

## Stopping Drug Use Before It Starts

### Deterring Drug Use by Changing Attitudes

The goal of prevention is to stop substance use before it ever begins. Believing not only in this mission but in our ability to achieve it, this Administration outlined a strategy 6 years ago that called upon multiple sectors of society—parents, schools, employers, communities, and the media—to help Americans, and youth in particular, take a stand against drugs.

In his Recovery Month Proclamation of September 2007, the President reiterated his Administration’s continued commitment to help our “Nation’s young people make healthy choices throughout their lives and to encourage community- and family-based approaches to the challenges and risks facing today’s youth.”

Focusing on youth is effective and will yield results for decades to come. Prevention efforts involve many players and are most successful when messages from parents, the school, the community, and State and Federal partners are consistent: young people should not use drugs. In an age when most young people get their information from friends, the media, or the Internet, reliable and accurate information can help keep youth away from these dangerous substances and avoid the lasting consequences that drugs can have on their lives.

Local communities play an essential role in preventing youth drug use and influencing youth attitudes. Community-driven solutions to substance abuse provide a foundation for State and Federal anti-drug efforts. To augment the important work of the community, the Administration encourages schools and workplaces to adopt random drug testing programs.

### Random Testing to Prevent Substance Abuse

Random testing gives students a powerful incentive to abstain from drug use. In schools today, most students who

begin using drugs are not targeted by an unknown drug dealer. The spread of drug use throughout a school often closely mirrors the way a disease is spread—from student-to-student contact, multiplying rapidly as more and more students are affected. Random testing can provide young people with a reason never to start using drugs, protecting them during a time when they are the most vulnerable to peer pressure and the adverse health effects of drug use. Increasing numbers of employers, including the Federal Government, are randomly testing their workforces for drug use; students coming from schools with a random drug testing program will be familiar with the goals of such programs and will know the benefits of a drug-free lifestyle.

In addition to acting as a powerful deterrent and early warning signal for drug use, random testing programs are also flexible enough to respond to emerging drug trends, such as the abuse of prescription drugs—America’s biggest drug problem after marijuana. By adapting test panels to reflect current usage patterns, testing programs can easily respond to new drug threats.

By addressing the continuum of drug use from pre-initiation to drug dependency, random testing can stop the pipeline to addiction, help create a culture of disapproval toward drugs, and contribute to safer school and work environments. Random testing was first used in the military and in the workplace with great success. The ability of schools to tap into random testing’s tremendous prevention power was affirmed by the Supreme Court in landmark cases in 1995 and 2002.

Federal support for school-based random student drug testing was announced by the President in his 2004 State of the Union address. To date, more than 80 school districts have received Federal funds through U.S. Department of Education grants to help develop or maintain random testing programs in more than 400 schools.

Across America, hundreds of schools have implemented random testing programs using other funding sources. In fact, the Centers for Disease Control’s 2006 School Health Policies and Programs Study (SHPPS) found that nationwide, of the 25.5 percent of districts containing middle or high schools that had adopted a student drug testing policy, over half conducted random drug testing

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among members of a specific group of students and more than a third had voluntary drug testing for all students. Encouragingly, the same survey reported that 72.2 percent of middle and high schools provided alcohol- or

other drug-use treatment at school through health services or mental health and social services staff, and 34.9 percent made arrangements for treatment through organizations or professionals outside the school.

Figure 8.  
**Counties with Random Student Drug Testing in Kentucky as of October 2007**



### Pulaski County Schools, Kentucky

In 2005, the Pulaski County School District in Kentucky was awarded a grant by the U.S. Department of Education's Office of Safe and Drug-Free Schools to facilitate random drug testing. The grant enabled the district to collaborate with the Kentucky Office of Drug Control Policy, Kentucky Agency for Substance Abuse Policy (KY-ASAP) Regional Prevention Center, Kentucky School Board Association, local community coalitions, and the local school board to develop policies and procedures clarifying the district's goals to reduce drug use and incorporating a comprehensive random drug testing program.

Pulaski County Schools' random drug testing program is mandatory for student athletes and participants in competitive extracurricular programs and is also open to volunteers. Student drivers are tested using other funding sources. The program provides graduated consequences for students who test positive and, in keeping with a supportive philosophy, provides an opportunity for students to self-report and seek help before being tested. Full-time substance abuse counselors, provided through *Operation Unlawful Narcotics Investigations, Treatment, and Education (UNITE)*, give students the individual support needed to become drug-free and stay that way. *Operation UNITE* works to rid communities of illegal drug use through undercover narcotics investigations, coordinated treatment for substance abusers, support to families and friends of substance abusers, and public education about the dangers of using drugs.

The comprehensive random drug testing program, which includes prevention and student assistance programming, is producing encouraging results. Of the 4,091 students enrolled in middle and high schools, 2,354 (57.5 percent) of the students volunteered to participate in the random drug testing program, in addition to the mandatory participants who are involved in extracurricular activities.

## Drugged Driving

While the consequences of drunk driving have been well-known for decades, the phenomenon of drugged driving has received limited attention. According to a national survey, in 2006 over 10 million Americans reported driving under the influence in the past year. Drug-impaired driving is highest among young adults, with 11 percent of drivers between the ages of 18 and 25 reporting having driven under the influence of an illegal drug in 2006.

America already loses far too many lives to drivers who are under the influence of alcohol. Public awareness must be focused on drugged driving and its role in the deaths of innocent people. Over the past several years the National Youth Anti-Drug Media Campaign has spent over \$10 million on drugged driving initiatives such as the development of a driver safety kit for teens and parents, teen posters for display in Driver's Education classrooms and Departments of Motor Vehicles, and Web content including an interactive quiz for parents and teens to test their knowledge about the risks of drugged driving.

The U.S. Department of Education guidelines for random student drug testing help schools achieve three goals: to deter students from initiating drug use, to identify students who have just begun to use drugs and to assist them to stop before a dependency begins, and to identify students with a dependency so that they may be referred to appropriate treatment. Mechanisms to ensure confidentiality are critical to the integrity of the program. Further, effective random student drug testing programs are nonpunitive in nature and dedicated to preventing and treating youth drug use, rather than punishing young drug users.

U.S. Department of Education grantees, as well as public and nonpublic schools with non-Federally funded random testing programs, have seen declines in positive test rates, suggesting reductions in drug use.

