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

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In This Issue...

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Definition of recovery is vague, measures elusive, even as taxpayers fund services

Recovery has become the focus of substance abuse services in the federal government, even as researchers are still struggling to define who is in recovery — and therefore, who qualifies for services.

Faces & Voices of Recovery is participating in study funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to develop recovery measures. "Virtually no research dollars have been devoted to understanding recovery," said Faces & Voices executive director Pat Taylor, who called the NIAAA study "long overdue."

Treatment isn't necessarily even a part of recovery at all, said Taylor. "As the National Survey on Drug Use and Health demonstrates, millions of Americans have recovered from addiction to alcohol and other drugs without the benefit of clinical treatment services," she told *ADAW*. "Recovery support services need to be available to them, to people using medication in their recovery, to people considering beginning the recovery process, to people in clinical treatment and to people who are incarcerated."

But if people are going to obtain those recovery support services, and have them paid for, who decides who is eligible to receive them? Is it enough to say, "I am in recovery"?

"A person in recovery doesn't care how it's defined," said Alexandre B. Laudet, Ph.D., addiction and recovery scientist at National Develop-

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Treatment Program Profile

Center sees clinical and business case for comprehensive alumni programs

by Gary Enos, Contributing Editor

Reflecting a growing emphasis nationally on the need to serve patients after their treatment stay, the western North Carolina treatment center Pavillon has established a menu of alumni programming that is building a strong recovery support network while improving the organization 's name recognition.

The nonprofit Pavillon's recent efforts serve as an example of how initiatives targeting a treatment program's alumni can create benefits for a treatment center's business prospects.

"We're just starting to emphasize this in our marketing," Pavillon alumni services coordinator Melanie Zapf told *ADAW*. "We tell people that whether they are coming for six weeks or three months, that is only the beginning."

Zapf, herself a Pavillon program graduate who completed her treatment more than four years ago, said that the 15-year-old organization traditionally had conducted alumni activities along the lines of what is seen at many centers: It held support group meetings in areas where there was enough of a concentration of program graduates, and it offered alumni retreats and a reunion a few

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ment and Research Institutes in New York City. "They'll tell you it's like pornography: they know it when they see it."

The two definitions

There are two current definitions in the literature, both based on a consensus of participants: the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) developed one in 2005, and the Betty Ford Institute developed one in 2006.

CSAT's 2005 definition states: "Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life." Still, the consensus then was that each individual may define recovery differently. Today, some people think recovery includes harm reduction (cutting back on drinking, for example), some think it doesn't include maintenance treatment with methadone or buprenorphine, and some think it doesn't matter because, as Laudet said, they are in recovery and they know they are.

This vagueness is a problem, said A. Thomas McLellan, Ph.D., director of the Center for Substance Abuse Solutions at the University of Pennsylvania School of Medicine. "There has to be something that is tangible and measurable," McLellan told *ADAW* last week. "If you are going to buy recovery services, you have to know what you are buying."

In 2006, the Betty Ford Institute was established, and one of its first tasks was to start the process of defining recovery (see *ADAW*, Sept. 25, 2006). The definition, "a voluntarily maintained lifestyle comprised of sobriety, personal health and citizenship" was published along with recovery measures in a 2007 *Journal of Substance Abuse Treatment* in an article by McLellan and John Schwarzlose of the Betty Ford Center. Last year, McLellan wrote a letter to the *Journal of Substance Abuse Treatment* summarizing the reaction to the 2007 article, which he called one of the 10-most downloaded articles from that journal. Ultimately, SAMHSA adopted "Recovery-Oriented Systems of Care" as a national goal, with the BFI consensus panel report as a guide, said McLellan.

> **'If you are going to buy recovery services, you have to know what you are buying.'**
>
> A. Thomas McLellan, Ph.D.

