ALCOHOLISM & DRUG ABUSE WEEKLY
News for policy and program decision-makers

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Highlights...

Despite the lack of evidence showing it works, the D.A.R.E. program is still beloved of schools, parents, communities, and even was responsible for the outcome of a sheriff's race in Maryland that made national headlines last week. The program has strong points, but schools shouldn't think it's the only program of its kind. *See story, top of this page.*

In the wake of the mid-term elections, President Bush quietly nominated Terry L. Cline, Ph.D. to be the next administrator of SAMHSA. Whether confirmation hearings will be held this fall or delayed until the new — and Democrat — Congress comes in in January is unclear. But the field cautiously approves of Cline, noting that his background is heavy on mental health and light on substance abuse. *See story, bottom of this page.*

Inside this issue...

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Sheriff campaign debate over D.A.R.E. calls attention to school-based approaches

The Drug Abuse Resistance Education (D.A.R.E.) program seems destined to capture the most attention among school systems, despite the program's weak evidence base and the presence of numerous alternatives tailored to a variety of age groups. Many communities across the country still essentially equate school-based prevention with D.A.R.E.

The latest battleground over D.A.R.E. came to light this fall during the campaign for sheriff in St. Mary's County, Md., a fast-growing community with a rising crime problem. D.A.R.E. became a central campaign issue in the county when challenger Tim Cameron criticized incumbent Sheriff David D. Zylak's decision to eliminate the program and pledged to restore D.A.R.E. to the county's elementary schools if elected.

Cameron celebrated a resounding victory in the election earlier this month, capturing 56 percent of the vote in the county race.

Zylak's decision to eliminate D.A.R.E. had come at a time when his department was facing other constraints, having seen a drop in its overall number of narcotics detectives. Zylak had said that the department didn't have the staffing to maintain a prevention program with questionable effectiveness.

"We've got this situation where the studies say it's not effective, but everyone still loves it," Zylak told *The Washington Post* in the days before the election.

Indeed, many academicians and leaders in the addiction community consider D.A.R.E. to be one of the

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SAMHSA administrator nominated: Cline from Oklahoma

Strong mental health background

Terry L. Cline, Ph.D., the Oklahoma Secretary of Health as well as Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), may be the next administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). President Bush nominated Cline on November 9, the day before the Veteran's Day holiday and just after the Democrats won the majority in Congress.

Not well known to the addiction treatment field outside of his home state of Oklahoma, Cline's background is in mental health. Overall, he receives high marks from those in the field who know him, but there's some anxiety that substance abuse might be given short shrift within SAMHSA compared to mental health. In Oklahoma in particular, there is some concern that mental health counselors may end up being the only ones who can meet the state's new licensure requirements.

"Personally, I think highly of him," said Brent Katigan, program director of Valley Hope Association outpatient programs in Oklahoma City, Tulsa, and Wichita (Kan.) "But he was born and raised mental health. I have a little concern about that."

Valley Hope, a private not-for-profit multi-state provider, has insu-

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weakest options for school systems to embrace on a purely evidence-focused basis. "The shame with D.A.R.E. is there has never been a published scientific article that has demonstrated its effectiveness," David J. Hanson, professor emeritus at the State University of New York at Potsdam and frequent critic of a variety of conventional approaches in addiction services, told *ADAW*. "It's really not even a debatable matter."

Yet while many might criticize policy-makers' decision to continue to embrace D.A.R.E. (the *Post* reported that only three Maryland counties do not use the police-run program in their elementary schools), others counter that D.A.R.E.'s opponents use incomplete analyses and subject the program to expectations that no prevention effort could meet.

Even at the highest level of the national prevention infrastructure, there are voices that insist that a comprehensive approach to prevention in local communities can and should include efforts such as D.A.R.E.

"Not a single program can do what needs to be done by itself; not one," Beverly Watts Davis, director of the federal Center for Substance Abuse Prevention (CSAP), told *ADAW*. Watts Davis added that in some high-crime communities, D.A.R.E. has been essential to creating an environment conducive to learning and positive accomplishment among students.

"What D.A.R.E. brought to these communities was some sense of order in the classroom that allowed young people to learn," Watts Davis said. Asked if that was a legitimate enough reason to use the controversial program, she replied, "It's legitimate enough for *that* community."

