

SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE TREATMENT
NATIONAL ADVISORY COUNCIL

Friday,
June 23, 2006

Video Teleconference Room L-1057
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland

IN ATTENDANCE:

Chair

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment
1 Choke Cherry Road, Room 5-1015
Rockville, Maryland 20857

Executive Secretary

Cynthia A. Graham, M.S.
Public Health Analyst
Center for Substance Abuse Treatment
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Members

Anita B. Bertrand, M.S.W.
Executive Director
Northern Ohio Recovery Association
3746 Prospect Avenue
Cleveland, Ohio 44115

Kenneth A. DeCerchio, M.S.W.
Director
Florida Department of Children and Families
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Bettye Ward Fletcher, Ph.D.
President and CEO
Professional Associates, Inc.
Brandon, Mississippi 39047

Valera Jackson, M.S.
CEO
Village South/WestCare Foundation, Inc.
3180 Biscayne Boulevard
Miami, Florida 33137

IN ATTENDANCE:

Chilo L. Madrid, Ph.D.
CEO
Aliviane NO-AD, Inc.
7722 North Loop Road
El Paso, Texas 79915

Francis A. McCorry, Ph.D.
Director
Clinical Services Unit
Division of Health and Planning Services
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David P. Peterson
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C O N T E N T S

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Call to Order

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
 Director, CSAT

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Council Roll Call

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Consideration of February 2-3,
 2006 Council Minutes

7

Director's Report

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM

8

Recovery Month Update

Michele Westbrook
 Consumer Affairs Office
 SAMHSA/CSAT's Office of the Director

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Discussion

27

Council Roundtable

29

1 MS. HEAPS: Present.

2 DR. CLARK: Val Jackson?

3 MS. JACKSON: Present.

4 DR. CLARK: Chilo Madrid?

5 MR. MADRID: Present.

6 DR. CLARK: Frank McCorry?

7 MR. MCCORRY: Present.

8 DR. CLARK: Dave Peterson?

9 MR. PETERSON: Present.

10 DR. CLARK: And Judge Eugene White-Fish?

11 PARTICIPANT: He had to sign off.

12 DR. CLARK: He had to sign off. All right.

13 And Eric Voth also signed off, obviously. That's still
14 enough for a quorum.

15 We're delighted to have each of you with us
16 today. We are especially delighted that Mr. David
17 Peterson, our veteran member, is able to participate in
18 this meeting. Dave's term actually ended in November of
19 2005. However, Dave will be with us until his successor's
20 appointment is finalized.

21 So Dave, you are still a member of the council,
22 and we are happy to have you participate in this meeting
23 today.

24 MR. PETERSON: Thank you.

25 DR. CLARK: We want to officially thank you for

1 your valuable input and contributions to CSAT and CSAT's
2 advisory council. You will be receiving a certificate of
3 appreciation signed by Mr. Curie and myself which reads,
4 "With appreciation for your outstanding tenure on the
5 Substance Abuse and Mental Health Services Administration's
6 Center for Substance Abuse Treatment National Advisory
7 Council, and gratitude for your tireless effort, support,
8 advice, and insights to the benefit of SAMHSA, the
9 Department of Health and Human Services, and people we
10 serve."

11 Again, we thank you.

12 The floor is now open to vote on the minutes
13 from the February 2nd and 3rd NAC meeting. I'll entertain
14 a motion to adopt the minutes.

15 PARTICIPANT: So moved.

16 DR. CLARK: Is there any discussion?

17 (No response.)

18 DR. CLARK: May I get a vote? All those in
19 favor?

20 (Chorus of ayes.)

21 DR. CLARK: Any opposed?

22 (No response.)

23 DR. CLARK: Did we have a second? I don't
24 recall having a second, come to think of it.

25 PARTICIPANT: I second it.

1 DR. CLARK: All right. It has been moved,
2 seconded, and voted upon. The minutes have been adopted.

3 There have been several developments at SAMHSA
4 since our last meeting. I guess the foremost issue is
5 that, as some of you are aware, and all of you will soon be
6 aware, the Administrator of the Substance Abuse and Mental
7 Health Services Administration has tendered his resignation
8 as of August 5th of this year, which is roughly six weeks
9 from now.

10 We are awaiting the appointment of his
11 replacement. In the interim, we do currently have Dr. Eric
12 Broderick, who is the Acting Deputy Administrator. Whether
13 he will be appointed the Acting Administrator is not clear.
14 So once we get greater clarity on these matters, we will
15 let you know.

16 But I think that is the first item, because it
17 means that there may be some transitions in terms of
18 administrative activities. Probably not budget activities,
19 but again, it would be idle speculation pending the
20 appointment of Mr. Curie's successor.

21 MS. HEAPS: Dr. Clark?

22 DR. CLARK: Yes?

23 MS. HEAPS: I don't know if this is the time.
24 This is Melody speaking.

25 I think it would be a nice gesture if the

1 council were to send a letter to Mr. Curie thanking him for
2 his service and his contribution of the vision for
3 recovery.

