavioral Health, told *ADAW* that he considers both Vivitrol and buprenorphine to be useful options for programs that traditionally have dispensed only methadone. "Both have their place," Stringer said. "You never want to have one-size-fits-all treatment."

Gardine said it costs her program just under $850 a dose for Vivitrol. She and Stringer agree that this poses a barrier for programs in general; Stringer added that the medication cost to addiction treatment centers is substantially higher than a cost of about $400 to $500 per dose for federally qualified health centers (FQHCs) to obtain the drug.

CRC's Herschman said his organization's 58 methadone treatment programs are not currently using Vivitrol, but that's only because there are so many other new opioid treatment projects under way in the company and not everything can be introduced at once.

Around 5 percent of CRC's clinic patients are using the buprenorphine only — without the added naloxone — and they are dosed onsite. In addition, in July the compa-

ny will introduce in three of its California clinics a new program in which patients will be induced on the Suboxone formulation to identify an ideal dose, then will participate in partial hospital and intensive outpatient programs followed by one year of Suboxone maintenance dosing and finally a taper.

CRC is initiating this project in close coordination with a managed care company. "Payers are looking at this type of approach in lieu of residential treatment," Herschman said.

Pharmaceutical company's view

David Gastfriend, M.D., vice president of scientific communications at Alkermes, told *ADAW* that the reimbursement picture for Vivitrol continues to improve, with Medicaid coverage available in a majority of states (30 at last count, according to AATOD's Parrino) and most private insurance plans covering the medication (with about one-third of these having a prior authorization requirement). Gastfriend added that many treatment programs and field leaders take too narrow a view of medication costs. "People note time and again the cost of Vivitrol without taking a holistic view of the overall healthcare costs," he said. Gastfriend cited several peer-reviewed studies, including one published in the *American Journal of Managed Care* in 2011, that demonstrate Vivitrol's cost-effectiveness over time.

The 2011 study showed total healthcare costs for Vivitrol patients being 49 percent lower than those for methadone patients, Gastfriend said, because of factors such as reduced hospital admissions.

He added that some discount options are available both to treatment providers and patients. The specialty distributor Bessie Medical offers a direct-purchase option to providers with a 5 percent discount off the wholesaler acquisition cost, he said. On the patient side, Alkermes' Value Program covers up to $500 a month of copayment or deductible expenses associated with Vivitrol for eligible patients, with no duration limits.

Herschman believes that once more research shows the long-term economic benefit of Vivitrol, payer coverage will expand further. "That's why we're involved in a great deal of research ourselves," he said.

He added in reference to the need for multiple treatment options, "Where we fail in treatment, and opioid treatment is a perfect example of this, is that the treatment someone receives becomes dependent on who they call, not on what their assessed need is," Herschman said.

A spokeswoman for Reckitt Benckiser Pharmaceuticals, maker of the Suboxone and Subutex formulations of buprenorphine, said no one was available to speak with *ADAW* about the company's pricing or its work with opioid treatment programs. •

BFC and Hazelden pursue alliance

In a joint press release issued June 4, the Hazelden Foundation and Betty Ford Center announced that they "are pursuing a formal alliance." The main reason for the plan is the Affordable Care Act, according to Hazelden Board of Trustees Chair Susan Fox Gillis. "The good news is that many more Americans who desperately need help will be eligible to receive quality treatment for their addiction to alcohol or other drugs," Gillis said. "The challenge will be to pay for that expanded coverage and service. At this stage it appears that institutionally, only the strong will survive and thrive. Both Betty Ford and Hazelden are recognized as industry leaders, but the fact is we'd be even stronger if we collaborated on a formal basis." Betty Ford Center Board of Directors Chair Mary Pattiz said the combination of the two programs is natural. "We've been as one since day one," she said. "Before Betty Ford Center opened its doors in October, 1982, we looked to Hazelden." The press release states that both institutions use the 12 Steps of Alcoholics Anonymous as the foundation for their treatment protocols, and goes on to say that these protocols are "abstinence-based." Last fall, Hazelden started using buprenorphine (see ADAW, November 12, 2012). Whether the affiliation will have any effect on the Betty Ford Center's long-standing resistance to medication-assisted treatment is unknown, as neither program would discuss details of the affiliation beyond what was in the press release. The Betty Ford Center is in Rancho Mirage, California. Hazelden has facilities in Minnesota, Oregon, Illinois, New York and Florida.

