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News for policy and program decision-makers

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In This Issue...

There will be no December 25 issue of *ADAW*. Your next issue will be the Preview Issue January 1, 2018. We wish all of our subscribers happy holidays.

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Hearing on Capitol Hill focuses on rehab/sober home abuses

The focus of attention by members of the Committee on Energy and Commerce's Subcommittee on Oversight and Investigations last week wasn't news to the treatment field. There are unethical sober home operators who for at last five years have been profiting off the miseries of people with addiction, and treatment programs flying under the radar that deliberately overbill for unnecessary drug tests, steal patients from other programs with bait-and-switch internet marketing tactics, pay patient brokers and more. The Dec. 12 hearing, "Examining Concerns of Patient Brokering and Addiction Treatment Fraud," did shed light on these issues for many of the subcommittee members, however, who were not familiar with the abuses beyond what they had read recently in the mainstream press, and were not aware of the extent to which the treatment field and others are working to make changes. Treatment representatives from Florida and California, where abuses have been most pronounced, presented testimony, as did law enforcement officials.

It's essential to root out the bad

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Bottom Line...
Treatment programs are cleaning up the industry, as Congress sheds a light on abuses.

Medicaid data show high use of services in months before fatal opioid overdoses

An analysis of Medicaid data from 2001–2007 paints a picture of missed opportunity in offering more comprehensive care that might have averted numerous opioid-related deaths. While the study's lead author acknowledges that the study period predates a fentanyl crisis that has since changed the face of the opioid overdose threat, he believes some trends seen in the study, such as overdose risk among chronic pain patients recently initiating prescription opioids, remain prominent today.

Commenting on a key takeaway from this research, Mark Olfson, M.D., M.P.H., professor of psychiatry at Columbia University Medical Center, told *ADAW*, "It's clear that the great majority of people are presenting for care in the months preceding their death."

Published online Nov. 28 in the *American Journal of Psychiatry*, the study points to several factors that could have contributed to the heightened overdose risk in the Medicaid population, from the presence of dangerous prescription combinations of opioids and benzo-

See Olfson page 6

Bottom Line...
Medicaid data from 2001–2007 illustrate the need for more coordinated care to avert risk of fatal opioid overdose, especially in the subpopulation with a chronic pain diagnosis.

Hearing from page 1

actors, said Douglas Tieman, president and CEO of Caron Treatment Centers. "It has become clear that many are putting profits ahead of the lives they're supposed to be saving," he told lawmakers. Patients and family members call an 800 number thinking they are talking to a treatment provider, but they're talking to a marketer, he said. "It's more like shopping for a time share," he said.

"Patients and their well-being must be the top priority," said Pete Nielsen, CEO of the California Consortium of Addiction Programs and Professionals. "Sober living is not nor has it ever been the same as residential inpatient treatment," he said. "It is its own entity with different standards and goals." Cooperative housing does offer a bridge to independent living, he said.

'The Florida shuffle'

Many so-called sober homes in Florida are "nothing but flophouses," said Dave Aronberg, state attorney for Palm Beach County — the only county in Florida that has a task force aimed at addiction treatment and sober home fraud. In what he referred to as "the Florida shuffle," a patient gets a free one-way plane ticket to Florida, goes through treatment covered by insurance and, needing a place to live, is referred to a sober home. When those benefits are exhausted, the individual leaves the sober home. If the patient relapses, however, the patient gets treatment again, so rogue providers make sure drugs are accessible in those sober homes to ensure relapse and continued profits, he said. Seventy-five percent of private-pay patients in Florida centers come from out of state, said Aronberg. The Palm Beach County task force, formed last year, has so far resulted in 41 arrests, he said.

> **'Patients and their well-being must be the top priority.'**
>
> Pete Nielsen

Alan S. Johnson, chief assistant state attorney and head of the Palm Beach County Sober Homes Task Force, said he wants the anti-kickback statute, which currently applies only to federally funded services by Medicaid and Medicare, to apply to the private sector. Noting that Florida has a patient-brokering statute, he said that the biggest problems are coming from "rogue actors in the treatment industry."