Treatment vs. recovery

The treatment field has been taken to task by many in the recovery field for not having focused on recovery, but instead just focused on the episode of treatment itself. The most "honest" response to this is that treatment providers were never paid for recovery services, said McLellan. "They were told they'd be paid for 30 days. You want recovery with that too?"

Furthermore, people in recovery support organizations resent treatment "because they get all the money," said McLellan. "The recovery community has been noble and effective in trying to get people into recovery — they have been doing it for free because it's part of their own recovery," he said.

This raises the question of whether people have to be in recovery to provide recovery support services, said McLellan. He is strongly opposed to any requirement like

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that, saying it "smacks of prejudice." He also wonders how it could work logistically. "Will the University of Pennsylvania start offering courses in recovery support services, and freshman year people will have to become addicted, sophomore year go into recovery? If this is a jobs program for people in recovery, I'm off that bus."

Abstinence

Having a definition of recovery isn't as important as being able to measure it, said Laudet. She defines recovery as a "reduction or eradication of substance use plus improvement in key areas of functioning that constitute quality of life."

The abstinence that is part and parcel of recovery in the United States is based on the 12-step paradigm, said Laudet. "We're the only developed country in the world to have this," she said. "In France, Australia, England, the approach is that you take the person where they're at. They come in for a sore, you gain their trust, they realize they are using too much, then eventually they come to the conclusion they don't want to use at all. In America, you have to be on your knees and say I'm sick and tired of being sick and tired — help me." Unfortunately, said Laudet, most addicts don't reach that point until they are 35.

Policy makers like abstinence because "it's easy, it's black and white, they're using or they're not using," said Laudet. In the Bush Administration, abstinence was clearly required. It's not clear that abstinence will be required for health care reform.

On the one hand, a definition and a measure are needed, so that services and benefits can be afforded and paid for. On the other hand, who is to say who is in recovery, asked Laudet. "Who am I to say you kicked heroin but you are still smoking cigarettes?"

In her research, Laudet has asked people why they dropped out of treatment. They told her they wanted help with housing and legal problems, not just with getting over their addiction, she said, adding that nationwide, 60 percent of people drop out of treatment. "They see this as an opportunity to get out of a life they don't want, and they want help doing it."

This is one reason that SAMHSA is planning on using block grant money for recovery support services in 2014, when it says treatment will be paid for by Medicaid and private insurance.

Finally, even though the majority of people in recovery get there without going to treatment, funders for recovery research projects expect subjects to be recruited out of treatment, said Laudet.

ONDCP priority

The Office of National Drug Control Policy (ONDCP) is putting together a recovery strategy, *ADAW* has learned. "This is the first administration that I've worked in that has looked at recovery as its own separate policy issue," Rafael Lemaitre, ONDCP spokesman, told *ADAW* last week. "We're elevating the profile of recovery," he said, adding that SAMHSA will still be paying for some treatment.

The budgets of all federal agencies involved with recovery will be used to fund the strategy, said Lemaitre. "We're trying to wrangle all the federal agencies that have a role to align them with the principles of recovery," he said. "It's not just treatment, it's recovery as well."

CSAT's response to the recovery dilemma — what does it mean and who qualifies for it under health care reform — will be in next week's issue. •

NIDA statement on recovery

Susan Weiss, Ph.D., acting director of the office of science policy and communications at the National Institute on Drug Abuse (NIDA) sent *ADAW* this statement last week: "You are right in observing that 'recovery' lacks a standard definition by the drug abuse field. Even the question of whether total abstinence is necessary or if reduced drug use (particularly for alcohol, since it is legal for adults) is sufficient has been difficult to achieve consensus on. Over the years, a variety of outcome measures have been developed to monitor treatment success. Such measures typically assess multiple aspects of a person's functioning that could define or signify their recovery-including, but not limited to, not using drugs. There is also no firm 'time' beyond a which a person is considered to have recovered, partly because we do not have an actual biomarker — or objective measurement indicating restored brain function or pharmacologic treatment response — showing that the person has recovered and is no longer vulnerable to relapse. Finally, recovery may be experienced differently by different people. For example, a person who is taking medication for their addiction (e.g., MMT or buprenorphine) would be considered in recovery by NIDA, as long as they are not abusing drugs and are functioning in their communities and lives."

