National Legal and Policy Center
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**Via Certified Mail #7005 1160 0004 8558 3687**

June 9, 2006

Mr. Mark Weber
Associate Administrator for Communications
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Re: Request for Correction of Erroneous Information Under the Data Quality Act

Dear Mr. Weber:

The National Legal and Policy Center (NLPC) brings this information quality request for correction of erroneous information disseminated by the Substance Abuse and Mental Health Administration's (SAMHSA) National Clearinghouse for Alcohol and Drug Information (NCADI) concerning the relative risks of using smokeless tobacco compared to smoking cigarettes. The erroneous information violates the Data Quality Act (DQA),[1] the implementing guidelines issued by the Office of Management and Budget (OMB Guidelines),[2] the Department of Health and Human Services (HHS Guidelines),[3] and the Substance Abuse and Mental Health Services (SAMHSA Guidelines).[4]

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[1] Pub. L. 106-554, amending Paperwork Reduction Act, 44 U.S.C. §§ 3501et seq.

[2] Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies; Notice; Republication, 67 Fed. Reg. 8452 (Feb. 22, 2002), *available at* www.whitehouse.gov/omb/fedreg/reproducible2.pdf.

[3] Guidelines for Ensuring the Quality of Information Disseminated by HHS Agencies, *available at* www.hhs.gov/infoquality.

[4] Guidelines for Ensuring the Quality of Information Disseminated to the Public, *available at* www.hhs.gov/infoquality/Guidelines/SAMSHAinfo2.shtml.

## I. Overview

The erroneous information can be accessed on the Internet at http://ncadi.samhsa.gov/about/faq.aspx. A copy of the material cited is attached at Tab A.

The information appears in a section entitled "Frequently Asked Questions About Substance Abuse."

Under the section subtitled "Tobacco," the following appears:

**Isn't smokeless tobacco safer to use than cigarettes?**

**No. There is no safe form of tobacco. Smokeless tobacco can cause mouth, cheek, throat, and stomach cancer. Smokeless tobacco users are 50 times more likely to get oral cancer than non-users. Those smokeless tobacco users who don't develop some type of cancer are still likely to have signs of use, like stained teeth, bad breath, and mouth sores.**

The initial response that smokeless tobacco is not safer than cigarettes is patently erroneous and is not supported by the weight of sound science. In fact, there is a substantial body of scientific consensus to the opposite: that the use of smokeless tobacco involves significantly less risks of adverse health effects than cigarette smoking.

The government's dissemination of this erroneous information has serious ramifications. No information is more important to consumers than information about health, and when a federal agency is the source of that information, the public believes it and relies upon it. If it is not accurate, it can do damage, both to the public health in general and to individuals who act, or fail to act, upon the misinformation.

The misinformation at issue here equates the relative risks of smokeless tobacco to that of cigarette smoking. It misleads consumers, and denies them the opportunity to make informed choices about the tobacco products they use, and the alternatives available for reducing their risks.

Moreover, when a substantially similar claim was made by the National Institute for Aging, a part of the National Institute for Health and – as with SAMHSA – part of the Department of Health and Human Services, the National Legal and Policy Center filed a formal request for correction of erroneous information under the Data Quality Act. The printed statement to which NLPC objected was:

> **"Some people think smokeless tobacco (chewing tobacco and snuff), pipes, and cigars are safer than cigarettes. They are not."**

The NLPC DQA complaint focused its objection to the portion of the statement which declared that smokeless tobacco was not safer than smoking cigarettes.

After a thorough review, the National Institute for Aging responded in a letter from Jane E. Shure, Director of the Office of Communications and Public Liaison dated June 29, 2004:

> **"In response to your Request we carefully reviewed scientific literature on the subject of smokeless tobacco. Because NIA is committed to providing precise and scientifically accurate information we have decided to discard our existing inventory of *Smoking: It's Never Too Late to Stop.* We will print a new edition that is a more current statement of evidence-based information. The updated language on smokeless tobacco will be immediately reflected on our web version."**

Even more pointed is the fact that when the Substance Abuse and Mental Health Administration's (SAMHSA) National Clearinghouse for Alcohol and Drug Information (NCADI) made a virtually identical claim in information appearing in both a brochure and on the internet last year, the National Legal and Policy Center filed a Data Quality Act complaint with your office making the case that the statement that smokeless tobacco was not safer to use than smoking cigarettes. A copy of NLPC's complaint, dated December 12, 2005 is posted on the internet at http://aspe.hhs.gov/infoQuality/request&response/26a.pdf

On May 11, 2006, NLPC received a letter in response to its complaint which in relevant part stated:

> **"In response to your request, we have removed the publication from our website and have ceased distribution of all hard copies."**

A copy of that letter accompanies this letter as Tab B for ready reference.