Schools' analysis

Watts Davis, who before joining SAMHSA directed a community antidrug coalition in San Antonio, Texas, believes communities and school districts often ask the wrong questions about prevention strategies and don't do an effective job matching approaches to their distinct problems.

"The most important thing a school district should do is take a look at what the [local] data tells it," Watts Davis said. Too often a district, for example, will see that drunk-driving episodes involving new teen drivers have become a prevalent problem, but then will turn its attention to implementing a mentoring program for elementary school students instead of tackling the documented problem head on, she said.

Often this occurs because factors such as program costs and scheduling constraints in the school day get in the way of making completely objective decisions about prevention strategies, Watts Davis said. "The federal government has to recognize this; it's what I call the 'reality factor,'" she said.

In response to the limitations school systems and communities face, CSAP's parent agency, the Substance Abuse and Mental Health Services Administration (SAMHSA), has begun acquiring planning tools and making them available in the public domain. Last month SAMHSA announced the availability of Communities That Care, a prevention planning system that previously had been owned by a private provider (see *ADAW*, Oct. 30).

Watts Davis said she would like to see the federal government take ownership of more of these tools for communities so that they can be more widely used free of charge.

Watts Davis believes it is certainly important for communities to consider evidence-based approaches to prevention, but warns that the evidence is found in more places than just with researchers on whom million-dollar grants are bestowed. She consistently says to local leaders, "Do not devalue your ability to come up with evidence-based practices," adding, "Local people solve local problems best."

And she says that when communities are looking at what the evi-

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dence says, more factors than simply the reduction of drug use among young people need to be taken into consideration. "Some communities may want to encourage school and family bonding as well," she said in citing an example of what could constitute a broader agenda.

Plethora of options

It is abundantly clear that no matter what a community thinks of D.A.R.E.'s effectiveness, no jurisdiction should be using it only because it thinks there are no other options with a track record.

Several government sources in recent years have issued documents listing a variety of school- and community-based prevention programs tailored to specific age groups or targeted to specific risk factors for substance use. For example, the National Institute on Drug Abuse's (NIDA's) research-based guide entitled *Preventing Drug Use Among Children and Adolescents* includes an entire chapter of examples of research-based prevention programs at each school level and for audience categories encompassing "universal," "selective," "indicated," and "tiered."

Also, a 2006 joint publication of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and Community Anti-Drug Coalitions of America (CADCA), *Using Science to Combat Underage Drinking*, states, "The most comprehensive interventions to date have involved the coordination of efforts among schools, families, and the community at large." The report, part of CADCA's Practical Theorist series, uses the Project Northland effort in 22 northern Minnesota school districts as an example of comprehensiveness, citing its work with school curricula, parental involvement and communitywide efforts to change norms about alcohol use.

Several experts say this precisely is what is missing from D.A.R.E., which generally focuses on only one elementary-school age group and doesn't tend to venture beyond the outreach of a law enforcement officer to a group of young people.

"The programs that work best tend to be the ones that are most comprehensive, involving schools, parents, and the community," Norman G. Hoffmann, Ph.D., president of Evince Clinical Assessments and a longtime evaluator of treatment effectiveness, told *ADAW*. "They don't just give it to the cops and let the cops do it."

Hoffmann said research has shown that it is important to follow up lessons taught in the early school years at later stages, with age-specific approaches throughout the school cycle. He added that most youths who begin exhibiting substance use problems early have a variety of other problems as well, and that school-based programs should not lose sight of the need for broader intervention strategies for this troubled group.

