

ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

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The new D.A.R.E.: Decision-making skills instead of drug lectures

Drug Abuse Resistance Education, or D.A.R.E., the school-based substance use prevention program delivered by police officers, has quietly changed into a completely different curriculum. Instead of spending 45 minutes lecturing students about drugs — which has proven to be counterproductive, resulting in increasing, rather than decreasing, drug use — the police officers are now showing them videos of various situations and encouraging the students to break out into small groups to talk about how they would respond.

Randomized controlled trials of the new curriculum, called “Keepin’ it REAL,” have shown that in 14 months, drug use was reduced in students

who received the D.A.R.E. curriculum compared to peers who didn’t.

D.A.R.E. drew recent negative press coverage after Attorney General Jeff Sessions praised the program (see *ADAW*, July 17), with many reporters relying on well-documented evidence debunking the success of the old curriculum. D.A.R.E. issued a press release suggesting the reporters contact them, instead of making assumptions, about the program. *ADAW* talked to D.A.R.E. officials and researchers about the program last week.

“Every D.A.R.E. curriculum in the country has to use the new D.A.R.E.,” said Frank Pegueros, presi-

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Study finds 12-Step Facilitation reduces damage from substance use in youths

A pilot study newly published in the journal *Addiction* helps to fill a gap in research on 12-Step-oriented approaches in treatment, finding that 12-Step Facilitation (TSF) helped to reduce consequences related to substance use in young people ages 14 to 21. A significant aspect of the study, beyond being the first to test TSF in an adolescent population, is

that the intervention overall compared favorably against a motivational enhancement therapy/cognitive behavioral therapy approach that researchers referred to in their paper as “gold-standard” outpatient treatment for youths.

“Other studies will compare 12-Step Facilitation to a comparison group that is easy to beat,” lead author John F. Kelly, Ph.D., director of the Massachusetts General Hospital Recovery Research Institute, told *ADAW*. “Here we pitted it against state-of-the-art treatment.”

While the study, involving 59 mostly white and male adolescents, did not find significant differences between the two compared treat-

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Bottom Line...

Standardized approaches for encouraging 12-Step participation have not been widely researched in young people, but a new study suggests this strategy can lessen the consequences of alcohol and drug use in this group.

D.A.R.E. from page 1

dent and CEO of D.A.R.E. America. School districts who participate agree to deliver the curriculum provided by D.A.R.E. — that has always been the case, Pegueros told *ADAW*. The new middle school curriculum was implemented first, in 2010, and the elementary school curriculum was rolled out over the 2012–2013 period.

The history

D.A.R.E. officials started looking into the need to change the program in response to criticisms in the late 1980s and early 1990s “as a result of research showing that we did not have positive behavioral outcomes for elementary school,” Pegueros said. “We had a meeting of the critics, sponsored by the Department of Education, and everybody who had an interest came to the table.” The upshot of the meeting was that the Robert Wood Johnson Foundation would fund development, research and evaluation of a new curriculum, said Pegueros.

The curriculum was called “Take Charge of Your Life,” said Pegueros. “It was a massive undertaking. D.A.R.E. agreed to offer our body to science. We said we will deliver a world-class curriculum if you will give us one.”

The evaluation was indeed extensive — five metropolitan areas.

“We were relieved, because we thought, ‘We’re finally going to get an elementary curriculum that can be evaluated.’” But it was not to happen. It’s virtually impossible to show positive outcomes with an elementary school program, because the use of illicit substances is so low, said Pegueros. “But we were being criticized for not showing a positive outcome,” he said.

“We had positive outcomes for four years, but it diminished, and by the seventh year, there were no observable positive outcomes. Quite honestly, if you look at a lot of programs on the registry (NREPP [the National Registry of Evidence-based Programs and Practices]), four years of positive outcomes are still good. But the methodology wouldn’t allow for anything other than a seven-year goalpost.”

However, the Department of Education insisted that the prevention message start before the age of experimentation and use, said Pegueros. “They said, ‘Don’t give up. We will build you a middle and high school program instead, and evaluate that.’”

