Recovery Capital as Prospective Predictor of Sustained Recovery, Life satisfaction and Stress among former poly-substance users *Substance Use & Misuse*, January 22, 2008
Many recovering persons report quitting drugs because they are ‘sick and tired’ of the drug life. Recovery is the path to a better life but that path is often challenging and stressful. There has been little research on the millions of recovering persons in the US, and most research has focused on substance use outcomes rather than on broader functioning domains. This study builds on our previous cross-sectional findings that recovery capital (social supports, spirituality, religiousness, life meaning, and 12-step affiliation) enhances the ability to cope with stress and enhances life satisfaction.

Evidence-based treatments of addiction *Philosophical Transactions of the Royal Society B*, October 12, 2008
Both pharmacotherapy and behavioral treatment are required to relieve the symptoms of addictive disorders. This paper reviews the evidence for the benefits of pharmacotherapy and discusses mechanisms where possible. Animal models of addiction have led to some medications that are effective in reducing symptoms and improving function but they do not produce a cure. Addiction is a chronic disease that tends to recur when treatment is stopped; thus, long-term treatment is recommended.

Recovery/Remission from Substance Use Disorders *Philadelphia Department of Behavioral Health and Intellectual disAbility Services*, March 2012
The emergence of recovery as an organizing paradigm for addiction treatment and the larger arena of behavioral health care underscores the need to measure both early recovery initiation and stabilization and the prevalence of long-term recovery maintenance. Such measurement is critical in evaluating addiction treatment as a system of care and monitoring broader dimensions of community health.

Efforts to measure recovery are challenged by the lack of professional and cultural consensus on the definition and measurement of key constructs (recovery, remission, abstinence, and subclinical/asymptomatic/controlled/moderate use) and by conflicting rates of recovery—rates reported across clinically and culturally diverse populations in studies marked by widely varying methodologies, follow-up periods, and follow-up rates. Of particular import is the wide divergence between portrayals of the natural course of alcohol and other drug (AOD) problems in community populations and portrayals of such problems in clinical populations following specialized addiction treatment. These divergent portrayals constitute the ultimate “apples and oranges” of the AOD problems arena.

Psychosocial Interventions for Mental and Substance Use Disorders *IOM Report in Brief*, July 2015
Mental health and substance use disorders are a serious public health problem, affecting approximately 20 percent of Americans. The two often occur together and result in significant morbidity and mortality. The evidence base for the effectiveness of interventions to treat these disorders is sizable, yet no standard system is in place to ensure that people with mental health and substance use disorders receive effective psychosocial interventions. (Access the full report)

Drug courts are diversion programs that offer chemically dependent offenders the chance to get treatment and access to social services as an alternative to incarceration. From just one experimental program in Miami-Dade County, Florida, in 1989, drug courts have grown and spread such that there are 2,900 in the United States; 13 countries around the world have developed them as well.
Effectiveness of Talk Therapy Is Overstated, a Study Says The New York Times, October 1, 2015
Medical literature has overstated the benefits of talk therapy for depression, in part because studies with poor results have rarely made it into journals, researchers reported Wednesday.

Their analysis is the first effort to account for unpublished tests of such therapies. Treatments like cognitive behavior therapy and interpersonal therapy are indeed effective, the analysis found, but about 25 percent less so than previously thought.

Five million to six million Americans receive psychotherapy for depression each year, and many of them also take antidepressant drugs, surveys find. Most people find some relief by simply consulting a doctor regularly about the problem, experts said. Engaging in a course of well-tested psychotherapy, according to the new analysis, gives them an added 20 percent chance of achieving an even more satisfying improvement, or lasting recovery. Before accounting for the unpublished research, that figure was closer to 30 percent, a difference that suggests that hundreds of thousands of patients are less likely to benefit.

A Series of Viewpoints

Programs Expand Schizophrenic Patients’ Role in Their Own Care The New York Times, December 29, 2015
Doctors are testing ways to ease the cycle of hospitalization and lifetime disability that afflicts so many grappling with psychosis. In a landmark study published this fall, government-backed researchers reported that after two years, people who had this combined package were doing better on a variety of measures than those who received treatment as usual. The difference was modest but notable. And, significantly, the participants continued to receive care for six months longer on average.

For decades, if someone on Medicaid wanted to get treatment for drug or alcohol addiction, they almost always had to rely solely on money from state and local sources.

Now, in a dramatic shift, the federal government is considering chipping in, too. The agency that governs Medicaid is proposing to cover 15 days of inpatient rehab per month for anyone enrolled in a Medicaid managed care plan.

But in Pennsylvania, those who work in the addiction field are not happy with that news. While it’s a good start, they say, 15 days of residential care isn’t nearly enough time for many people addicted to heroin, opioids, alcohol or other drugs to get clean and stay that way.

How to Fix Drug Courts Bloomberg, January 13, 2016
This bipartisan reaction is correct, in principle: Drug courts, which now exist in every state, can motivate people to overcome their substance-abuse problems more effectively than punishment can. But to make the courts work in practice, states need to see that they’re adequately funded and properly run.

