

Stopping Initiation

The past eight years have shown that comprehensive and balanced drug policies can reduce the scale of both drug use and drug markets. Demand and supply reduction activities, including evidence-based prevention and early intervention programs, have resulted in fewer first time illicit drug users, significant reductions in youth drug use, and an increased perception of the health and social consequences associated with drug use.

Programs such as the Drug Free Communities Support Program, Random Student Drug Testing, the National Youth Anti-Drug Media Campaign, and Prescription Drug Monitoring Programs have contributed greatly to these outcomes and will continue to help drive down illegal drug use in America in 2009.

Supporting Community Level Prevention Efforts

Every day, in towns and cities across the United States, parents, teachers, coaches, community leaders, law enforcement officials, and others are pushing back against illegal drug use. Among the most effective and sustainable measures are those that reduce the factors that can lead to drug use, including drinking, and strengthen the factors that can contribute to healthy communities. Now in its 11th year, the Drug Free Communities Support Program has helped hundreds of communities in their efforts to bring about sustainable changes in youth substance use at the local level.

Drug Free Communities Program

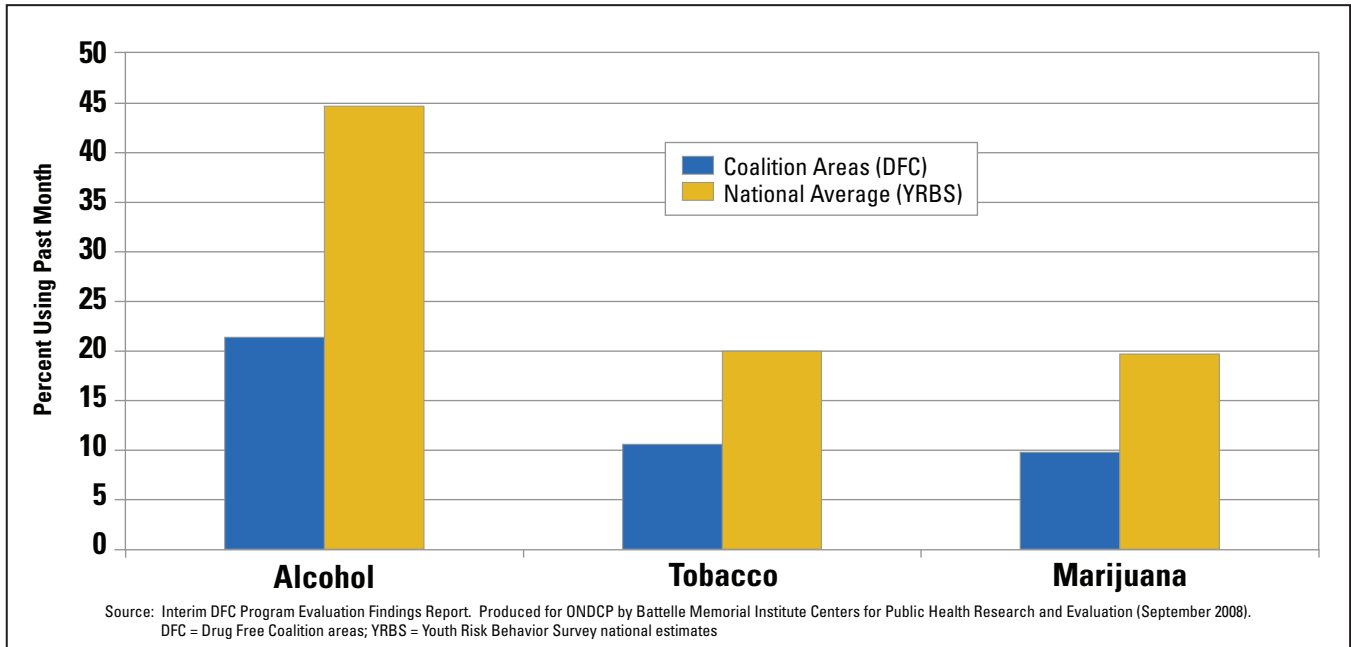
Drug Free Community (DFC) grants are designed to reduce substance use, including alcohol and tobacco, among youth, and to strengthen collaboration among various sectors in communities across America. Administered by the Office of National Drug Control Policy (ONDCP), and in partnership with the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) through an interagency

agreement, the program embodies the Administration's dedication to supporting the united efforts of young people, parents, educators, non-profits, law enforcement, employers, and other key constituents at the local level. The DFC program currently funds 769 grassroots community coalitions in all 50 States, the District of Columbia, Puerto Rico, Palau, American Samoa, and the U.S. Virgin Islands, with grants up to \$125,000 per year for 5 years.