4 MS. JACKSON: I'll go ahead and second that
5 motion.

6 DR. CLARK: It has been moved and seconded that
7 a letter be sent to Mr. Curie from CSAT's NAC thanking him
8 for his program and his priorities.

9 MS. HEAPS: I would be happy, if you gave me a
10 few weeks, to write a draft that I could send to Cynthia to
11 circulate. Anybody can edit it, and then we'll send it.

12 DR. CLARK: A few weeks, did you say? Or a few
13 days?

14 MS. HEAPS: A few weeks. I would have to have
15 a few weeks.

16 DR. CLARK: Well, maybe somebody will help you.
17 Remember, he only has six weeks left.

18 MS. HEAPS: I know, I know. Does somebody else
19 want to volunteer?

20 MS. JACKSON: Well, I could work on it. I
21 could probably do it in maybe ten days or so.

22 DR. CLARK: That works for me. That's what I
23 was trying to point out, that it is six weeks. So when I
24 hear a few weeks --

25 MS. HEAPS: Yes.

1 MS. JACKSON: Why don't you just see if anybody
2 else could email me any particular thoughts as to how -- I
3 think we have each other's emails, don't we?

4 MS. HEAPS: Cynthia, maybe you could give us a
5 list of all the emails?

6 DR. CLARK: We can do that.

7 THE REPORTER: Dr. Clark, excuse me. Could our
8 participants on the phone please identify themselves each
9 time you speak? This is for the transcriber. Thank you.

10 MS. JACKSON: All right. This is Val Jackson
11 volunteering to do the letter with input from people.

12 DR. CLARK: All right. We still haven't voted
13 on this, but it sounds like people want to do that. So all
14 those in favor of sending a letter?

15 (Chorus of ayes.)

16 DR. CLARK: Anybody opposed?

17 (No response.)

18 DR. CLARK: Very good. So Val and Melody will
19 coordinate that. I think it's a great gesture. I agree
20 with you, Melody, that Mr. Curie's leadership has given us
21 some framework, goals, and objectives, and a language that
22 cuts across centers and addresses the populations that we
23 serve. He will undoubtedly appreciate receiving that.

24 On June 13th, the full House Appropriations
25 Committee approved an FY '07 spending bill for programs at

1 the Departments of Labor, Health and Human Services. Now,
2 the full House hasn't voted on it.

3 PARTICIPANT: They may have by now.

4 DR. CLARK: They may have by now. They were
5 waiting on this issue of minimum wage, and that apparently
6 was addressed yesterday when the House rejected any changes
7 at this juncture in time.

8 The committee proposal includes a \$3.343
9 billion program level for SAMHSA. This is an increase of
10 \$82.9 million, or 2.5 percent above the FY '07 President's
11 budget request.

12 For CSAT's Programs of Regional and National
13 Significance, CSAT would receive \$326.7 million,
14 representing a \$72 million cut from the last year's PRN
15 funding, and nearly \$48.7 million less than the President's
16 budget request.

17 The House Committee proposes to maintain the
18 following programs at the FY '06 level. Homeless programs
19 at \$34.4 million, minority AIDS at \$63.1 million, and
20 minority fellowship program at \$531,000.

21 Changes to program fundings include SBIRT,
22 which would now get \$31.2 million for Screening, Brief
23 Intervention, Referral, and Treatment. Methamphetamine
24 treatment programs would be \$25 million targeted toward
25 methamphetamine, and grantees may be able to use this for

1 vouchers should they choose, and \$3.7 million for
2 congressional earmarks.

3 Of significance is no proposed funding for the
4 new Access to Recovery Program that is in the President's
5 budget. The House Committee proposes \$1.834 billion for
6 the Substance Abuse Prevention and Treatment Block Grant.
7 This is roughly a \$75.4 million increase over the
8 President's request.

9 In total, CSAT's FY '07 House Committee
10 approved appropriation is \$2.161 billion, an increase of \$3
11 million over the FY '06, and a \$26.7 million increase over
12 the President's budget.

13 Due to the committee's action to not fund
14 Access to Recovery and its decision to redirect \$75.4
15 million to the SAPT block grant while funding the meth
16 initiative, the net effect is a restoration of non-ATR PRNS
17 funding.

18 As of now, the House bill is scheduled today,
19 so we'll just have to wait and see what they do. Remember,
20 this is only the House side. The appropriations bills have
21 to be addressed by both chambers, and then it has to be
22 signed by the President, so this is just preliminary. So
23 we'll wait and see.

24 SAMHSA is supporting the President's budget and
25 the President's ATR initiative. There is some hope that

1 perhaps ATR at the full floor will be reinserted in the
2 budget. Should that not happen, then we will have to wait
3 to see what the Senate does.