Accreditation itself is no guarantee of quality, said Johnson. "There are some really bad places that we arrested that were accredited," he told lawmakers. Parents from all over the country who are worried about their children in treatment in Florida call him, "but we can't recommend a particular place," he said. He does, however, recommend sober homes that are certified by the Florida Association of Recovery Residences, he said. "They're not flophouses," he said.

The scope of the problem

Rep. Diana DeGette (D-Colorado) wanted to know the scope of problems, such as patient brokers, unnecessary urine tests and billing for treatment that is not provided. "I'd like to know how a presumably licensed treatment facility can get away with this," she said. "I don't have any idea how extensive the problem is." She pressed Johnson for numbers.

"We can't put a number on it," said Johnson. Of the 41 arrests in the last year, DeGette asked, how many were for different individuals or treatment centers? There were 12 treatment facilities, and sober homes, involved in the 41 arrests, he responded. "We look at it as a hub and spoke, with the hub providing treatment, and the spokes being sober homes," said Johnson.

DeGette asked Nielsen how

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many rogue actors there are in California. "It's hard to be able to boil down what's actually happening," he said. "They look like they're good actors, but they're rotten to the core."

Asked why California doesn't license or certify outpatient facilities, Nielsen replied, "That's a very good question." He noted that the state doesn't even require a license for a drug and alcohol counselor to do private practice, "so anyone can hang up a shingle." However, being in network with an insurance company is a good sign, he said. "We're finding in California that it's the out-of-network providers that are the real problem," he said.

Indeed, Florida treatment providers who seek out-of-state patients specifically look for those with out-of-network coverage.

NAATP's new initiative

The hearing came just as the National Association of Addiction Treatment Providers (NAATP) is moving ahead with its Quality Control Initiative, in which it will not allow any members who don't abide by ethical marketing and billing.

On Dec. 7, NAATP announced that it will implement its Quality Initiative, which will ultimately result in a winnowing of the membership.

Under a revised code of ethics, NAATP will define "prohibited acts including service misrepresentation, patient brokering, leads buying and selling, deceptive web presence, deceptive directory call aggregation, insurance billing abuse, payment kickbacks, and licensing and accreditation misrepresentations." Any provider utilizing these will not be allowed to be a member. Providers who do comply may use the NAATP logo on their websites, and patients searching for treatment can be guaranteed that these providers are following the code of ethics.

Four categories of providers

Reached after the hearing, Tieman, who helped draft the NAATP initiative, told *ADAW* that even though the abuses have been going on for many years, many people — including treatment providers — didn't know about it. "I thought those were outliers," he said of the rogue providers. But in fact, the lines are blurry, with the bulk of not-for-profit providers falling under the category of not knowing they were doing something wrong, or the second category of doing it simply because they think everyone else is doing it and they need to do it in order to compete. Both of these categories can be brought around to ethical marketing and billing by education, said Tieman.

The third category is the for-profits that say that marketing and billing tactics "may or may not be wrong, but legally they're defensible, and we're going to go ahead and do it," said Tieman. "This is where I put most of the private-equity" organizations, he said.

It's important to note that the first three categories are based on marketing and billing issues, not clinical issues. All three types of programs provide excellent care. But the fourth group, which engages in "human trafficking," are "the sociopaths of our industry," said Tieman. These groups do not provide good care, and only exist to make money.

The "sociopaths" are probably not NAATP members anyway, but the private-equity organizations that provide good treatment may still not want to follow the new ethics guidelines. "Whether or not they will be swayed is unclear," said Tieman of the private-equity-owned centers. These centers, which include giants such as Recovery Centers of America and American Addiction Centers, "might just decide there's no real value in being a member of NAATP," said Tieman.

NAATP Executive Director Marvin Ventrell agreed that Tieman's categories are "representative of what goes on out there," he said, and he says the largest chunk of the treatment industry is in the second and third categories. The "sociopaths" (the fourth category) and the "clueless" (the first category) are both "significant minorities," he said.