I believe that any comparison of the issues between the instant complaint and the one which NLPC filed in December 2005 would result in a conclusion that the issues are not just similar, they are identical. Add to that the fact that the information being questioned in both cases comes from SAMHSA's NCADI, the complainant is the same and the respondent is the same, I would expect a fairly expeditious and identical result.

Given the consequences of disseminating this erroneous information, SAMHSA should act quickly to correct the information. Further, it should take steps to notify consumers of the error so they do not continue to make decisions involving their health based on inaccurate information. Lingering misperceptions can only be corrected by such measures.

Below is a fuller discussion of the grounds for this request. Pursuant to SAMHSA Guidelines, the following topics are addressed: (a) the reasons for believing the information is erroneous and fails to comply with OMB, HHS, and SAMHSA Guidelines; (b) recommendations as to what corrective actions should be taken; and (c) a description of how the requester is affected by the information error.

## II. Why the Disseminated Information is Erroneous and Fails to Comply with Data Quality Guidelines

### A. The Disseminated Information is Contradicted by Sound Science

The statement being challenged here is only the claim that use of smokeless tobacco is not less harmful than smoking cigarettes. No challenge is being made at this time to statements that smokeless tobacco is not safe.

There is no sound scientific research to support the challenged claim. In fact, there is a substantial body of scientific opinion that the health risks from using smokeless tobacco available in the United States today are dramatically less than from smoking cigarettes.

Scientific research supports the following findings regarding the comparative heath risks between cigarettes and smokeless tobacco products in the U.S. and Sweden:

- Although some studies show that smokeless tobacco products are not "safe," "the overall risk is lower than for cigarette smoking, and some products such as Swedish snus may have no increased risk."[5] In fact, a group of renowned scientists reported recently that they are confident that the evidence base supports a conclusion that, on average, "Scandinavian or American smokeless tobaccos are at least 90% less hazardous than cigarette smoking."[6]

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[5] Stratton K, Shetty P, Wallace R, Bondurant S (eds.) Clearing the smoke. Assessing the science base for tobacco harm reduction. Institute of Medicine. National Academy Press, Washington, D.C., 2001, at p. 434. *See also* Henningfield JE, Fagerström KO. Swedish Match Company, Swedish snus and public health: a harm reduction experiment in progress? *Tobacco Control* 2001; 10: 253-257; Johnson N. Tobacco use and oral cancer: A global perspective. *J Dent Educ* 2001; 65: 328-339; Fagerström KO, Ramström L. Can smokeless tobacco rid us of tobacco smoke? *Am J Med* 1998; 104; 501-503; Tobacco Advisory Group of the Royal College of Physicians of London, Protecting Smokers, Saving Lives: The Case for a Tobacco and Nicotine Regulatory Authority, 2002, at p. 5. Kozlowski L. Harm reduction, public health, and human rights: Smokers have a right to be informed of significant harm reduction options. *Nicotine & Tobacco Research* 2002; 4: (suppl 2): S55-S60.

[6] Bates C, Fagerström K, Jarvis M, Kunze M, McNeill A, Ramström L. European Union policy on smokeless tobacco. A statement in favor of evidence-based regulation for public health. February 2003, *available at* http://www.ash.org.uk/html/regulation/html/eusmokeless.html. The mortality risk of smokeless tobacco is

- Swedish men, who prefer a form of moist snuff, called "snus" over cigarettes, experience Europe's lowest risk of dying from a smoking-related disease, and benefit from Europe's lowest rates of lung cancer, larynx cancer, oral cavity cancer and bladder cancer.[7]

- With respect to cardiovascular risks, the adverse effects of smokeless tobacco are much less than from cigarette smoking.[8]

- Cigarette smoking harms non-users through exposure to second hand tobacco smoke, whereas smokeless tobacco eliminates such risks to others because it produces no second hand smoke.[9]

## B. The Information Fails to Comply with the Data Quality Act and OMB, HHS and SAMHSA Guidelines

The erroneous statement at issue here violates the general standards of objectivity and utility, as well as the higher standards of quality for "influential scientific information," that are required by the guidelines of OMB, HHS and SAMHSA.

