



**E-Newsletter on Drug Abuse**

**ISSUE: 3-2016**

**With national, state and  
local information on Drug Abuse**

## National Problem Gambling Awareness Month

***If you're suffering from it, you're not alone.***

Gambling disorder affects men and women, young and old, of all backgrounds, ethnicities and lifestyles. People gamble for various reasons, and they do so in many different ways. Some gamble for thrill, and others seek an escape. Many gamble socially, while others gamble in isolation.

Too often, gambling is the "hidden addiction" that goes unnoticed by family members and friends until physical, financial and emotional consequences have stacked up. But there's good news: help for problem gambling is available, and recovery is possible.

KnowTheOdds seeks to raise awareness about problem gambling, prevent addiction from affecting more of our community members, and help those hurting from problem gambling right now. Explore our resources to learn about problem gambling, understand how to recognize its signs, and find a path to recovery for you or your loved one.

Together, we can work toward a future without problem gambling.

Are you or someone you know in need? Let us help you...

FIND HELP FOR GAMBLING PROBLEMS

1-877-8-HOPENY

1-877-846-7369

**How heroin is cutting a lethal path through America's suburbs**

BUFFALO, New York - David Edick had always been close to his son, Benjamin. When he was a little boy, Benjamin enjoyed challenging his dad to Super Mario - and beating him at the video game.

Now, with Benjamin a grown man at 30, the father of a child of his own, the relationship revolved around cooking, working out together and catching New York Mets and Denver Broncos games from the comfort of matching black leather recliners in David's house in Buffalo, New York.

In the spring of 2015, Benjamin moved in with his dad, having struggled with drugs for about a year. He had gotten clean, though, and had found work repairing gutters. Every morning, he'd meet with other members of a local support group - meetings that gave him hope, he told David.

I thought, 'oh, he's in trouble - he's in jail'

When Benjamin didn't come home on the afternoon of July 23rd, David at first wasn't that concerned. He figured his son was working late. But by 10 p.m., David began to worry. He searched Benjamin's room but found no drugs. When his son didn't turn up by the next morning, he reported him missing.

[Read More](#)

<http://mashable.com/2016/02/25/americas-heroin-epidemic/#zr17klwE5kqc>

## **New Tool Helps Colleges Select Best Alcohol Prevention Programs for Their Needs**

A new online tool introduced this school year is helping colleges compare and choose interventions to address harmful and underage student drinking. CollegeAIM-the College Alcohol Intervention Matrix-helps administrators find programs that are effective and fit into their budget, says Jason Kilmer, PhD of the University of Washington, who helped to develop the resource.

CollegeAIM is the product of a multi-year collaboration with 16 college alcohol researchers with a range of expertise who developed and reviewed decades of scientific literature, and presents comprehensive and complicated information in a quick and convenient way through two accessible and easy-to-use matrices. It is also available in print form.

Dr. Kilmer spoke about CollegeAIM, developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), at the recent Community Anti-Drug Coalitions of America (CADCA) 26th National Leadership Forum in Washington, D.C.

The need for a tool to help colleges combat college drinking is clear. According to NIAAA, underage drinking, as well as harmful drinking among students of legal drinking age, continues to be a major problem on U.S. campuses. Researchers estimate that each year 696,000 college students are assaulted by another student who has been drinking, 97,000 students report experiencing alcohol-related sexual assault or date rape and 1,825 students die from alcohol-related injuries.

Each program in the CollegeAIM database is rated in terms of effectiveness and

level of cost.

[Read More](#)

<http://www.drugfree.org/join-together/new-tool-helps-colleges-select-best-alcohol-prevention-programs-needs/>

## **FBI, DEA Release Documentary Film Addressing Heroin/Prescription Drug Abuse**

FEB 04 (WASHINGTON) - In an effort to combat the growing epidemic of prescription drug and heroin abuse, leaders of the FBI and DEA today unveiled a documentary aimed at educating students and young adults about the dangers of the addiction. "Chasing the Dragon" is a 45-minute documentary film that profiles the stories of several people who either abused opiates or had family members become addicts. It profiles the cycle of addiction and looks at the tragic consequences associated with opioid abuse. The documentary also features interviews with medical and law enforcement professionals discussing the effects of the addiction, and how this epidemic is unlike any this country has seen before.

