ALCOHOLISM & DRUG ABUSE WEEKLY
News for policy and program decision-makers

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Reports on gambling focus on harms of online betting

Last week, a report from the *Lancet Public Health Commission* on Gambling concluded that gambling industry growth has been fueled by the rise of online betting. Gamblers, including young people who are not allowed into casinos, can now easily gamble. The commission also found, alarmingly, that the spread is notable in low-income countries.

The commercial gambling industry is a "corporate ecosystem" that leverages the behavior of gambling, the report found. An additional report released in August by the University of Massachusetts-Amherst found that, in that state, where casinos have been legal for 10 years, problem gambling has suddenly increased over the past few years, mainly due to the use of online gambling.

> ***Bottom Line...***
> *While casinos have worked hard to help problem gamblers, the recent rise of online sports betting is causing the real problems, especially among youth.*

Rachel Volberg, Ph.D., an author on both the *Lancet* report and the Massachusetts report and research professor of epidemiology at the University of Massachusetts and lead researcher on the state Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) project, explained some of the results.

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Recovery schools move to adapt to higher-need student cohort

Academically focused recovery high schools for youths with substance use disorders aren't considered treatment programs and usually aren't affiliated with treatment centers, but several recent trends have forced some of these programs to include more treatment-like components. Chief among these developments, according to the executive director of one of the nation's oldest recovery high schools, is the relative absence of adolescent treatment services in most communities, meaning that youths often arrive to these academic settings with limited skills for recovery.

> ***Bottom Line...***
> *The realities of an under-resourced substance use service system and a higher-need youth population have challenged operations at the nation's recovery high schools.*

"With very little adolescent treatment now, kids aren't coming in with a wealth of knowledge," Rachelle Gardner, executive director of Hope Academy in Indianapolis, told *ADAW*. Treatment facilities once served as Hope Academy's primary referral source but now, most of its students are coming directly from traditional school environments in which they haven't excelled.

Because of many of their students' lack of exposure to treatment, Gardner said, "We've had to move

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"There are several reasons why we believe that sports betting is causing a possible increase in problem gambling in Massachusetts," she told *ADAW*. "First, the prevalence of problem gambling did not increase significantly in the host and surrounding communities one year after each casino opened in the state. Second, the prevalence of problem gambling did not change significantly at the state level between two population surveys conducted in 2013 and 2021. Third, we saw significant increases in regular sports betting (monthly or more often) among regular gamblers in the online panels that we surveyed in 2014, 2022 and 2023 but very little change in past-year casino gambling. Finally, there was a significant increase in problem gambling prevalence among regular gamblers in the online panels between 2022 (prior to sports betting being operational) and 2023 (shortly after sports betting became operational."

Connections to substance use

Researchers already know that there are "well known correlations between gambling and substance use, particularly tobacco and alcohol," said Volberg. Individuals with gambling problems are more likely than others "to use tobacco, to use and abuse alcohol and to experience anxiety and depression," Volberg said.

"Gambling-related policy, regulation, treatment, and research must be protected from the distortionary effects of commercial influence."

Lancet Commission on Public Health

However, as the *Lancet* commission found, there are key differences: "Unlike many other products (eg, food, alcohol, tobacco), for which there is a natural or physical limit to how much can be consumed in a set period, consumption of gambling can be repeated continuously and, with online provision, can continue for 24 hours per day, with the only real limit on consumption being access to funds."

Additionally, the *Lancet* commission noted that the commercial gambling sports industry has actual sponsorship connections to the commercial alcohol industry. "Commercial gambling companies have developed global commercial partnerships with the sporting sector. These commercial relationships are analogous to those formed between sports organizations and the tobacco and alcohol industries, where sponsorship of sports by those industries has long been acknowledged to obscure the harmful impacts of their products, to enable targeting of the youth market and to circumvent advertising bans on broadcast media."

Harms of gambling

The obvious dangers of gambling include financial ruin, broken relationships, job loss, suicidality and domestic violence. Particularly, now that young people are being targeted, there are long-lasting harms. Online casino or slot games and sports betting are being marketed to young people and, globally, more than 10% of adolescents have gambled online, the *Lancet* report found.

Calling gambling a public health issue, the report's researchers urged a public health response (see chart on page 3).