Since 1997, the program has awarded an estimated \$450 million to prevent youth drug use. In 2009, DFC will initiate a five-year training plan for its grantees. In a public-private partnership between ONDCP, SAMHSA, and the National Coalition Institute at the Community Anti-Drug Coalitions of America, this plan is designed to ensure that all grantees have access to the valuable training they need, when they need it. This training will provide coalitions with important information on sustainability, cultural competence, and organizational management.

In September 2008, ONDCP released the findings of a national cross-site evaluation of the DFC program. After more than four years of research conducted by Battelle Memorial Institute's Centers for Public Health Research and Evaluation, it is now clear that DFC-funded coalitions are reducing youth drug use at a faster pace than non-funded communities across the country. DFC-funded communities also have lower instances of youth use of tobacco, alcohol, and marijuana, when compared to the national average. Evaluators are now able to point to research findings that show the DFC model as an effective tool in reducing youth drug use at the community level. ONDCP will continue its evaluation of the DFC program to try to determine the specific factors that contributed to the success of these grantee communities.

Figure 3.
Past Month Youth Substance Use Rates in Coalition Areas are Significantly Lower than the National Average in 2007



Public and Private Sector Collaboration

DFC illustrates how strategic partnerships between the public and private sectors can bring about measurable and sustained changes in substance use in our communities. Recognizing the importance of helping communities address local issues, ONDCP also has been working closely with service organizations, such as Lions Clubs International, to promote prevention activities in schools and communities, particularly those aimed at youth. Lions are helping to host community forums on substance use prevention, provide substance use prevention training for teachers, disseminate information about prescription drug abuse and brief interventions for substance use nationwide, and are working with ONDCP, the Bureau of Indian Affairs, and Native American tribal leadership to sponsor effective prevention activities.

These collaborations offer an opportunity to capitalize on the knowledge, resources, and relationships that regional and local organizations have with their communities. In 2009, ONDCP and Lions will explore additional opportunities to further community prevention and youth outreach efforts.

Strategic Prevention Framework

The Federal Government supports community efforts in a number of other ways. For example, SAMHSA developed the Strategic Prevention Framework (SPF) to help communities improve prevention activities and strategies and to provide a methodology that States and communities can use to implement system and service changes. Importantly, the Framework recognizes the value of the bottom-up approach in promoting community-based behavior change. When fully implemented at the State level, the Framework helps foster the development of a comprehensive State prevention strategy. At the community level, the Framework supports the development of comprehensive multiple-sector, multiple-strategy plans that reduce substance use and its related problems in the communities themselves.

To help States, communities, and tribal organizations implement the SPF and focus resources, SAMHSA awards SPF State Incentive Grants (SPF SIGs). SPF SIGs also provide resources for prevention activities and facilitate improvements in systems to help ensure the Substance Abuse Prevention and Treatment Block Grant achieves direct and measurable changes in the area of substance use. Since 2004, 42 grants have been awarded. In 2008, a new grant opportunity was announced, with funding available to support approximately 20 new awards.

Targeted Substance Use Prevention

In Schools

When it comes to alcohol and drugs, young people are especially vulnerable, in part because of the significant health and social consequences of early drug use and drug-using behavior. Consequently, youth should be provided with an array of prevention activities—from an evidence-based substance abuse prevention curriculum to random drug testing—to shield them from drug-related harms.

Since the President endorsed random student drug testing in his 2004 State of the Union address, more than 130 schools or school districts have received funds through U.S. Department of Education grants to help develop or maintain random testing programs, and thousands more schools are implementing drug testing programs using other sources of funding. These schools have recognized the role of drug testing as a promising deterrent against some of the most dangerous drugs facing youth today.

To advance the implementation of effective research-based student drug testing programs as part of comprehensive school drug and alcohol abuse prevention initiatives, the Administration requested and received \$1 million in Fiscal Year (FY) 2008 to support the establishment of a new Student Drug Testing Institute by the Department of Education. The Institute provides technical assistance to Student Drug Testing grantees, as well as information on best practices in program design and implementation to schools seeking to establish student drug testing programs in their communities. The Administration has requested an additional \$1 million in FY 2009 to support the Institute's important efforts.

Random student drug testing is one program among many that schools are using to prevent and address youth drug use. ONDCP will work with relevant drug control agencies to assess whether the current array of evidence-based prevention programs needs adjustments to remain relevant and effective with new generations of students.