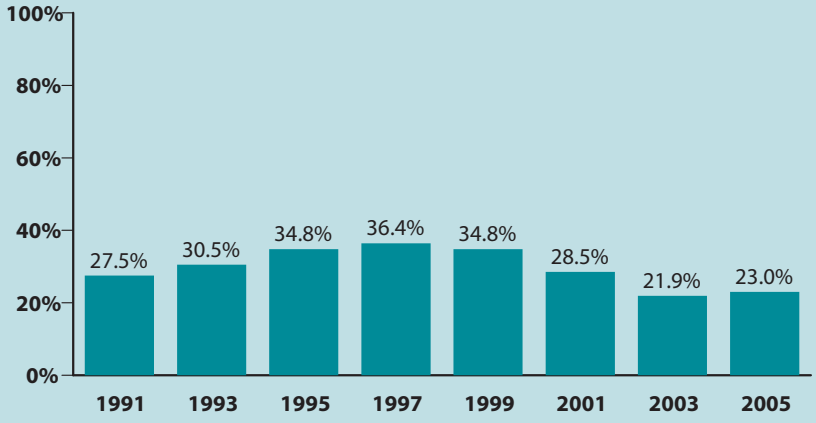
"It's not that this group can't say no [to drugs]; it's that they have no reason to," said Hoffmann. Building self-esteem and decision-making skills is as essential as working on drug refusal skills when addressing youths who are already having problems, he said.

Hanson said that because D.A.R.E. tends to be so popular with school officials, parents and police, the prevalent belief in the program despite the lack of research evidence sustains its widespread use across the country. He did say that one documentable effect of D.A.R.E. is that youths who participate in the program "tend to like police better."

Hanson believes that whatever prevention strategy a community adopts, leaders should always take an honest approach with young people. "They shouldn't be using scare approaches, or ever be put in a position of not giving accurate information," he said. •

Decline in smoking rates by high schoolers has leveled off

Youth smoking went down from 1997 to 2003, but the decline seems to have stalled, according to a recent CDC analysis of data from the national Youth Risk Behavior Survey. While the prevalence of current cigarette use declined significantly from 36.4 percent in 1997 to 21.9 percent in 2003, there was no statistically significant difference in use from 2003 to 2005, which is consistent with trends observed in other national school-based surveys.



Source: Adapted by CESAR from Centers for Disease Control and Prevention (CDC), "Cigarette Use Among High School Students—United States, 1991-2005," Morbidity and Mortality Monthly Report 55(26)724-726, 2006. Available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5526a2.htm.

Insurance company to conduct 'commercial evaluation' of Prometa; Payment contingent upon outcome

Hythiam and Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ) are joining together to conduct a "commercial evaluation" of Prometa, the $12,000-$15,000 outpatient program to treat alcohol, methamphetamine, or cocaine addiction. The outcomes will be measured at 90 days, "after which initial reimbursement may commence," according to BCBSNJ.

"Hythiam has been very open to having us evaluate Prometa based upon the specific needs of our patients and customers," said Dr. Christopher Valerian, Executive Medical Director, Quality and Clinical Innovations, Horizon BCBSNJ. "Substance dependent patients tend to be high utilizers of a spectrum of health care services, and the chronic relapsing nature of this disease tends to result in significant time off from work. A successful result in this pilot will improve the quality of care that we provide to our membership. Additionally, Prometa will be evaluated for increases in treatment retention, reduction of a patient's time spent away from the workplace, and reduction of patient utilization of emergency medical care."

For the evaluation, 50 BCBSNJ patients will be treated with Prometa protocols. Followup will extend through 6 months.

CSAT corrects methadone dosage error for babies in TIP

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) recently corrected two typographical errors in the *Treatment Improvement Protocol (TIP) 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. These are serious typos which need to be corrected, according to CSAT. The corrections are noted below as it appears in Chapter 13.

In Treatment Improvement Protocol (TIP) 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (2005 printing), Chapter 13, page 219, incorrect information about medication treatment for neonatal abstinence syndrome (NAS) was published.

- Column 1, line 9 from the bottom, reads "0.4 mg/kg/dose." It should read "0.4 mg/kg/day."
- Column 1, line 6 from the bottom, reads "0.4 mg/kg/dose." It should read "0.04 mg/kg/dose."