In addition to making funds available to schools interested in adopting random student drug testing, Federal agencies have partnered to offer regional summits on the development and operation of effective, balanced random testing programs. For 2008, summits are planned in Indianapolis, Indiana; Jacksonville, Florida; Albuquerque,

New Mexico; and Oklahoma City, Oklahoma. States and local communities are also planning summits. Comprehensive and timely resources on program development and management are provided by government partners through a Web site, [www.randomstudentdrugtesting.org](http://www.randomstudentdrugtesting.org).

Testing not only protects young people in school and on the playing fields, but off campus as well. In 2006, 11 percent of high school students surveyed reported driving after smoking marijuana (within two weeks of the survey) and 12 percent reported driving after drinking alcohol. The numbers suggest that drugged driving among teens is approaching the levels of drunk driving. By alerting parents to their teen's drug use, testing can help protect young drivers—and all who share the road with them.

## Combating Doping in Sports

Doping is the use of a substance that artificially enhances athletic performance. These substances often pose a significant risk to the health and well-being of athletes. The use of performance-enhancing drugs undermines the ideals of sports and devalues and debases the rewards of competition. Despite the range of health risks and ethical implications, many athletes at both the professional and amateur levels use these dangerous substances.

The President stated his commitment to fighting doping in sports in his 2004 State of the Union Address, and the Administration has aggressively pursued education campaigns, research, and drug testing with meaningful sanctions, as well as cooperation among domestic and international partners both public and private. These efforts have coincided with a decline in the number of young people using performance-enhancing drugs. According to a national survey, use of steroids among 8th, 10th, and 12th graders combined is down from 2001 by 40 percent, 42 percent, and 22 percent for lifetime, past year, and past month use, respectively.

One of the most effective ways to combat doping is by supporting and working collaboratively with the World Anti-Doping Agency (WADA). WADA was established to harmonize and coordinate an effective international program to detect, deter, and prevent doping. The United States plays a leadership role in WADA, serving on WADA's governing board and on many working committees. The United States is the largest funder of the organization and was also recently elected to represent the entire 41-nation region of the Americas on WADA's Executive Committee.

The most important initiative in WADA's 8-year history is the development of the World Anti-Doping Code. The Code sets forth the procedural ground rules and list of banned substances that govern drug testing in Olympic sports. The Code is founded on the principle that doping is not only cheating but also poses a grave threat to an athlete's health and safety. Consequently, the list of banned substances includes anabolic agents, narcotics, and growth hormones, as well as stimulants and illicit drugs such as cocaine and marijuana. In the 3 years since it was implemented, the Code has been recognized globally as an effective tool for creating a level playing field in Olympic competition, regardless of a nation's domestic policies on drug use. An updated version of the Code was approved in Madrid, Spain at the 3rd World Conference on Drugs in Sport in November 2007.

The entry into force in 2007 of an International Convention Against Doping in Sport also marked a historic milestone in the fight against doping. Drafted under the auspices of the United Nations Education, Scientific and Cultural Organization (UNESCO) and with significant leadership from the United States, the Convention sets forth the commitment of governments worldwide to emphasize international cooperation and to give priority to anti-doping efforts. The Convention has already been ratified by more than 70 nations. The ratification process in the United States continues to progress rapidly. While the Convention does not alter the manner in which sports operate and are regulated in the United States, ratification of this international document sends a clear message about our commitment to eliminate doping in sports.

The Federal Government has also realized success in disrupting the criminal trafficking of performance-enhancing drugs. A number of highly publicized steroid trafficking cases demonstrate how Federal and State law enforcement agencies are collaborating with sports authorities and foreign governments and placing an increased emphasis on disrupting the trafficking of anabolic steroids and other performance-enhancing drugs.

For example, United States law enforcement officials recently announced the culmination of *Operation Raw Deal*, an international case targeting the global underground trade of anabolic steroids, human growth hormone, and counterfeit prescription drugs. The investigation, led by the Drug Enforcement Administration (DEA), represented the largest steroid enforcement action in United States history and took place in conjunction

with enforcement operations in nine countries. It resulted in 143 Federal search warrants, 124 arrests nationwide, and the seizure of 56 steroid labs across the United States. In total, 11.4 million steroid dosage units were seized, as well as 242 kilograms of raw steroid powder of Chinese origin. The scope of this investigation demonstrates the effectiveness of government authorities working collaboratively with anti-doping organizations to combat the scourge of drug use in sports and beyond.

The general public is becoming less tolerant of doping and is more aware of and concerned about its consequences. People understand that what happens at the elite level of sport often has a trickle-down effect on children, who want to emulate sports stars. In 2007, New Jersey, Florida, and Texas established random steroid testing programs specifically tailored to high school athletes. These programs will complement the broad-based education and prevention efforts of the United States Anti-Doping Agency.

### **A Proven Prevention Tool: The United States Military's Experience With Drug Testing**

In June 1971, responding to a report that approximately 42 percent of U.S. Military personnel in Vietnam had used illegal drugs at least once, the Department of Defense (DoD) began testing all service members for drug use. A DoD survey of behavior among military personnel about a decade later showed that nearly 28 percent of service members had used an illegal drug in the past 30 days and that the rate was greater than 38 percent in some units. The DoD drug testing program was revised and expanded in 1983, following an investigation that revealed illegal drug use might have been a contributing factor in a 1981 aircraft carrier accident that resulted in 14 fatalities and the damage or destruction of 18 planes.

The DoD now maintains an aggressive drug demand reduction program. Military drug testing laboratories have adopted, and in some cases developed, state-of-the-art analytical technology, while military officials have worked to craft and execute better drug reduction policies, including 100-percent random testing for Active Duty, Guard, Reserve, and DoD civilian personnel; required mandatory testing of all military applicants; and adapting tests to meet new drug threats. The result has been a more effective drug testing program.



In the more than 25 years since the military began random testing of service members for drug use, positive use rates have dropped from nearly 30 percent to less than 2 percent. Despite the recent demands of combat deployment, the Armed Services have maintained a high rate of drug testing in the combat theaters. Data from the DoD Defense Manpower Database Center shows that the drug positive rate in deployed military members is now below 0.5 percent.

## Drug-Free Workplace

America's businesses pay a high price for alcohol and drug abuse. Of the Nation's current illicit drug users age 18 or over, approximately 75 percent (13.4 million people) were employed in 2006. Studies have shown that alcohol and drug abuse can lead to lost productivity, costing employers thousands of dollars. Substance abuse also negatively affects morale and illness rates.