At Institutions of Higher Learning

The problems associated with illegal alcohol and drug use affect students of all ages. Substance abuse among college students contributes to poor academic performance, interpersonal violence, campus crime, and other negative health and social outcomes. The Department of Education has taken an active role to help institutions of higher education (IHE) by awarding grants to prevent high risk drinking and by identifying model alcohol and other substance abuse prevention programs being implemented on college campuses.

Programs are selected as part of this effort will be featured in a national publication. IHEs implementing the programs are required to develop and implement a dissemination plan to share information about their initiatives with other IHEs. Details on these and other effective practices will also be shared at the 23rd National Meeting on Alcohol and Other Drugs and Violence Prevention in Higher Education in late 2009.

ONDCP supports these and other efforts to address substance abuse by older students and will continue to work with relevant agencies and national organizations to promote substance abuse screening and early intervention services in college health centers as part of comprehensive alcohol and drug programs. ONDCP will also consult with medical and insurance providers on inclusion of these services in health plans for college students.

In the Workplace

The American workplace bears many significant costs resulting from alcohol and drug abuse. Recent data from NSDUH show that of the 20.4 million adults classified with substance abuse or dependence, 60.4 percent (12.3 million) of them were employed full time. Of the estimated 17.4 million adult users of illicit drugs, approximately 75 percent (13.1 million people) are employed. These figures underscore the costs of substance use on the workforce, ranging from accidents and injuries, to absenteeism, low morale, and serious productivity losses. Both employers and employees hold a significant stake in reducing substance use among America's workforce.

Effective drug free workplace programs help to reduce substance use among the workforce by clearly communicating both that drug use is not acceptable and that help is available for those that need it. A number of Federal drug control agencies, including the Department of Health and Human Services, the Department of Labor, and the Department of Transportation, support drug free workplace programs in the private and public sector by providing guidelines, technical assistance, and other resources on program development for both employers and labor unions. Program specifics vary among companies and across business sectors but many, particularly in the transportation industry, require some form of pre-employment and random drug testing. These testing programs have contributed to declines in illicit drug use, including in cocaine and methamphetamine use. Over the past 20 years, positive drug test results reported by Quest Diagnostics have fallen from 13.6 percent in 1988 to 3.8 percent in 2007.

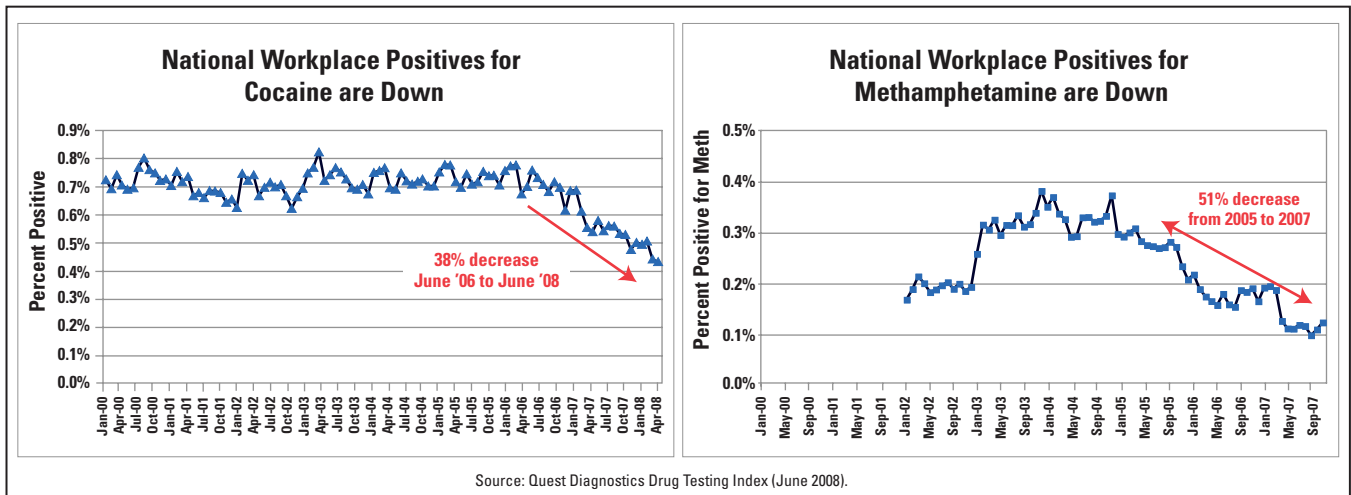
Findings from one 15-year study in the rail industry underscore the effectiveness of strong drug prevention programs in the workplace. The program, “Operation RedBlock,” is a peer-to-peer workplace prevention program reinforced with random drug testing and supported by both management and trade unions. For every one dollar invested, the program demonstrated a return of \$26 in cost savings related to reduced injuries, accidents, and property damage.