In subsequent printings of TIP 43, page 219, the paragraphs regarding this topic have been changed to read:

> "If pharmacological management is indicated, several methods have been found useful. The American Academy of Pediatrics Committee on Drugs policy statement on Neonatal Drug Withdrawal (1998) describes several agents for the treatment of NAS including methadone, tincture of opium, paregoric, and morphine. One method (J. Greenspan, Thomas Jefferson University Hospital, Philadelphia, personal communication, October 2006) uses neonatal opium solution (0.4 mg/mL morphine-equivalent; starting dosage, 0.4 mg/kg/day orally in six to eight divided doses [timed with the feeding schedule]). Dosage is increased by 0.04 mg/kg/dose until control is achieved or a maximum of 2.0 mg/kg/day is reached. If Neonatal Abstinence Scores stay high but daily dosage nears maximum, symptoms are reassessed and concurrent phenobarbital therapy considered. When control is achieved, the dosage is continued for 72 hours before pharmacological weaning, in which dosages are decreased 10 percent daily or as tolerated. When 0.2 mg/kg/day is reached, medication may be stopped. Decisions about dosage decrease during pharmacological weaning are based on Neonatal Abstinence Scores, weight, and physical exams." •

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FROM THE FIELD...

St. Christopher's Inn counselor among the first to be certified as a NIATx Change Leader

By Maureen Fitzgerald

Thomas King has worn many hats at St. Christopher's Inn, a community-based substance abuse treatment provider in Garrison, N.Y. serving the metropolita New York City area. A credentialed alcohol and substance abuse counselor and also affiliated with the American Association of Marriage and Family Therapists, King began working in the field in 1989. With a passion for helping people who suffer from substance abuse and/or mental illness, King has also ha the the opportunity to develop new programs at St. Christopher's, including a structured family program and an intensive outpatient program.

In 2003, as a Robert Wood Johnson Foundation Paths to Recovery grantee, St. Christopher's Inn became a member of the Network for the Improvement of Addiction Treatment (NIATx). In the NIATx model of process improvement, staff members work togethe to improve business processes. An Executive Sponso (typically the director or CEO) designates a staff member as a Change Leader to improve a process that influence one of the four key NIATx aims: reduce no-shows, reduce waiting times to treatment, increase admissions, and increase continuation. Then the Change Team works together to test a strategy using rapid-cycle change—or a Plan-Do-Study-Act Cycle.

"After we became a NIATx member, I was very excited to be part of the first Change Teams at St. Christopher's Inn" says King. "I had worked at other organizations in the field that were resistant to change. With NIATx, we were able to look at our programs with an objective eye to identify things that needed improvement."

An initial process improvement exercise at St. Christopher's Inn focused on increasing admissions After examining the organization's phone system, "We realized that a lot of calls were coming in at lunch time when no one was available to answer the phones," comments King. By staggering lunch times, the agency was able to increase the number of phone calls that were answered live. With fewer missed calls, St. Christopher's saw an increase in admissions as well.

"When I was asked to pick a Change Initiative, I picked something that would be easy to change the "no-show" rate for the evening outpatient clinic," said King, who participated in a national "Change Project" called the "Change Leader Academy." The no-show rate baseline measure showed that there was a 40 percent no-show rate for assessments. "To improve that, my team and I implemented reminder calls 24 hours before the assessment and follow-up calls 24 hours after the appointment. And the no-show rate dropped to zero."

Success with the first Change Project gave Kin the confidence to tackle a more challenging issue for a second Change Project: how to improve the continuation rate among men admitted for St. Christopher's residential treatment program. "St. Christopher's Inn is run by the Franciscan Friars of Atonement, whose mission is to provide food, shelter, and clothing for the needy. Homeless men admitted here can start a 90-day residential treatment program, or they can choos just to stay for shelter for 21 days. We noticed that many of our new admissions for treatment—about 35 percent—were leaving after the first 72 hours. So our second Change Project attempted to correct that."

Strategies that King's Change Team tested to increase continuation included a peer mentoring o "buddy" system. "When we saw that the buddy system was helping, we also tested another change, which was to give our new admits a "treatment menu"—basically, detailed information on what to expect durin the course of their stay." With those two changes, King's team was able to reduce the number of new admits leaving treatment early to 25 percent.

While King and his team conducted the Chang Projects, King kept in touch with his classmates from the Change Leader Academy through monthly teleconferences. In these calls, he was able to share his successes and challenges with other Change Leaders-in-training. "The regular calls really supported my efforts as a Change Leader," says King. "It helped tremendously to hear what others were experiencing."

The first NIATx Change Leader Academy concluded with a second Madison workshop in September 2006 "Overall, the NIATx Change Leader Academy was a great opportunity for professional and personal development. I learned new ways to look at my organization with an eye for process improvement," King concludes.