For Teenagers, Adult-Sized Opioid Addiction Treatment Doesn’t Fit NPR, January 15, 2016
Lack of effective treatment in the teen years can blight an entire life. "When substance use disorders occur in adolescence, they affect key developmental and social transitions, and they can interfere with normal brain maturation," the National Institute on Drug Abuse reported in 2014. "These potentially lifelong consequences make addressing adolescent drug use an urgent matter."
In response, communities are seeking new strategies to treat addiction and speed access to care. That includes trying to meet the unique needs of youth after years of addiction treatments geared to adults. Serenity Mesa is one of those youth-centered efforts.

A casually profane man with a philosophical bent, Chief Campanello, 48, first drew national attention last spring when he wrote on Facebook that the old war on drugs was lost and over. Convinced that addiction is a disease, not a crime or moral failing, he became the unusual law enforcement officer offering heroin users an alternative to prison.

“Any addict who walks into the police station with the remainder of their drug equipment (needles, etc.) or drugs and asks for help will NOT be charged,” he wrote. “Instead we will walk them through the system toward detox and recovery” and send them for treatment “on the spot.”

That post from a small-town police chief was shared more than 30,000 times and viewed by 2.4 million people. By June, his Police Department had put his promise into action in what became known as Gloucester’s Angel program.

**Staying Sober After Treatment Ends** *The New York Times*, February 9, 2016
Getting sober is hard. Making sobriety last is much harder. Most people who go into a residential rehab treatment manage to detox and stay that way during their weeks- or months-long stay. But problems begin when they leave. Many patients walk out the door — and fall off a cliff.

They go back to their old drinking or drug friends and places. The stresses of normal life resume. And exactly at the moment they need it most, they’re essentially on their own.

**Medicines to Keep Addiction Away** *The New York Times*, February 16, 2016
America’s drug crisis, which now kills more people each day than car crashes or gun violence, has challenged the conventional wisdom about recovery. With addiction inside the homes of families who thought themselves immune, we are starting to embrace the idea that addiction is a not a character flaw but a chronic disease requiring long-term management — the subject of last week’s Fixes column.

This week, another idea whose time has come: trying to kick opioid addiction without medicines is as smart as relying on willpower to overcome diabetes or asthma. Medicines greatly increase the chance of success and reduce the risk of death. Here’s what’s out there now.

**Senate Passes Bill To Create New Type Of Addiction Counselor** *The Kansas Health Institute News Service*, February 22, 2016
The Senate on Monday approved a bill creating a new category of addiction counselor, after adding an amendment to prevent privatization of Osawatomie State Hospital. Senate Bill 449 would create the designation of master’s addiction counselors, who could counsel people with substance abuse disorders but would have to work under supervision to diagnose substance use disorders. They could be supervised by a licensed clinical addiction counselor, a psychologist or a person licensed to practice medicine or provide mental health services.

**For Mark Willenbring, Substance Abuse Treatment Begins With Research** *The New York Times*, February 23, 2016
He began explaining the neuroscience of alcohol and drug dependence, 60 percent of which, he said, is attributable to a person’s genetic makeup. Listening intently, the young patient seemed relieved at the idea that his previous failures in rehab might reflect more than a lack of will.
Dr. Willenbring, 66, has repeated this talk hundreds of times. But while scientifically unassailable, it is not what patients usually hear at addiction treatment centers.

Rehabilitation programs largely adhere to the 12-step principles of the 80-year-old Alcoholics Anonymous and its offshoot, Narcotics Anonymous. Addicts have a moral and spiritual defect, they are told; they must abstain from alcohol and drugs and surrender to a higher power to escape substance abuse.

Shortage Of Addiction Counselors Further Strained By Opioid Epidemic *NPR*, February 24, 2016
As the drug-related death toll rises in the United States, communities are trying to open more treatment beds. But an ongoing labor shortage among drug treatment staff is slowing those efforts. Each year, roughly one of every four substance-abuse clinicians nationally chooses to leave the job, according to recent research. And that's not just turnover — leaving one job for another in the same field. As an Institute of Medicine report documented in 2006, there's been a shortage of addiction workers for decades. And the demand is only increasing; the Affordable Care Act and other federal laws have given millions more people insurance to help them pay for those services. If only there were enough counselors to treat them.

Almost one million American physicians can write a prescription for an opioid painkiller like Vicodin and OxyContin — one pathway to opioid addiction. But, because of regulatory hurdles and other factors, fewer than 32,000 doctors are permitted to prescribe buprenorphine, a medication to treat such addiction.

The nation’s epidemic of addiction to painkillers and heroin is fueling runaway demand for a once-obscure form of housing known as “sober homes,” where recovering addicts live together in a supervised, substance-free setting to ease their transition back to independence.