4 MS. HEAPS: Dr. Clark, I'm sorry. Somehow the
5 phone wiggled. I didn't get the last three sentences or
6 four sentences about what happened to ATR. Melody Heaps
7 asking.

8 DR. CLARK: Sure. In the House full committee,
9 there is no funding for a new cohort of --

10 MS. HEAPS: ATR?

11 DR. CLARK: ATR. Which would mean that should
12 that be sustained by the full House and then subsequently
13 by the Senate, the bill which the President will be
14 presented would contain no new money for ATR, which would
15 be --

16 MS. HEAPS: Thank you. I got it now.

17 DR. CLARK: And I will now highlight
18 developments in our program areas to address the issue of
19 methamphetamine.

20 As many of you are well aware, this issue of
21 methamphetamine has gained a tremendous amount of media
22 attention and currency not only in rural and frontier
23 states, but on Indian reservations. We've had meetings
24 with a number of tribal entities and tribal governing
25 authorities, and methamphetamine is a problem for them, as

1 well as for a host of states like Idaho, Montana, and
2 Kansas.

3 CSAT's Division of State and Community
4 Assistance, with the Division of Services Improvement,
5 recently convened two summits on methamphetamine. The
6 first summit was convened in Los Angeles on April 5th and
7 7th. The second was in Orlando on May 23rd and 25th. The
8 purpose of these two summits of course was to provide
9 single-state authorities with subsequent information about
10 methamphetamine treatment, epidemiology, and strategies.

11 The summits were specifically designed for
12 program administrators, clinicians from the front-line
13 treatment, and state agency staff involved in developing,
14 regulating, and funding methamphetamine treatment. There
15 were approximately 765 participants at the two summits,
16 including single-state directors, state agency staff, and
17 others.

18 The major aim of the summits was to showcase
19 evidence-based methamphetamine treatment approaches and
20 help participants better connect science to practice, thus
21 strengthening the likelihood of positive outcomes for
22 clients with methamphetamine problems.

23 In an effort to address the impact that
24 methamphetamine has on children and families, SAMHSA
25 co-sponsored a national methamphetamine in child welfare

1 conference with the Administration of Children and
2 Families' Children's Bureau on May 8th and 9th, entitled
3 "Methamphetamine: The Child Welfare Impact and Response."

4 The 350 child welfare and substance abuse
5 professionals present also discussed how state child
6 welfare systems are dealing with the influx of more
7 families into their systems as a result of methamphetamine
8 abuse. The conference provided a forum for CSAT to
9 highlight the effectiveness and treatment from
10 methamphetamine and the need for a strong, established
11 collaborative partnership among treatment, law enforcement,
12 and child protective service agencies.

13 As you know, HHS has asked SAMHSA to address
14 behavioral health factors, including mental health,
15 substance abuse, and suicide prevention, and preparedness
16 response and recovery efforts for all natural and human-
17 made disasters that occur across the nation.

18 In culmination of our responses to Hurricanes
19 Katrina, Wilma, and Rita, SAMHSA convened a disaster
20 meeting on May 22nd to 24th, 2006 in New Orleans entitled
21 "The Spirit of Recovery: All-Hazards Behavioral Health
22 Preparedness and Response: Building on the Lessons of
23 Hurricanes Katrina, Rita, and Wilma."

24 I served as the co-chair for the planning of
25 this meeting, along with Kathryn Power. The three meeting

1 objectives were review lessons from Hurricanes Katrina,
2 Rita, and Wilma, identify opportunities for consolidation
3 of the ongoing response and behavioral health issues, and
4 strategize all-hazard preparedness efforts for future
5 disasters, and there was particular attention paid to the
6 inclusion of substance abuse treatment throughout the
7 plenaries, breakout sessions, and state planning meetings.

8 Each state, through the governor, was invited
9 to select up to ten participants with SAMHSA supporting
10 five. In addition, national organizations, selected tribes
11 of those that were directly affected by the hurricanes, and
12 federal partners were invited.

13 There were over 700 participants. Six CSAT
14 staff participated as presenters, facilitators, and
15 moderators. All the PowerPoint presentations and some of
16 the plenary videos will be available on the Disaster
17 Technical Assistance Center website by mid-June at
18 www.spiritofrecoverysummit.com.

19 We'll get you that, and it should be done by
20 the end of this month. Mid-July, actually. So we will get
21 you the specific number, because we know how web addresses
22 are. One digit or letter off, and you are in
23 Neverneverland. So I want to make sure you get the right
24 one.

25 Robert Lubran, the Director of the Division of

1 Pharmacologic Therapies, and Cheri Nolan, the Senior
2 Advisor to the Administrator, participated in the
3 international conference "The Health of a Nation and Fight
4 Against Narcoterrorism" in Moscow, Russia on March 29th
5 through the 31st. I also attended that meeting.