"The two middle categories are both concerns," said Ventrell. The second category, programs that think that have to market aggressively in order to compete, are one concern. And the well-resourced private-equity groups are an issue as well, "not because there are so many of them, but because they have a lot of power, they have a big footprint and the

Continues on next page

Sober homes, ADA and FHA

Alan S. Johnson, chief assistant state attorney and head of the Palm Beach County Sober Homes Task Force, hopes Congress can "explore a way to make the states more comfortable with being able to require sober home certification." Florida does not mandate sober home certification "because they are afraid of violating the ADA or the FHA," he said, referring to the Americans with Disabilities Act and the Fair Housing Act. Aronberg stated that these two federal laws prevent the regulation or inspection of sober homes.

However, we checked with Sally Friedman, legal director of the Legal Action Center, who said the Palm Beach County prosecutors are incorrect. "It is not true that the ADA and FHA prevent the regulation or inspection of sober homes," she told *ADAW*. "They prevent discrimination based on disability. Jurisdictions may enforce nondiscriminatory housing codes and safety standards. When they don't, they allow residents to be placed in unsafe living conditions and create quality-of-life issues for neighbors. This failure to enforce problematic operations foments NIMBY [not in my back yard] responses."

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public sees them and gets an impression from them," said Ventrell.

NAATP wants to address quality violations and push treatment to the "best levels of care seen in our country," said Ventrell. "By approaching those two middle groups, we can do that." This may mean NAATP, an association that charges membership dues based on facility size, gets smaller. That's fine with Tieman and Ventrell. "We are perfectly prepared to lose revenue as a result of this," said Ventrell. "It has been my view that that has always needed to be done. We're now at that point."

The Quality Control Initiative will result in several hundred facilities getting the "seal of approval," said Tieman. "The value of this is that it will completely eliminate the fourth category — the fly-by-nighters," he said. "And for the third group, we hope to be able to define ethical behavior." That group can then choose to comply or not.

Saving smaller quality programs

The internet has radically changed the treatment field. Caron, for example, is a $100-million-a-year nonprofit, which last year gave away $10 million in charity care. But it also spent $12 million on marketing, said Tieman. That's $10 million more on marketing than it spent five years ago. "We've been around 60 years, and never advertised before," he said. "I would rather have spent that $10 million on charity care. But the board said, if you don't have some presence in our key marketplaces, people won't know about Caron."

The real tragedy, said Tieman, is the small 40-bed programs that provide great treatment, are very affordable and will go under because they don't have millions of dollars to spend on marketing, and therefore have patients "stolen from them every month" through brokering and other tactics. "Our main reason" for the quality initiative is to help these local providers "who are doing great work," he said. Patients should be able to go to these programs, which are local, "instead of being sent a plane ticket to Florida." •

MTF: Opioids down, vaping up in high schoolers

The National Institute on Drug Abuse (NIDA) is concerned about the most recent Monitoring the Future (MTF) survey of eighth, 10th and 12th graders nationwide, because of huge increases in vaping. Almost one-third of students in 12th grade have used some kind of vaping device in the past year, according to the survey results, which were released Dec. 14.

The substance vaped ranges from nicotine to marijuana to "just flavoring."

Some research suggests that teens don't know what is in the device they are using. Either they don't read the label or the labeling is inaccurate, much of the time.

According to the survey, 27.8 percent of high school seniors reported vaping in the year prior to the survey, which was conducted in the beginning of 2017. When asked what they thought was in the mist they inhaled the last time they used the vaping device, 51.8 percent of 12th graders said just flavoring, 32.8 percent said nicotine and 11.1 percent said marijuana or hash oil. The survey also asks about vaping with specific substances during the past month. Among 12th graders, more than 1 in 10 say they use nicotine, and about 1 in 20 report using marijuana in the device.

"We are especially concerned because the survey shows that some of the teens using these devices are first-time nicotine users," said Nora D. Volkow, M.D., director of NIDA. "Recent research suggests that some of them could move on to regular cigarette smoking, so it is critical that we intervene with evidence-based efforts to prevent youth from using these products."

> **'We are especially concerned because the survey shows that some of the teens using these devices are first-time nicotine users.'**
>
> Nora Volkow, M.D.