So the D.A.R.E. board of directors asked Pegueros to find an existing curriculum to adopt. “We found nine on the NREPP that could possibly meet our criteria,” said Pegueros. But eight of those had a “fatal

flaw,” he said — the training component, in which school districts sent their employees to training but those employees were not delivering the complete curriculum. Pegueros also said that the NREPP contractor at the time “questioned the use of police officers to deliver substance use prevention information.”

Only one program — Keepin’ it REAL — had no “fatal flaw,” said Pegueros.

The researcher

Michael L. Hecht, Ph.D., formerly of Pennsylvania State University, conducted the original research on Keepin’ it REAL, which was cited as part of the NREPP submission in December 2006, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). The program profile listing shows another implementation of the same program in 2012, according to SAMHSA.

Hecht is now retired from Penn State but is president of a company he started called REAL Prevention, and now owns the license to Keepin’ it REAL.

In general, evidence-based prevention curricula are not used, and if they are, they are not used very well, said Hecht. Teachers make adaptations, leave out certain chapters and so on, he said. “One of the things we’ve done in Keepin’ it REAL

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is to accommodate the need to adjust to the audience base,” he said. “Kids fill in their own narratives around the stories.”

Relationship with police

Even in the old D.A.R.E., which could not show reduced drug use, there was proof that the children had more trust in the police after participating. This is a benefit under the new program as well, said Hecht. “I think a relationship with a person of authority, the view of the police through the kids’ eyes that the family gets — this changes the way kids and families see police,” Hecht said. “In essence, this is community policing,” he said. And it works both ways. “I’ve heard many many stories about how police say they see the community differently” after doing D.A.R.E. presentations in the classroom, he said.

Recent events — police shootings and other reports, such as children being arrested and handcuffed in schools — may have done damage to that trust, Hecht admitted. “There are clearly policing problems in our communities,” he said. “I would guess that having D.A.R.E. affects things like that. We do know that our study showed D.A.R.E. has a positive effect on attitudes toward police. More students believe police would help them if they need it than in the control groups.”

Focusing exclusively on the drugs, as the old D.A.R.E. did, is “almost as if you’re giving the high-risk kids a menu,” said Hecht.

But there are still not good answers to questions about whether

developing resilience in children can prevent substance use, or prevent other problems, such as mental illness, said Hecht. “The federal government hasn’t gone in that direction” in terms of funding, he said. “Research follows the funding.”

Multicultural

There have been three randomized controlled trials of the new D.A.R.E., said Hecht. The multicultural curriculum had the broadest range of effects, he said. This way, no particular group of children thought they were singled out as guilty of drug use.

‘In essence, this is community policing.’

Michael L. Hecht, Ph.D.

“If you create a curriculum around a group of kids, it communicates to those kids that they’re the problem, that they’re the drug users,” said Hecht. For example, if only white children are used in videos, this makes white children feel targeted. The same with Latinos, he said. Diversity is key.

In addition to the curriculum being changed, the delivery method is new, based on facilitation instead of a didactic lecture, said Pegueros. “The D.A.R.E. officer only talks for eight minutes of the 45-minute presentation,” he said. “The rest of the time is students working in small

learning groups.”

There are 22 state-supported training centers, where D.A.R.E. America provides the 80-hour instruction course. About 10,000 to 12,000 officers have taken the two-week course, said Pegueros.

About 50 to 60 percent of all school districts now participate in D.A.R.E., said Pegueros.

REAL stands for the four ways kids can refuse drug offers: Refuse, Explain, Avoid and Leave.

What hasn’t changed: police officers still deliver the curriculum. •

For studies on D.A.R.E., see:

Hecht ML, Graham JW, Elek E. The drug resistance strategies intervention: Program effects on substance use. *Health Commun* 2006; 20(3):267–276.

Kulis S, Nieri T, Yabiku S, et al. Promoting reduced and discontinued substance use among adolescent substance users: Effectiveness of a universal prevention program. *Prev Sci* 2007 Mar; 8(1):35–49. Epub 2006 Nov 10.

Marsiglia FF, Kulis S, Yabiku ST, et al. When to intervene: Elementary school, middle school or both? Effects of Keepin’ it REAL on substance use trajectories of Mexican heritage youth. *Prev Sci* 2011 Mar; 12(1):48–62. doi: 10.1007/s11121-010-0189-y.