Maureen Fitzgerald is editor at the Network for the Improvement of Addiction Treatment (NIATx), a partnership between The Robert Wood Johnson Foundation's Paths to Recovery program, the Center for Substance Abuse Treatment's Strengthenin Treatment Access and Retention (STAR) program, and a number of independent addiction treatment organizations. Reach her at NIATx, (608) 890-0937; mmfitzgerald@chsra.wisc.edu.

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lated itself from these forces in Oklahoma. "The good news — which is always bittersweet — is that in Oklahoma our facility is overflowing with patients," Ken Gregoire, Ph.D., president and CEO of Valley Hope Association, told *ADAW*. "We accept no state funding, everything is self-pay or insurance," he said. "We don't want to take money from the state and then have them tell us how to do treatment."

And Bill Crowell, MD, a retired medical examiner who is also a LADC (licensed alcohol and drug counselor), says Cline "will be fair and a consensus builder, but his inclination will be toward mental health issues." The best case scenario for the field under a merged mental health-substance abuse system will be "to train substance abuse counselors to do mental health assessments," says Crowell. "But Cline's plan in Oklahoma has been to train mental health counselors to do substance abuse assessments," he told *ADAW*. "When they do that, the very next step is mental health counselors doing substance abuse treatment. Our drive is to do the mental health assessments."

But the view from the public treatment side is more optimistic. "Our Oklahoma association and SAAS have worked with Terry Cline, and in my experience — which is somewhat limited — I have found him to be balanced, open, and very committed to moving forward," said Howard B. Shapiro, Ph.D., executive director of the State Associations of Addiction Services (SAAS), based in Washington, D.C. "I'm confident that he will have a balanced approach to substance abuse and mental health," he told *ADAW*.

Counselor pay

One particular plus is the move, spearheaded under Cline, to equalize pay for substance abuse and mental health counselors in the state — with an increase for substance abuse counselors. This program just began this year (see *ADAW,* April 3).

Sallie McLaughlin, past president of the Oklahoma Substance Abuse Services Alliance, the state's SAAS chapter, had nothing but praise for Cline. "Under Terry Cline's leadership, we have received more funds than we have ever been able to get in the past," she told *ADAW*. "He led the charge for us to be able to get $18 million in drug court funding, in two year increments."

She also credits Cline with the higher fee-for-service rates for substance abuse counselors. "Typically we have always been paid less money than the mental health systems, but within three years we'll be paid the same. Last year we got our first increase, this year, the second, and next year we'll get the third."

Cline handled the transition for the licensing of counselors well, according to Michael Miller, program director for Valley Hope's 72-bed residential program in Cushing. "Terry assisted in the transition to make it very smooth," Miller — who had just taken the oral test for his certification — told *ADAW*. "They increased the qualifications, which I think was a good move. Now the counselor is required to have a bachelor's degree, and by 2009 it will be Master's."

But there is no Master's program in addiction offered in Oklahoma, said Katigan. Since the licensure requirement will be for a Master's in any kind of behavioral science, the counselors with masters in psychology and social work will be first in line for the addiction counseling jobs, he worries. "When the licensure in our state began, there was a strong push by the LPCs (mental health counselors) to get grandfathered in so they could do all the substance abuse counseling," he said.

And this feeds the real fear that mental health counselors will treat substance abuse, instead of the "no wrong door" concept, in which

Cline's background

Cline has a doctorate in clinical psychology from Oklahoma State University, was clinical director of a community mental health center in Cambridge, Mass., then staff psychologist at McLean Hospital in Belmont, Mass. He was a health care policy fellow at SAMHSA's Center for Mental Health Services where he focused on organization and financing of mental health services, and in 2001 returned to Oklahoma, where he headed ODMHSAS. In 2004 Gov. Brad Henry appointed him Secretary of Health.

Deputy commissioner on administrative leave

The only possible hitch insiders can see to Cline's confirmation as SAMHSA administrator is the investigation into Ben Brown, deputy commissioner in the Oklahoma Department of Mental Health and Substance Abuse Services, who was placed on administrative leave in September. If there is any finding that an impropriety was committed by Brown involving the Oklahoma Citizens Advocates for Recovery and Treatment Association, and Cline is linked to it, that could be damaging, sources say. The alleged impropriety involved the hiring of a "plant" member under pressure from Brown, because the group gets funding from the State Department of Mental Health.