On the bright side, prescription opioid misuse among teens is down from a decade ago, with Vicodin misuse among high school seniors down to 2 percent, its lowest point since the survey began measuring it in 2002. This is a decrease from last year's 2.9 percent.

Overall, pain medication misuse has dropped significantly among 12th graders, from 9.5 percent at its peak in 2004 to 4.2 percent. In 2010, more than 54 percent of 12th graders said pain medications were easily available, compared to 35.8 percent in 2017.

"The decline in both the misuse and perceived availability of opioid medications may reflect recent public health initiatives to discourage opioid misuse to address this crisis," said Volkow. "However, with each new class of teens entering the challenging years of middle and high school, we must remain vigilant in our prevention efforts targeting young people, the adults who nurture and in-

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fluence them and the health care providers who treat them."

Daily marijuana use as popular as cigarettes

Daily marijuana use is now as popular — or more popular — as daily cigarette smoking among teens, the 2017 survey shows. Among 12th graders, 4.2 percent smoke cigarettes daily, and 5.9 percent use marijuana daily. Daily cigarette smoking has gone down among this group, from 24.6 percent in 1997, the highest year, while daily marijuana use has increased, up from 1.9 percent in 1992, the lowest year.

That six in 100 high school seniors smoke marijuana on a daily basis has been a steady finding of the MTF survey in recent years.

When combining responses in all three grades, data suggest past-year marijuana use is up slightly to 23.9 percent, from 22.6 percent last year, but similar to 2015 rates (23.7 percent).

The survey shows that high school seniors in states that allow medical marijuana are more likely to have vaped marijuana and consumed marijuana edibles than high school seniors in states without medical marijuana. For example, survey data suggest that 16.7 percent of 12th graders in states with medical marijuana laws report consuming edibles, compared to 8.3 percent in states without such laws.

Inhalants, alcohol

Inhalant use is back up to 2015 levels among eighth graders, with 4.7 percent having used them in the past year, compared to 3.8 percent in 2016. However, inhalant use is still way down from its peak of 12.8 percent in 1995.

Overall, illicit drug use other than marijuana and inhalants remains the lowest in the history of the survey in all three grades, with 13.3 percent of 12th graders reporting past-year use, compared to 9.4 percent of 10th graders and 5.8 percent of eighth graders.

Binge drinking, defined as five or more drinks in a row in the last two weeks, has leveled off, reported by 16.6 percent of 12th graders (compared to 13.5 percent in the peak year of 1998), 9.8 percent of 10th graders (compared to 24.1 percent in the peak year of 2000) and 3.7 percent of eighth graders (compared to 13.3 percent in the peak year of 1996).

"While binge drinking among eighth, 10th and 12th grade students remains well below the levels seen a decade ago, the downward trend in binge drinking appears to have slowed somewhat in recent years," said George F. Koob, Ph.D., director of the National Institute on Alcohol Abuse and Alcoholism. "This may signal a need for more emphasis on alcohol prevention strategies in this age group."

Other highlights

- Reported heroin and methamphetamine use remain very low among the nation's teens at less than 0.5 percent in past-year measures.
- Cocaine use remains low in teen students. For example, 12th graders report past-year use at 2.7 percent, after a peak of 6.2 percent in 1999.
- Past-year use of anabolic steroids, which peaked at 2.5 percent among the nation's 12th graders in 2004, is now at 1.1 percent.
- Past-year use of LSD among 12th graders is at 3.3 percent, reflecting a modest but significant increase in the past five years. Use still remains lower compared to its peak in 1996 of 8.8 percent.
- Past-year use of K2/Spice, referred to as "synthetic marijuana" in the survey, was reported at 3.7 percent among 12th graders, down from 11.3 percent five years ago. There was a significant drop in past-year use among eighth graders, from 2.7 percent in 2016 to 2 percent this year.
- Reflecting a historic low, high school seniors reported past-year misuse of the prescription opioid Oxycontin at 2.7 percent, compared to 5.5 percent at its peak in 2005.
- Misuse of prescription stimulants, commonly prescribed for ADHD symptoms, is mostly stable compared to last year, with 5.5 percent of 12th graders reporting past-year misuse of Adderall. In fact, this represents a significant drop for this age group from five years ago, when misuse peaked at 7.6 percent.
- Past-year misuse of the therapeutic stimulant Ritalin among 12th graders is at 1.3 percent, nearly a record low since 2001, when it was first measured at 5.1 percent. There was a significant decline this year among eighth graders' past-year misuse, reported at 0.4 percent in 2017, down from 0.8 percent last year, and significantly down from 2.9 percent in 2001.
- Hookah smoking has dropped for the second year in a row, with 10.1 percent of seniors reporting past-year use compared to 13 percent last year, down from 22.9 percent in 2014. The survey began measuring hookah smoking in 2010.
- As for little cigars, 13.3 percent of high school seniors say they smoked little cigars in the past year, from a peak of 23.1 percent in 2010, when it was first included in the survey.

