

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment**

**Minutes of the  
46th Meeting of the  
CSAT National Advisory Council**

**June 23, 2006**

**Rockville, Maryland**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration**

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46th Meeting of the  
Center for Substance Abuse Treatment National Advisory Council  
Rockville, Maryland  
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The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) National Advisory Council met by teleconference on June 23, 2006. The call originated from SAMHSA's headquarters in Rockville, Maryland.

CSAT Director H. Westley Clark, M.D., J.D., M.P.H., convened the closed session at 11:00 a.m. to review grant applications. He convened the open session at 11:35 a.m. Members participating in the Open Session included Anita B. Bertrand, M.S.W.; Kenneth A. DeCerchio, M.S.W.; Bettye Ward Fletcher, Ph.D.; Melody M. Heaps, M.A.; Valera Jackson, M.S.; Chilo L. Madrid, Ph.D.; Francis A. McCorry, Ph.D.; and David P. Peterson. Also present were George Gilbert, J.D., Acting Deputy Director, CSAT, and Cynthia A. Graham, M.S., Executive Secretary, CSAT National Advisory Council.

**Welcome and Opening Remarks**

Dr. Clark welcomed participants to the meeting. He noted that Mr. Peterson's term on the Council expired in November 2005 and thanked him for his contributions. Mr. Peterson will remain on the Council until his successor is named.

**Minutes, February 2-3, 2006**

Council members voted unanimously to accept, as presented, the minutes of the February 2-3, 2006, CSAT Council meeting.

**Director's Report**

Dr. Clark announced that SAMHSA Administrator Charles Curie has tendered his resignation as of August 5, 2006. Mr. Curie's successor has not been named; Dr. Eric Broderick currently serves as Acting Deputy Administrator. The Council voted unanimously to send a letter to Mr. Curie from CSAT's NAC thanking him for his program and his priorities. Ms. Heaps and Ms. Jackson volunteered to draft the letter with input from other Council members.

Dr. Clark reported that on June 13, 2006, the House Appropriations Committee approved the budget for Fiscal Year (FY) 2007 for the Departments of Labor and Health and Human Services (HHS), with action by the full House expected imminently. The committee's proposal includes a \$3.343 billion program level for SAMHSA, which represents an increase of \$82.9 million, or 2.5 percent, above the President's request. For CSAT's Programs of Regional and National Significance (PRNS), CSAT would receive \$326.7 million, representing a \$72 million cut from FY 2006 PRNS funding and nearly \$48.7 million less than the President's budget request.

The House committee proposes to maintain the following programs at FY 2006 levels: homeless programs, \$34.4 million; minority AIDS, \$63.1 million; Minority Fellowship Program, \$531,000. Increases in funding are requested for Screening, Brief Intervention, Referral, and Treatment (SBIRT), \$31.2 million; methamphetamine treatment, \$25 million (for which grantees could use vouchers); and congressional earmarks, \$3.7 million. The House committee proposes no funding for a new cohort in the Access to Recovery (ATR) program. For the Substance Abuse Prevention and Treatment (SAPT) Block Grant, \$1.834 billion is proposed, a \$75.4 million increase over the President's request.

For SAMHSA's FY 2007 budget, the House committee approved an appropriation of \$2.161 billion, an increase of \$3 million over FY 2006 and \$26.7 million over the President's request. By not funding ATR and by redirecting \$75.4 to the SAPT block grant, while also funding the methamphetamine initiative, the net effect is a restoration of non-ATR PRNS funding. Dr. Clark noted that following the full House vote, the Senate must address the budget and the President sign the final legislation. Dr. Clark stated that SAMHSA supports the President's budget and the ATR initiative, and expressed hope that the full House will restore ATR funding.

Dr. Clark reported that CSAT met with a number of rural and frontier states (including Idaho, Montana, and Kansas), plus tribal entities and tribal governing authorities, to discuss the growing methamphetamine problem. CSAT convened two summits, attended by 765 individuals, to provide single state authorities, treatment clinicians, and single state agency staff with evidence-based information on methamphetamine treatment approaches, epidemiology, and strategies. To address the drug's impact on children and families, SAMHSA co-sponsored a national methamphetamine and child welfare conference. Approximately 350 professionals in the fields discussed how state child welfare systems deal with the influx of increasing numbers of families into their systems due to methamphetamine abuse.

A meeting in New Orleans culminated SAMHSA's responses to the hurricanes of 2005. More than 700 participants reviewed lessons learned, identified opportunities for consolidation of the ongoing response and mental health/substance abuse issues, and discussed strategies for all-hazard preparedness for the future. State representatives, national organizations, selected tribes directly affected by the hurricanes, and federal partners participated. Slide presentations and selected plenary videos are to be posted at [www.spiritofrecoverysummit.com](http://www.spiritofrecoverysummit.com).

CSAT's Division of Pharmacologic Therapies (DPT) Director Robert Lubran, SAMHSA Senior Advisor Cheri Nolan, and Dr. Clark participated in an international conference on narcoterrorism in March in Moscow, where they described the U.S. regulatory program for oversight of opioid treatment, SAMHSA's role in implementing the Drug Treatment Act of 2000, and prevention of HIV and other infectious diseases.

HHS hosted 11 tribal consultations across the country last spring on HHS budget priorities for tribes, with tribal leaders from all federally recognized tribes participated. Highest priority topics included suicide prevention, alcohol abuse and dependence, widespread abuse and dependence on methamphetamine with associated child welfare issues, and the concern that tribes have difficulty winning competitive grants. Dr. Clark reported that SAMHSA has developed a draft

tribal consultation policy, and the President's FY 2007 budget request includes almost \$3 million for a new American Indian/Alaska Native initiative for youth suicide prevention.