For a summary of the CSAT summits on recovery in 2005, go to www.ireta.org/ireta_main/recoveryCD/CSATSummit-Rpt2007.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: Alison Knopf, Editor, Alcoholism & Drug Abuse Weekly, 111 River Street, Hoboken, NJ 07030-5774; e-mail: aknopf@bestweb.net. Letters may be edited for space or style.

SAGE commission consolidation in New York may affect OASAS

Last month New York Gov. Andrew M. Cuoma named the members of the Spending and Government Efficiency (SAGE) Commission that will, for the first time since 1927, redesign the state's government. The plan is on a fast track: Governor Cuomo proposed it in January, the legislature passed it March 31 in the state budget, and the governor announced commission members April 19.

Co-chairs are Antonio M. Perez, chairman and chief executive officer of Eastman Kodak Company, and Paul Francis, the director of agency redesign and efficiency.

"For decades, our state government has ballooned, evolving into the sprawling and inefficient bureaucracy we have today," Governor Cuomo said in announcing the commission members April 19. "It is time to consolidate the web of state agencies, authorities, and commissions that have overlapping functions and missions and to make the remaining ones perform better and more efficiently. Antonio's business acumen and experience with best practices in the private sector will help us create a leaner state government that performs better for the people of New York."

Over the next year, the SAGE Commission will review state government with the goal of saving money for taxapers, increasing accountability, and improving service delivery. Final recommendations will be delivered to Governor Cuomo by June 1, 2012, with periodic progress reports.

New York has already started consolidating some state agencies, based on the passage of the budget, including the merging of Correctional Services and Parole to create the new Department of Corrections and Community Supervision.

The Office of Alcoholism and Substance Abuse Services (OASAS) will likely be affected, and treatment providers want to make sure any change is for the better. In some states where mergers have taken place with other state agencies, substance abuse has lost cabinet-level status or direct access to the governor. And while no official merger has been proposed, the field is getting its comments in early to try to make sure the commissioner of OASAS will still have direct access to the governor and have the authority to work with other agencies.

'We stated clearly to the governor's staff that the best case scenario is to have someone who's an expert in addictions reporting directly to the governor, and also for it to be someone who has the authority to call in other commissioners.'

John Coppola

"We've met with the governor's staff" about SAGE, John Coppola, executive director of New York Association of Alcoholism and Substance Abuse Providers (ASAP), told *ADAW* last week. ASAP submitted recommendations to the SAGE commission that focus on "opportunities to create savings by having our system working more closely not just with mental health but with other systems," said Coppola. "We think you do that by strengthening addiction services."

The response from the governor's office has been "very positive," said Coppola. "We stated clearly to the governor's staff that the best case scenario is to have someone who's an expert in addictions reporting directly to the governor, and also for it to be someone who has the authority to call in other commissioners."

The commissioner of OASAS currently reports directly to the governor. It is a cabinet — evel position, something that the field doesn't want to lose in a merger with the Office of Mental Health, for example. From the ASAP recommendations to the SAGE commission:

There are also other initiatives that would save money for the state overall, such as increasing the counties which provide access to addiction treatment services in child protective services cases, said Coppola. That way the state would spend less money on child neglect investigations and foster care — and more on addiction treatment that would keep families together.

In general, the treatment field is asking for more investment in addiction treatment, to save the state money in other areas. State government itself could be cut back, said Coppola. "We've been arguing that it's a good idea to consolidate functions like human resources and purchasing," he said.

Other recommendations from ASAP for the SAGE commission included:

- Costly and unnecessary regulations designed to separate services certified by different state agencies should be eliminated (i.e. current requirement that programs with both OASAS and OMH licenses must maintain separate waiting areas, charts and chart rooms).