Attitudes and availability

- In 2017, 79.8 percent of eighth graders said they disapprove of regularly vaping nicotine, but that number drops to 71.8 percent among 12th graders.
- Only 14.1 percent of 12th graders see "great risk" in smoking marijuana occasionally, down

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from 17.1 percent last year and a staggering drop from 40.6 percent in 1991, but similar to rates when the survey was started in 1975 (18.1 percent).

- There was a significant change in how eighth graders view K2/Spice (which the survey calls "synthetic marijuana"). In 2017, 23 percent said trying it once or twice would put users at great risk, compared to 27.5 percent in 2016.
- The survey indicated that 23.3 percent of 10th graders say it is easy to get tranquilizers, up from 20.5 percent last year.

Overall, 43,703 students from 360 public and private schools participated in this year's MTF survey. Since 1975, the survey has measured how teens report their drug, alcohol, and cigarette use and related attitudes in 12th graders nationwide. Eighth and 10th graders were added to the survey in 1991. •

Study: Positive experience for participants in police program

Participants in the Gloucester, Massachusetts, Police Department's Angel Program — the precursor to the Police Assisted Addiction and Recovery Initiative (PAARI) — had positive experiences with the department, a study published last month shows. However, at the six-month follow-up, 37 percent reported abstinence since participation, with no differences between participants who entered referral placement versus those who did not. One of the main problems was the difficulty finding sustained treatment after initial program placement, researchers, led by Davida M. Schiff, M.D., of the Department of Pediatrics at the Boston University School of Medicine, found.

The research was conducted by telephone, with attempts to survey all 367 individuals who participated in the program from June 2015 to May 2016. With a 54 percent response rate, there were 198 individuals who had participated a total of 214 times in the program, which encouraged people to come into the police department to obtain treatment. They could drop off their illicit drugs and would not be arrested for it.

According to the survey, the main attractions of going to the police department included the fact that the police department was highly visible and easy to find, that participants believed the police would be able to find treatment and that the participants had had poor experience with the treatment system before. In 75 percent (160) of the 214 encounters, participants had confirmed entry into treatment.

But patients were frustrated when they did not meet treatment program entry requirements and were not able to have long-term recovery support. "The program was effective in finding initial access to treatment, primarily through short-term detoxification services," the researchers concluded. "However, the program was not able to overcome a fragmented treatment system focused on acute episodic care which remains a barrier to long-term recovery."

Speaking at the PAARI conference in Boston this month, Schiff said that the fact that a police department is open 24 hours a day, 7 days a week made it appealing to drug users. Program participants also reported dissatisfaction with the treatment system, saying that "hospitals have no sympathy or empathy," and that they "don't care if you're detoxing, just if you're suicidal." Indeed, many patients have reported this problem — not being able to access treatment unless they say they are suicidal. But when they walked into the police department, people cared. There was a "clear sense that the police worked hard to identify placement," she said.

The predominant treatment model during that first year was just detoxification. Schiff noted that placement in methadone or buprenorphine treatment is crucial in the treatment of opioid use disorders, but that these models were not part of the first year in the Gloucester program (the police departments involved in PAARI have warmed slowly to buprenorphine, and also — although more slowly — to methadone).