The good news is that employers are protecting their businesses from substance abuse by implementing drug-free workplace programs. Successful programs often include policy statements, training for supervisors about their role in enforcing the policy, education for employees about the dangers of substance abuse, support for individuals who seek help for substance abuse problems, and testing for drug use.

Maintaining a drug-free workplace improves worker productivity, safety, and health. For the employer, the benefits of maintaining a drug-free workplace and workforce include decreased tardiness and absenteeism. From a risk-management perspective, decreasing onsite accidents and damages to company property provide a tangible benefit in reduced insurance premiums, liability claims, and legal fees.

Drug-free workplace programs are effective. In one study, nearly a third of current illicit drug users said they would be less likely to work for employers who conducted random drug testing. Another study showed construction companies that tested for use experienced a 51 percent reduction in injury rates within 2 years of implementing their drug testing programs.

Many workplace policies include provisions that authorize testing when there is suspicion of substance abuse, particularly onsite or during work hours, and provide subsequent punitive sanctions such as suspension or termination. Pre-employment testing discourages drug

users from applying for jobs that test, and random drug testing serves as a deterrent to drug use during the term of employment. Together, they send a clear message that employers do not tolerate drug use on or off the jobsite.

Federal agencies such as the U.S. Department of Health and Human Services (HHS), the U.S. Department of Labor (DoL), and the U.S. Department of Transportation (DoT) encourage the adoption of drug-free workplace programs in both the private and public sectors and will continue to advocate for random testing of employees.

Among other initiatives, the Substance Abuse and Mental Health Services Administration (SAMHSA) Division of Workplace Programs manages a drug-free workplace Web site, which provides multimedia presentations, e-briefings, best practices, how-to guides, fact sheets, research, and information on training and technical assistance for employers, employees, and their families.

The DoL's Working Partners for an Alcohol- and Drug-Free Workplace promotes drug-free workplace programs by maintaining a comprehensive Web site ([www.dol.gov/workingpartners](http://www.dol.gov/workingpartners)), coordinating the Drug-Free Workplace Alliance, and leading Drug-Free Work Week each year. The Working Partners Web site raises awareness about the impact of drugs and alcohol on the workplace and helps organizations implement drug-free workplace programs by providing online policy development tools, resource directories, and educational materials.

The Drug-Free Workplace Alliance agreement, signed by Secretary of Labor Elaine L. Chao in 2004, is a cooperative initiative with labor unions and employer associations to improve worker safety and health through drug-free workplace programs. Focused on the construction industry, Alliance activities center on developing training and education programs, disseminating drug-free workplace tools and assistance, and promoting a national dialogue on workplace safety and health by raising awareness of drug-free workplaces.

National Drug-Free Work Week, an annual public awareness campaign spearheaded by the Alliance, highlights the importance of working drug-free, as well as workplace safety and health in all industries. During Drug-Free Work Week 2007, Alliance members distributed materials to members, published articles in member publications, and helped facilitate local-level training and educational activities. The Administration supports this campaign and encourages companies throughout the year to ensure

the safety and health of their employees by implementing drug-free workplace programs that include random workplace drug testing.

In the late 1980s, an office was established within DoT to advise the Secretary and DoT officials on drug enforcement and drug testing issues. The role of the office was expanded with the 1991 Omnibus Transportation Employee Testing Act. Today, the Office of Drug & Alcohol Policy & Compliance (ODAPC) regulates how drug and alcohol tests are conducted and what procedures are used within the transportation industries for the ultimate

safety and protection of the traveling public. Roughly 12.1 million people performing safety-sensitive transportation jobs are covered by DoT regulations, which govern drug and alcohol testing for pre-employment, on-the-job performance, post-accident, and job reentry after failing a test. Other functions of the ODAPC are to coordinate Federal drug and alcohol policies, provide assistance to other countries developing similar regulations, and harmonize drug and alcohol testing regulations with Canada and Mexico in accordance with the North American Free Trade Agreement.

### **International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers**

The International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (Ironworkers International), is a major labor union representing more than 100,000 journeymen and apprentices in the United States and Canada.

As a founding member of the Drug-Free Workplace Alliance, Ironworkers International has been improving worker health and safety by encouraging alcohol- and drug-free workplaces throughout the industry. The organization's formal program is built around a comprehensive drug testing policy designed to provide a prequalified, drug-free workforce to contractors.

"Iron work is the fourth most dangerous job in the world and the number one most dangerous job in the construction industry," says Frank Migliaccio, executive director of safety and health at Ironworkers International. "We don't need to make it any more dangerous by adding drug and alcohol use into the mix."

In 2004, Ironworkers International partnered with the Ironworker Management Progressive Action Cooperative Trust (IMPACT) to develop the union's drug-free workplace program. After a year of development and program testing, the Ironworkers launched the National Substance Abuse Program in January 2005. Modeled after a successful program used by the International Brotherhood of Boilermakers, IMPACT's National Substance Abuse Program creates a pool of pretested ironworkers who are prequalified to work on job sites that have substance abuse testing requirements. The program also provides an online database that contractors can access to verify the drug testing status of potential new hires.

The IMPACT program involves pre-employment, annual, random, for cause, and post-accident drug testing. IMPACT contracts with independent drug testing service providers, which coordinate all program testing. All workers are tested a minimum of once a year, with 25 percent tested randomly throughout the year. Tests are performed to detect evidence of use of any one of 10 drugs, using pre-established cutoff levels consistent with HHS standards. Further, a Medical Review Officer interview is conducted for each laboratory positive, and participants have the option to request a reanalysis of their original specimen within 72 hours of a positive result.

If workers test positive for drug use, they are deemed "Not Fit for Duty" and prescribed a regimen of rehabilitation and frequent retesting. After they complete their prescribed rehabilitation program, they are subject to accelerated random testing for 1 year as a condition of further employment—which means they will be tested a minimum of four times a year at unannounced times.

Ironworkers International, which has been promoting workers' rights since 1896, is composed of more than 200 local unions and affiliates, many of which have adopted and embraced the IMPACT National Substance Abuse Program.

## Community Partnerships to Protect Youth

Random testing programs protect people of all ages by providing incentives to discourage illicit drug use and by identifying those with substance abuse problems. Community-based prevention activities such as the work of anti-drug coalitions complement the testing framework.