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each profession could at least assess for the other. "That's a big fear in Oklahoma right now," said Katigan. "And I don't know that Terry Cline and his crew have done anything to relieve that."

But McLaughlin from the Oklahoma chapter of SAAS wanted to reassure treatment providers that she has never seen Cline "favoring mental health over addictions or addictions over mental health. What he has done is helped move our addiction treatment field to be more professional, using evidence-based treatment, so we can improve the care for our people." •

White House says it will keep Cline away from press until after confirmation

Immediately after the November 9 nomination, which was made as part of a White House "personnel announcement," the Bush Administration erected a wall around Cline, saying he would not be allowed to talk to the press until he was confirmed by the Senate — something that may not happen until next year when the new Congress steps in. "It's this Administration's policy not to make nominees available for interviews before they are confirmed," Christie Parell, spokeswoman for the White House media office, told *ADAW*.

Even SAMHSA was told they could not comment on Cline or "anything regarding the new administrator nominee until he is confirmed," SAMHSA spokeswoman Shelly Burgess told *ADAW*.

Briefly Noted

High co-occurrence of alcohol misuse and prescription drug abuse

Only recently have substance abuse researchers begun to identify individual characteristics and vulnerabilities associated with nonmedical use of prescription drugs (NMUPD), according to a report in the October issue of *Drug and Alcohol Dependence*. Dr. Sean McCabe from the Substance Abuse Research Center at the University and his colleagues completed a study investigating the little examined co-occurrence of alcohol use disorders (AUDs) and NMUPD. They found that although individuals with AUDs comprised less than 9 percent of the 43,093 adults interviewed (NESARC), those with AUDs accounted for more than one in three cases of NMUPD. This co-occurrence was particularly high among young adults ages 18-24. The researchers conclude that treatment for AUDs should include a thorough screening for NMUPD, particularly among young adult patients.

Faith-based recovery involves giving up control

On November 11 the *Santa Cruz Sentinel* surveyed the popularity of faith-based recovery programs, many of which hold that giving up control to a higher power or ideal is the key to long-term recovery. For example, the Sentinel writes that although 12-step programs claim not to require belief in a Christian God, the first three steps involve entering into a faith contract with a higher power. Last spring President Bush spoke in support of the Christian program Celebrate Recovery, which in the past 12 years has seen the participation of more than 150,000 people. Carla Vencil, who has worked in recovery for 25 years and currently co-pastors a music-based spiritual program called God Rocks, explains, "If you are an addict and you think you are still 'in control,' you are not ready for recovery." In addition to weekly worship services, God Rocks includes intimate home Bible study groups which meet several times a month.

Pelosi's gains mean funds for San Francisco

Rep. Nancy Pelosi, as Speaker of the House would be able to help addiction research and treatment in the Bay Area, which has already benefited significantly as Pelosi has "moved through the ranks of spending committees," reported *The Associated Press* on November 10. The watchdog group Citizens Against Government Waste stated that in the past two fiscal years, Pelosi has channeled millions of dollars to support San Francisco projects, including $5.6 million to the University of California at San Francisco Department of Neurology Gallo Center, including $3.75 million for alcoholism research. Pelosi also secured $450,000 for the San Francisco "Safe Streets Project," and $750,000 to the Bay Area Youth Violence Network.

Canadian addiction treatment 'empire' under intense scrutiny

Ontario's Comquest Systems, Inc. is under scrutiny for improper billing and medical practices, reported the *Toronto Star* on November 1. The company, headed by Dr. Jeff Daiter and Dr. Michael Varenbut, encompasses the "rapid detox" clinic Canada Detox, a medical software company, and the Ontario Addiction Treatment Center, which treats about one third of Ontario's 14,000 methadone patients. On October 31, Comquest was convicted of improperly billing

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Alcoholism and Drug Abuse Weekly will not be published next week, Monday, November 27. Publication will resume Monday, December 4.