6 The purpose of the visit was to describe the
7 United States regulatory program for oversight of opioid
8 treatment programs and SAMHSA's role in the implementation
9 of the Drug Treatment Act of 2000, permitting the use of
10 buprenorphine, either Suboxone or Subutex, in
11 detoxification and maintenance treatment of opioid
12 dependence. I spoke to the attendees about the impact of
13 medication-assisted treatment and preventing the
14 transmission of HIV and other infectious disease.

15 The Department of Health and Human Services
16 hosted a series of 11 tribal consultation sessions across
17 the country during the spring of 2006. The tribal
18 consultation took several forms, including a national
19 budget consultation session that focused on the health and
20 human services budget priorities of tribes, as well as
21 regional consultation sessions which were coordinated by
22 HHS regional directors. Participants in the sessions
23 included tribal leaders from all federally recognized
24 tribes, representatives from HHS operational divisions, and
25 SAMHSA and CSAT staff.

1 Among all the consultation sessions, the
2 highest priority for attention was given to issues related
3 to suicide prevention, alcohol abuse and dependence, the
4 widespread abuse and dependence on methamphetamine with
5 associated criminal justice and child welfare issues, and
6 the concern that tribes are having difficulty winning
7 competitive grants.

8 SAMHSA has developed a draft tribal
9 consultation policy which has been distributed for comment,
10 while the FY 2007 President's budget includes almost \$3
11 million for a new American Indian/Alaska Native youth
12 suicide prevention initiative.

13 On March 16th through the 18th, SAMHSA
14 sponsored a three-day conference with the Therapeutic
15 Communities of America in Washington, D.C., "The Road Home:
16 The National Behavioral Health Conference on Returning
17 Veterans and Their Families," which brought together over
18 1,000 representatives of federal, state, public, and
19 private service providers. The participants sought to
20 explicate the needs and challenges of all veterans,
21 particularly service members returning from Iraq and
22 Afghanistan, and increase coordination, linkages, and
23 collaboration across communities of service providers to
24 address those needs.

25 We really stress that while the VA and DOD are

1 the principle service providers, there are a number of
2 individuals for several reasons who would receive care from
3 community providers, and we wanted community providers to
4 be able to reinforce the safety net created by DOD and DVA.

5 DSCA offered a series of intensive trainings on
6 motivational enhancement therapy and cognitive-behavioral
7 therapy for adolescent cannabis users, five sessions. The
8 primary aim of the two-day training was to provide detailed
9 guidance on how to implement this brief intervention model
10 of treatment in the participant's program. Seven such
11 trainings will occur. They started in April, and the last
12 one will be later this month. We anticipate about 230
13 people will be trained.

14 We are particularly pleased to share with you
15 that the 2005 Recovery Month television campaign has been
16 in the top 3 percent by number of plays among the 477 to
17 497 campaigns being monitored by Nielsen from December 26th
18 to April 30th. It ranked 11th out of 486 campaigns
19 Nielsen monitored, putting it in the top 2.2 percent.

20 The United States Senate has introduced a bill
21 which includes a provision that would significantly affect
22 the 30-patient limit established under the Drug Addiction
23 Treatment Act with regard to buprenorphine. Currently
24 DATA, the Drug Addiction Treatment Act, limits the number
25 of patients that a physician can treat to no more than 30

1 patients at any one time.

2 The Senate bill is called S.2560, which would
3 reauthorize the Office of National Drug Control Policy. It
4 includes a section that would amend the Controlled
5 Substances Act by permitting a physician with a DATA waiver
6 to submit a second notification to the Secretary of HHS to
7 treat more than 30 patients.

8 The Partners for Recovery initiative is
9 sponsoring a national conference for leaders of addiction
10 services on July 24th and 25th. This conference is to
11 recognize the first year of graduates of the PFR/ATTC-
12 sponsored Leadership Institute being conducted at 13 ATTCs
13 across the nation.

14 Joining the graduates will be members of the
15 PFR Steering Committee, who are themselves current leaders
16 in the field of addiction prevention, treatment, and mental
17 health services. Opportunities for networking and cross-
18 fertilization among current and future leaders are planned
19 throughout the two-day event, and Maestro Benjamin Zander,
20 conductor of the Boston Philharmonic, has graciously
21 accepted our invitation to give a two-hour presentation on
22 the topic of leadership.

23 On July 12th to 14th, SAMHSA, in partnership
24 with the National Institute on Drug Abuse and the National
25 Institute on Alcohol Abuse and Alcoholism, will host the

1 2006 National Conference on "Women, Addiction, and
2 Recovery: News You Can Use," in Anaheim, California. This
3 two and a half day conference will advance the field of
4 women's substance abuse treatment by presenting the latest
5 research and discussing how it can be applied and
6 implemented to improve clinical services.

7 The Director's report will also be
8 electronically transmitted to members following this
9 meeting, and will be available to anybody else who wants
10 it.