In his 2005 State of the Union Address, the President announced a broad effort to engage all Americans in helping young people become healthy adults and asked First Lady

Laura Bush to spearhead this important effort, which became known as the Helping America's Youth initiative. For the past 2 years, Mrs. Bush has been leading this nationwide effort to raise awareness about the challenges facing our youth and to motivate caring adults to connect with youth in three key areas: family, school, and community.

Mrs. Bush is working with State and local partners to host numerous regional conferences throughout the United States. This past year, Mrs. Bush led efforts to train and inform community leaders at regional forums

### Calloway County Alliance for Substance Abuse Prevention, Murray, Kentucky

Calloway County Alliance for Substance Abuse Prevention (CC-ASAP) was first formed in Murray, Kentucky, in 2001, and by 2003 had successfully competed for a DFC grant. With a focus on involving and organizing its community to prevent youth alcohol and drug use, CC-ASAP is making a difference in Kentucky.

The Murray community is seeing dramatic progress: tobacco use is down in all grades surveyed from 2002 to 2006, past-year use of tobacco among 10th graders has dropped 14 percent, and past-month marijuana use among 10th graders has dropped 47 percent from 2002 to 2006. Furthermore, in 2002, 76 percent of 12th graders believed that their parents disapproved of youth tobacco use. In 2006, the percentage increased to 90.

These dramatic results are a great example of how coalitions help communities protect youth from dangerous substances. The CC-ASAP coalition functions as the hub for strategic planning using locally collected data and resources to determine the specific needs of their community. By forging partnerships with other coalitions to form long-term strategies to reduce substance abuse among youth and, over time, adults, CC-ASAP is not only serving the needs of Murray, but spreading its success to neighboring communities.

As an umbrella organization, CC-ASAP collaborates with more than 100 local partners, individuals, and organizations and offers resources, training, data, oversight, and strategic planning to help the community target specific areas of drug abuse. CC-ASAP works closely with the Coalition for Clean Air Murray to develop initiatives for a smoke-free community. In an area where tobacco is a major industry, CC-ASAP has been dedicated to educating the community on the dangers of tobacco and secondhand smoke, especially to children. The community response has been overwhelmingly positive. In 2002, only one restaurant in the county was voluntarily smoke-free. Today, there are 30 restaurants and businesses with smoke-free policies. Through education and persistence, there has been a shift in Calloway County toward a healthier and smoke-free social environment.

In 2007, as part of their commitment to educate the citizens and professionals in Calloway County on the importance of a drug-free environment, CC-ASAP invited several key experts to address the medical and educational community. CC-ASAP is also hosting a symposium on how students obtain drugs through the Internet. These fora greatly enhance CC-ASAP's ability to develop and implement its vision for the community.

Through the involvement and dedication of CC-ASAP, Calloway County has witnessed remarkable changes in substance abuse in their community. New targets for the coming year include an initiative to address prescription drug abuse. Activities include a media campaign, parental education, the development with pharmacists (two of whom are members of CC-ASAP) of strategies to combat over-the-counter and prescription drug abuse, and extensive training in Generation Rx, a prevention curriculum developed by the State for grades 6–12.

held in Nashville, Tennessee; St. Paul, Minnesota; and Dallas, Texas, with others planned for 2008. These conferences provide training for community leaders to help them understand the models for community mobilization that are working elsewhere. The conferences also include a speaker series on the current status of America's youth, as well as successful methods for helping to make a difference in their lives. As the Helping America's Youth initiative continues to grow, so do the resources it makes available for parents and communities.

The Web site [www.helpingamericasyouth.gov](http://www.helpingamericasyouth.gov) is a constantly expanding and improving one-stop center for information about the initiative, offering publications and resources for adults; video footage of previous conferences; and access to the Helping America's Youth on-line planning tool, the "Community Guide to Helping America's Youth." The Community Guide helps communities form successful partnerships and assess their needs and resources and links them to effective local programs.

## The Drug Free Communities Support Program

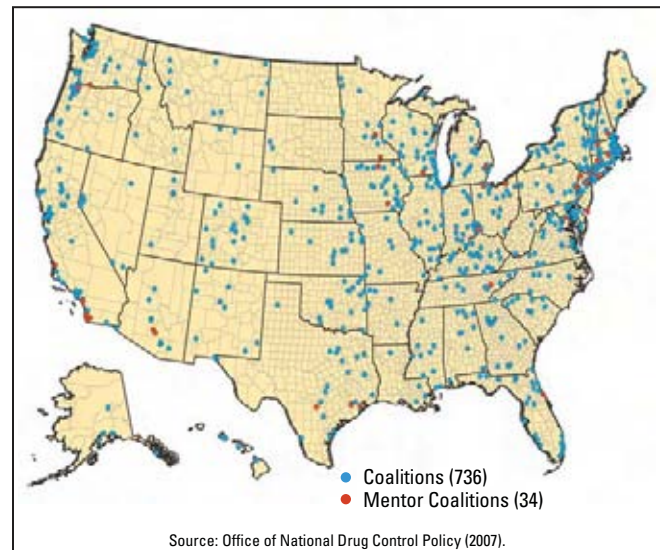
Recognizing that local problems require local solutions, ONDCP, in partnership with SAMHSA, administers the Drug Free Communities Support Program (DFC), an innovative grant program to reduce youth substance abuse. Unique in its ability to provide Federal funding directly to local community organizations, DFC currently supports 736 grassroots community coalitions in 49 States, the District of Columbia, Puerto Rico, and the United States Virgin Islands with grants up to \$100,000 per year for up to 5 years. Since 1997, an estimated \$450 million has been awarded to prevent youth drug use. The DFC program involves more than 10,000 community volunteers, all working together to save young lives.

By supporting the development of local drug-free community coalitions, the Administration works with parents, youth, community leaders, clergy, educators, law enforcement, employers, and others to plan and implement an appropriate and sustainable response to local drug challenges. Some communities find prescription drug abuse is on the rise, while others may be plagued with methamphetamine. Understanding that there is no one-size-fits-all approach to protecting youth and strengthening communities to prevent drug use, DFC promotes creative community solutions. In order to qualify for Federal DFC funding, each community

coalition must secure a dollar-for-dollar match for funds provided through DFC. This outward demonstration of community commitment to drug prevention helps ensure sustainability of local prevention programming beyond the 5-year Federal funding cycle.