Future efforts will support the work of these agencies as they educate business and industry and labor leaders on the benefits of maintaining strong drug free workplace policies and programs. To help coordinate these efforts, ONDCP will continue to regularly convene Drug Free Workplace interagency meetings. The benefits and effectiveness of elements of drug free workplace programs will also be considered to improve workplace programs and increase the number of businesses that implement such programs.

On the Roads

The National Highway Traffic Safety Administration (NHTSA) conducts a range of activities to address drug-impaired driving as part of the Agency’s overall Impaired Driving Program. NHTSA coordinates two national impaired driving law enforcement crackdowns each year that result in thousands of enforcement contacts and drug-impaired driving arrests. In addition, NHTSA supports the Drug Evaluation and Classification Program, which provides extensive training for law enforcement officers and prosecutors. NHTSA has also been a leader in drug-impaired driving research and in 2009 will conduct significant research into drugged driving nationwide.

Figure 4.
Monthly Trends in Workforce Drug Testing



In the Military

For over thirty years, the Department of Defense (DoD) has set a high standard in matters relating to substance abuse, from education to drug testing and treatment. Testing in the DoD is a proven deterrent. The DoD drug testing program has two primary goals: a minimum of 100 percent drug testing for all components and a positive rate of below 2 percent. In FY 2007, the overall DoD agency positive rate was 0.35 percent. Moreover, for the past five years, despite the stress of frequent deployments, the DoD active duty positive rate has remained below 2 percent.

DoD owns and operates a network of six military drug testing laboratories, which are cost-effective and allow DoD to rapidly change the types of drugs tested as well as adopt state of the art technology to meet changing trends in substance abuse. DoD also has over 153,000 civilian positions that are designated for testing under the Department of Health and Human Services workplace drug testing guidelines. All agencies conduct substance abuse education and maintain Employee Assistance Programs for government employees and their families.

Students around the Nation also benefit from DoD's commitment to prevent substance abuse. The National Guard Counterdrug Drug Demand Reduction (DDR) mission puts members of the National Guard face-to-face with our Nation's youth. Through the National Guard Counterdrug DDR "Drug Free Starts with Me" initiative, men and women in the National Guard directly interact with middle-school students in classrooms across America through the nationally recognized, evidence-based prevention education program "Stay on Track." In addition, National Guard DDR efforts bring anti-drug motivational and inspirational programming to communities through multi-media presentations, sharing stories of youth courage, conviction, and ambition. Experiential education and adventure-based programs, facilitated by the National Guard, provide opportunities for America's youth to appreciate their strength as individuals while receiving important support from their peers, learning to resist the influence of alcohol and drugs and making the commitment to be drug free.

On the Playing Fields

Doping—the use of a substance to artificially enhance athletic performance—poses significant risks to the health and well-being of athletes and undermines the ideals of sport. A number of innovative initiatives have enabled the Administration to aggressively address this public health issue. Consequently, the number of youth illicitly using performance-enhancing drugs, such as anabolic steroids, continues to decrease. Further, the United States is now widely regarded in the international community as a leader in the fight to eliminate drugs from sport.

ONDCP continues to collaborate with a variety of government and non-governmental stakeholders to educate athletes, parents, teachers, coaches, and health professionals about the serious physical consequences and ethical implications of doping. ONDCP and other Federal agencies recently partnered with the United States Anti-Doping Agency and the United States Olympic Committee to implement the unprecedented *My Victory* public awareness campaign involving U.S. Olympic athletes. The United States also continues to play a strong leadership role in the governance and financial support of the World Anti-Doping Agency.

In addition, in August 2008, the United States ratified the International Convention Against Doping in Sport which marked a historic milestone in the global fight against doping. The United Nations-sponsored convention, which has now been approved by more than 100 countries, sets forth the commitment of governments to emphasize international cooperation and to give priority to anti-doping efforts. While the convention does not alter the manner in which sports operate and are regulated in the United States, ratification sends a clear message about our commitment to eliminate doping in sports.

The Administration remains committed to reducing doping among youth and elite athletes through a balanced and comprehensive strategy that includes medical and social science research, education, prevention, and rigorous drug testing programs.

