

# ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

Access this content and more online! Go to [alcoholismdrugabuseweekly.com/createaccount](http://alcoholismdrugabuseweekly.com/createaccount) and log in with your subs ref #, shown on the mailing label.

Volume 29 Number 8  
February 20, 2017  
Print ISSN 1042-1394  
Online ISSN 1556-7591

## IN THIS ISSUE...

This week, we look at some concerns law enforcement has with indications that President Trump will go back to a war on drugs, ignoring the progress made on treatment.

... See top story, this page

Opioid use among women of childbearing age detailed

... See page 3

Protecting Our Infants Act draft report: Key recommendations

... See page 5

Buprenorphine initiation in ED shows benefits at 2 months follow-up. ... See page 7



Honorable Mention  
Spot News 2016

FIND US ON

facebook

adawnewsletter



2016 Michael Q. Ford  
Journalism Award

FOLLOW US ON

twitter

ADAWnews

© 2017 Wiley Periodicals, Inc.  
View this newsletter online at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)  
DOI: 10.1002/adaw

## Sheriffs and police tell Trump: More treatment needed

When President Trump met with the National Sheriffs' Association in Washington on Feb. 7, many attendees pointed to the opioid problem in their communities — a topic the president himself broached in his initial remarks. "Stop the opioid epidemic. We've got to do it. It's a new thing," he said. "And, honestly, people aren't talking about it enough. It's a new thing, and it's a new problem for you folks. It's probably a vast majority of your crimes — or at least a very big portion of your crimes are caused by drugs."

"I'm averaging 12, 15 overdoses a week in my community," said Sheriff David Mahoney from Dane County, Wisconsin. Asked by President Trump how much crime was caused by drugs, Mahoney responded, "80 percent." And it's not only drugs, he said. "I have a jail, over 1,000 beds.

### Bottom Line...

*President Trump is getting pushback from law enforcement on his tough-on-crime stance, with police, sheriffs and prosecutors calling for a focus on treatment and urging the administration not to repeat the mistakes of the past.*

Eighty percent suffer from chronic drug and alcohol addiction," Mahoney said. Without addiction, crime would be a "whole different ballgame," responded President Trump.

President Trump did focus on the need to keep drugs from coming into the country, something sheriffs hoped would help stem the tide of overdoses.

Sheriff Richard Stanek of Hennepin County, Minnesota, said 144

See **SHERIFFS** page 2

## Iceland's activity-heavy prevention approach scarce in United States

In a perfect world, the ways in which a European nation influenced a steep drop in past-month intoxication rates among 15- and 16-year-olds in less than two decades would be the talk of every community in the United States. Yet Iceland's strategies, recently called the world's

most promising approach to youth prevention by a U.S. prevention researcher, remain largely unknown here, and likely difficult to duplicate.

In recent months, Iceland's efforts have received significant media attention, including in a 2016 *Huffington Post* article written by former Metropolitan State University scholar-in-residence Harvey B. Milkman, Ph.D., as well as in an article published last month in *The Atlantic*. The efforts were presented by researchers in Iceland, led by Inga Dora Sigfusdottir, at the United Na-

See **ICELAND** page 7

### Bottom Line...

*Iceland has used an aggressive approach to substance use prevention that brought significant results over a 20-year period, especially in underage drinking.*

### SHERIFFS from page 1

people in his jurisdiction died from opioid overdoses last year — a 31 percent increase over 2015.

### Insurance and the ACA

Treatment providers can work with law enforcement to help that 80 percent of jail occupants who have chronic addiction, sources told *ADAW* last week. A key concern of sheriffs and police officers now is the possible loss of the Affordable Care Act (ACA), which has helped many people with addictions gain access to health insurance — insurance that pays for treatment for people in the criminal justice system.

As the overseers of jails, county sheriffs have the opportunity to utilize medical insurance to treat people with addictions — a priority of the Center for Lawful Access and Abuse Deterrence (CLAAD), which works with sheriffs to reduce jail bed days, costs and recidivism.