In addition to the basic DFC grant program, successful coalitions may also qualify to "mentor" new and emerging community groups. The purpose of the DFC mentoring program is to allow leaders in mentor communities to network with their counterparts in the target or "mentee" community, in order to create a drug-free community coalition capable of effectively competing for a DFC grant award. Locations of FY07 DFC grantees are shown in Figure 9.

Figure 9.  
Drug Free Communities Program FY07 Grantees



Among the 2007 DFC grantees, 38 percent represent communities in economically disadvantaged areas, 23 percent represent urban areas, 41 percent represent suburban areas, and 34 percent represent rural areas. In 2007, special outreach to Native American communities was conducted to assist Native American coalitions in combating substance abuse in their communities. As a result, the program nearly doubled its total number of grantees serving Native American communities. Now constituting 8 percent of the total grants, coalitions focusing on Native American communities represented the largest demographic increase in program participation in 2007.



Through the annual collection of Government Performance Results Act (GPRA) measures from each of the DFC grantees, the program is proving its ability to effectively mobilize community leaders to push back against local drug problems and achieve measurable results from their efforts. Moreover, through an increased focus on training and technical assistance to create sustainable environmental change, DFC grantees continue to improve their ability to prevent youth drug use.

## Educating Youth About the Dangers of Drug Use

Educating youth about the dangers of drug use is a fundamental component of our efforts to stop substance

abuse before it begins. The Substance Abuse Prevention and Treatment (SAPT) Block Grant provides Federal funding to support State and local substance abuse prevention and treatment programs. Twenty percent of the grant must be used for prevention activities. Education and information dissemination are among the required prevention strategies.

Analyses of expenditure information reported in the FY07 Block Grant applications for 60 States, Jurisdictions, and Territories show that applicants indicated they planned to spend 38.4 percent of their Prevention Set-Aside FY07 funds on education strategies and 13.6 percent on information dissemination strategies.

### SAPT-Funded Prevention Strategies

- *Alabama* has implemented several family strengthening programs that target the children of substance abusers and other families in which children and youth are at risk for abuse, neglect, delinquency, suicide, substance abuse, and mental health problems. The family-based prevention programs address parent training, conflict resolution, problem solving, character education, self-esteem building, self-understanding, setting and achieving goals, and building healthy family relationships and strong communication skills.
- *Oregon's* education strategies include a focus on parenting and family management, mentoring and peer-leader/peer-helper programs, and ongoing classroom presentations. The objectives of their strategies are to increase the skills of parents and peer helpers in setting appropriate rules, guidelines, and boundaries and to assist youth to develop skills that will aid in resisting alcohol and drug use.
- *Minnesota* funds statewide information clearinghouses focused on the general population as well as specific populations including the Minnesota Prevention Resource Center (MPRC); the South East Asian Prevention Intervention Network (SEAPIN); Chicanos Latinos Unidos en Servicio (CLUES Chicano/Latino Resource Center); the African American Family Services Prevention Resource Center; and the Minnesota Indian Women's Resource Center. These centers develop or procure culturally sensitive materials such as resource directories, media campaigns, brochures and other print materials, public service announcements, and video presentations. Information dissemination activities are directed toward the general public, educators, and community leadership organizations and agencies.
- *Puerto Rico* developed the prevention campaign: "Haz de tus hijos tu mejor proyecto de vida" ("Turn your children into your best life's project"). The second phase of the mass media campaign emphasized the development of positive parenting skills and the identification of risk and protective factors related to substance abuse. The campaign included workshops, conferences, and symposiums for the parents. A documentary bearing the name of the campaign was prepared for these workshops. Human behavior professionals and experts on family issues were used to present themes about positive parenting and substance abuse prevention to the parents. Other materials were prepared for the campaign and given to the participants in the workshops, including an educational pamphlet, a set of three (3) posters, and a bumper sticker with the campaign slogan. During FY04, a total of 76 videos, 47,080 pamphlets, 31,750 posters, and 58,000 bumper stickers were distributed among the Regional Prevention Centers and to professionals involved in other prevention projects in Puerto Rico.

## The National Youth Anti-Drug Media Campaign

Another feature integral to grassroots education and awareness is the work of the National Youth Anti-Drug Media Campaign. The National Youth Anti-Drug Media Campaign is a social marketing effort designed to prevent and reduce youth illicit drug use by increasing awareness of the consequences of drugs, changing youth attitudes toward drug use, and motivating adults to employ effective anti-drug strategies. The Campaign's contribution to the national prevention effort is to establish and reinforce pervasive anti-drug values.

The Campaign pursues the complementary goals of increasing the perception of risk and disapproval of drug use among teens, while encouraging parental involvement and monitoring, by integrating national paid advertising with public communications outreach to deliver clear, consistent, and credible anti-drug messages to impact

its target audiences. Approximately 74 percent of the Campaign's funding is allocated to purchase advertising time and space in youth, adult, and ethnic media outlets, including national and cable TV, radio, newspapers and other publications, out-of-home media (such as movies), and the Internet. Most of the advertising is created by the Partnership for a Drug-Free America, one of the Nation's most creative and effective advertising agencies.

The Media Campaign targets 12 to 17 year-olds with the key audience being 14 to 16 year-olds. The teen brand "Above the Influence" inspires teens to reject negative influences, specifically drug use, by appealing to their sense of individuality and independence. All television advertisements are subject to a rigorous process of qualitative and quantitative testing, ensuring, before they are ever broadcast, that the advertisements are credible and have the intended effect on awareness, attitudes, and behaviors.

### Media Campaign Anti-Methamphetamine Efforts

In 2007, the National Youth Anti-Drug Media Campaign launched a comprehensive Anti-Meth Campaign with targeted online, print, radio, and television advertising. The Campaign highlighted the danger methamphetamine poses to individuals, families, and communities and delivered a message of hope by focusing on stories from those in recovery as well as community leaders who are making progress in the fight against methamphetamine.

Though data trends show that the number of methamphetamine labs in the United States is declining, there is more work to be done. The Anti-Meth Campaign included three "Open Letter" print advertisements, which highlighted the effectiveness of methamphetamine treatment and community involvement and dispelled myths about the drug and who is using it. In addition to the "Open Letters," the Anti-Meth Campaign included a powerful photo exhibit entitled "Life After Meth," which featured a collection of moving testimonials and portraits of former methamphetamine users, law enforcement officials, and treatment providers. Elements of the collection are available for download by communities to use in local banner and radio advertisements at [www.methresources.gov](http://www.methresources.gov).