Universal measures targeting the entire population are most effective, including enforcing legal age limits, prohibiting advertising and implementing mandatory limits for consumption.

Because controlling gambling harms would, if effective, reduce corporate profits, the *Lancet* commission report is skeptical that the

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commercial gambling industry will align with public health policies. This means that regulation is key.

"Regulating an increasingly global gambling industry presents substantial challenges, but they are not insurmountable," the Lancet commission concluded. "The global nature of the industry necessitates strong international regulatory collaboration. Additionally, increased levels of research and improved monitoring systems are required to produce credible, independent, non-industry-driven, and therefore reliable, evidence on gambling harms and the efficacy of various control methods. Without adequate oversight, profit-driven corporate behaviors in the gambling industry will pose ever greater risks to a widening circle of consumers and to public health worldwide."

Recommendations

Below are the recommendations from the *Lancet* commission:

- Gambling is a public health issue; in setting policy, governments should prioritize protecting health and well-being over competing economic motivations.
- In all countries—irrespective of whether gambling is legally permitted—effective gambling regulation is needed; we recommend:
  - Reductions in population exposure and the availability of gambling, through prohibitions or restrictions on access, promotion, marketing and sponsorship.
  - Provision of affordable, universal support and treatment for gambling harms.
  - De-normalization of gambling via well-resourced social marketing and awareness campaigns.
- Jurisdictions that permit gambling need a well-resourced, independent and adequately empowered regulator focused on the protection of public health and well-being; at a minimum, regulatory protections must include:
  - Protection of children and adolescents from gambling by enforcing minimum age requirements, backed by mandatory identification.
  - Provision of effective consumer protection measures, such as universal self-exclusion, and user registration systems.
  - Regulation of products proportionate to the risk

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Responsible gambling vs. public health frameworks

	Responsible gambling framework	Public health framework
Focus	On individuals who gamble: so-called problem gamblers	Focus on population: gambling harm
Scope	Regulation of individual behaviour	Regulation of systems, products, and environment
Disorder model	Disease model	Commercial determinants of health, social determinants of health, and legal, political, and environmental determinants of health
Main emphasis	Freedom of choice, consumer sovereignty, caveat emptor regulation	Freedom from harmful commodities, consumer protection regulation
Range of interventions	Largely downstream, individual-level interventions and treatment; some education programmes	Uses a range of interventions; focuses on upstream determinants of harms and also includes midstream and downstream efforts
Where effort and resources are maximised	Much effort on treatment and some education and social marketing	Incorporates treatment effort, but also emphasises the importance of harm prevention, early intervention, and harm minimisation
Characteristic interventions	Education, social marketing, signage, referral to therapies, codes of conduct, self-exclusion options	Limiting accessibility and availability, pricing (where applicable), focus on product characteristics, mandatory precommitment, limiting or prohibiting marketing and advertising
Evidence base	Modest or poor for responsible gambling tools; evidence base developed for efficacy of cognitive behavioural therapy for treatment and some other therapies (but note issues with high attrition)	Well developed in analogous areas (eg, alcohol), though requires adaptation to apply to gambling harms; emerging evidence of effective population-level interventions
Regulatory orientation	Self-regulation with little oversight, industry self-reporting, and voluntary codes of practice	Regulatory specificity and effective enforcement
Ecological frame	The so-called problem gambler	Environment, commercial determinants of health, social determinants of health, operators, and multiple government agencies
Priority focus	Responsible users	People with lived experience of harms, communities, and societal impacts

Source: Lancet Commission on Public Health

Continued from page 3

of harms, based on their characteristics.
- Enaction of mandatory measures limiting gambling consumption, such as enforceable deposit and bet limits, and universal precommitment systems.

- Gambling-related policy, regulation, treatment, and research must be protected from the distortionary effects of commercial influence; we advocate for a rapid transition away from industry-funded research and treatment, coupled with and enabled by increased levels of investment from independent sources.
- At the international level, UN entities and intergovernmental organizations should incorporate a focus on gambling harms into their strategies and workplans for improving health and well-being broadly.
- There is a need to develop an international alliance—including civil society, people with lived experience of harms related to gambling, researchers, and professional organizations—to provide thought leadership, advocacy, and convening of interested parties.
- This commission recommends the instigation of the process to adopt a World Health Assembly resolution on the public health dimensions of gambling.

