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IN THIS ISSUE...

Canadian study: Medical 'heroin' better than methadone for some
... See page 3

Utah alcohol death prompts lawsuit and raises questions for schools
... See page 4

Remembering Senator Kennedy
... See page 5

NAADAC, NAATP part ways amicably on public policy representation
... See page 7

Michael Jackson died from propofol overdose ... See page 7

NIAAA funds major gambling study
... See page 7

Baby boomers continue to use illicit drugs ... See page 8

Arkansas state lottery mandates funds for treatment ... See page 8

Connecticut offers alternatives to detox ... See page 8



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Exclusive ONDCP Interview

McLellan to focus on integration, community corrections and evidence

After years of being dominated by supply reduction strategy and philosophy, the White House Office of National Drug Control Policy (ONDCP) has a deputy director for demand reduction who is committed to treatment. Last week, A. Thomas McLellan, Ph.D. gave his first press interview — to *ADAW* — since being sworn in. He talked about two of his top goals: making addiction treatment a part of the health care system, and creating partnerships between treatment and community corrections.

About 60 percent of referrals to the country's 12,000 treatment programs come from the criminal justice system, said McLellan. At least half of the 7 million offenders in com-

munity corrections — probation and parole — have a significant substance abuse problem, he said. "It's time for the addiction treatment system to become a full partner to help community corrections." For that to happen, treatment has to be a "real partner" with community corrections, he said. "Treatment providers have to share information."

McLellan cited the cost savings from not putting people in prison or jail. "It costs between \$35,000 and \$45,000 a year to have someone in jail," he said. "Some of the money that comes from deferring prison and jail should be spent in the public treatment system," he said. "But one thing you can't do is to keep

See **MCLELLAN** on page 2

New phase of NIATx campaign to focus only on bottom-line movers

With its first change campaign for addiction treatment provider agencies ending last spring, and some providers also nearing the end of their grant cycles with the organization, NIATx (the Network for the Improvement of Addiction Treatment) concluded that times were too precarious for it to curtail its relationships with agencies. It has therefore launched a second version of its Adopting Changes to Improve Outcomes Now (ACTION) Campaign, pledging to sharpen its focus on improvements that will directly improve treatment centers' bottom line.

Campaign director Kim Johnson told *ADAW* that while the strategies NIATx will encourage providers to employ in the campaign's second

phase will closely resemble NIATx's other activities to this point, these strategies will be suggested for the sole purpose of helping centers overcome financial crisis.

"We won't talk about anything that doesn't increase revenue or decrease costs," Johnson said.

As part of this, participation in phase two is free of charge to treatment agencies, and there is no limit on the number that can enroll. Johnson said NIATx hopes to see an additional 1,000 treatment centers participate, on top of the 1,000 that participated in the first ACTION Campaign. In an interesting reflection of the diversity of organizations that offer addiction treatment centers in

See **NIATx** on page 6

Continued from previous page

in poisoning deaths may not be fully understood. Since the early 1980s there has been a 300 percent increase in poisoning deaths from any substance, said Hingson, citing Centers for Disease Control and Prevention figures. "We don't know for certain how many of these are alcohol involved," he said. In many cases, there are substances other than alcohol involved, and the death certificate may not indicate which caused the death. "I wonder if even the presence of alcohol is underreported," he said.

Nobody is immune

The Starks case shows that no school is immune from alcohol overdose deaths, said DeVilbiss. Interest-

ingly, the vast majority of USU students don't consume alcohol at all, because most are Mormon, a religion that forbids the use of alcohol. "Still, this tragedy happened to us."

And indeed, it can happen to anyone. The son of A. Thomas McLellan, Ph.D., died last year on the day he graduated from the University of Pennsylvania. Students went out drinking, and Bo McLellan overdosed and died. This was reported in the College of Problems of Drug Dependence newsletter in May of 2008.

DeVillbis of USU urges other in-

stitutions to question all procedures that are in place as the school year begins. After the Starks death last year, the school looked at its procedures. "We feel strongly that we have done is the right thing," he said of USU. "We talk to our students, particularly our freshmen, we have workshops for students, and we send letters to parents of students." As a parent of an incoming freshman himself, DeVilbiss has talked to his son about his concerns. He didn't tell him not to be in a fraternity. "But I did talk to him about not drinking himself to death," he said. •

In the current issue of the *Journal of the American Medical Association*, you'll find a "news and perspectives" article on the increase in binge drinking by Mike Mitka, with much of Hingson's work cited. Go to <http://jama.ama-assn.org/cgi/content/full/302/8/836>.

NIATx from page 1

today's market, about 10 percent of the campaign's enrollment has come from community mental health centers, Johnson said.

NIATx, a process improvement collaborative that is part of the University of Wisconsin's Center for Health Enhancement System Studies, works with addiction treatment organizations across the country to help them implement modest process changes that can improve customer service and financial performance. These changes tend to involve processes designed to improve client access to treatment and to retain clients in treatment more successfully once they're there.

Campaign content

The 18-month second phase of the ACTION Campaign began this month with two tutorial calls around the topic of getting treatment seekers into services more quickly, with an emphasis on the message that ensuring quicker access will improve the business picture. Johnson emphasizes that while the techniques that provider agencies will be encouraged to employ will sound similar to those used in other

NIATx efforts, the bottom-line improvement theme is what's new to this part of the ACTION Campaign.