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- With demonstration of applicable competencies, OASAS certified programs should be able to add mental health services without having to go through a separate certification application process.
- Privatize credentialing processes across mental hygiene agencies: The credentialing function in most states is carried out by an independent credentialing board. Privatizing this function would likely result in regulatory relief and a less burdensome process for persons seeking credentials necessary to work in the field.
- Pay for performance: OASAS prevention, treatment and recovery services providers are very receptive to expectations for realistic, achievable program outcomes across a multiplicity of service delivery systems. We could be relied upon to help drive better program outcomes in other systems of care.
- Close collaboration with the courts and criminal justice system should be strengthened by ensuring that every county jail and prison has an imbedded treatment program capable of ensuring successful re-entry into community life and sustained recovery from addiction. Embedded programs should be staffed by community-based programs certified by OASAS.
- Ensure that NYS is utilizing emerging science and research to ensure it is providing state of the art services.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) should be required protocol in primary care settings and other environments. The MRT correctly identified SBIRT as a cost saving strategy that will improve health outcomes.
- Pharmacotherapies should be more widely used to treat addiction to alcohol and other drugs. Pharmacotherapeutic approaches should always be accompanied by an appropriate level of treatment counseling from a qualified health professional in an OASAS certified program. Addiction medications should be on the Medicaid formulary.

OASAS referred us to the governor's office for comments about how consolidation could affect its operations and the field. The governor's office did not return our telephone call. •

Annual GAO ONDCP audit says agencies need budget guidance sooner

The Office of National Drug Control Policy (ONDCP) is responsible for overseeing and coordinating the implementation of national drug policy, is audited every year by the Government Accountability Office (GAO). This year's report came out last week, and looks at ONDCP's process for developing and monitoring the drug control budget ($26 billion) and also at how six selected agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA) view the ONDCP budgeting process.

By July 1 the ONDCP is required to provide budget recommendations to the heads of departments and agencies with drug control responsibilities, including SAMHSA. This is prior to submission to the Office of Management and Budget. At least four of the six agencies contacted by the auditors said that ONDCP's process is somewhat or very effective in identifying drug control budget priorities, ensuring sufficiency of resources, or providing a record of expenditures.

The main problems encountered were related to the timing of funding guidance and written reviews of budget submissions from agencies. Sometimes these documents came in too late to have an effect on agency budget formulation efforts.

ONDCP says in a response that in future years this information — guidance and reviews — will be provided on a more timely basis.

For the full report, go to www.gao.gov/new.items/d11261r.pdf.

Furor erupts over Lancet letter on Vivitrol

Last month *The Lancet* published the phase 3 clinical trials study of Vivitrol, the pivotal study that was used by the Food and Drug Administration (FDA) to approve the medication for the treatment of opioid dependence last fall (see *ADAW*, Sept. 20, 2010; Oct. 18, 2010). The study, by Evgeny Krupitsky, M.D. and colleagues, conducted primarily in Russia, and funded by Alkermes, contained no surprises: it showed that Vivitrol was better than placebo at treating opioid dependence.

But also published is controversial commentary from Daniel Wolfe and co-signed by treatment professionals including Robert Newman, M.D., of the Baron Edmond de Rothschild Chemical Dependency Institute at Beth Israel Medical Center in New York City, which criticize the FDA approval process. The letter compares running clinical trials of Vivitrol in Russia to testing an anti-HIV medication in a country

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where there are no retrovirals, and suggests that it is not ethical to compare an experimental drug to placebo when there are known successful medications, such as methadone and buprenorphine, available. Newman is a vocal proponent of expanding methadone maintenance treatment nationally and internationally.