"Unlike many other products (eg, food, alcohol, tobacco)…consumption of gambling can be repeated continuously and, with online provision, can continue for 24 hours per day…."

The Lancet Public Health Commission

Massachusetts casinos

The Massachusetts Gaming Commission in 2013 asked Volberg and her colleagues at SEIGMA to study the impact of casino gambling in the state, which had just been legalized. In Massachusetts, casinos already provide support for gambling problems.

She concluded that Massachusetts has already taken steps to prevent problem gambling in casinos, including:

- Monitoring gambling behavior and gambling problems over time;
- Mandating gambling operators to provide information about "responsible gambling" on all their products as well as where to seek help for a gambling problem;
- Operating a voluntary self-exclusion program that applies across all operators licensed in the state; and
- Funding extensive prevention and treatment initiatives through the Department of Public Health's Office of Problem Gambling Services

However, the casinos can't be expected to cover the problems caused by online sports betting, which is relatively unregulated. •

For the *Lancet* commission report, go to https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00167-1/fulltext.

For the SEIGMA report, go to https://massgaming.com/wp-content/uploads/OPS23-Report_2024-07-05_clean.pdf.

FDA warns against overdose on fentanyl patches by children

"Accidental exposure to medication is a leading cause of poisoning in children," the Food and Drug Administration (FDA) warned in a September 2024 announcement about fentanyl skin patches. "Young children, in particular, have died or become seriously ill after being exposed to a skin patch containing fentanyl, a powerful opioid pain reliever."

The agency urged parents "to take precautions and make sure that these patches are stored, used and disposed of properly." Children can overdose on new and used fentanyl patches by putting them in their mouth, but even putting the patches on their skin can cause death.

The FDA also advised that patients who have been prescribed fentanyl patches also have naloxone on hand. It can be given to children who may have been exposed to a fentanyl patch, and is available in an easily administered nasal spray.

Below are the FDA's recommendations to reduce possible exposure in children:

1. Keep fentanyl patches and other drugs in a secure location out of children's sight and reach. Consider keeping fentanyl patches in a lockbox. Toddlers and young children may think the patch is a sticker, bandage or temporary tattoo.
2. Consider covering the fentanyl patch with a transparent adhesive film dressing to make sure the patch doesn't come off your body. You can apply first-aid tape to the edges of the patch

to secure it to your skin.

3. Throughout the day, make sure the patch is still in place by touching it or looking at it to make sure it hasn't fallen off.
4. When you apply a new patch, promptly dispose of the used one properly.

Due to their small size, infants and toddlers are particularly at risk. Even if parents have safely stored the patches, children, when held by or sleeping with an adult wearing a partially detached patch, can be exposed to dangerous amounts of the drug.

Furthermore, even after a patch has been used, there is enough fentanyl left in it to cause overdose or death in babies.

Pets are at risk as well.

The FDA recommends promptly disposing of used patches by folding them in half with the sticky sides together and flushing them down a toilet. Patches should not be placed in the household trash, where children or pets can find them. Children may find lost, discarded or improperly stored patches and ingest them or stick them on themselves or others (for the full list of other medications the agency recommends flushing, go to https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines).

Signs of fentanyl exposure may be difficult to notice in young children, with drowsiness (an early sign) sometimes misinterpreted as a child being sleepy.

Other signs of fentanyl exposure, according to the FDA:

- Trouble breathing;
- Shortness of breath;
- Swelling of the face, tongue or throat;
- Agitation;
- High body temperature; and
- Stiff muscles.

K9 dogs may need naloxone if exposed to fentanyl

Recently the Missouri Veterinary Medical Association's Animal Welfare Committee gave advice to law enforcement about how to help their canine partners in the event of exposure to illicit fentanyl. Usually used in intranasal form, naloxone may be better administered via injection. "Intranasal administration is done without the muzzle in place, so it is essential to take into account the dog's demeanor (e.g., it may be safer to place a basket muzzle and give an intramuscular injection)" according to the advice. For more information, go to https://health.mo.gov/living/families/more/pdf/narcan-helping-canine-partner.pdf•

So many questions!

By Rob Kent, J.D.

Recently, the Centers for Disease Control and Prevention announced that preliminary overdose death numbers in the U.S. have decreased over the last 12-month period. That is great news!