Pettigrew J, Graham JW, Milller-Day M, et al. Adherence and delivery: Implementation quality and program outcomes for the seventh grade Keepin’ it REAL program. *Prev Sci* 2015 Jan; 16(1):90–99. doi: 10.1007/s11121-014-0459-1.

Common childhood mental disorders increase risk for SUDs

Most childhood psychiatric disorders increase the risk of developing a substance use disorder, researchers have found. In particular, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD) and depression increase this risk, according to the study, con-

ducted by Annabeth P. Groenman and colleagues and published in the current issue of the *Journal of the American Academy of Child & Adolescent Psychiatry*. The evidence for anxiety disorders was not clear.

Adolescence is a critical period for transition from recreational to problematic use of alcohol, nicotine

and other substances. Compared with typically developing youth, those with mental health disorders appear to have an increased risk of later substance-related disorders. If this is the case, prevention should target children with mental disorders, the researchers suggested. Evi-

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dence-based early prevention interventions are available but have not targeted these vulnerable children, they said.

Previous meta-analyses have helped show that there is a link, but inferences about directionality have been limited.

In addition, some studies have shown ADHD is the main risk factor, while others have shown the main risk is comorbid ODD or CD. There has also been confusion about the role of gender in depression and subsequent substance-related disorders.

This study, titled “Childhood Psychiatric Disorders as Risk Factor for Subsequent Substance Abuse: A Meta-Analysis,” is the first meta-analysis to focus on the prospective risk of substance-related disorders.

For each of the four categories — ADHD, ODD or CD, anxiety and depression — the researchers assessed the risk of addiction, alcohol-related disorders, drug-related disorders, nicotine-related disorders and any substance use disorders (SUDs) — a broad category used for this study that does not correspond to the current *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* definition of SUD, which was not yet in effect when the studies used in the meta-analysis were conducted. They hypothesized that there would be an increased risk of substance-related disorders in all four categories.

Study details

The researchers conducted a literature search for longitudinal studies describing childhood (under age 18 years) ADHD, ODD or CD, anxiety or depression in relation to later substance-related disorders, including alcohol and nicotine, from 1986 to May 2016. Studies were selected that described longitudinal prospective or retrospective data and included odds ratios (ORs) or information to calculate ORs. Studies that included high-risk participants (children of parents with a psychiatric disorder or substance-related problems, or

participants prenatally exposed to substances), were not used because the researchers were concerned this would muddy the generalizability of results by artificially inflating the risk of substance-related problems. If multiple studies used the same sample, the study with the longest follow-up interval was chosen.

The reason the only disorders chosen were ADHD, ODD or CD, anxiety and depression was that other disorders were not studied in the literature on this topic.

Diagnoses were based on the *DSM-III-R* or more recent versions of the *DSM*, or later diagnostic versions of other frameworks such as the International Classification of Diseases; on scores above the clinical threshold on diagnostic questionnaires; or on medical records. Studies that included participants with comorbid disorders were excluded. Control participants were participants without the disorder.

Researchers included *DSM* outcomes such as SUD and alcohol use disorder, as well as heavy use. The substance-related outcome measurements were grouped by substance:

- SUDs (if a study did not specify which substance was examined and the general term SUDs was used),
- alcohol-related disorders,
- drug-related disorders,
- nicotine-related disorders, and
- an aggregated measurement of addiction (this grouping made it possible to include all studies of one disorder, such as ADHD, in the meta-regression — for studies with multiple outcomes, the aggregated measurement of addiction was used).

Results

Out of a total of 8,750 identified studies, the researchers found 37 studies that met their criteria, with 762,187 participants, including 22,029 with ADHD, 434 with ODD or CD, 1,433 with anxiety disorder and 2,451 with depression. They extracted 97 effect sizes. There was a

significantly increased risk for a future SUD with ADHD, ODD or CD, and depression (the risk differed for alcohol, drugs, nicotine or SUDs), but not for anxiety disorders.

Odds ratios for future substance-related disorders with ADHD:

- Alcohol-related disorder: 2.15
- Nicotine-related disorder: 2.52
- Drug-related disorder: 1.52
- Any SUDs: 2.61

The researchers had hypothesized that comorbid ODD or CD with ADHD would have a significant effect, but it did not. Separately, however, ODD and CD did increase the risk for subsequent substance-related problems.