In fact, one of the reasons the study was done in Russia, according to the main article itself, is that patients may not be interested in Vivitrol "when opioid substitution treatments are available." However, the article notes that some jobs prohibit opioid substitution treatment, and also that some patients might prefer to switch to Vivitrol after a successful course of agonist (methadone or buprenorphine) treatment.

Placebo effect

The authors of the study say the main limitation was the substantial placebo response to Vivitrol, which is naltrexone given by depot injection. Of the 126 patients in the treatment group, 35 percent had total confirmed abstinence throughout the six-month study period, compared to 22.6 percent in the placebo group. Retention was high in both groups: 67 percent completed the double-blind study, compared to 47 percent.

The strong placebo effect may have been partly due to the fact that no alternative pharmaceutical treatments are available in Russia, to the promise to both groups that they would be able to be in the subsequent open-label extension safety study, to the requirement that all subjects have someone that would supervise their attendance for the injection, and to the fact that all patients received individual counseling, according to the article. In addition, the treatment was free.

But the letter from Wolfe questions whether the FDA moved too fast to approve Vivitrol for opioid dependence based on the Russia study. In particular it asks whether patients will overdose on opioids when they are no longer on Vivitrol. "The basic question that clinical trials need to answer is whether a new product, or in this case a new indication for a product, is safe and effective," Wolfe told *ADAW*. "It's not clear that we know the answer to these questions for Vivitrol, since the risk of overdose wasn't carefully evaluated for the injectable product. Almost half of the people in the naltrexone arm of the trial dropped out. Did they go on to fatal overdose? The investigators don't appear to have asked."

Rebecca J. Peterson, Alkermes vice president for corporate communications, said "there have been a number of published studies saying that the rate of overdose risk is the same for all patients in treatment for opioid dependence." She noted that the clinical trials were conducted in accordance with the ICH consolidated guidelines and the Declaration of Helsinki. She also told *ADAW* that Vivitrol for opioid dependence holds promise for people like pilots, or members of the active military, who are not allowed to take methadone or buprenorphine.

"The promise of new addiction treatments have to be balanced against the perils, which in this case seemed to have been glossed over in Vivitrol's rush to market," responded Wolfe, who is a proponent of harm reduction. "An effective opiate blocker is attractive for patients and others who favor a 'drug free' approach, and is also attractive for the manufacturers who charge up to $1100 per injection."

The cost of the medication makes it out of reach for most Russian patients dependent on opioids, said Wolfe, who is the director of the International Harm Reduction Development Program of the Open Society Foundation, and who works mainly with patients in Asia and the former Soviet Union. "We have to hope that patients there, or here, don't end up paying a steeper, fatal price."

Woody's study

George Woody, M.D., professor of psychiatry at the University of Pennsylvania and the Treatment Research Institute, told *ADAW* the letter was "absolutely terrible and potentially harmful."

Woody just finished a six-month study in Russia looking at a Russian product — a naltrexone implant that lasts two to three months, comparing it to oral naltrexone and to placebo. There were 306 subjects, 102 per group, in this six-month double-placebo trial. "I thought something like this would come up, so I made sure the Russian investigators called to find out if anybody had died." Krupitsky is the researcher working on the implant study with Woody.

The investigators contacted 85 percent of the participants between 6 and 12 months after the end of the study. There were five deaths. None were in the implant group, one was in the oral naltrexone group, and four were in the double placebo group.

'...absolutely terrible and potentially harmful.'

George Woody, M.D., on *The Lancet's* letter

The study cited by Wolfe about overdoses after naltrexone treatment referred to deaths after people dropped out of treatment, said Woody, noting that people overdose after they drop out of treatment with methadone, too. There's no clear evidence that naltrexone increases the risk of overdose any more than methadone does, after people have dropped out of treatment, he said.

Woody is preparing a response. Krupitsky told us he is also preparing a response, and the FDA is preparing a comment as well. Stay tuned. •

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times a year. Under Zapf's direction, the organization has developed a richer diversity of opportunities to reach alumni both on campus and in the community.