11 We are working with the Office of National Drug
12 Control Policy to co-sponsor meetings on methamphetamine.
13 They will be holding regional meetings, the first of which
14 will be July 13th and 14th in Birmingham, Alabama.

15 Recently, SAMHSA participated in NASADAD's
16 annual meeting, where we met with the single-state
17 authorities, the prevention authorities, and methadone
18 authorities to discuss a wide range of issues directly
19 affecting states.

20 We also plan to have, at the end of July, a
21 meeting with grantees on ATR where we will discuss the
22 progress ATR has made and the future of the initiative.

23 So that is a lot of the stuff that we have been
24 doing. Any questions?

25 (No response.)

1 DR. CLARK: No questions.

2 Michele Westbrook, are you there?

3 THE OPERATOR: Yes, sir, she is here. I will
4 open up her line for her presentation.

5 DR. CLARK: Open up those lines. Michele, are
6 you there now? The line is not open yet.

7 MS. WESTBROOK: Hello?

8 THE OPERATOR: Ms. Westbrook's line is open.

9 DR. CLARK: Since we will not have a face-to-
10 face meeting before Recovery Month, Michele Westbrook in
11 our Office of Consumer Affairs is on the line and will
12 provide an update on the plans that are well underway for
13 2006 Recovery Month activities.

14 Michele?

15 MS. WESTBROOK: Hi. Good afternoon. How are
16 you?

17 I just wanted to give you a real quick rundown
18 on some of the things that we're going to be doing in 2006
19 for anybody who is new. This is going to be the
20 (inaudible) year of the observance for National Alcohol and
21 Drug Addiction Recovery Month, and the 2006 theme is "Join
22 the Voices for Recovery: Building Stronger, Healthier
23 Communities."

24 September is the dedicated month for Recovery
25 Month, and Recovery Month highlights valuable benefits of

1 substance abuse treatment, valuable contributions of
2 treatment providers, and promotes the concept that recovery
3 from substance abuse in all its forms is possible.

4 We have been working with hundreds of national
5 and local organizations across the country to come up with
6 the theme and the materials that we'll be using. We
7 created 75,000 tool kits, which were delivered to CSAT on
8 May 23rd, and I'm happy to say that we have less than 4,000
9 left in stock. So they are going fast and furious to get
10 into the hands of those who will be using them for Recovery
11 Month events and celebrations.

12 With a website, which is www.recoverymonth.gov,
13 we have just been notified that we won a Gold Screen Award
14 of Excellence from the National Association of Government
15 Communicators. So we are happy to have that. That was
16 for the 2005 site, a 2006 award.

17 We have already had over 5 million hits on the
18 site since January. So people are out there. They're
19 looking for information, they are trying to decide about
20 their lives, and they're looking for resources and at the
21 webcast, and downloading the tool kits.

22 We are having an average length -- people are
23 spending about 20 minutes and 28 seconds on the site per
24 visit. So obviously, we are providing information that
25 they find useful, because they are staying and they are

1 coming back.

2 We have already 100 events posted online. The
3 last time I checked, there were 16 states that did not have
4 events posted, and that has dramatically dropped since
5 then. We have been adding them by the day. I probably
6 have been doing about five or six a day now.

7 We have 10 proclamations from governors and
8 mayors throughout the country, and 29 Voices of Recovery
9 posted. The Voices of Recovery are people who have
10 volunteered to tell their stories of recovery, whether it
11 be that they are in recovery or a family or friend. It's
12 online, and we have their full consent that says that they
13 have agreed to be on there. So 29 people are coming to
14 tell their stores and share them, and so we think that's
15 wonderful.

16 The webcasts, we have produced already six to
17 date. They have been aired. We have another four more
18 coming out. They air the first Wednesday of each month.
19 You can watch them online, download them, or order them.
20 They are panel presentations with four panelists and a
21 host. We go out and we do case studies and talk to people
22 in the field. They are used for educational purposes.

23 They are also used by cable markets. We are
24 currently in more than 264 unique cable markets throughout
25 the country and in about 14.6 million households. When I

1 say unique cable markets, what exactly we are talking about
2 is cable in Washington, D.C. Washington, D.C. has two
3 cable stations within the city that both play these
4 webcasts. We count them as one unique market. So there
5 are more than 254 stations carrying them, but we are in 254
6 markets.

7 We are initiating a new way of dissemination of
8 the information by starting podcasting. We have trailers
9 that come up. It's kind of a here is what you are going to
10 see. It's an advertisement for the webcast. They will be
11 automatically downloaded to people's podcasts the last day
12 of the month. So for instance, if we get an initiative, it
13 will come out the last day of June for the July 5th
14 presentation of the webcast.

15 So people will get that to remind them to watch
16 it, and then the podcast will automatically be downloaded
17 when we get that into the technology. So people will
18 automatically receive these shows and not have to go online
19 anymore. That's a new technology by way of dissemination
20 that we're working with.