The documentary is targeted at educating high school and above students and young adults. Because opioid addiction can take hold after the first use, the film is meant to send a message of deterrence to those either thinking of trying drugs or just beginning to use drugs. A copy of the trailer can be viewed by going to [youtube.com/fbi](http://youtube.com/fbi). The FBI and DEA are offering the film to educators at no cost for incorporation into their curriculum. In an effort to stimulate discussion in the schools, the film comes with a corresponding study guide meant to assist teachers presenting the film in the classroom. Those wishing to obtain a copy of the film may do so by contacting their local FBI or DEA field office or by downloading the film for free at [www.FBI.Gov/Chasingthedragon](http://www.FBI.Gov/Chasingthedragon).

[Read More](#)

<http://www.dea.gov/divisions/hq/2016/hq020416.shtml>

## **Drug Law Enforcement Kicking Off the New Year with Record Breaking Heroin Seizures ( *Drug traffickers are using NYC as heroin hub* )**

FEB 07 (NEW YORK) - This past December, the Center for Disease Control (CDC) published a special report on drug overdoses both nationwide and on state levels in CDC's Morbidity and Mortality Weekly Report. The statistics presented in that report support what we are currently experiencing; heroin is the biggest threat to public health in the Northeast.

More than half of all drug overdose deaths nationwide were caused by opioids in 2014. DEA New York Division seized one third of all heroin seized nationally by DEA, proving that the drug traffickers are targeting New York. Four Northeast states including New Hampshire, Maine, Massachusetts and Pennsylvania all

experienced statistically significant change in drug overdose death rates from 2013-2014: New Hampshire's drug overdose rate increased 73.5%, Massachusetts' increased 18.8%, Pennsylvania's increased 12.9% and Maine's increased 27.3%. This data indicates that the heroin traffickers are using New York State's thruways as drug pipelines linking heroin mills in New York City to street level drug dealers throughout New York State and the Northeast to feed opiate addiction.

[Read More](#)

<http://www.dea.gov/divisions/nyc/2016/nyc020716.shtml>

## **Research on THC blood levels sheds light on difficulties of testing for impaired driving**

Driving under the influence of drugs is a major public safety issue, and marijuana is the illicit drug most commonly found in the blood of drivers. There is an ongoing challenge to develop valid tests of driver intoxication with appropriate legal limits for blood concentration of THC, a primary ingredient in marijuana, or its metabolites. Due to the chemical profile of THC, its concentration in the blood diminishes rapidly after smoking, but impairment does not diminish as rapidly, rendering THC concentration in blood samples collected after driving an imperfect means for the person's level of impairment while driving.

Researchers at the National Institute on Drug Abuse's (NIDA) Intramural Research Program and the University of Iowa tested the blood THC concentrations of adults before, during, and after driving in the National Advanced Driving Simulator, to evaluate how changes in THC concentration may affect the interpretation of toxicology results. Results showed that even though blood THC concentrations while driving were at levels that affected driving ability, they had decreased to under commonly used impairment testing thresholds after a few hours. Consumption of alcohol, along with marijuana, did not significantly affect the blood results for marijuana.

[Read More](#)

<http://www.drugabuse.gov/news-events/news-releases/2016/01/research-thc-blood-levels-sheds-light-difficulties-testing-impaired-driving>

## **Preventing Suicide Among Seniors**

SAMHSA has a new resource to help address a misunderstood behavioral health issue among older adults - suicide.

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers was released in September to coincide with National Suicide Prevention Week. Its release comes at an important time, as death by suicide is a growing public health concern.

More than 7,000 people age 65 or older died by suicide in 2013, according to statistics from the Centers for Disease Control - a figure that places the suicide rate

among older adults higher than the general population. Suicide rates are particularly high among older men - higher than among any other group in the United States. And these figures do not include those who have made suicide attempts or who suffer from the emotional pain of suicidal thoughts.

"There is a sense that depression is a normal part of aging and that there's nothing you can do about it," says Chris Miara, MS, senior project director for the SAMHSA-funded Suicide Prevention Resource Center. "But it's really important to convey that it's not a normal part of aging and that there are ways to help. A lot of older people can have a good quality of life if they can get the help they need."