Odds ratios for future substance-related disorders with ODD or CD:

- Alcohol-related disorder: 1.73
- Nicotine-related disorder: 4.22
- Drug-related disorder: 4.24
- Any SUDs: 4.86

Anxiety disorders did not increase the risk for alcohol disorders or nicotine disorders. For drug-related disorder, there was a 1.60 odds ratio for increased risk.

A significant increase in addictions was found in children with childhood depression.

Odds ratios for future substance-related disorders with depression:

- Alcohol-related disorder: 1.10
- Nicotine-related disorder: 2.56
- Any SUDs: 2.20.

There were not enough studies to look at the relationship between childhood depression and subsequent drug-related disorder.

The self-medication hypothesis

There is a need for early detection and intervention to prevent later SUDs in children with ADHD, ODD or CD, or depression, the researchers concluded.

Children with anxiety were at a lower risk for addiction compared to depression or externalizing disorders ADHD and ODD or CD.

The “self-medication hypothesis” is one explanation for the increased risks for substance-related disorders

in children with mental health disorders, the researchers wrote. “This hypothesis states that individuals with mental health disorders start using substances to self-medicate symptoms of their illness,” they wrote. But there are some caveats, they added. “For example, this hypothesis would imply that successfully treated participants would not develop substance-related disorders,” they wrote. One recent meta-analysis for ADHD concurred with the self-medication hypothesis, in that stimulant medications had a protective effect against smoking behaviors. However, another found no effect of stimulant medication on SUDs. “Furthermore, according to the self-medication hypothesis, substance use should commence after the onset of the first symptoms of the mental health disorders,” the researchers wrote. “Although we found that depression in childhood is associated with later substance-related disorders, previous studies on depression and anxiety have shown that substance-related disorders and depression are bidirectionally associated, showing that mental health disorders in childhood are a risk factor for substance-related disorder and that this association works both ways. This would suggest shared liability between substance-related disorders and mental health disorders, which is supported by previous studies that have shown a shared genetic origin among common psychiatric disorders.”

“According to the self-medication hypothesis, symptoms of the psychiatric disorder should commence before, instead of after, the use of the first substance,” Groenman told *ADAW*. “This hypothesis says that self-medication of symptoms could take place with substances of abuse. To self-medicate, one should have symptoms of a psychiatric disorder.” The key is that this hypothesis says that untreated psychiatric disorders can lead to self-medication. “I did not mean that self-medication should commence immediately after the onset of other

psychiatric disorders, but just that symptoms should be present before substance use-related issues,” she said. “I do not believe that self-medication can be the only reason why children and adolescents with a psychiatric disorder are at greater risk of developing substance-related disorders,” Groenman added.

It’s also important to note that children of alcoholics show “cross-disorder transfer,” in that they are at risk not only for alcohol problems, but also for other psychopathologies. “We suggest that although self-medication plays a part in the co-occurrence of mental health

‘According to the self-medication hypothesis, symptoms of the psychiatric disorder should commence before, instead of after, the use of the first substance.’

Annabeth P. Groenman

disorders and substance-related disorders, a shared liability between the disorders likewise plays a role,” the researchers wrote.

Different disorders, different results

One explanation for why anxiety disorders had a lower risk for addiction than depression or the externalizing disorders is the heterogeneity within anxiety disorders, the researchers wrote. Research has found that social anxiety does not increase the risk of cannabis use disorders, but panic disorder increases the risk almost six times. The results of this study found that social anxiety does

not increase the risk of addiction, the researchers noted. “The disorders included in anxiety disorders appear to have a differential risk for substance-related disorders,” they wrote.

In addition, clinical samples of children with ADHD were found to have a higher risk for nicotine addiction than community samples, which may indicate greater severity of disease in clinical samples.

Does comorbid ODD or CD explain the risk of substance-related disorders in children with ADHD? This is a controversial issue, as the battle between those who say ADHD is linked to subsequent substance use disorders and those who attribute the link to comorbid ODD or CD continues. In fact, the researchers found no effect of comorbid ODD or CD on subsequent substance use disorders.