"Building a recovery support network with a personalized twist underscores our commitment to support recovery," Zapf said.

Available services

Pavillon's opportunities to host alumni at on-site events grew considerably a year ago when it completed a capital project to build an alumni house that sleeps 12 to 14. Pavillon now hosts about one therapeutic weekend retreat per month, and charges patients for the stay.

"These events help alumni renew their commitment to sobriety," Zapf said. "It gives them an opportunity to reconnect and recharge. You get to go back to the place that put you on the path to wellness."

Alumni are charged $150 for the weekend retreats, which includes meals. The retreats are single-gender events for those individuals who completed the six-week primary treatment track at Pavillon (graduates of the center's extended-care program attend mixed-gender retreats). Zapf said that about 80 percent of the individuals who return to the Pavillon campus for an event have been in recovery for two years or less. "For our men's retreat in mid-May, we have someone coming in from Denver," she said.

Pavillon also hosts campus "rest and renewal" visits that Zapf calls a recovery "tune-up": The work is somewhat less intensive than that done during a retreat, but the attendees still can connect with the counselor they worked with while in treatment, as well as go to lectures with current clients and do some one-on-one service work with those patients.

In addition to the campus events, Pavillon conducts free quarterly workshops in eight regions where regional support groups of Pavillon alumni exist; five of these groups are in North Carolina and the other three are in South Carolina. The events of 90 minutes to two hours are open to the entire recovery community, not just to Pavillon alumni and their families. These events clearly serve to elevate Pavillon's profile in the communities from which it is likely to attract future patients.

Pavillon

Location: *Mill Spring, North Carolina*
Founded: *1996*
Beds: *50 in primary residential facility; 22 in extended care*
Typical Length of Stay: *6 weeks in primary care; 3 months, extended care*
Payer Mix: *Self pay only (primary treatment costs approximately $22,000)*

'We tell people that whether they are coming for six weeks or three months, that is only the beginning.'

Melanie Zapf

The themed workshops are conducted by both Pavillon staff and outside therapists; alumni often suggest the types of topics they would like to see addressed in the sessions. Pavillon's marketing staff gets involved in the process by recommending therapists to partner with in the community, Zapf said. "It's good to get the [Pavillon] name out there and open it up to the clinical community," she said in reference to the workshops.

More than 400 patients graduate each year from Pavillon primary treatment and extended care programs, and the center maintains a variety of other ways to stay in contact with these individuals even if they don't attend a campus or community event. It offers alumni contacts for clients in early recovery, conducts quarterly follow-up phone calls for the first year after treatment (with the first call taking place within two weeks of discharge), and publishes a quarterly alumni newsletter.

Business benefit

The nonprofit, private-pay center does not yet have solid numbers on the extent of any relationship between alumni participation in events and broader alumni support for the treatment organization. But those who are working nationally to assist treatment centers in building strong recovery support networks believe that engaging graduates in activities after their treatment stay can result in significant business benefits for a treatment center.

The professional organization Treatment Professionals in Alumni Services (TPAS), originally established in 2010 as Treatment Professionals in Alumni Development, was created in part to help build momentum for strong recovery support networks that benefit clients after treatment. But these clients also potentially become more potent referral sources for an organization, by virtue of their continued direct contact.

Continues on next page

Kerlikowske to stay as ONDCP director

Sometime between the release of the May 2 issue of *ADAW* (distributed April 29 to electronic subscribers) and May 1, Gil Kerlikowske changed his mind about going to Chicago to be police superintendent (see *ADAW*, May 2). He told Rahm Emanuel, mayor-elect, that the work of drug czar was too important to leave behind. As a commenter on the *ADAW* Facebook page put it upon hearing the news, "Thanks, Gil!"

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TPAS's chief coordinator, Lorie Obernauer, Ph.D. (who oversees alumni activities at the CeDAR program in Colorado), has said that alumni who maintain a connection to a facility and to other alumni are more likely to become donors to a program than are those who end up losing contact with the facility where they received treatment.