### 1. Objectivity Standard

All three guidelines require objectivity in both "presentation and substance."[10] This means information must be presented in an "accurate, clear, complete and unbiased manner,"[11]

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viewed by some to be only about two percent that of cigarette smoking. *See e.g.*, Rodu B, Cole P. Nicotine maintenance for inveterate smokers. *Technology* 1999; 6:17-21.

[7] *See e.g.*, Wilson, C. My friend nicotine. *New Scientist* 2001; 10: 28-31; Cole P, Rodu B. Analytic Epidemiology: cancer causes. *Cancer: Principles & Practice of Oncology*. Lippincott Williams & Wilkins, Pennsylvania 2001: 241-252.

[8] *See e.g.*, Huhtasaari F, Lundberg V, Eliasson M, Janlert U, Asplund K. Smokeless tobacco as a possible risk factor for myocardial infarction: A population-based study in middle-aged men. *J Am Coll Cardiol* 1999; 34: 1784-1790; Benowitz NL. Medical implications. In: Davis RM (ed). Smoking cessation: Alternative strategies. Session III: Implications of alternative treatment goals. In: *Tobacco Control* 1995; 4: (suppl 2): S44-S48; Bates C, "Harm Reduction and Smokeless Tobacco," (presentation at the 3rd International Conference on Smokeless Tobacco, Stockholm, Sweden, September 2002).

[9] Shiffman S, Gitchell J, Warner K, Slade J, Henningfield J, Pinney J. Tobacco harm reduction: Conceptual structure and nomenclature for analysis and research. *Nicotine & Tobacco Research* 2002; S113-S129.

[10] *See e.g.*, OMB Guidelines, V.3., 67 Fed. Reg. at 8459.

and must be based on "accurate, reliable and unbiased" information.[12] In addition, HHS Guidelines provide that information in a "scientific context" must have supporting data that has been generated and analyzed "using sound statistical and research methods."[13] Further, the misinformation contained in the SAMHSA web page does not cite specific studies or evidence on which it relies. As a result, there is no way to verify the accuracy of the statements. This is especially troublesome in light of OMB's recent emphasis on the importance of peer reviews.[14] The OMB Bulletin on Peer Review and Information Quality proposes that peer reviews be conducted for the "most important scientific information regarding regulatory policy."[15]

The statements at issue here qualify as "most important scientific information" for two reasons. First, they are "influential," as discussed below. Second, they relate to the agency's position on smokeless tobacco generally which impact the decisions of the millions of adults who wish to quit smoking cigarettes. As discussed above, there is a growing scientific consensus that smokeless tobacco is significantly less hazardous than cigarettes. Peer review of any evidence to the contrary would demonstrate that the information contained in the "AGE Page" is incorrect and adversely impacts those who view it.

SAMHSA's statements published in the document and on the web site about the comparative risks of smoking and smokeless tobacco fail these tests of objectivity. As discussed above, the information is neither accurate nor presented in a clear, accurate and complete manner. The information is contradicted by reliable scientific opinion, and the manner of presentation is misleading to consumers.

**2. Utility Standard**

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11 *Id.* at V.3.a.

12 *Id.* at V.3.b.

13 HHS Guidelines, Part I.D.2.c.

14 *See* Proposed Bulletin on Peer Review and Information Quality, 68 Fed. Reg. 54023 (Sept. 15, 2003)[hereinafter OMB Bulletin].

15 *Id.* at 54026.

All three guidelines require that disseminated information be useful to its intended users, including the public. In the case at hand, the erroneous information is not only not useful for this purpose, it is harmful to members of the public who rely on this misinformation to make decisions that are ultimately deleterious to their health.

### 3. Standard for "Influential Scientific Information"

Under the OMB Guidelines, the information at issue here must meet a higher standard of quality for information, because it falls into the category of "influential scientific information."[16, 17] Similarly, in its Guidelines, SAMHSA states that it "will ensure that disseminated information meets the standards of quality set forth in the OMB, HHS and SAMHSA guidelines. It is SAMHSA's policy to ensure and maximize the quality, objectivity, utility, and integrity of information that it disseminates to the public."[18] The statements at issue here constitute, "influential scientific information" because private individuals will rely on these statements - made by a government agency focused on public health - as they make choices about the comparative health risks of smoking cigarettes versus using smokeless tobacco.