“Individuals with substance use disorders are often caught in the cycle of arrest and incarceration,” said Shruti Kulkarni, CLAAD policy director. “Treatment providers and law enforcement work together to break this cycle by treating individuals with substance use disorders immediately when the medical need is identified, thereby improving the chances of success, instead of wait-

ing to treat the individual prior to release,” Kulkarni told *ADAW*.

Federal law bans the use of Medicaid to pay for treatment for those who are incarcerated. But often, private insurance and marketplace plans are not cut off until the individual is convicted and sentenced, said Kulkarni. “Jails can utilize insurance as long as possible to help individuals receive treatment before shifting to their own budget,” she said. However, jails can re-enroll individuals in Medicaid prior to release, helping them access treatment immediately, she said.

Incarceration costs are much higher than treatment costs, added Kulkarni. “Treating individuals with substance use disorders can reduce recidivism and incarceration rates, resulting in significant savings to jails and communities,” she said.

Some corrections officials have expressed concern about the possibility of diversion of methadone or buprenorphine — two treatment medications that are available in oral form. Kulkarni said the availability of Probuphine — the buprenorphine implant — and Vivitrol — extended-release naltrexone — there would be no diversion concerns.

### Law Enforcement Leaders

Last week, a coalition of almost 200 police chiefs and prosecutors from all 50 states released a five-part

agenda underscoring the importance of the criminal justice reform that had been in progress under the Obama administration. The group, Law Enforcement Leaders to Reduce Crime and Incarceration, prepared the agenda in response to President Trump’s executive order this month creating a task force on crime reduction.

The police/prosecutor group urged President Trump to focus on “smart policing.” The concrete steps that should be taken, according to the group, whose agenda was portrayed as an “open letter” to the administration, are:

- Prioritize fighting violent crime, targeting toward preventing it and not putting resources in fighting lower-level drug crimes and nonviolent crimes.
- Enact federal sentencing reform, reducing mandatory minimum sentences for nonviolent crime — an initiative expected to come from Senate Judiciary Committee Chair Charles Grassley and House Speaker Paul Ryan in reintroducing the Sentencing Reform and Corrections Act in coming weeks.
- Increase mental health and drug treatment. Republican governors have already made treatment programs a key to public safety efforts. Support for treatment will address un-

# ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

**Editor** Alison Knopf

**Contributing Editor** Gary Enos

**Copy Editor** James Sigman

**Production Editor** Douglas Devaux

**Managing Editor** Donna Petrozzello

**Publisher** Lisa Dionne

**Alcoholism & Drug Abuse Weekly** (Print ISSN 1042-1394; Online ISSN 1556-7591) is an independent newsletter meeting the information needs of all alcoholism and drug abuse professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in alcohol and drug abuse, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the third Monday in April, the first Monday in September and the last Mondays in November and December. The yearly subscription rates for **Alcoholism & Drug Abuse Weekly** are: Print only: \$695 (individual, U.S.), \$716 (individual, Can./Mex.), \$865 (individual, rest of world), \$6504 (institutional, U.S.),

\$7056 (institutional, Can./Mex.), \$7110 (institutional, rest of world); Print & electronic: \$765 (individual, U.S.), \$788 (individual, Can./Mex.), \$937 (individual, rest of world), \$7805 (institutional, U.S.), \$8468 (institutional, Can./Mex.), \$8532 (institutional, rest of world); Electronic only: \$555 (individual, U.S.), \$572 (individual, rest of world), \$6504 (institutional, U.S.), \$6895 (institutional, rest of world). **Alcoholism & Drug Abuse Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at (800) 835-6770; email: [cs-journals@wiley.com](mailto:cs-journals@wiley.com). © 2017 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

**Alcoholism & Drug Abuse Weekly** is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Proquest 5000 (ProQuest), Proquest Discovery (ProQuest), Proquest Health & Medical, Complete (ProQuest), Proquest Platinum (ProQuest), Proquest Research Library (ProQuest), Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

**Business/Editorial Offices:** John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; Alison Knopf, email: [adawnewsletter@gmail.com](mailto:adawnewsletter@gmail.com); (845) 418-3961.