Limitations included limitations between community and clinical samples. Only community samples were included for ODD and CD, anxiety disorder and depression, but ADHD included clinical samples as well.

Future studies should take comorbidities into account and should focus on heterogeneity within disorders, the researchers concluded. “Our findings emphasize the need for early detection and intervention to prevent debilitating substance-related disorders in later life,” they wrote. •

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ments on the percentage of substance-abstinent days among participants, it did find greater improvement in the TSF group on measures of substance use-related physical, interpersonal, and social consequences. The study was published online July 25.

“If we can reduce the impact of substance use in young people’s lives, that’s a good thing,” Kelly said.

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Dearth of prior research

Kelly said there are several possible explanations for why 12-Step-oriented approaches have not been greatly studied in adolescents, including the fact that Alcoholics Anonymous (AA) is the most prominent 12-Step support organization and alcohol generally is not seen as the primary substance causing problems in the young population. He added that some people assume that 12-Step approaches will not resonate with young patients.

“When people look at the Steps, in terms of the verbiage, some find it hard to understand,” Kelly said, and they think that will be especially true for youths. Also, “Maybe the young people aren’t powerless, so they might not find that [Step] applicable,” he said.

But Kelly says it is important to remember that TSF doesn’t focus on the content of the Steps as much as it does on educating individuals about the importance of receiving ongoing support. Kelly said that in the preparatory work leading up to conducting the actual trial, he observed how much the peer support aspect appealed to young people.

“The most compelling aspect was the peer-to-peer interaction,” said Kelly, the Elizabeth R. Spallin Associate Professor of Psychiatry at Harvard Medical School. “The exposure to role models disabused them of their thoughts about recovery. Many hadn’t even seen a recovering person before.”

Kelly added that he became interested in this overall area of study based on data showing that more than three-quarters of addiction treatment programs for adolescents attempt to link their patients to support groups such as AA or Narcotics Anonymous.

Details of study

The pilot study was conducted at Massachusetts General Hospital’s outpatient Center for Addiction

Medicine and recruited individuals who met *DSM-IV-TR* criteria for alcohol/drug abuse or dependence in the period from July 2013 to February 2014. Assessments occurred at baseline and at 3, 6, and 9 months after study entry.

Participants were randomized to two individual and eight group sessions of either integrated TSF or the motivational enhancement/cognitive behavioral intervention. The TSF sessions were designed to motivate youths around treatment goals and 12-Step meeting attendance, while the comparison group’s sessions focused on learning and practicing a cognitive behavioral skill.

‘Other studies will compare 12-Step Facilitation to a comparison group that is easy to beat. Here we pitted it against state-of-the-art treatment.’

John F. Kelly, Ph.D.

Another difference between the two groups was that in the TSF group, parents were invited into the individual sessions so that they could learn about 12-Step meetings and their location in the community. Some group sessions for the TSF participants also included appearances by 12-Step group members who shared their personal stories of addiction and recovery.

On the study’s primary outcome of percentage days abstinent from any alcohol or drug use, no significant difference was observed between the two treatment groups. However, TSF participants reported fewer substance-related conse-

quences in their lives, during both treatment and follow-up.

“There appeared to be a consistent and growing effect that was different in the area of consequences,” Kelly said. He speculated that while the TSF group was not able to achieve a higher percentage of abstinent days, it still might have been able to reduce its overall use by a greater amount than the comparison group.

As would have been expected, 12-Step meeting attendance in the TSF group was more prevalent than in the comparison group, although some in the latter group chose to attend 12-Step meetings as well. However, the effect of TSF on meeting attendance diminished over time, which the researchers said could point to the need for a prolonged continuing care intervention in order to maintain individuals’ 12-Step participation over a longer period.

Benefits at critical time

Kelly believes these findings offer hope that 12-Step support can benefit young people with substance use problems as they negotiate the critical transition between adolescence and young adulthood.

“We know that a large chunk of them will get worse before they get better,” he said. Periodic recovery management checkups at this stage could prove extremely useful, he said.