21 The public service announcements, Dr. Clark
22 mentioned that CSAT in 2005 produced the top percentage for
23 Nielsen, which we're extremely happy about, and the new
24 ones are coming out. They will be distributed to
25 television stations throughout the nation on June 28th, and

1 the radio will be distributed to stations on July 7th.

2 We have been in collaboration with the National
3 Association of Broadcasters to distribute the television
4 and radio as well. They have taken the Recovery Month tool
5 kit, and they have made a director kit. So that will go
6 out to all the public service station directors to talk
7 about what is Recovery Month, why is it important for the
8 local community to get involved, and why is the media
9 taking an active role.

10 They can order all of the PSAs from either NAB
11 or through our organization, and then they will also have a
12 satellite downlink on their website of the PSAs. So that
13 is yet another way for us to distribute these. They will
14 all be tracked, so we'll have the numbers in place shortly.

15 Another component of this year's Recovery Month
16 is the sponsored event. I am happy to say that we have the
17 first annual Recovery Month Walk/Run. That is being held
18 on September 27th around the grounds of the SAMHSA building
19 at Choke Cherry. This is a new event that was planned by
20 one of the staff members in the Office of Consumer Affairs.

21 We are sponsoring three Recovery Rides in
22 California, Ohio, and New England. Anita Bertrand is
23 handling the Ohio ride, and they are doing that on
24 September 30th, so thank you.

25 MS. BERTRAND: You're welcome.

1 MS. WESTBROOK: We are also doing 25 additional
2 sponsored events. There are 10 what we call (inaudible)
3 events which are held throughout the country. They are for
4 the general population. They range from walks and runs to
5 forums, conferences, and exhibits. We have some art shows.
6 We also have 15 additional minority events, and those are
7 through contractors that handle minorities, such as for
8 African American, Asian Pacific, Hispanic, and Native
9 American.

10 So we are fast and furiously running through
11 2006 to September. We just did all of the artwork for
12 2007. So we are moving through this year and moving onto
13 next year. I look forward to talking to you at your next
14 meeting to tell you how wonderful 2006 ended up.

15 Does anybody have any questions?

16 MS. JACKSON: Val Jackson. I don't have a
17 question, because I think what you reported was very
18 comprehensive. I really want to congratulate SAMHSA, CSAT,
19 and you and the folks who are working with you on the
20 continuation and expansion of Recovery Month.

21 I think that it is critically important for us
22 to give our nod of approval and participation as Anita is
23 doing and I'm sure several other people are doing, because
24 as we all know, we need a brand name called "recovery," and
25 branding is all-important in this world. I think that this

1 will really help set that particular initiative.

2 I really thank you for your work, Michele.

3 MS. WESTBROOK: Thank you.

4 DR. CLARK: Any further comments on Recovery
5 Month?

6 (No response.)

7 DR. CLARK: Well, thank you, Michele.

8 MS. WESTBROOK: Thank you.

9 DR. CLARK: And if there are Recovery Month
10 activities within your state or a nearby state, we hope you
11 are able to participate.

12 With the ending of Michele's comments, we will
13 enter a period for public comment. If there are members of
14 the public who wish to make comments at this time, the
15 operator will now take you out of the listening mode.
16 Please wait for the operator to announce you before
17 beginning to speak.

18 THE OPERATOR: +You want all of the public lines
19 opened or just one at a time, sir?

20 DR. CLARK: All of them.

21 THE OPERATOR: All right. All the lines are
22 open. Ms. Alison Smith, Mr. Malcolm Spicer, Ms. Nancy
23 Clark, and Ms. Lorie Garlick.

24 DR. CLARK: Any public members with comments?

25 (No response.)

1 DR. CLARK: If there are no public members who
2 have a comment, I want to thank you for listening in and
3 thank you for your participation. That will take us then
4 to the council roundtable. We don't want to close this
5 meeting without providing an opportunity for council
6 members to discuss issues that may be of concern to them.

7 Council members?

8 MS. HEAPS: This is Melody Heaps. Dr. Clark, I
9 know you know, because Theodora Binyan Taylor, our SSA
10 Director, has been in touch with you. The issue of
11 heroin/fentanyl in Chicago is becoming an increasing public
12 health crisis.

13 Next month, Congressman Danny Davis tasked the
14 Cook County medical director, Cook County Hospital medical
15 director, the head of the Illinois ASAM, and some treatment
16 people will be -- well, we've called a press conference to
17 talk about it from a public health standpoint, and also to
18 ask for more money for treatment.

19 I just wondered if you could talk in general as
20 to what your interactions have been not only with Illinois,
21 but with I guess Detroit, St. Louis, Philadelphia, New York
22 and maybe D.C. or some other city. Maybe Boston. Are they
23 experiencing this?