This higher standard applies to information which the agency can reasonably determine will have a clear and substantial impact on important public policies or important private sector decisions, *or will have important consequences for specific health practices.*

The statement challenged here, which appears in a publication and on a web site designed to offer recommendations about public health, falls squarely into the category of "Recommendations about Health Practices." It also has "important consequences for specific health practices," since its very aim is to influence consumers to make health-related decisions about their use of tobacco products. This is exactly the kind of influential public health information that the Guidelines require be supported by rigorous scientific standards. SAMHSA has fallen far short of meeting such standards.

## III. Recommended Corrective Action

### A. Correction of Erroneous Information

The SAMHSA's publication and web site (Tab A) should be revised in the following ways:

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[16] *Id.* At V.3.b. ii. The standard requires "a high degree of transparency about data and methods to facilitate the reproducibility of such information by qualified third parties."

[17] *Id.* at V.9. "'Influential', when used in the phrase 'influential scientific ... information' means that the agency can reasonably determine that dissemination of the information will have ... a substantial impact on important private sector decisions."

[18] SAMHSA Guidelines for Ensuring the Quality of Information Disseminated to the Public, at I

- The current question – if it remains as written ("Isn't smokeless tobacco safer to use than cigarettes?") must be answered "Yes."

- A new paragraph should be added with the heading: "Smokeless Tobacco is Significantly Less Hazardous than Smoking." In the text that follows the heading, accurate information should be provided about the risks of smokeless tobacco, including the relative risks of smokeless tobacco compared to smoking. Text along the following lines should be included: "The use of smokeless tobacco available in the United States today involves significantly less risk of adverse health effects than cigarette smoking. Those who do not or cannot quit smoking, and for whom nicotine replacement therapy is not a satisfactory solution, should consider switching completely from smoking cigarettes to using smokeless tobacco as a harm reduction alternative."

It is not sufficient simply to rewrite the text of the document to omit any reference to the relative risks of smokeless tobacco compared to cigarettes. This would do nothing to correct the misimpressions about the relative risks of smokeless tobacco created by the erroneous text. Such corrective action is needed where the misleading information affects individual adult decisions which could have a significant impact on their health.

### B. Public Notice of Correction

Given the potential adverse consequences of widely disseminating erroneous information about the relative risks of tobacco products, and the difficulty of identifying those members of the public who received the information, this is a case where SAMHSA should issue a press release to correct the error. In addition, the SAMHSA should provide notice of the error and correction on the home page of its web site for a sufficient period of time to reach those repeat visitors to the site who may have received the erroneous information.

## IV. Requester is Adversely Affected by the Information Error

The National Legal and Policy Center (NLPC) has demonstrated a long commitment to promoting open, accountable and ethical practices related to health care policy. NLPC was one of the groups which successfully challenged the illegal secrecy of President Clinton's Health Care Task Force in federal court in 1993. In 1996, NLPC filed more than 650 Freedom of Information Act requests with the Food and Drug Administration. The information obtained regarding improprieties at the FDA was covered in a nationwide Associated Press article and the FDA Commissioner announced his intended resignation shortly after the AP story ran.[19] NLPC seeks to add reason and balance to debates about public health issues and to bring common sense views on these issues to the public.

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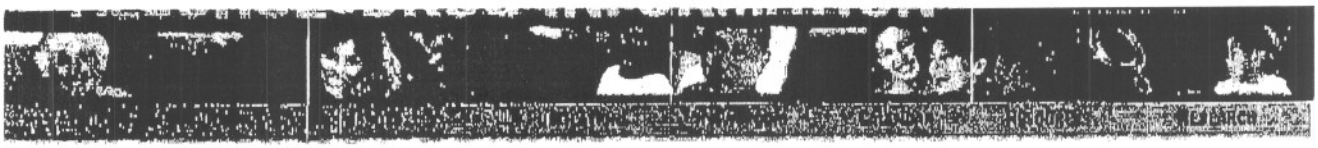
[19] "Study Shows FDA Chief's Expenses Were Padded," *The Washington Times*, Associated Press, Saturday, Nov. 2, 1996, page A3

The SAMHSA's dissemination of erroneous information about the relative risks of smokeless tobacco, which contributes to widespread public misperceptions about such risks, adversely affects the efforts of the National Legal and Policy Center (a) to ensure that the public receives common sense views on smokeless tobacco, based on reliable scientific evidence, and (b) to encourage debate in the public health community on the use of smokeless tobacco as a harm reduction alternative to smoking cigarettes.