This is a precarious time for many addiction treatment provider agencies, she said, as many have been responding to state budget cuts by taking actions that could further harm them in the long term. She said treatment centers tend to cut programs in areas where they have significant clinical staff, but this can place them on a "downward spiral" where the agency is less able to see clients and has less capacity to access new revenue sources that might emerge.

Tutorial calls such as the ones that initiated the new campaign this month will be the main mode of communication, along with presentations at field conferences. In what is likely a sign of the crisis times that treatment organizations are experiencing, this month's calls saw 150 participants and exceeded the capacity of the phone technology NIATx has been using, Johnson said.

A list of 12 changes to treatment operations that was employed in the ACTION Campaign's first phase has now grown to include 60 items, although Johnson said the process im-

provements that will be emphasized in the second campaign will be only those with significant bottom-line impact. She cites as an example a simple practice that could help all agencies but is currently implemented by only a few: conducting reminder calls before a client's scheduled appointment for outpatient services.

"We have 50 percent no-show rates around the country," Johnson said. "If you're paid on a fee-for-service basis, the no-show costs you what your fee is."

Johnson said most agencies that implement reminder calls will see a 50 percent decrease in no-shows. Organizations handle these procedures in a variety of ways, from having counselors make the call to placing that responsibility in the hands of administrative staff to using an automated service. The method does not seem to make as much difference as how the person who places the call is perceived by the client, Johnson said.

Beyond some of these individual changes, the ACTION Campaign seeks to help providers understand more broadly how some of the activities they are being required to conduct can inform organizational

improvements. In this time in which funders are tying the awarding of funds to organizational performance, it is important for treatment center staff to understand how the data they are required to generate can help guide overall operations, Johnson said.

“A lot of states are looking at access and retention measures, so doing the things we recommend can help people meet the state requirements,” she said.

In some communities, NIATx has acted somewhat like a broker between government regulators and treatment organizations. For example, Johnson said, Sonoma County, Calif. officials had asked the county’s contract providers to “do NIATx” in terms of meeting various performance improvement requirements, but were offering no other support to assist providers. NIATx offered training in the county to help make the performance improvement effort more collaborative.

“We’re working with governments so they don’t just impose requirements, but look for ways to help providers meet the requirements,” Johnson said.

Culture of improvement

Some of NIATx’s original grant programs are ending this fall, so attention has turned to ways in which the collaborative will stay connected with the provider community. Johnson sees significant evidence that NIATx’s message has taken hold among provider organizations, regardless of who’s delivering it.

“Here’s how I knew that was happening: In the survey for the evaluation of the last campaign, one of the agency staff members said to me, ‘We’re doing this but it has nothing to do with you,’” Johnson said. “It didn’t matter where they had heard it. The importance of the campaign is the message, not the messenger.”

Johnson believes the cumulative power of modest improvements remains potent even in times of financial crisis for the field. She does-

n’t see the logic in the extreme positions that many treatment administrators tend to take at times such as these, either becoming entrenched in their present way of doing things or taking the position that the entire system is broken and everything must be overhauled.

“You can do a lot incrementally as long as you do rapid cycle change,” Johnson said. “If you make one or a couple of changes a month, in a year your organization will look very different.” •

For more information about the new phase of the ACTION Campaign, visit www.niatx.net.

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888-378-2537

BRIEFLY NOTED

Michael Jackson died from propofol overdose

The Los Angeles County coroner’s office ruled that singer Michael Jackson died of an overdose of the anesthetic propofol, according to court documents. The Los Angeles County Times reported August 24 that an autopsy revealed “lethal levels” of propofol. Propofol is generally administered in a hospital setting. (See *ADAW*, July 27, page 5, for an interview with Ivan Montoya, M.D. of the National Institute on Drug Abuse on propofol abuse.)

NIAAA funds major gambling study

With a \$3 million grant from the
[Continues on next page](#)

NAADAC and NAATP part ways amicably on public policy representation

As of this week, NAADAC, The Association for Addiction Professionals (NAADAC) and the National Association of Addiction Treatment Providers (NAATP) are terminating their two-year agreement to collaborate on public policy (see *ADAW*, July 9, 2007). Top officials from both groups call the agreement an “experiment” which worked in many ways, but say that the health care reform agenda has made the interests of the employer (NAATP) somewhat different from those of the employees or of individuals (NAADAC).

Daniel Guarnera will continue as director of public policy for NAADAC, which has paid his salary even during the collaboration. Mark Dunn will continue as the public policy consultant for NAATP.

“We think Daniel’s a huge resource,” said NAATP CEO Ronald J. Hunsicker. “But we represent organizations, and NAADAC represents individuals who are employees of those organizations,” he said. “Rather than trip over each other, we felt we needed our own individual voice at least on some issues.”

The payment and financing aspects of health care reform constitute a much larger issue for NAATP than for NAADAC, said Hunsicker. “I’ve been charged with representing the interests of NAATP members, and our members are less concerned about how the publicly funded programs get taken care of, and much more concerned about how the reimbursement will be set up for private programs.”

And for NAADAC, it’s important to be able to represent the needs of the individual counselor, said Cynthia Moreno Tuohy, NCAC II, CCDC III, executive director of NAADAC. “What Daniel does is to represent the field — the profession — of addiction treatment very, very well,” she said. “Because we do have a particular bent at NAADAC, that didn’t always work well for NAATP,” she said.