The paid portion of the Anti-Meth Campaign included targeted multiple-media advertising in eight States with especially high methamphetamine prevalence and treatment admission rates. The campaign in these States will continue through March 2008, thanks in large part to the public- and private-sector partners who have contributed resources to assist in this Campaign. Also in 2008, the results of a multiyear collaboration with the Departments of the Interior and of Health and Human Services as well as the Partnership for a Drug-Free America and the National Congress of American Indians will culminate with the release of a new public awareness advertising campaign targeting methamphetamine use in Native American communities.

Recovery from methamphetamine addiction is possible. As methamphetamine use declines, greater emphasis must be placed on the availability of treatment to ensure that individuals, families, and communities ravaged by methamphetamine can be successful at recovery.

Because teens report receiving far more pro-drug messages than anti-drug messages, the National Youth Anti-Drug Media Campaign works to refute pervasive myths and to counter pro-drug messages, including those extolled by drug legalization advocates, popular culture, and the Internet. The growing number of social networking sites and blogs, along with the presence of e-mail spam promoting illegal online pharmacies, increasingly expose teens to pro-drug information and to misinformation about the consequences of drug use. The Campaign provides information about the true dangers of abusing drugs and can combat the normalization of drug use, especially among youth. The Administration has proposed \$100 million for the Campaign to continue this vital mission in FY09.

Since 2002, the Campaign's primary focus has been on marijuana—a policy decision driven by a public health goal: delay onset of use of the first drugs of abuse (marijuana, tobacco, and alcohol) to reduce drug problems of any kind during teen years and into adulthood.

Marijuana continues to be the most prevalent and widely used illicit drug among youth, representing 88 percent of all lifetime teen illicit drug use. The Campaign's focus on marijuana is also consistent with HHS's Healthy People 2010 goals for the Nation, which includes reducing substance abuse and improving adolescent perception of the serious risks associated with drug use.

By focusing on marijuana and on the negative social consequences of drug use, the Campaign has significantly contributed to the overall reduction of teen marijuana use by 25 percent since 2001.

Still, young people are vulnerable to other drug challenges. Against the overall backdrop of declining drug use, there is new evidence of troubling trends regarding the abuse of prescription drugs among young people. In 2008, the Campaign will address this emerging drug threat by implementing a national campaign to inform parents about the risky and growing abuse of prescription drugs by young people. It will also continue its campaign to reduce the demand for methamphetamine in at-risk regions of the country.

Because teens largely access prescription drugs from family and friends, the Campaign will focus on educating parents on how they can limit diversion and reduce abuse of these powerful medicines. In addition to reaching parents through high-profile television, print, and Internet advertising, the Campaign will also target health and education professionals.

Among other measures, the Campaign will urge parents and other adults to safeguard drugs at home by monitoring quantities, controlling access, and setting clear rules for teens about all drug use, including the importance of following the provider's advice and dosages, properly concealing and disposing of old or unused drugs in the trash, and asking friends and family to safeguard their drugs.

## Fighting Pharmaceutical Diversion and Preventing Addiction

Prescription drug abuse has emerged as a new drug threat that requires a concerted response from every sector of our society. The trends are clear. In 2006, the latest year for which data are available, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. Admissions to treatment facilities for addiction to prescription drugs have risen steeply since the mid-1990s and now rank third among youth, behind marijuana and alcohol. Admissions to emergency departments for overdoses have also escalated in a similar timeframe. Abuse of opioid painkillers is of particular concern, because of the large number of users, the high addictive potential, and the potential to induce overdose or death.

A number of factors may contribute to the increased abuse of prescription drugs: many mistakenly believe that prescription drugs are safer to abuse than illicit street drugs; prescription drugs are relatively easy to obtain from friends and family; and many people are not aware of the potentially serious consequences of using prescription drugs nonmedically.

The Federal Government has taken steps to address this growing problem. Existing prevention programs such as the National Youth Anti-Drug Media Campaign and random student drug testing are enhancing awareness of the dangers of abusing prescription drugs and helping to identify young abusers who need help.

Other initiatives include collaborations among various Federal agencies. SAMHSA has begun point-of-purchase messaging targeted to prescription drugs that have high abuse potentials. Information about a drug's potential for diversion and abuse is listed on the reverse side of the information patients receive when picking up their prescription. During fall 2007, this pilot program was tested through 6,300 pharmacies nationwide.

## The Medical Marijuana Movement: Manipulation, Not Medicine

The Food and Drug Administration (FDA) is charged with testing and approving the safety and effectiveness of new medications before they are sold on the open market. The FDA has determined that the smoked form of marijuana is not an approved medicine. While smoked marijuana may allow patients to temporarily feel better, the medical community makes an important distinction between these feelings and the controlled delivery of pure pharmaceutical medication. In 1996, California became the first State to allow the use of marijuana for medical purposes. California’s Proposition 215, also known as the Compassionate Use Act of 1996, was intended to ensure that “seriously ill” residents of the State had access to marijuana for medical purposes, and to encourage Federal and State governments to take steps toward ensuring the safe and affordable distribution of the drug to patients in need.

California now has more than 12,000 registered medical marijuana cardholders and an estimated 310 medical marijuana dispensaries. The quantity of medical marijuana moving through each dispensary is staggering: conservative estimates suggest at least 500 pounds of marijuana per year per dispensary. This means 155,000 pounds of marijuana moved for “medical” purposes or 12.29 pounds of marijuana per registered patient. As approximately 1,200 marijuana cigarettes can be made per pound, each user would be provided with 14,734 marijuana cigarettes per year, or 41 marijuana cigarettes a day.