### **What You Can Do**

If you work with older adults and someone you know may be experiencing risk factors for suicide:

- Talk with the person in a caring, nonjudgmental way.
- Encourage the person to attend wellness sessions or classes offered by your senior center.
- Connect the person to supportive services available from the senior center (e.g., Meals on Wheels programs, assistance with financial planning).
- Connect the person to sources of counseling or other forms of support.

[Read More](#)

<http://newsletter.samhsa.gov/2016/02/02/preventing-suicide-among-seniors/>

## **Facing an epidemic of overdoses, Obama rejects governors proposal to limit painkiller prescriptions**

Members of the National Governors Association came to Washington for their annual winter meeting with President Obama Monday, armed with a plan to restrict access to prescription pain killers and end the country's deadly opioid epidemic.

But the proposal, which drew bipartisan support from within the NGA over the weekend, received a less-than-enthusiastic response when presented to the president.

"If we go to doctors right now and say 'Don't overprescribe' without providing some mechanisms for people in these communities to deal with the pain that they have or the issues that they have, then we're not going to solve the problem, because the pain is real, the mental illness is real," Obama said during his meeting with the governors Monday. "In some cases, addiction is already there."

According to the most recent data from the Centers for Disease Control and Prevention, 47,055 people died from a drug overdose in the U.S. in 2014 - more than any other year on record. Some 61 percent of those fatal overdoses involved opioids, mostly prescription painkillers like OxyContin or Percocet, and heroin.

The CDC emphasizes the link between the significant increase in fatal opioid overdoses (up 200 percent since 2000) to the rise in opioid pill prescriptions in various parts of the country over the past several years. According to the CDC, "Health care providers wrote 259 million prescriptions for painkillers in 2012,

enough for every American adult to have a bottle of pills."

Some governors, like New Hampshire's Maggie Hassan, have reportedly encountered resistance from doctors and pharmaceutical companies when attempting to impose limits on opioid prescriptions in their own states.

That's why, ahead of Monday's meeting at the White House, the NGA teamed up with physicians on a proposal to craft tougher protocols for safer pain treatment that will likely include restrictions on the number of opioid prescriptions providers can write, as well as new training requirements that, among other things, would help prescribers better recognize signs of addiction.

"As governors, we are working as individual states and with one another to stem and reverse the tide of this horrible epidemic, but we know that the fight is far from over, which is why our priorities push for additional support from the federal government," said Hassan, vice chair of the NGA's Health and Human Services Committee, in a statement issued over the weekend. "Combating the heroin and opioid crisis is an all-hands-on-deck moment, and we must also partner with the private sector, from manufacturers to pharmacies and health care providers, to find solutions and change the way we treat pain in America."

The NGA's call to action is the latest - and perhaps most aggressive - political response to the deadly epidemic that's prompted a number of initiatives from local governments, from presidential candidates and from the White House.

<http://news.yahoo.com/facing-an-epidemic-of-overdoses--obama-rejects-governors-proposal-to-limit-painkiller-prescriptions-013838383.html>

## **Naloxone prescriptions from pharmacies increased ten-fold**

A new scientific analysis shows prescriptions for naloxone, a medication designed to rapidly reverse opioid overdose, has increased ten-fold in the past eighteen months. Naloxone is traditionally distributed through community programs. To help address the recent dramatic numbers of overdose deaths from opioid pain relievers and heroin in the United States, there has been an increased focus on naloxone prescriptions in the outpatient setting, particularly through retail pharmacies.

Naloxone prescriptions from pharmacies increased ten-fold in the past 18 months

In 2014, more than 18,000 people died from an opioid pain reliever overdose, or nearly 50 people per day, and over 10,000 died from heroin-related overdoses, a rate that has more than quadrupled since 2002. Naloxone is currently approved by the FDA in both injection and nasal spray formulations to treat opioid overdose.

The authors found a 1,170% increase in prescriptions of naloxone dispensed from retail pharmacies in the U.S. between the fourth quarter of 2013 and the second quarter of 2015. These findings suggest prescribing naloxone in the outpatient setting can complement traditional community-based naloxone programs.