We appreciate your consideration of this request. We believe it raises issues of significant public interest and deserves your prompt attention and careful consideration.

Sincerely,

Kenneth F. Boehm
Chairman



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# Frequently Asked Questions About Substance Abuse



## Alcohol

**Aren't beer and wine "safer" than liquor?**
No. One 12-ounce beer has about as much alcohol as a 1.5-ounce shot of liquor, a 5-ounce glass of wine, or a wine cooler.

**Why can't teens drink if their parents can?**
Teens' bodies are still developing and alcohol has a greater impact on their physical and mental well-being. For example, people who begin drinking before age 15 are four times more likely to develop alcoholism than those who begin at age 21.

**How can I say no to alcohol? I'm afraid I won't fit in.**
Remember, you're in good company. The majority of teens don't drink alcohol. Also, it's not as hard to refuse as you might think. Try: "No thanks," "I don't drink," or "I'm not interested.

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**What is the difference between Alcohol Abuse and Alcoholism?**
Alcoholism, which is also known as "alcohol dependence syndrome," is a disease that is characterized by the following elements:

- Craving: A strong need, or compulsion, to drink.
- Loss of control: The frequent inability to stop drinking once a person has begun.
- Physical dependence: The occurrence of withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, when alcohol use is stopped after a period of heavy drinking. These symptoms are usually relieved by drinking alcohol or by taking another sedative drug.
- Tolerance: The need for increasing amounts of alcohol in order to get "high."

Alcoholism has little to do with what kind of alcohol one drinks, how long one has been drinking, or even exactly how much alcohol one consumes. But it has a great deal to do with a person's uncontrollable need for alcohol. This description of alcoholism helps us understand why most alcoholics can't just "use a little willpower" to stop drinking. He or she is frequently in the grip of a powerful craving for alcohol, a need that can feel as strong as the need for food or water. While some people are able to recover without help, the majority of alcoholic individuals need outside assistance to recover from their disease.

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With support and treatment, many individuals are able to stop drinking and rebuild their lives. Many people wonder: Why can some individuals use alcohol without problems, while others are utterly unable to control their drinking? Recent research supported by NIAAA has demonstrated that for many people, a vulnerability to alcoholism is inherited. Yet it is important to recognize that aspects of a person's environment, such as peer influences and the availability of alcohol, also are significant influences. Both inherited and environmental influences are called "risk factors." But risk is not destiny. Just because alcoholism tends to run in families doesn't mean that a child of an alcoholic parent will automatically develop alcoholism.

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**What is Alcohol Abuse?**
Alcohol abuse differs from alcoholism in that it does not include an extremely strong craving for alcohol, loss of control, or physical dependence. In addition, alcohol abuse is less likely than alcoholism to include tolerance (the need for increasing amounts of alcohol to get "high"). Alcohol abuse is defined as a pattern of drinking that is accompanied by one or more of the following situations within a 12-month period:

- Failure to fulfill major work, school, or home responsibilities;
- Drinking in situations that are physically dangerous, such as while driving a car or operating machinery;
- Recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk;
- Continued drinking despite having ongoing relationship problems that are caused or worsened by the effects of alcohol. While alcohol abuse is basically different from alcoholism, it is important to note that many effects of alcohol abuse are also experienced by alcoholics.

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## Club Drugs

**If you were in a club and somebody slipped a club drug into your drink, wouldn't you realize it immediately?**
Probably not. Most club drugs are odorless and tasteless. Some are made into a powder form that makes it easier to slip into a drink and dissolve without a person's knowledge. That is why some of these drugs have been called "date rape" drugs—because there have been increasing reports of club drugs being used in sexual assaults.

**Are there any long-term effects of taking ecstasy?**
Yes. Studies on both humans and animals have proven that regular use of ecstasy produces long-lasting, perhaps permanent damage to the brain's ability to think and store memories.

**If you took a club drug at a rave, wouldn't you just dance off all of its effects?**
Not necessarily. The stimulant effects of drugs like ecstasy that allow the user to dance for long periods of time, combined with the hot, crowded conditions usually found at raves, can lead to extreme dehydration and even heart or kidney failure. In addition, some of ecstasy's effects, like confusion, depression, anxiety, paranoia, and sleep problems, have been reported to occur even weeks after the drug is taken.