The cost of fighting over whether to use drugs to treat addiction *Modern Healthcare*, April 25, 2016
A rift among addiction-medicine providers about the role of medication-assisted recovery treatment may be hampering efforts to address the growing epidemic of addiction to heroin and prescription opioid painkillers.

At Rikers Island, a Legacy of Medication-Assisted Opioid Treatment *Stateline*, May 24, 2016
Rikers Island Correctional Facility has run a model opioid treatment program since 1987, and it has assisted tens of thousands of inmates in maintaining treatment after they return to their communities. Medical researchers have repeatedly found that the jail’s methadone treatment program has resulted in overall health care cost savings, reduced crime and recidivism, reduced HIV and hepatitis C transmission, and better than average rates of recovery from drug use.

But despite Rikers’ well documented success, few U.S. jails and prisons have emulated the program.

A Stronger Treatment System for Opioid Use Disorders *JAMA*, May 24, 2016
Beyond greater availability of services for individuals, however, sustained change will also require a stronger and more coordinated treatment system for opioid use disorders.

Amid a raging opioid epidemic, many doctors and families in the U.S. have been pleading for better treatment alternatives. One option now under consideration by the Food and Drug Administration is a system of implanted rods that offer controlled release of buprenorphine — a drug already used in other forms to treat opioid addiction.
FDA approves first buprenorphine implant for treatment of opioid dependence  PR Newswire, May 26, 2016
The U.S. Food and Drug Administration today approved Probuphine, the first buprenorphine implant for the maintenance treatment of opioid dependence. Probuphine is designed to provide a constant, low-level dose of buprenorphine for six months in patients who are already stable on low-to-moderate doses of other forms of buprenorphine, as part of a complete treatment program.

Like methadone, Suboxone prevents “dopesickness” and reduces cravings, without getting you high. It is now the gold standard for opioid addicts in medication-assisted treatment, or M.A.T. A combination of the opioid buprenorphine and the anti-overdose drug naloxone, Suboxone is supposed to give addicts a chance to get their lives together before they taper off it. But Suboxone can get you high if you inject it or snort it or take it in combination with benzodiazepines, a sometimes fatal blend.

Nearly all ACA benchmark plans violate rules on addiction treatment coverage  Modern Healthcare, June 7, 2016
More than two-thirds of state benchmark plans violate federal requirements to cover treatment for addiction disorders. The National Center on Addiction and Substance Abuse surveyed addiction treatment benefits offered among 2017 Essential Health Benefits benchmark plans and found none offered a comprehensive array of addiction treatment benefits.

SAMHSA ups patient count for docs prescribing opioid treatment meds  Modern Healthcare, July 6, 2016
A final rule from the Substance Abuse and Mental Health Services Administration increased the number of patients a doctor can treat with an opioid addiction medication.

Historically, doctors could treat only 30 patients at a time in the first year they’re certified to prescribe buprenorphine. They could then receive authorization to go up to 100 patients in subsequent years.

Now providers will be able to treat as many as 275 patients at a time, which is nearly three times higher than the previous limit. The new rule requires practitioners to have an active waiver to treat up to 100 patients for one year and additional credentialing in addiction medicine or addiction psychiatry or practice in a qualified practice setting.

Skyrocketing Naloxone Prices Put Pressure On Local Agencies  NPR, July 12, 2016
Thanks to new laws lifting restrictions on the availability of naloxone, the overdose-intervention drug is now easier to find than ever before. But the drug’s skyrocketing price means certain public health agencies are having to hustle to keep it on the shelves.

Health Connector will eliminate copays for addiction treatment  Boston Globe, July 15, 2016
The Massachusetts Health Connector, a state agency serving people who don’t obtain insurance through an employer, is requiring Connector insurers to eliminate all out-of-pocket costs for medication-assisted treatment that includes drugs such as methadone or Suboxone along with counseling. The Connector’s governing board approved the plan unanimously Thursday.

Price of drug that reverses opioid overdose on the rise  Modern Healthcare, August 2, 2016
The price of naloxone, a drug used to reverse the effects of an opioid overdose, has skyrocketed in the past few years, according to an analysis by Truven Health Analytics, a research and data firm owned by IBM Corp.
At Fabled Addiction Treatment Center, a New Approach Stateline, August 8, 2016
For decades, the fabled Hazelden Foundation here has relied on group therapy, individual counseling and other nonmedical approaches to help tens of thousands of people recover from drug and alcohol addiction. But several years ago, Hazelden realized that too many of its opioid-addicted patients were dying of overdoses after dropping out of the traditional 12-step treatment programs.

Medicaid and other health insurers require doctors to file time-consuming paperwork before allowing them to prescribe drugs that help people quit opioids. That delay fosters relapse, specialists say.

Muszynski and policy analysts with the federal Substance Abuse and Mental Health Services Administration say requiring prior authorizations from insurers for addiction medication is a widespread practice in the U.S.

Building a lifeline for rural addicts Modern Healthcare, October 3, 2016
How three innovative programs are making medication-assisted therapy more accessible in parts of the U.S. where it’s scarce and desperately needed.