To renew your subscription, contact Customer Service at (800) 835-6770; email: [cs-journals@wiley.com](mailto:cs-journals@wiley.com).

# WILEY

derlying causes of crime, removing undue burdens on police and reducing future crime.

- Bolster community policing. Via grants from the Justice Department, local and state law enforcement have funded community policing initiatives that reduce crime while improving trust between police and communities. Police say that trust improves their safety as well as the safety of the neighborhoods.
- Expand recidivism reduction in prison programs. Law enforcement officials urge President Trump to support and expand in-prison job training and education to help prisoners stay away from crime when they are released.

“We urge the administration to embrace the lessons of recent successful policies,” said Ronal Serpas, former New Orleans police superintendent and founding chairman of Law Enforcement Leaders. “A focus on violent crime works when it replaces a focus on low-level or non-violent offenses. We’ve learned that incarceration and more prisons is not the answer. It’s important that as we address the crime scene in 2017, we do not repeat the mistakes of the past. Law and order comes best when we have smart policing. It need not be a synonym for unnecessary arrests, prosecutions and imprisonment. We know that doesn’t make us safer.” David Brown, former Dallas police chief, is the new co-chairman of Law Enforcement Leaders.

## PAARI

An early adopter of the belief that law enforcement should help facilitate treatment instead of arrest and prosecution is the Police Assisted Addiction and Recovery Initiative (PAARI). First begun in Gloucester, Massachusetts, in 2015, the program now has members throughout the country.

Police departments are also very concerned about the loss of the ACA, said David Rosenbloom, co-founder of PAARI. Last month, more than 100 police chiefs in PAARI co-signed a letter to members of Con-

**‘We’ve learned that incarceration and more prisons is not the answer.’**

Ronal Serpas

gress urging them to take no action that will make access to treatment more difficult, Rosenbloom told *ADAW* last week. “In states that expanded Medicaid, many individuals with addiction are now getting care,” said Rosenbloom. “The [police] chiefs are appropriately concerned that reducing access to Medicaid through repeal or changes in the ACA will make the opioid epidemic worse than it already is.”

Treatment providers also need to be responsive to police departments, especially in their admissions

hours, said Rosenbloom. “If an individual is told to wait because the treatment provider schedules new admissions only at a particular time or day, the person is usually back on the street,” said Rosenbloom. “Police departments operating non-arrest programs are unwilling to send people back to the street, where they are at risk of overdose death,” he said. Treatment centers should also make their admissions hours more responsive to emergency departments and to the individuals with addiction, said Rosenbloom.

All treatment organizations should offer the full range of evidence-based treatments, added Rosenbloom. “Medication treatment for opioid disease is so effective for many people that every patient should be routinely assessed for and offered this alternative,” he said.

Despite the voices expressed here, there are still concerns that not all police departments — or prosecutors — agree with the concept of treatment instead of arrest. “The fact is that police departments and prosecutors have broad discretion in setting enforcement priorities,” said Rosenbloom. “These priorities vary from city to city now.” •

For the Law Enforcement Leaders agenda, released Feb. 13, go to <http://bit.ly/2kXil2m>.

For a transcript of President Trump’s Feb. 7 meeting with sheriffs, go to <http://bit.ly/2kFtcw9>.

For the letter from PAARI police chiefs to members of Congress written Jan. 19, go to <http://bit.ly/2jN90tx>.

## Opioid use among women of childbearing age detailed

The Substance Abuse and Mental Health Services Administration (SAMHSA) last month quietly released a data-based report on the nonmedical use of opioids among women of childbearing age (15–44). Key findings include that younger pregnant women and pregnant women living below the federal

poverty level are the most likely to be past-month opioid users. In addition, the health insurance gap suggests that both categories of women need help accessing insurance opportunities provided by the Affordable Care Act (ACA) to ensure care.

The report was issued Jan. 17, three days before the inauguration of

President Trump, who has vowed to repeal the ACA — a process that is already underway. Nevertheless, the research presented, which relies on three of the country’s strongest datasets of substance use information, can inform current policymaking.

Overall, about 21,000 pregnant  
[Continues on next page](#)