SAMHSA co-sponsored a May conference with the Therapeutic Communities of America on returning veterans and their families. More than 1,000 representatives of federal, state, public, and private service providers discussed the needs and challenges of all veterans, particularly service members returning from Iraq and Afghanistan, and worked to increase coordination, linkages, and collaboration across communities of service providers to address those needs. Although the Departments of Veterans Affairs and Defense are primary service providers, some individuals would receive care from community providers; this effort increases the safety net.

CSAT's Division of State and Community Assistance (DSCA) is offering a series of intensive trainings to approximately 230 providers on motivational enhancement therapy and cognitive behavioral therapy for adolescent cannabis users.

The 2005 Recovery Month television campaign was in the top 3 percent by number of plays, as monitored by Nielsen from December 26 to April 30.

The Senate has introduced S. 2560 to reauthorize the Office of National Drug Control Policy (ONDCP). The bill includes a section that would amend the Controlled Substances Act by permitting physicians to treat more than 30 patients concurrently.

The Partners for Recovery (PFR) initiative plans a national conference for leaders of addiction services to recognize the first year of graduates of the PFR/ATTC-sponsored Leadership Institute. Also in July SAMHSA, in partnership with the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism, plans to host a national conference on women, addiction, and recovery to present the latest research and discuss its application and implementation to improve clinical services. SAMHSA is working with ONDCP to co-sponsor regional meetings on methamphetamine. At NASADAD's annual meeting, SAMHSA met with single state, prevention, and methadone authorities. SAMHSA plans a July meeting with ATR grantees to discuss the program's progress and future.

### **Recovery Month Update**

Michele Westbrook of CSAT's Consumer Affairs Office described plans for the 17th annual National Alcohol and Drug Addiction Recovery Month, whose theme for September 2006 is "Join the Voices for Recovery: Building Stronger, Healthier Communities." CSAT has been working with hundreds of national and local organizations to develop the theme and materials. The 75,000 toolkits are being disseminated to the organizations that will use them. The National Association of Government Communicators has awarded its Gold Screen Award of Excellence to the 2005 website, [www.recoverymonth.gov](http://www.recoverymonth.gov). The website has recorded more than 5 million hits since January, with 100 events posted online to date and more to come. Ten governors' proclamations and 29 Voices of Recovery have been posted. Six webcasts have been produced, which air the first Wednesday of each month and can be viewed online, downloaded, ordered, or

used by cable TV markets. The webcasts currently are aired in 254 unique cable markets and 14.6 million households. CSAT has initiated a new dissemination technology, podcasting.

CSAT's 2005 public service announcements (PSAs) produced the top percentage for Neilson. PSAs for the 2006 campaign are to be distributed soon to TV and radio stations. The National Association of Broadcasters (NAB) will help distribute the PSAs and has developed a director's toolkit for public station directors. One can order the PSAs through the NAB or SAMHSA. They will have a satellite downlink on their websites, and broadcasts will be tracked.

A new component is the first annual Recovery Month walk/run, to be held on September 29 on the grounds of the SAMHSA building in Rockville. Three recovery rides will take place in Ohio, led by Anita Bertrand, and also in California and New England. More than two dozen additional types of events are scheduled, including walks and runs, forums, conferences, exhibits, art shows, and 15 events targeted at specific minority populations.

Artwork for the 2007 Recovery Month has been completed.

**Discussion.** Ms. Jackson commended SAMHSA and CSAT on continuation and expansion of Recovery Month. Dr. Clark urged Council members to participate in activities in their states.

### **Public Comment**

Time was set aside for public comment, but none of the listeners on the conference call chose to speak.

### **Council Roundtable**

Ms. Heaps raised the issue of heroin poisoned with fentanyl, a growing public health crisis. Chicago's leaders have joined to face the issue, with a press conference called to discuss the problem from a public health standpoint and to request more funds for treatment. Dr. Clark responded that CSAT has been involved in highlighting the discussion and promoting awareness of the problem, and has worked with relevant federal agencies, local law enforcement, and public health authorities. The agency has informed grantees, opioid treatment centers, and state authorities about the problem. He explained that a small amount of fentanyl is sufficiently potent to cause death when it is used to boost heroin. In addition to Chicago, problems have been identified in Pittsburgh, Chicago, St. Louis, and Camden, New Jersey, apparently perpetrated by a network or gang that was producing tainted heroin. CSAT has offered assistance and cooperation within its resources to cooperate with jurisdictions to address the problems.

Ms. Heaps stated that she will send a list of talking points on the issue. She asserted the need for a broad-based policy that addresses the need for resources to provide treatment for addiction. She expressed concern about whether the fentanyl manufacturing and distribution networks will subside. Dr. Clark added that in its efforts to communicate information about heroin/fentanyl with heroin addicts on the street, CSAT has involved peer groups in dialogue and is working to devise a social marketing strategy that resonates with addicts. ONDCP has taken a leadership role to ensure an interagency focus. Dr. Clark solicited ideas and suggestions, particularly on how to communicate with people to prevent their death.

Ms. Heaps stated that people in recovery will attend the Chicago press conference, noting that SBIRT clients have had overdose experiences. She volunteered to update Dr. Clark as the issue proceeds. Dr. Clark stated that CSAT now hosts weekly telephone calls with CDC and others on this matter from the federal point of view. Ms. Bertrand requested an update on heroin/fentanyl at the September Council meeting.

**Adjournment**

Dr. Clark noted that the Council will meet next by teleconference on August 30, 2006, to review grant applications, and again in person on September 20-21. The meeting adjourned at 12:25 p.m.

02/22/07  
Date

/s/  
H. Westley Clark, M.D., J.D., M.P.H.  
Chair  
CSAT National Advisory Council  
Director  
SAMHSA's Center for Substance Abuse Treatment