State News

Maine House rejects plan to ban Medicaid for MAT

The Maine House of Representatives rejected a bill on May 29 that would have prohibited Medicaid from paying for methadone or buprenorphine to treat opioid addiction. The measure now goes on to the Senate. The bill was proposed by Rep. Lawrence Lockman, who said he does not believe addiction is a disease, the Maine Public Broadcasting Network reported May 29. The bill would have cut off MaineCare coverage effective January, 2015. Representative Joe Brooks said his daughter, an adult, was addicted to oxycodone; Suboxone treatment was provided by MaineCare to her and her husband, also addicted to oxycodone. Now both have jobs and are doing well, he said, pleading

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with fellow lawmakers: "Don't do this to people. Don't pull maybe the last rug out from under some of these people. We can't do this. No, no we can't do this. I'm sorry. We have to be respectful of the people who need the help." But some lawmakers are just opposed to medication-assisted treatment with methadone or buprenorphine, mainly because they don't understand that the medications are meant to be maintenance medications. The bill was proposed in March and led to a call by the American Society of Addiction Medicine to counteract the threat to MAT by policymakers and others (see *ADAW*, March 18). "No state legislature would put a time limit on medications for any other chronic disease, such as diabetes or hypertension," ASAM president Stuart Gitlow said. "Yet there is a patchwork of such policies across the country on addiction medications. We want to identify model approaches that can set the standard for effective patient access."

Names in the News

Arthur Evans to receive Lisa Mojer-Torres award

Faces & Voices of Recovery and Caron Treatment Centers announced June 6 that **Arthur C. Evans, Ph.D.**, Commissioner of Philadelphia's Department of Behavioral Health and Intellectual disability, will receive the Lisa Mojer-Torres award in recognition of his contribution to recovery from addiction. The ceremony will be held June 26 in Washington, D.C.

Coming up...

The annual meeting of the **College of Problems on Drug Dependence** will be held **June 15–20** in **San Diego**. For more information, go to **www.cpdd.vcu.edu/Pages/Meetings/FutureMeet.html**.

The **National Association of State Alcohol and Drug Abuse Directors (NASADAD)** will hold its annual meeting **June 18–19** in **Bethesda, Maryland**. For more information, go to **http://nasadad.org/annual-meeting**.

The **NIATx Summit** and **SAAS** annual conference, "Innovation, Integration, Implementation — the Business of Behavioral Healthcare," will be held **July 14–16** in **San Diego**. Go to **www.saasniatx.net/Content/Home.aspx** for more information.

The **American Psychological Association** 121th Annual Convention will be held **July 31–August 4** in **Honolulu**. For more information, go to **www.apa.org**.

The **Cape Cod Symposium on Addictive Disorders** will be held **September 12–15** in **Hyannis, Massachusetts**. Go to **www.ccsad.com** for more information.

Resources

SAMHSA issues SBIRT manual

The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued a Technical Assistance Publication (TAP) on Screening, Brief Intervention, and Referral to Treatment (SBIRT). The manual describes SBIRT services implementation, and looks at challenges, barriers, cost, and sustainability. For a free digital download, go to http://store.samhsa.gov/shin/content//SMA13-4741/TAP33.pdf.

Alcoholism & Drug Abuse Weekly welcomes letters to the editor from its readers on any topic in the addiction field. Letters should be no longer than 350 words. Submit letters to:

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Letters may be edited for space or style.

In case you haven't heard...

Residents of the New Haven, Connecticut neighborhood where the APT methadone clinic planned to open were pleasantly surprised after the program opened in late April, the New Haven Register reported on June 3. Not only was there no increase in crime or problems caused by patients, but they hardly know the clinic is even there. "Standing in the parking lot, you wouldn't know that behind the clinic, through thick trees and up a steep hill, are the backyards of homes on Hartford Turnpike. And, likewise, walking past the freshly cut lawns of homes along the turnpike, you wouldn't know a methadone clinic was tucked away past the backyards behind the trees." The clinic's closest neighbor, a pizzeria, is happy with them. "They give us good business," the pizzeria owner told the newspaper. "It's nice having these people around. They stay on their side, we on our side. But no violence, no crime, nothing. Everything is in order. Security keeps everything in order. But very nice people." A former New Haven police officer manages the security crew of 12, according to the report. The clinic serves about 800 patients.