Many counties and cities in California are beginning to recognize the negative impact that dispensaries are having on their communities and are passing local ordinances that do not allow them. For example, the San Diego Police Department has received numerous citizen complaints regarding every dispensary operating in San Diego County. Typical complaints include:

- High levels of traffic to and from the dispensaries
- People loitering in the parking lot of the dispensaries
- People smoking marijuana in the parking lot of the dispensaries
- Vandalism near dispensaries
- Threats made by dispensary employees to employees of other businesses

Figure 10. San Diego Marijuana Dispensaries, Patients by Ailment

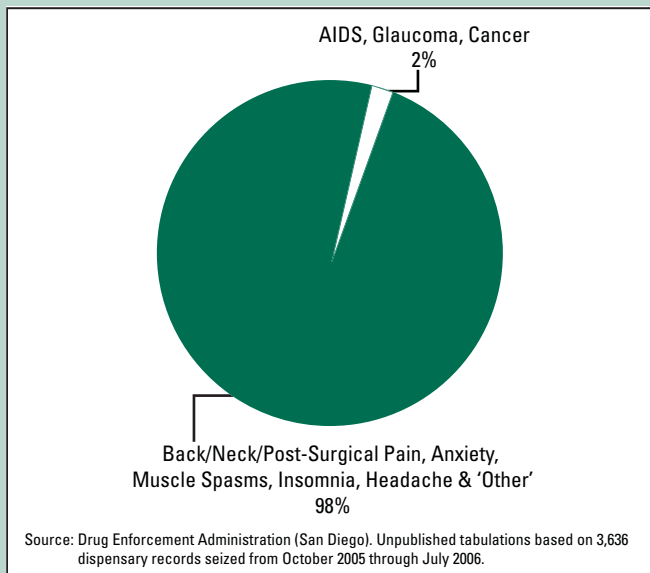
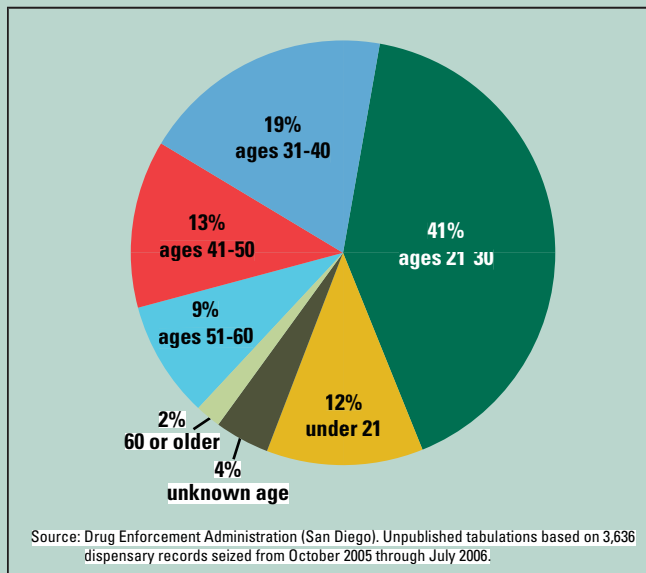


Figure 11. San Diego Marijuana Dispensaries, Patients by Age





## The Medical Marijuana Movement: Manipulation, Not Medicine *(continued)*

An analysis of 3,636 patient records seized at several dispensaries in San Diego show that half the customers purchasing marijuana from October 2005 through July 2006 were between the ages of 17 and 30, and only 2.05 percent of customers obtained physician recommendations for medical conditions such as glaucoma or cancer.

Many of the organizations that are supporting medical marijuana efforts have been trying to legalize marijuana and other drugs for over 20 years. The leaders of these organizations are by and large not from the medical community and are exploiting the terminally ill to reach their objective of legalizing illicit drugs (see Figures 10 and 11).

Proponents of medical marijuana legislation or ballot initiatives have generally offered testimonials, not scientific data, that smoked marijuana helps patients suffering from AIDS, cancer, and other painful diseases to “feel better.” The same report could be made by people, be they ill or healthy, who consume heroin or cocaine. But these claims are not, and never should be, the primary test for declaring a substance a recognized medication. The medical community routinely prescribes drugs with standardized modes of administration that are safe and have been shown to be effective at treating the ailments that marijuana proponents claim are relieved by smoking marijuana. Bioresearch and medical judgment, not the drug legalization lobby, should determine the safety and effectiveness of drugs in America.

Raising awareness with parents and relatives, as well as school and medical professionals, is essential to stem the tide of prescription drug abuse by teens. When responsible adults learn that the potential for abuse of prescription drugs is high, they can respond and prevent it. Prevention is a powerful tool, and adults are able to have a significant impact on the diversion occurring in their own homes merely by monitoring and controlling access to medications.

The Internet is another source of prescription drug diversion. Rogue online pharmacies provide controlled substances to individuals who either abuse the drugs themselves or sell them to others. To cut off this illicit source, the Administration has worked with Congress on legislation to stem the flow of controlled substances without a proper prescription and advocates a commonsense approach for the sale of controlled substances online. Unless certain exceptions apply, a face-to-face meeting is required in order for a licensed medical professional to dispense a controlled substance. With the abuse of prescription drugs at high levels, each step taken to prevent diversion is meaningful.

Several major cases have been brought against online pharmacies. In August 2007, Affpower, a business that allegedly generated more than \$126 million in gross sales from the illegal sale of prescription drugs, was indicted on 313 counts, as were 18 individuals. Also in August 2007, the owner of Xpress Pharmacy Direct was sen-

tenced to 360 months in Federal prison for operating an illegal online pharmacy. Through spam email and Web sites, Xpress Pharmacy Direct drove Web traffic to its site, which sold controlled drugs, like those containing hydrocodone, to individuals who did not have a legitimate prescription.

The Food and Drug Administration’s (FDA) Office of New Drugs and Center for Drug Evaluation and Research assesses new drugs for abuse potential and works with industry representatives to provide guidance in drug development.

The pharmaceutical industry has also played a role in helping address prescription drug abuse. When used properly and under a physician’s care, prescription drugs can be beneficial to those with legitimate medical needs.

However, recent trend analysis indicates that the diversion and abuse of prescription drugs is increasing. The pharmaceutical industry has responded. Many companies have undertaken research and development for abuse-resistant prescription drugs and have partnered with Federal agencies to assist in the promulgation of proper disposal guidelines for prescription drugs.

The help of the pharmaceutical industry has also been invaluable in many of the Drug Enforcement Administration's (DEA) prescription drug diversion investigations. In a recent case brought by the DEA with cooperation from the Federal Bureau of Investigation (FBI) and the Northern New Jersey High Intensity Drug Trafficking Area Task Force, a New Jersey doctor was found guilty of conspiracy to distribute oxycodone, the powerful painkiller contained in pills such as OxyContin and Percocet.

During the course of the investigation, two informants and an undercover agent bought almost 100 prescriptions for painkillers, which the doctor issued under false names and after coaching one of the informants for a specific diagnosis. Other participants in the scheme were also arrested, such as "patients" who purchased prescriptions from the doctor and then sold the pills for profit in Newark and surrounding areas.