Kelly pointed out that the study’s small sample size is among the factors that limit broad interpretations of the results. In addition, the study recruited a group with varying levels of substance use disorder severity, and it would be worthwhile to examine more closely how TSF affects a homogeneous study population.

Kelly said a larger, multisite trial with extended follow-up (four to five years) is in the planning stages. Yet it already seems clear that TSF can yield dividends for this population on multiple levels.

“This could be not only effective, but also more cost-effective,” Kelly said. “It offers links to free resources that keep people sober.” •

ACA, Medicaid still safe — for now

When the White House and Republicans in Congress lost their half-year battle to repeal the Affordable Care Act (ACA) in a dramatic Senate vote last month, it was a victory for the people who need treatment for substance use disorders (SUDs). Repeal would have removed much of Medicaid and individual health insurance from the picture. It was three Senate Republicans — John McCain of Arizona (who returned for the vote from brain cancer treatment), Susan Collins of Maine and Lisa Murkowski of Alaska — who blocked the repeal legislation with a 49-to-51 vote. Now, there can be a bipartisan move to change the ACA — perhaps to weaken it, perhaps to improve it. Many different plans are under discussion in Congress.

“It is time to move on,” said Sen. Mitch McConnell (R-Kentucky) after the July 28 vote. Despite the efforts of Vice President Mike Pence to change his mind, Senator McCain stood his ground, voting “no” and calling for a return to normal legislating procedure, in which there are hearings and testimony from stakeholders — as there was none of this in the repeal-and-replace measures of the Republican majority.

“We must now return to the correct way of legislating and send the bill back to committee, hold hearings, receive input from both sides of aisle, heed the recommendations of nation’s governors, and produce a bill that finally delivers affordable health care for the American peo-

ple,” McCain said in a statement. “We must do the hard work our citizens expect of us and deserve.”

Insurance companies have been living with uncertainty since repeal-and-replace was put on the table by President Trump and Congress. Even now, they don’t know if the marketplace will be sabotaged by continuing efforts to downgrade the ACA. For example, repealing the ACA as supported by Republicans and the White House would have eliminated parity requirements, giving states the option of not covering SUDs or mental illness. And even with the ACA go-

health care providers all opposed. Meanwhile, President Trump has said the ACA will fail on its own, seeming to wish that this will happen.

The insurance companies focusing on covering behavioral health care (SUDs and mental illness) are particularly concerned. “While we cannot read the tea leaves, in this time of uncertainty and ambiguity, it is critical that we ensure continued adequate funding of the Medicaid program including coverage of substance use and mental health disorders,” Pamela Greenberg, president and CEO of the Association for Be-

‘It is imperative that everyone have appropriate coverage, especially our most vulnerable. In the near term, we must stabilize the market and continue cost-sharing reduction payments.’

Pamela Greenberg

ing forward, the White House has threatened to eliminate the cost-sharing reduction payments, which help insurance companies in the marketplace by helping low-income people with ACA plans cover deductibles and copayments. In addition, wholesale elimination of the Medicaid expansion would have thrown many people out of all medical care, something insurance companies and

behavioral Health and Wellness, told *ADAW* last week. “It is imperative that everyone have appropriate coverage, especially our most vulnerable. In the near term, we must stabilize the market and continue cost-sharing reduction payments.” The Association for Behavioral Health and Wellness is a membership organization of managed behavioral health organizations. •

McCance-Katz confirmed as head of SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a new leader: Elinore McCance-Katz, M.D., Ph.D., confirmed by the Senate Aug. 3 just before it left for the August recess. McCance-Katz was nominated by President Trump to be assistant secretary for mental health and sub-

stance use in the Department of Health and Human Services (HHS) (see *ADAW*, May 1). McCance-Katz, chief medical officer for the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, as well as professor of psychiatry and human behavior and professor of behavioral and

social sciences at the Alpert Medical School at Brown University, was chief medical officer at SAMHSA from 2013 to 2015. Prior to that, she was an assistant and associate professor in the Yale Department of Psychiatry. She specializes in co-occurring HIV, hepatitis C and addiction.

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She would be the first person to head the newly configured SAMHSA, which has been folded into HHS. Congress abolished the SAMHSA administrator position as part of the Cures Act (see *ADAW*, Dec. 12, 2016).