24 DR. CLARK: I'm glad you raised that. We have
25 actually been working in concert with CDC, DEA, Office of

1 National Drug Control Policy, and local law enforcement and
2 public health authorities in local jurisdictions.

3 We have been aware of this. We also sent out a
4 broadside to our grantees, to opioid treatment programs,
5 and to state authorities informing them about the
6 phenomenon and encouraging those who have contact with
7 individuals who use heroin or who may know individuals who
8 use heroin to be aware that somebody is poisoning their
9 heroin with fentanyl.

10 As you know, one of the problems with fentanyl,
11 especially as we have subsequently determined that some of
12 it is illegally made, is that it is hard to use it as a --
13 to cut it, as it were. So what you get is a very small
14 amount which is very potent. The people selling it or
15 giving it away wind up killing people as a result of it
16 because they can't just boost the heroin, which is their
17 apparent intent. What they wind up doing is killing off
18 their customers, which obviously is bad for their business.

19 We had a meeting the Office of National Drug
20 Control Policy convened, and at that meeting,
21 representatives from DEA, NIDA, CDC, and Department of
22 Justice, were all present. There was a subsequent meeting
23 about a week ago in Chicago. Law enforcement convened with
24 the FBI, the DEA, and others, local law enforcement,
25 sheriffs and police, and we sent a staff person to that

1 meeting.

2 So we have been actively involved in
3 highlighting discussion and making sure that people were
4 aware that this is happening. Some of you are also aware
5 that there was an arrest, a fairly broad arrest yesterday.

6 Whether these are the only individuals involved in the
7 fentanyl/heroin debacle or were they just part of it, we'll
8 have to see. But I'm glad to see that people in Chicago
9 are having such a meeting.

10 There are a number of issues involved in this.

11 For instance, medical examiners don't often check for
12 fentanyl. Heroin overdoses are generally treated as heroin
13 overdoses. Detroit, it turned out that Wayne County's
14 medical examiner did periodic or random checks of other
15 narcotics and discovered the fentanyl connection. Then
16 people went back and looked at a number of other states of
17 sudden death and discovered that fentanyl was present.

18 So it involves Camden, New Jersey, Pittsburgh,
19 Philadelphia, Detroit, Chicago, and St. Louis, and
20 apparently there was a network or a gang that controlled
21 that corridor and was producing this.

22 But anything that we can do within our
23 resources, we are perfectly willing to cooperate with
24 respect to jurisdictions. We talked to Michigan, we talked
25 to Theodora Binyan. She was going to have a meeting. We

1 have offered our limited resources to support any
2 subsequent activity.

3 This is both a local and regional matter, but
4 we all have to work together. As we pointed out, that is
5 what keeps us restricted to that corridor, but some thinly
6 veiled barriers. If we don't deal with this collectively,
7 then we've got a much larger problem.

8 MS. HEAPS: Right. Just for a moment, I will
9 be happy to send to you the press release of the talking
10 points so that you are aware of what is happening here from
11 a public standpoint, Dr. Clark.

12 The other issue for us in Chicago, and I don't
13 know if this is true in the other areas, and this is a sad
14 thing to say, but part of the reason that this has gotten
15 such dramatic play is that young suburban youths have been
16 coming into the city and dying. The son of a police chief
17 of one of the suburban districts, suburban areas, died.

18 So it does allow us to get the message out that
19 this is everybody's problem. We are taking, while there is
20 an immediate crisis of fentanyl, we use the position that
21 this is the drug of the day. There will be new drugs to
22 come, and until we deal with a broad-based policy that
23 looks at treatment for addiction and allows us to have
24 support resources for it, we are going to be constantly
25 following new drug crises.

1 But yes, Theodora Binyan Taylor has been doing
2 a wonderful job trying to organize the community behind
3 this. We have talked with the DEA. Our concern from the
4 DEA law enforcement is that some of us would like to know,
5 do they think that the gang distribution networks and the
6 manufacturing will subside, that this may be just a
7 temporary phase, or is this going to be a new market?

8 Some of the addicts on the street are actually
9 seeking this drug out because of its potency, I suppose
10 because it gives such a powerful high and they think the
11 police are just saying all these bad things about fentanyl
12 when really there is nothing wrong with it. It is a real
13 problem.

14 DR. CLARK: And one of the other things that
15 we've been struggling with here is how do you communicate
16 with the addict on the street.

17 MS. HEAPS: Right.

18 DR. CLARK: And so we have involved peer groups
19 in that dialogue, because indeed what is logical to someone
20 who is a non-user may not be logical to someone who is a
21 user. So we understand, and Theodora pointed out that they
22 initially put up fliers and had to take them down because
23 the fliers were functioning as magnets for people looking
24 for the drug.

25 MS. HEAPS: Right.

1 DR. CLARK: We just need to figure out how to
2 put this thing in proper language, some social marketing,
3 so that the language that we use when we are telling
4 people, you know, people are dying. It resonates with them
5 as opposed to, "Let me get this stuff. It sounds good."