For a copy of the abstract, "Increase in Naloxone Prescriptions Dispensed in US Retail Pharmacies Since 2013," published in the American Journal of Health Promotion, and authored by Dr. Wilson M. Compton, M.D., deputy director at

the National Institute on Drug Abuse, and scientists from the U.S. Department of Health and Human Services and the Food and Drug Administration, go to <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303062>.

[Read More](#)

<https://www.drugabuse.gov/news-events/news-releases/2016/02/naloxone-prescriptions-pharmacies-increased-ten-fold>

## **The fear of using heroin is going away, but what comes next could be terrifying**

It's no secret that heroin use is hitting record numbers in the US.

For journalist Erin Marie Daly, that fact became disturbingly real in 2009 when her 20-year-old brother, Pat, died of a heroin overdose.

In the intervening years, the problem has become only worse, with heroin-related overdose deaths nearly quadrupling between 2002 and 2013, according to the US Centers for Disease Control and Prevention (CDC).

Since Pat's overdose, Daly has tried to understand her brother's death by investigating the causes and effects of his and hundreds of thousands of others' addictions to heroin and prescription opioids. In 2014, she collected her findings into a book: "Generation Rx: A Story of Dope, Death, and America's Opiate Crisis."

As Daly found firsthand - and further research has made clear - a huge percentage of these new heroin users, like Pat, are middle-class and white. Opioid-use researcher Ted Cicero, a professor of psychiatry at Washington University in St. Louis, thinks that there is one big reason why - and it doesn't bode well for the future.

Heroin "isn't as stigmatized as it used to be," Cicero told Business Insider. "People don't have the same reaction to heroin that they had and now they are trying the drug."

## **Another Opioid Epidemic Challenge: Too Few Addiction Counselors**

More addiction counselors are leaving the field at a time when demand for their services is increasing, NPR reports.

Addiction treatment professionals say the reason people are leaving include burnout and low pay. Addiction counselors earn an average of \$40,000 a year, according to the Bureau of Labor Statistics.

As the toll of drug overdose deaths increases, communities are trying to increase the number of treatment beds, the article notes. The shortage of addiction counselors is hampering that effort.

The Affordable Care Act and other federal laws have allowed millions more

Americans to obtain health insurance that will help pay for addiction treatment.

Amelie Gooding, who runs Phoenix House in Keene, New Hampshire, told NPR she has been short a full-time counselor for a year and half. "Everybody thinks, 'Oh, there aren't enough beds!'" she said. "But there's not enough treatment staff to open more beds." Because she does not have enough staff, she has had to leave three of her 18 residential beds empty. She has also reduced her outpatient groups down to 50 percent capacity.

Former counselor Melissa Chickering, who used to work for Gooding at Phoenix House, said addiction counselors take on their clients' pain. She called the lack of funding and coordination from the state "criminal."

Anne Herron, who leads workforce development for the Substance Abuse and Mental Health Administration, says her agency is trying to address the counseling shortage, in part by developing training curricula for high schools and colleges.

[Read More](#)

<http://www.drugfree.org/join-together/another-opioid-epidemic-challenge-addiction-counselors/>

## **Senate Overwhelmingly Passes Comprehensive Addiction and Recovery Act**

The U.S. Senate voted 94-1 to pass the Comprehensive Addiction and Recovery Act (CARA). The New York Times reports the measure authorizes funds for various drug treatment and prevention programs for a wide range of people, including those in jail. Dozens of senators came to the Senate floor to praise the bill.

CARA expands prescription drug take-back programs and establishes monitoring to prevent over-prescribing of opioid painkillers. It would expand the availability of medication-assisted treatment, including in criminal justice settings, and would support treatment as an alternative to incarceration. The measure also calls for training and equipping first responders on the use of the opioid overdose-reversal drug naloxone.

"This is big and significant," said Marvin Ventrell, the Executive Director of the National Association of Addiction Treatment Providers. "It had legs and interest because of the opioid crisis that has hit Middle America."

The fate of a companion bill in the House is uncertain, the article notes.