However, many government officials claim that their actions are the reason for the decrease, which is almost like taking credit for the sun rising. I say "almost" because, while their work probably played a part, it was hardly the only moving piece. I say this also because I worry that the public might believe that we have solved the overdose death issue, and we are not even close. We should not, for a moment, believe that we can move on to another issue; if we are making progress, we need to double down and do more.

We should also remember that those who are claiming success for a reduction are doing so as we still lose more than 100,000 from overdose every year. One example is in New York state, where more than 6,300 died from overdose during that same 12-month period.

As an aside, New York might want to get its numbers straight, as they have told us that overdose deaths have dropped in the state by 9%; however, on their own overdose death data dashboard they also tell us that 6,358 New Yorkers died by overdose in 2022 and 6,330 died in 2023. That is a reduction of 28. I guess I don't understand this "new math."

We should also understand that the possible reductions for one year come as overdose deaths increased nationally by more than 40% since 2019. These increases are happening while states have received more than $15 billion from the federal government to support efforts to decrease overdose deaths and address addiction. These same states have also started to receive some of the more than $50 billion in funds available from opioid litigation settlements.

With billions of dollars in funding dedicated to fighting overdose, why do we continue to lose so many? Does anyone know how these funds are being spent? Are there plans that coordinate the spending of these funds? If there are plans, are they publicly available? With this amount of funding, why are so many people dying?

These are the questions we should ask every candidate running for elected office this week. We also need appointed government officials to acknowledge that we still have a problem. •

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FROM THE FIELD

Cody Nagle: From incarcerated drug user to lawyer

Cody Nagle, once an intravenous drug user, is now a lawyer. Last week, she talked to *ADAW* about her trajectory from a drug court in Washington state to an internship at the White House Office of National Drug Control Policy (ONDCP), where she worked in public engagement on issues of substance use disorder (SUD) recovery, to her current position at the Legislative Analysis and Public Policy Association (LAPPA) in Washington, D.C., where she focuses on criminal justice reform and stigma reduction. Nagle was one of the first formerly incarcerated individuals to serve in the Executive Office of the President. A recent graduate of Syracuse University College of Law, Nagle is heading back to Washington state to work as a lawyer, where shewas sworn in to the Washington state bar by the same drug court judge who sentenced her 12 years ago.

At that time, Nagle was arrested for "something like the 20th time" and was offered drug court. She has been in recovery ever since. Having an extensive criminal record and being admitted to such an exclusive profession isn't easy, but she had the necessary determination that final time — final because she had already been in treatment seven times by the time she went to drug court.

"When I got released from jail to go to the drug court program office, I was expecting them to send me to inpatient rehab, because that's what people did then," Nagle recalled. But, noting that she had already been to treatment multiple times," the drug court office said they wouldn't refer her. "The woman looked at me and said, 'You won't learn anything you don't already know,'" said Nagle. "That's what really lit a fire under me; it's what I needed to hear." She had already been through withdrawal in jail — those were the days when methadone or buprenorphine weren't offered to people in jail or prison.

> **"Be open to other solutions and use every tool in the toolbox—if you keep it all there, just pile them all up. People will find it."**
>
> Cody Nagle

In fact, Nagle did know what to do. She completed the drug court program and decided she wanted to go to law school. Now living in Virginia with her family — her husband is in active military duty and they have three children — Nagle will be moving back to Washington state, where she has her law license.

We asked Nagle her secret to her recovery after so many failed attempts. "It was just the right time and the right place," she said. She also credits the supports; she had food, access to a cell phone and a place to live. "All of my basic needs were met," she added.

"Of course, I learned things in the previous treatments, all the things I had to rely on," said Nagle. "When they said I couldn't go back to rehab, they said 'You're going to do this or you're going to die.'" She already had a wealth of knowledge about addiction and how the brain works from previous treatment, she said.

Nagle also stressed the importance of the 12-Step program she attended for the first year of her recovery. "I was sitting in an AA meeting most of the time," she said.

She also had antidepressants this time, which she said helped. Finally, she had a partner and a son. "That gave me motivation that I hadn't had in the past."