However, the involvement with the Gloucester Police Department gave participants "the sense that recovery was possible, even if they didn't go to treatment," said Schiff. •

The study, "A Police-Led Addiction Treatment Referral Program in Gloucester, MA: Implementation and Participants' Experiences," was published in the November 2017 issue of the *Journal of Substance Abuse Treatment*. A year ago, *The New England Journal of Medicine* published a letter to the editor from Schiff and colleagues about the success of the program so far (for the letter, go to www.nejm.org/doi/full/10.1056/NEJMc1611640).

Olfson from page 1

diazepines to an overall absence of care integration between addiction service providers and other health professionals.

Olfson also points out, however, that there can be too narrow a focus on data around fatal overdose. He says analyses that are now underway, using the same data set, are examining patients who experienced a nonfatal overdose in order to iden-

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tify prominent risk factors for later death from overdose or other causes.

Details of study

The study sought to outline health service utilization among Medicaid beneficiaries — a group at high risk of death from opioid overdose — in the month and year prior to an opioid-related death. Data from 45 states covering the 2001–2007 period were examined, with the research team looking only at individuals ages 64 and under at the time of death. The drugs contributing to the deaths that were examined in the analysis included heroin, prescription opioids, other natural and semisynthetic opioids, and synthetic opioids other than methadone.

The researchers compared outpatient service visit patterns and alcohol and drug use disorder diagnoses between individuals with and without chronic pain not associated with cancer. They also looked at pharmacy claims data for filled prescriptions for opioids, benzodiazepines, antidepressants, antipsychotics and mood stabilizers in the month and year before death.

The researchers identified 13,089 opioid-related deaths in the data set, with most victims being non-Hispanic whites between the ages of 35 and 54. While 42.2 percent of the victims had been diagnosed with a substance use disorder in the 12 months preceding their death, only 12.3 percent received such a diagnosis in the last month of life, and only 4.2 percent received an opioid use disorder diagnosis. Many of the overdose victims were engaging in polysubstance use, Olfson said.

Around two-thirds of the fatal overdose victims filled an opioid prescription during the last 12 months of their life, and around half filled prescriptions for both an opioid and a benzodiazepine. More than one-third of the victims filled an opioid prescription in the last month of life. Study authors wrote that "those with chronic pain diagnoses were significantly more likely to fill prescriptions for opioids, benzodiazepines, and both opioids and benzodiazepines, as well as antidepressants, antipsychotics and mood stabilizers during both time periods."

The researchers also found that in the 12 months prior to death, 8.1 percent of fatal overdose victims with a chronic pain diagnosis experienced a nonfatal opioid overdose. Those numbers make it clear that while it is important to identify treatment opportunities for overdose survivors, doing that alone will not have a far-enough reach across the population of at-risk individuals.

'It's clear that the great majority of people are presenting for care in the months preceding their death.'

Mark Olfson, M.D., M.P.H.

The prevalence of substance use disorder diagnoses and filled prescriptions in the population with chronic pain "may provide opportunities for detection of overdose risk and early intervention," Olfson and colleagues wrote. They added that the clinical management of chronic pain should incorporate a detailed mental health history and periodic assessments to mitigate potential risk of opioid overdose.

The researchers added that it appeared from the data that most victims who had received a substance use disorder diagnosis in the month prior to death had received no substance use services in the last 30 days of life. It was beyond the scope of this analysis to determine whether that lack of services was more of a reflection of coverage and access deficiencies or other barriers to care.

The researchers cited as a limitation of the study the fact that the data are from a period before fentanyl and its analogs altered patterns in opioid-related deaths. Olfson acknowledges that pain-related deaths likely were more prominent during the 2000–2007 period than they would be when looking at current data, which would reflect a rising number of deaths from heroin and synthetics.

More comprehensive care

Olfson says that based on the morbidity and mortality risks that the population with chronic pain faces, the linking of electronic records to allow for closer communication among health providers (which has been happening in more health systems) could serve to benefit these patients. He said the magnitude of the difference between health care usage patterns for persons with and without chronic pain in the study was somewhat surprising.

He now is examining data for individuals in this Medicaid data set who survived an opioid overdose, in order to attempt to identify risk factors for later death from overdose or other causes. "Many of these patients have other medical vulnerabilities," said Olfson.