Earlier this month, the Senate voted against an amendment to CARA that would have added \$600 million in funding. Senate Republicans argued that there are potentially hundreds of millions available for CARA as part of the omnibus spending bill passed in late 2015.

CARA calls for spending as much as \$80 million on treatment, prevention and recovery. It does not include actual funding, which would have to come through an appropriations bill.

In early March, the Obama Administration voiced concern over the lack of funding

in the bill.

[Read More](#)

<http://www.drugfree.org/join-together/senate-overwhelmingly-passes-comprehensive-addiction-recovery-act/>

## **ASAM Celebrates as Addiction Medicine is Recognized as New Medical Subspecialty**

### **Addiction Medicine moves into the 21st century**

CHEVY CHASE, MD - Today, the American Society of Addiction Medicine (ASAM) celebrates with the American Board of Addiction Medicine (ABAM), physicians, health care professionals, community leaders, and state and federal officials as addiction medicine is formally recognized as a new subspecialty by the American Board of Medical Specialties (ABMS) under the American Board of Preventive Medicine (ABPM).

This recognizes addiction as a preventable and treatable disease, helping to shed the stigma of misunderstanding that has long plagued it and provides a new career option for medical students, residents and physicians interested in specializing in the treatment of addiction.

"For decades, the recognition of addiction medicine has been promoted by ASAM. It has been a key part of our mission and couldn't come at more critical time," said ASAM President Dr. Jeffrey Goldsmith. "With the staggering rise of substance misuse and addiction, expanding the expert workforce needed to address the challenge is paramount."

Recognition will make it possible for addiction medicine fellowship training programs to seek accreditation by the Accreditation Council on Graduate Medical Education (ACGME) leading to increased access to funding for fellowship training. It also brings other benefits including health network inclusion for addiction medicine specialists and a recognition that those who provide expert care meet the "gold standard" in board certification.

"When I was ASAM president ten years ago, the Board had the vision to appoint a special group to develop the plan to reach this historical milestone," said Dr. Elizabeth Howell, ASAM Past President. "So many ASAM members and other committed leaders should be recognized for their years of work and commitment in making this possible."

It is anticipated that decisions related to practice pathway, future certification exams, and maintenance of certification will be announced by ABMS and ABPM. More detailed information will be available on the websites of ABPM ([www.theabpm.org](http://www.theabpm.org)) and ABAM ([www.abam.net](http://www.abam.net)). "ASAM is delighted that it will be hosting a special session at its 2016 Annual Conference in Baltimore next month where ABPM and ABAM officials can provide more details to attendees about the ramifications of this milestone and answer their questions," said Dr.

Goldsmith.

*ASAM is the national leader in addiction medicine education, research and treatment. ASAM recently released its National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use assist clinicians prescribing pharmacotherapies to patients with addiction related to opioid use. It's the first such national guideline to cover all FDA-approved medications available to treat opioid addiction.*

*The American Society of Addiction Medicine is a national medical specialty society of more than 3,700 physicians and associated professionals. Its mission is to increase access to and improve the quality of addiction treatment, to educate physicians, and other health care providers and the public, to support research and prevention, to promote the appropriate role of the physician in the care of patients with addictive disorders, and to establish Addiction Medicine as a specialty recognized by professional organizations, governments, physicians, purchasers and consumers of health care services and the general public. ASAM was founded in 1954, and has had a seat in the American Medical Association House of Delegates since 1988.*

Web: [www.ASAM.org](http://www.ASAM.org)

Twitter: @ASAMorg

### **In memory of Richard (Rick) Milczarski**

We have lost a dear friend and valued colleague at the Council; Richard (Rick) Milczarski, died February 25, 2016. He retired from the agency January 8th after working at the Council for fifteen years. He will be sadly missed. Each of us not only grieves at the passing of a tremendous individual but also for the loss his family suffers.

### **Quote of the Month:**

***"Happiness is an inside job.  
Don't assign anyone else that  
much power over your life."***

**Remember:**

**Getting *Drunk* is Never Safe....**

Getting *High* is Never Smart !!!

*Stay Clean -- Stay Sober -- Stay Healthy*

-Tim VanDamme -  
Executive Director  
M.S., CASAC

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