“I cannot imagine anyone better trained and prepared to confront the nation’s massive challenge of opioid dependence and addiction,” said Mark Parrino, president and executive director of the American Association for the Treatment of Opioid Dependence. “Her professional credentials are unmatched and her knowledge is deep.”

McCance-Katz will be “able to coordinate an effective federal inter-agency response, in addition to continuing SAMHSA’s work with its constituents in order to increase access to effective treatment for opioid use disorder,” Parrino told *ADAW*. “It took over 35 years for our country to get to the current opioid epidemic and Dr. McCance-Katz will need to marshal considerable financial and organizational resources over the course of many years so that fewer Americans die as a result of this tragic disease.”

Also required to help people with opioid use disorders: an integrated response among treatment providers and the medical community, said Parrino. “In addition, we need effective prevention and education efforts,” he said.

In a letter sent last month to Senate Health Committee chairs Lamar Alexander (R-Tennessee) and Patty Murray (D-Washington), Rob Morrison, executive director of the National Association of State Alcohol and Drug Abuse Directors, praised the nomination of McCance-Katz. “Her deep understanding of substance use disorders is crucial in the midst of our nation’s opioid crisis,” the letter stated. Her prior experience at SAMHSA “will serve as an incredible asset as assistant secretary.”

The American Society of Addiction Medicine (ASAM) applauded her confirmation as well. “Dr. Mc-

Coming up...

The **National Conference on Addiction Disorders** will be held **Aug. 16–20** in **Baltimore**. Go to <https://vendome.swoogo.com/NCAD-2017> for more information.

The **2017 National Cannabis Summit** will be held **Aug. 28–30** in **Denver**. For more information, go to <https://www.nationalcannabisummit.org>.

NAADAC, the Association for Addiction Professionals will hold its annual conference **Sept. 22–26** in **Denver**. Go to www.naadac.org/annualconference for more information.

Cance-Katz brings exceptional clinical expertise and leadership experience to this important role, and ASAM looks forward to working with her and supporting her success as our nation’s first Assistant Secretary for Mental Health and Substance Use,” said ASAM President Kelly Clark, M.D., in an Aug. 3 press release. In particular, ASAM commended her background in medication-assisted treatment.

Rep. Tim Murphy (R-Pennsylvania) objected strongly to the McCance-Katz nomination, calling her part of the “old regime” at SAMHSA, but in fact she wrote a scathing criticism of SAMHSA last year in *Psychiatric Services*, calling it hostile to psychiatry (see *ADAW*, May 1). But Kana Enomoto, now acting deputy assistant secretary for mental health and substance use at HHS, told *ADAW* last year — long before the presidential election and before there was any suggestion that McCance-Katz would be nominated — that she has “tremendous respect and appreciation for Dr. McCance-Katz.” The main conflict was be-

tween McCance-Katz and then-administrator Pam Hyde, who left SAMHSA abruptly after Sylvia Burwell joined HHS as secretary in 2015 (see *ADAW*, Aug. 10, 2015).

H. Westley Clark, M.D., executive professor of public health at Santa Clara University, wishes McCance-Katz well. “Her confirmation hearing seemed to reduce the universe of substance use disorders to only opioids,” he told *ADAW*. “It is my hope that SAMHSA should address not only opioids, but all of the prevention, treatment and recovery service needs of those misusing psychoactive substances,” said Clark, who worked with McCance-Katz when he was director of SAMHSA’s Center for Substance Abuse Treatment. “I also wish her well in addressing the needs of those experiencing severe mental illness and/or substance use in a challenging political environment,” he added, noting that as a political appointee, she is “subject to the directions of the administration.” •

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In case you haven’t heard...

“Drive high? The crash is on you.” So goes a new public service announcement from Gov. Charlie Baker of Massachusetts, where voters legalized recreational marijuana last year. The ads are similar to those that ran in Colorado after that state legalized recreational marijuana in 2012, according to the State House News Service. In one 30-second ad, a man tries to grill a steak but can’t because there’s no propane, as friends roll their eyes. “Grilling high is now legal,” the ad says. “Driving to get the propane you forgot isn’t.” Last month, state lawmakers created a commission to study drugged driving.