6 MS. HEAPS: Right. Exactly, and the concern I
7 have, depending on how the -- and the DEA will be able to
8 tell you this. I have asked that they at least talk to us
9 about whether, not only for our specific sector, but
10 whether the gang distribution see this as a potent enough
11 project that they are now going to try like we have done
12 with other drugs, spread it out. In other words, move to
13 other sectors.

14 Certainly the corporate configurations of the
15 gangs that are distributing this are so sophisticated, that
16 that is clearly possible. So we are kind of holding our
17 breath on that from a national standpoint.

18 DR. CLARK: Again, ONDCP, Scott Burns, has
19 taken the leadership at ONDCP to make sure that we have an
20 interagency focus. Mr. Walters' aide, Dave Murray, just
21 presented last week -- well, actually yesterday -- before
22 Representative Kennedy and Ramstad's meeting on
23 methamphetamine and the fentanyl overdose.

24 So again, we all are working in partnership,
25 and I think that's the key issue. So I appreciate your

1 offer, and any ideas or suggestions that you might have.

2 I'm particularly interested in this
3 communication issue. How do I communicate with individuals
4 whose motives may be paradoxical to my own, and my own is a
5 public health one, trying to make sure that people don't
6 die, as opposed to trying to figure out just how much to
7 use so that you don't die.

8 The problem with fentanyl is the
9 unsophisticated person can't do that, and then producers
10 themselves are unsophisticated with that regard, because it
11 is hard to cut.

12 MS. HEAPS: There are two things, and then I
13 will shut up about this. We are having recovery people at
14 the press conference to talk. Dr. Jennifer Smith is the
15 SBIRT director for Cook County Hospital. The SBIRT clients
16 have been affected by this. There have been at least 17
17 people who have tried to get in treatment programs that are
18 part of SBIRT and have not been able to, and have had
19 overdose experiences in the last few months. So we've got
20 a real problem that affects all of us.

21 So I promise to keep you directly, I presume,
22 informed, and send you materials. Theodora knows all about
23 this, and we are working in conjunction with her.

24 DR. CLARK: And your point is well taken. I
25 will make sure that my staff is apprised of this. Anne

1 Herron is here. Anything that we can reasonably do, we
2 will do, because again, we were alarmed initially. We
3 started doing what we could do.

4 We are also now hosting weekly phone calls with
5 CDC and others who are interested in dealing with this
6 matter from the federal point of view. But again, it
7 requires a partnership that is local as well as federal.

8 Thank you very much for your offer.

9 MS. HEAPS: You're welcome. Let's keep it up.
10 Thank you.

11 MS. BERTRAND: Dr. Clark, this is Anita.

12 DR. CLARK: Anita.

13 MS. BERTRAND: In our September meeting, can we
14 have an update on this matter?

15 DR. CLARK: Sure. We'll put it down on the
16 agenda. Cynthia is writing furiously.

17 MS. BERTRAND: Dr. Clark, as you know, I'm
18 going to have to sign off. Thank you for allowing me to
19 speak on this as well.

20 DR. CLARK: All right.

21 MS. BERTRAND: Thank you, everyone.

22 DR. CLARK: Anything else? Anybody else? Any
23 other topics?

24 (No response.)

25 DR. CLARK: Well, I want to thank you. If I

1 may repeat myself, I'm grateful for the advice and service
2 you provide to CSAT. I hope that when your terms of
3 services end on the council, you will walk away knowing
4 that you've made a valuable contribution to the field
5 through the CSAT National Advisory Council.

6 This council has been very helpful to us. I
7 just want to tell you I can't say enough that I have
8 appreciated the kind of partnership that we've been able to
9 forge over time.

10 I need to remind you that we do have another
11 teleconference meeting scheduled for August 30th for grant
12 review only. We have six more programs to review, and need
13 to accomplish the review at the August meeting.

14 The next face-to-face meeting is scheduled for
15 September 20th and 21st. Plans are underway for what
16 promises to be an excellent meeting. We will add Anita's
17 request to that.

18 I want you to enjoy your summer, and remember
19 we are here to serve you.

20 MS. JACKSON: This is Val. I think that we are
21 supposed to have an e-therapy conference call.

22 DR. CLARK: E-therapy is after this. So we
23 will have that discussion after this.

24 If there is no further business, I'll entertain
25 a motion to adjourn.

1 PARTICIPANT: So moved.

2 PARTICIPANT: Second.

3 DR. CLARK: It has been moved and seconded that
4 we adjourn. All those in favor?

5 (Chorus of ayes.)

6 DR. CLARK: This meeting is adjourned. We will
7 deal with subsequent business shortly. Thank you.

8 (Whereupon, at 12:28 p.m., the meeting was
9 adjourned.)

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