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## Marijuana

**Isn't smoking marijuana less dangerous than smoking cigarettes?**
No. It's even worse. One joint affects the lungs as much as four cigarettes.

**Can people become addicted to marijuana?**
Yes. Research confirms you can become hooked on marijuana.

**Can marijuana help cure cancer?**
No. Some people with cancer, HIV/AIDS, and other diseases claim to experience relief from pain and other symptoms that they attribute to marijuana use. However, scientific research has not yet confirmed these

benefits and more research on this topic is being done. What is known is that smoking marijuana can cause lung damage.

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## Tobacco

**Doesn't smoking help you relax?**
No. Smoking can actually increase feelings of stress and nervousness. Break the cycle: Use drug-free strategies to calm your nerves like exercise and talking to your friends.

**Isn't smokeless tobacco safer to use than cigarettes?**
No. There is no safe form of tobacco. Smokeless tobacco can cause mouth, cheek, throat, and stomach cancer. Smokeless tobacco users are 50 times more likely to get oral cancer than non-users. Those smokeless tobacco users who don't develop some type of cancer are still likely to have signs of use, like stained teeth, bad breath, and mouth sores.

**Isn't smoking sexy?**
Only if you think bad breath, smelly hair, yellow fingers, and coughing are sexy. Advertisements often portray smoking as glamorous and sophisticated, but think carefully about who created these ads and why.

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## Cocaine

**Is cocaine really still a problem?**
Yes. While the number of cocaine users has decreased from what was witnessed in the mid-1980's, there have been nearly 2 million cocaine users every year since 1992.

**Isn't crack less addictive than cocaine because it doesn't stay in your body very long?**
No. Both cocaine and crack are powerfully addictive. The length of time it stays in your body doesn't change that.

**Don't some people use cocaine to feel good?**
Any positive feelings are fleeting and are usually followed by some very bad feelings, like paranoia and intense cravings. Cocaine may give users a temporary illusion of power and energy, but it often leaves them unable to function emotionally, physically, and sexually.

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## Inhalants

**Since inhalants are found in household products, aren't they safe?**
No. Even though household products like glue and air freshener have legal, useful purposes, when they are used as inhalants they are harmful and dangerous. These products are not intended to be inhaled.

**Doesn't it take many "huffs" before you're in danger?**
No. One "huff" of an inhalant can kill you. Or the 10th. Or the 100th. Every huff can be dangerous. Even if you have huffed before without experiencing a problem, there's no way of knowing how the next huff will affect you.

**Can inhalants make me lose control?**
Yes. Inhalants affect your brain and can cause you to suddenly engage in violent, or even deadly, behavior. You could hurt yourself or the people you love.

**What can I do to keep my child from using alcohol, tobacco, and illicit drugs?**

- Learn the facts about substance abuse
- Talk with your child about the dangers of alcohol, tobacco, and drugs
- Get to know your child's friends
- Teach your child that substance use is not the road to a glamorous lifestyle
- Be the best role model you can

**What substance abuse prevention program materials do you have that I could use in my home, classroom, community, or at work?**
SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) stocks many materials that everyone can use to improve their communities. Whether you want to focus on a particular issue, such as alcoholism or teen smoking, or you want to target a particular population, such as adolescent girls or a particular racial group, we have information that can help.

**Are some people more likely to develop problems with substance abuse than others?**
Yes, CSAP finds that certain populations are at higher risk for substance abuse, particularly those with family members who abuse alcohol, tobacco, and drugs.

Some warning signs for youth are that they:

- have no positive, consistent adult role models
- are doing poorly in school
- are involved in delinquent behavior and/or belong to gangs, and/or
- live with substance-abusing parents or have parents in the criminal justice system

Warning signs for adults include:

- a family history of alcohol and/or substance abuse, and/or
- peers who use illegal substances or who use alcohol excessively

**Why should we continue to spend tax money on the prevention of alcohol, tobacco, and illicit drug problems?**
Prevention works! Substance abuse problems not only cause health problems and heartbreak, they cost Americans money. For every dollar spent on drug abuse prevention, communities can save 4 to 5 dollars in costs for drug abuse treatment and counseling.*

**What if we're past the prevention stage? Someone I know has already begun abusing alcohol or using illicit drugs. What can I do?**
If you or someone you know needs help with an existing problem, call 1-800-662-HELP and talk to a professional counselor who specializes in your area of concern.

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