### **The Ohio Prescription Monitoring Program: Improving Control and Improving Care**

In 2000, authorities in Ohio began to notice an influx of individuals from bordering States with the apparent purpose of doctor shopping (obtaining prescriptions from multiple physicians for the purpose of obtaining a larger than normal supply). It soon became clear that these individuals were overwhelmingly coming from States with electronic prescription drug monitoring programs. For example, in one prescription drug diversion case in central Ohio, it was noted that 86 percent of the patients involved were from Kentucky, a State with an established electronic prescription monitoring program. Only 7 percent were from Ohio. The Kentucky prescription monitoring program provided patient prescription information to physicians, and authorities believed that Kentucky residents engaged in doctor shopping were seeking to avoid detection by traveling to Ohio.

In 2002, the Ohio Compassionate Care Task Force convened to consider issues relating to chronic pain and terminal illness. The Task Force recommended that the State Board of Pharmacy establish and maintain a statewide computerized prescription monitoring program to be used by healthcare professionals to minimize inappropriate conduct by patients and to promote quality healthcare.

In 2005, Ohio Governor Bob Taft signed HB 377, authorizing the creation of an innovative prescription monitoring program. By October 2006, the Ohio Automated Rx Reporting System (OARRS) began allowing physicians and pharmacists to request patient prescription history reports.

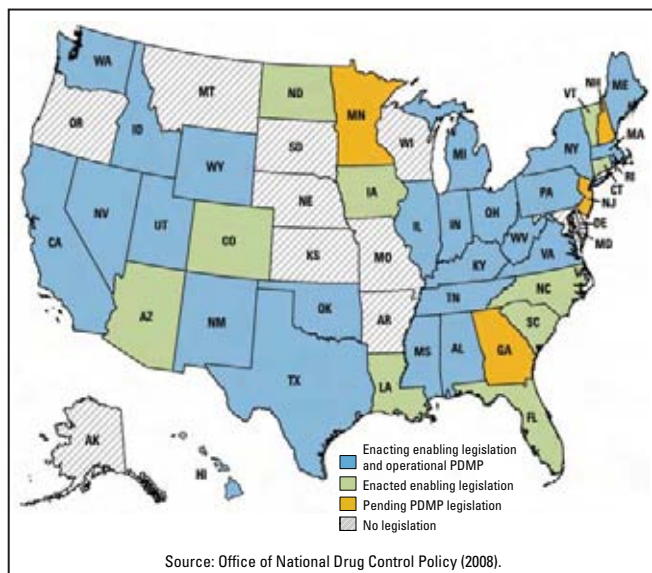
OARRS is now available via a secure web site 24 hours a day, 7 days a week, with physicians and pharmacists usually receiving their reports in less than 60 seconds. Nearly 4,000 prescribers, pharmacists, and law enforcement officers have registered with OARRS and have been vetted to receive data from the database containing nearly 30 million prescription records. Prescribers request 79 percent of the reports, pharmacists request 17 percent, and law enforcement (including regulatory agencies) represent 4 percent of requests.

Contrary to the predictions of early critics who were concerned that the program would cause prescribers to write fewer prescriptions, the number of prescriptions dispensed by Ohio pharmacies continues to rise every quarter. In fact, physicians say they now feel more comfortable prescribing controlled substances to patients because they can validate the patient's verbal drug history by requesting an OARRS report.

Looking ahead, Ohio and Kentucky are working on a pilot project, funded by the Department of Justice's Bureau of Justice Assistance, to make it easier for physicians in one State to exchange information with physicians in another. In many cases, patient care will be enhanced by making data from multiple States available with one request. After the pilot proves the technological feasibility of this data-sharing, Ohio plans to work with Kentucky and other States to create a fully functioning technical resource to improve access to prescription information.

States have made critical contributions to combat prescription drug diversion through implementation of Prescription Drug Monitoring Programs (PDMPs). PDMPs track controlled substances and are implemented at the State level. At the end of 2007, 35 States had enacted enabling legislation to create or had already created PDMPs. Federal assistance for PDMPs is also available. States may apply to the Department of Justice for Federal grant funding to set up PDMPs. In many cases, members of both the law enforcement and medical communities may access a State's database, providing important safeguards to pharmacists at the point of sale to prevent prescription fraud and doctor-shopping.

Figure 12.  
**Prescription Drug Monitoring Program Status  
as of January 2008**



## Extreme Ecstasy: The Rising Threat from MDMA (Ecstasy) and Methamphetamine Mixtures

Recent lab analyses, both in the United States and Canada, have found that a significant percentage of samples of seized MDMA (Methylenedioxymethamphetamine, commonly known as Ecstasy) contain methamphetamine. MDMA is a dangerous drug in and of itself—and can be fatal. It becomes even more dangerous when mixed with methamphetamine and consumed by unknowing, often

young, individuals. Further, although MDMA use is still far below the peak levels of 2003, consumption of the drug has begun to rebound.

Just a few short years ago much of the MDMA consumed in the United States was produced in Europe. However, exports of MDMA from the Netherlands and Belgium to the United States have decreased dramatically as a result of effective law enforcement cooperation with U.S. agencies. Demand for the drug also decreased after a widespread education campaign was undertaken to warn users of the dangers of MDMA. Unfortunately, Asian organized criminal groups based in Canada have stepped in to fill the void. These groups have become major producers of synthetic drugs, including MDMA, for both the Canadian and U.S. markets. Canadian-based Asian organized criminal groups often smuggle the drug across the border with shipments of a more traditional Canadian import—high potency marijuana.

In 2006, 1,234 of 2,237 MDMA samples (55 percent) analyzed by DEA contained methamphetamine. A similar trend was found in the first half of 2007. It is likely that traffickers are adding methamphetamine to MDMA intentionally to increase profits and the potential for addiction. Regardless of their intent, traffickers are marketing a new and dangerous substance to our youth. In response, Federal law enforcement agencies have been working with the Royal Canadian Mounted Police to put greater pressure on Canadian Ecstasy producers through increased intelligence sharing and coordinated enforcement operations such as *Operations Candy Box*, *Sweet Tooth*, *Triple Play*, and *Polar Express*. U.S. and Canadian law enforcement agencies are also enhancing their coordination through the National Methamphetamine and Chemicals Initiative (NMCI), which has become an unparalleled mechanism for enhancing law enforcement efforts aimed at all synthetic drugs and, increasingly, pharmaceutical diversion. As with the battle waged against MDMA several years ago, public education is a key component to alert potential users to this dangerous new form of the drug.