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the Ontario Health Insurance Plan (OHIP) for "expensive, excessive" tests, and a second inquiry was announced exploring their medical practices. Meanwhile, an inquest in underway regarding the 2005 death of John Martellacci, who died in the Canada Detox clinic after undergoing "rapid detox." The controversial procedure is not covered by OHIP and is not supported by the American Society of Addiction Medicine (ASAM). Furthermore, it's been found that Martellacci's urine was not tested on the day of the procedure; it's possible that cocaine in his system contributed to his cardiac arrest.

Baltimore trains doctors in buprenorphine treatment

It is estimated that many thousands of Baltimore residents are addicted to heroine, and the city's Health Department aims to get at least 10,000 of them into treatment with buprenorphine, reported *The Associated Press* last month. First approved by the FDA (in high-dose preparations Suboxone and Subutex) in 2001, buprenorphine is less prone to abuse than methadone and can be taken at home through a primary care doctor. In order to reach its treatment goal, the city must first train enough doctors to administer the medication. Currently, only about 90 Baltimore doctors have earned the credentials to treat up to 30 buprenorphine patients at a time. In a city with so many physicians, said Health Commissioner Dr. Joshua Sharfstein, buprenorphine training "offers a potential for a major expansion of access to care." In a contract with Clinical Tools, Inc., which offers the 8-hour training in an online program, the city government will subsidize $10,000 to train 100 additional doctors.

Rural awards honor prevention intervention efforts

Since 1991 the National Rural Alcohol and Drug Abuse Network, Inc. (NRADAN) has been distributing Awards of Excellence for work in the areas of prevention, intervention and treatment of alcohol and drug abuse. Next year marks the 23rd Annual Conference of the National Rural Institute on Alcohol and Drug Abuse, taking place June 3-7 at the University of Wisconsin-Stout. Awards of Excellence will be distributed at a June 5 luncheon in the following categories: Rural Professional, honoring someone who exemplifies devotion to their specific program or population of need; Rural Program, recognizing a model rural program developed for a rural population; Rural Community, for a rural community that has identified a problem and pulled together resources to address that problem; and Responsiveness to Rural Issues and Concerns, for a non-rural individual/agency that has demonstrated repeated aid to a rural population. Nominations will be due in January 2007. For more information, contact: Louise Monson, NRADAN_Inc@centurytel.net.

Coming up...

Children and Family Future and the **Children's Research Triangle** will sponsor "Putting the Pieces Together for Children and Families: The National Conference on Substance Abuse, Child Welfare and the Courts," to be held **January 30 through February 2, 2007 in Anaheim, Cal.** For more information, visit www.cffutures.org.

The Harm Reduction Project is sponsoring the Second Annual National Conference on Methamphetamine, HIV and Hepatitis: Science & Response 2007, to take place **February 1-3 in Salt Lake City.** For more information and to register, visit www.methconference.org.

The National Rural Institute on Alcohol and Drug Abuse will hold its Twenty-third Annual Conference on **June 3-7 at the University of Wisconsin-Stout.** For more information, visit www.uwstout.edu/outreach/conf/nri/.

Resources

NIDA summer internships for students

The National Institute on Drug Abuse (NIDA) announced on November 10 it is seeking student applicants aged 16 years and older for its Summer 2007 Internship Program. Interns work at the NIDA facility in Baltimore, Maryland, participating in NIDA's Intramural Research Program (IRP). Research projects could include: drug-seeking behavior in rats, smoking cessation and genomic studies for nicotine dependence. Applicants should be enrolled at least half-time in high school, have completed high school or be attending an accredited U.S. college or university. Stipends will be paid. The deadline to apply is March 1, 2007. Go to www.training.nih.gov/student/sip/index.asp for information and to apply.

In case you haven't heard...

A new idea for a controlled-dose pill dispenser is touted as deterring abuse of medications such as OxyContin uses, of all things, rocket fuel. If anyone tries to take more than one pill at a time, the contents of the container, known by the inventers as Pill Safe, all the pills inside get burned up. It's operated by battery, and anybody who tries to force open the device will ignite the fuel. In order to take a pill legitimately, the user presses a button. That button will not work again until the next dose is supposed to be taken. No fire comes out of the device if it gets set off, according to the inventers, Just a wisp of smoke.