Asked to provide some advice to treatment providers who are always looking for the key to finally attaining long-term recovery for their patients, Nagle said this: "Be open to other solutions and use every tool in the toolbox—if you keep it all there, just pile them all up. People will find it."

Nagle hopes to work helping people with pasts like hers. •

ABA stresses importance of participation in SUDs

The Substance Use Disorders and Mental Health Interest Group of the American Bar Association's Health Law Section fosters attorney and public participation in innovative programs in health care, alternative medicine, education, family dynamics, business and in the criminal justice system to address these conditions. It promotes practices that support prevention, education, treatment, recovery and management of substance use disorders and mental health conditions, including the removal of legal barriers to successful addiction and mental health recovery; and access to and delivery of health care services at the state and federal levels.

There will be a Health Law Summit in Washington, D.C. December 9. As the future of U.S. healthcare continues to evolve, the 22nd Annual Washington Health Law Summit (WHS) is the one event you can't afford to miss! It is essential for advisors in all segments of the healthcare industry to stay up-to-date on the latest legislative and policy developments, as well as the implementation of significant healthcare initiatives emanating from the federal government. •

Schools from page 1

ourselves from the back of the continuum to the front of the continuum." The school has added more pre-treatment and recovery support services than it had in its early years. Hope Academy now employs an on-site therapist available at the school 24 hours a week, an occupational therapist available 16 hours a week, and five recovery coaches (with every student assigned to a coach).

Nationally, recovery school programs number in the forties. Gardner said that around 10 of these programs have received accreditation under a process developed by the Association of Recovery Schools, a national group for which she has served as a board member and past board chair. "We had hoped the number of schools would be higher by now," she added. Her school is nearly 20 years old and remains the only recovery high school in Indiana.

One state has launched ambitious plans to make recovery schools a more prominent part of the continuum of support for youths. In 2023, Oregon legislators adopted House Bill 2767, which established standards for approval of up to nine recovery high schools in the state. The legislation also established a state funding mechanism specifically for recovery high schools, making Oregon what is believed to be the first state to have done this. Two existing recovery schools in the state, Harmony Academy in Lake Oswego and Rivercrest Academy in Portland, are among those that will be receiving state funding under the new law.

Kate Pattison, director of school choice for the Oregon Department of Education, told *ADAW* that the recovery schools will be funded with a combination of state school funds and money from the Statewide Education Initiatives Account.

An overview document from the state's Department of Education says that the law requires standards for recovery schools' operation "to include academic standards, substance use recovery services, graduation program evaluation and recovery school accreditation guidance."

"These specialized high schools offer a lifeline to students in grades 9 to 12 recovering from substance use, ensuring they receive not only a quality education but also comprehensive support necessary for their recovery journey."

Kate Pattison

Standards for these schools and others around the country emphasize the programs' voluntary nature, offering a safe environment, academic continuity, peer support and comprehensive substance use education and recovery support services — but not treatment.

"These specialized high schools offer a lifeline to students in grades 9 to 12 recovering from substance use, ensuring they receive not only a quality education but also comprehensive support necessary for their recovery journey," Pattison said. "Unlike therapeutic placements where students are required to attend, these schools support student agency in their recovery by allowing students to choose to attend a recovery high school."

Distinctive approach

In their academic-heavy approach that does not include direct treatment services, recovery high schools differ from therapeutic boarding schools or alcohol and drug treatment center schools, which often are tied to participation in a particular treatment program. The Association of Recovery Schools states on its website that recovery schools "intend that all students enrolled be in recovery and working a program of recovery for substance use or co-occurring disorders, as determined by the student and the school."

The Indianapolis addiction treatment facility Fairbanks, now known as Community Fairbanks Recovery Center, opened Hope Academy in 2006, but Gardner said the academy is no longer affiliated with the treatment organization. The coeducational school typically serves a population of around 40 to 45 students and operates under Indiana's charter school regulations.

Aside from the challenges involved in working with a student population that often has had limited access to treatment prior to arrival, Gardner identified other potential barriers to program success; one hurdle involves a growing public perception that adolescents don't need intensive support for substance use. "As we legalized marijuana across the country, it became normalized," she said. "Kids weren't getting treatment earlier, even though I believe marijuana is the first drug used and leads to other substances. As such, people don't see the need for inpatient treatment for youths."