He also hopes to be able, as part of this overall work, to analyze similar but more recent data that would reflect more timely trends. •

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Briefly Noted

Study: Abuse-deterrent opioids may not save money or lives

Prescription of abuse-deterrent opioids, which make it difficult to attain euphoria by crushing, snorting or injecting, results in reduced abuse and diversion of these products. In addition, thay may not save money or protect lives because they are expensive, and because people switch to other opioids, including fentanyl-laced heroin, according to research published online in *JAMA Internal Medicine* on Dec. 11. The research summarized the findings of the Institute for Clinical and Economic Review on costs and benefits of abuse-deterrent opioids, mainly on the reformulated OxyContin. Clinicians should make the choice about prescribing abuse-deterrent or non-abuse-deterrent opioids on a case-by-case basis, the researchers write, factoring in the higher price of abuse-deterrent opioids. In addition, clinicians should consider alternative approaches to pain control, including nonopioid analgesics, nonpharmacologic interventions and shorter opioid prescriptions. Problems with the evidence included: "drug-liking" and "drug-taking" are not validated measures of abuse; participants in the trials did not have substance use disorders but were being treated for pain, so results may not have been generalizable to at-risk patients; and the spread of prescription monitoring programs and prescriber education could have contributed to the decrease in OxyContin abuse as well as to the increase in illicit opioid abuse. "Benefits, Limitations, and Value of Abuse-Deterrent Opioids" is by Gregory D. Curfman, M.D., and colleagues.

Trump to donate $100,000 to opioid awareness campaign

President Trump donates his salary to a different charity every quarter, and after Thanksgiving and Giving Tuesday this year, he said he was going to donate $100,000 to a prevention campaign to address the opioid crisis. He donated his first-quarter salary to fund restoration projects on the National Battlefield at Antietam, and his second-quarter salary to the Department of Education for the purpose of hosting science, technology, engineering and mathematics camps for children. The announcement was made by Eric D. Hargan, acting secretary of the Department of Health and Human Services (HHS). "President Trump has chosen to donate his salary this quarter to the planning and design of a large-scale public awareness campaign about the dangers of opioid addiction," said Hargan on Nov. 30. "And HHS is proud to be working with the White House on this effort. And our team of public health experts brings a great deal of experience and expertise to the table regarding how to make these campaigns effective." President Trump "is personally dedicated to defeating this crisis because addiction hits home for so many of us," said Hargan. "You heard him share the story in his opioid speech about how he lost his own brother to alcoholism. And speaking personally, opioid addiction has been a presence in my hometown, in my family, for years. It was years ago, in fact, that I lost a close relative who constantly struggled with opioids." Hargan concluded by asking people to "consider following the president's example and think about what we can do in our own private lives to help fight back against a crisis that's tearing American families apart."

Coming up...

The 28th National Leadership Forum of **Community Anti-Drug Coalitions of America** and the **Substance Abuse and Mental Health Services Administration** 14th Prevention Day will be held **Feb. 5–8, 2018**, in **National Harbor, Maryland**. For more information, go to **www.cadca.org/events/forum2018**.

The **American Society of Addiction Medicine** will hold its annual conference **April 12–15, 2018**, in **San Diego**. Go to **https://www.asam.org/education/live-online-cme/the-asam-annual-conference** for more information.

The National Council for Behavioral Health will hold its national conference **April 23–25, 2018**, in **National Harbor, Maryland**. For more information, go to **https://natcon18.thenationalcouncil.org**.

In case you haven't heard...

What is happening in Congress now defies logic and history. The normal routine — short periods of Continuing Resolutions, with some kind of fix in January — is not happening. "Every item that they want is surrounded by uncertainty," one insider told us last week. "Everything is on the table. It's a mess. They have to check with the Blue Dogs. They have to check with the Freedom Caucus." Having President Trump suggest that a government shutdown wouldn't be a bad thing certainly is not helping. The Republican leadership keeps saying, "We're going to get a deal," on the tax bill and on the budget, but the question is "What kind of a deal?" What is needed are appropriations. Without that funding, "life goes on, but it doesn't go on well," our source said.