Obernauer directed us to Pavillon as a program with an exemplary recovery support initiative, and cited in particular its community-based activities. "[Zapf] has developed an extraordinary workshop program for alumni who live throughout North Carolina," Obernauer told *ADAW*.

Zapf said Pavillon still is feeling its way around the details of building its recovery support network, and therefore is still determining how best it can quantify the impact of a strong network — both clinically and in a business sense.

She added that there isn't widespread agreement in the field over what degree of participation constitutes a successful alumni program. •

Coming up...

The annual meeting of the **National Association of State Alcohol and Drug Abuse Directors** will be held **June 7-10** in **Indianapolis**. For more information, go to **http://nasadad.org/annual-meeting**.

The **College on Problems of Drug Dependence** will hold its annual meeting **June 18-23** in **Hollywood, Florida**. Go to **www.cpdd.vcu.edu** for more information.

The **NIATx** Summit and **SAAS** National Conference will be held **July 10-13** in **Boston**. For more information, go to **www.saasniatx.net/Content/Home.aspx**.

In the States

No cuts to Florida treatment services

"We won," Mark Fontaine, executive director of the Florida Alcohol and Drug Abuse Association (FADAA), told *ADAW* last week. All funding for adult treatment would was slated for elimination (see *ADAW*, April 4). But on May 3 at 4:00 in the morning, legislators made a deal which included no cuts to substance abuse and mental health services. Less than five hours later, the Senate accepted the House offer. The final numbers won't be available until the budget is printed, but here's what the agreement guarantees: restoration of the $16.7 million in base substance abuse funding that was shifted last year to nonrecurring. This funding is restored in the FY 2011-12 budget as recurring general revenue (GR), according to FADAA. The agreement includes no cuts to children's substance abuse services; however, $6.960 million in GR is shifted from recurring to non-recurring general revenue. The agreement includes no cuts to adult substance abuse services; however, $8.140 million in GR is shifted from recurring to non-recurring general revenue. The agreement also includes $15.683 million for the substance abuse and mental health community projects. This funding is restored with recurring GR. The Department of Children and Families Substance Abuse Program lost 32 administrative positions and $2.1 million to fund the positions. The Mental Health Program lost 47 positions and $3.15 million to fund the positions.

In case you haven't heard...

Actress Katie Holmes, 32, has won a settlement against Star Magazine for suggesting she was addicted to drugs, Injury News reported last week. Holmes, who is married to actor Tom Cruise, filed a $50 million lawsuit against Star Magazine after the tabloid's January cover photo ran over the headline "ADDICTION NIGHTMARE — KATIE DRUG SHOCKER! — The Real Reason She Can't Leave Tom." The article itself did not say she was addicted at all. The settlement consists of a prominent apology and a donation to a charity. The apology, which will run on the top of the magazine's May 9 cover, which will read: "In a recent issue of Star, we published headlines about Katie Holmes that could be read to suggest that she was addicted to drugs... Star apologizes to Ms. Holmes for any perception and will be making a substantial donation to charity on Ms. Holmes' behalf for any harm that we may have caused." The donation was made to the Dizzy Feet Foundation, a dance training organization co-founded by Holmes. At least the donation didn't go to Narconon.

Funding Opportunity

SAMHSA TCE grants for helping older adults with Rx drug misuse

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the $3.56 million Older Adults Targeted Capacity Expansion (TCE) grant program, which will expand the previously funded programs to include a focus on prescription drug misuse and suicide prevention. The funding opportunity is for a one-time 18-month award, with each of 10 grantees receving $356,344. Applicants must be current and previous Older Adult Targeted Capacity Expansion (TCE) grantees from cohorts FY2002-2008. Download the application at http://1.usa.gov/gEtISS. Applications are due June 7.