Additionally, the difficulties adolescents have experienced post-pandemic and the resulting challenges in reaching them successfully can lead to hesitation to establish these youth-focused programs, Gardner said. She believes that for new or existing schools, going through the accreditation process will offer numerous benefits. "If you follow the process, you're hitting the key points," she said, from academics to recovery support to establishing strong connections to treatment.

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"It legitimizes what you're doing," Gardner said of accreditation. "It's great for fundraising."

Gardner said Hope Academy receives about one-third of its overall support from fundraising, with the rest coming in similar shares from federal and state government sources.

Steady growth in Oregon

Aside from the two existing recovery high schools in Oregon, Discovery Academy in Salem is expected to open next spring, Oregon Public Broadcasting reported last month. State officials see the development of these programs as part of an effort to reverse troubling trends of high drug-related deaths among youths and limited treatment and recovery services — placing the state very low in national rankings.

"Students in a recovery high school are with peers who are going through the same journey with them, and I think that's a really key predictor of success," Brenda Martinek, the state Department of Education's recovery schools education specialist, said in the Oregon Public Broadcasting report. "They start to find after-school activities, weekend activities, extracurricular things to do that are not drug-related, which is awesome."

Pattison said the outcomes that the state will track will resemble those for schools that have been developed elsewhere. These will include prolonged abstinence from substance use, improved mental health, higher school attendance and graduation rates, and greater postsecondary enrollment. •

Coming up...

The annual **AMERSA Conference** (Association for Multidisciplinary Education and Research in Substance use and Addiction) will be held **November 14-16** in Chicago. For more information, go to **https://amersa.org/**

The annual meeting of the **American Academy of Addiction Psychiatry** (AAAP) will be held **November 14-17** in Naples, Florida. For more information, go to **https://www.aaap.org/training-events/annual-meeting/2024-annual-meeting-and-scientific-symposium/**

The **American Society of Addiction Medicine annual conference** will be held **April 24-27, 2025** in Denver, Colorado. For more information, go to **https://www.asam.org/education/signature-courses/live-conference-events**

Briefly Noted

Study finds increases in fentanyl and stimulants from SUD patients

A new report published in *JAMA Network Open* found striking increases in the amounts of illicit fentanyl, methamphetamine and cocaine detected in urine drug test (UDT) specimens. The study, led by Andrew Huhn, Ph.D., associate professor of psychiatry and behavioral sciences and Kelly Dunn, Ph.D., professor of psychiatry and behavioral sciences, both at Johns Hopkins University School of Medicine, and co-authored by Millennium Health researchers, showed that concentrations of fentanyl and methamphetamine were 8.3 and 5.2 times higher in these specimens, respectively, in 2023 when compared with 2013 levels. Cocaine concentrations also doubled during this time, while levels for heroin fell by more than half. "Fentanyl, methamphetamine and cocaine concentrations are higher now relative to any time in the past decade, suggesting that the people who are using these drugs are doing so in larger quantities and/or with greater frequency now," said Huhn. "The findings also demonstrate that aggregated, quantitative UDT data offer a scalable surveillance method that can provide swift and nimble feedback on real-time changes in drug exposure levels as well as emerging threats, like xylazine, that are not routinely captured by other methods," he added. The analysis, which included 921,931 unique patient UDT specimens collected in SUD treatment settings across the U.S., also evaluated how these concentrations have changed in different parts of the country. With a few exceptions (eg, greater methamphetamine concentrations in the West and part of the South, largely stable heroin concentrations in the West), changes in drug exposure concentrations have been relatively similar across the U.S. over time. "These findings reveal that the drug use epidemic is evolving not only in terms of what drugs are being used but how much drug is being used," said Angela Huskey, Pharm.D., chief clinical officer at Millennium Health. "This is the most granular assessment of drug use patterns in the U.S. to date and highlights an important, underappreciated nuance about drug use that may effect overdose risk and other clinically relevant phenomena." •

In case you haven't heard...

Schools may consider suspending or expelling a child for drug use but the American Academy of Pediatrics says removing a child from school should only occur when criminal or violent behavior is present. Drug use is a sign of a problem that can be helped and it is not likely to be helped by removing the child from school, unless to attend inpatient treatment. The policy statement, "School Suspension and Expulsion," is published in the October issue of *Pediatrics*.