Ensuring Accuracy in Drug Data Collection

Traditionally, drug control research has involved studies of various aspects of drug supply and demand to inform policymakers. These research endeavors are supported by the systematic collection of data on drug use prevalence, consequences, arrests, cultivation and production, and other indicators. These efforts are not without challenges, due to the covert nature of this illegal activity. Data are collected from a variety of means, such as surveys, forensic analyses, and drug testing. In most cases, although data are collected annually, it takes time to analyze, and the results are released one to two years after collection. Consequently, policy makers have a solid understanding of what happened in the recent past, but not of the current situation. These data also do not provide a sufficient level of detail on particular issues and are of limited use in the formulation and assessment of policy.

To remedy this, ONDCP and its drug control agency partners have been developing and implementing several real- or near-real-time data systems to improve the suite of drug indicators, including drug availability, workplace drug use trends, drug-related emergency department visits, drug price and purity, and expanded drug prevalence surveys. SAMHSA conducts a survey of households to measure drug use among that particular demographic. For the population not likely to be reflected in a survey of households, other instruments must be used. Chronic drug use is measured by surveying arrestees in ten U.S. sentinel sites through the Arrestee Drug Abuse Monitoring (ADAM) program, which was restarted in 2007 after ceasing operation in 2003. ADAM II is the only drug data survey that validates user self-reporting with the voluntary collection of a biological specimen. These and other such data have been of tremendous value in permitting policymakers to assess the effectiveness of programs and policies. ONDCP and its interagency partners will continue to develop and enhance these real-time indicator systems to provide more timely and actionable information.

Changing Public Perceptions

The National Youth Anti-Drug Media Campaign

The National Youth Anti-Drug Media Campaign is the government's largest public health communication effort. The Campaign seeks to educate and enable the country's youth to reject illicit drug use, convince current youth users of drugs to stop using them, and to educate parents and other influential adults that their actions can make a difference in helping to decrease adolescent drug use.

Approximately 72 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, magazines, out-of-home media (such as movies), and the Internet. The Partnership for a Drug-Free America recruits advertising agencies from around the country to provide pro-bono creative services to develop new ad campaigns. All television advertisements are subject to a rigorous process of qualitative and quantitative testing, ensuring—before they are ever seen—that the advertisements are credible and have the intended effect on awareness, attitudes, and behaviors.

The teen brand, Above the Influence, specifically draws the connection between substance use and the negative influences that surround it, both the influence of the drug itself and the social influences that can encourage its use.

While paid and matched advertising allows the Campaign to reach audiences with anti-drug messages on a national level, public communications outreach is critical to augmenting and amplifying the messages in ways that resonate with various audiences. This communications support includes maintaining Web sites, convening roundtable discussions with experts in the field, holding briefings with media, and developing partnership opportunities with nationally recognized organizations and companies to extend the reach of the Campaign's messages.

In 2009, the Campaign will continue to address prescription drug abuse through a national campaign to teach parents about the risky abuse of prescription drugs by young people. It will also continue its effort to reduce demand for methamphetamine by promoting prevention and treatment within the most at-risk regions of the country.

Preventing Synthetic Drug Abuse and Controlling Diversion

ONDCP, the Department of Justice (DOJ), and HHS published the *Synthetic Drug Control Strategy* in 2006 to focus the efforts of Federal drug control agencies on the significant array of synthetic drug control challenges. Although most of the objectives of the strategy, including goals related to methamphetamine, MDMA, and controlled pharmaceuticals have been achieved, the Interagency Working Group on Synthetic Drug Control Policy, chaired by ONDCP, continues to coordinate efforts to further reduce the illicit production and abuse of synthetic drugs. For example, DOJ's Drug Enforcement Administration (DEA) is drafting guidelines to help direct State and community efforts to reduce diversion of prescription medications using Take Back programs, which allow the public to bring unused medications to a central location for proper disposal. Further efforts, some of which are outlined below, will be guided by a revised *Strategy* with a strong focus on reducing prescription drug diversion and abuse.

Preventing Production and Use of Methamphetamine

Survey data show that use of methamphetamine is declining among youth and young adults, but it remains a threat to communities throughout the Nation. To sustain this downward trend, prevention initiatives will continue to target vulnerable populations. Examples of targeted outreach include SAMHSA's Methamphetamine and Inhalant Prevention Initiative and the Indian Country Methamphetamine Initiative. In FY 2008, the Methamphetamine and Inhalant Prevention Initiative funded twelve continuing grants to help combat methamphetamine's growth in communities across the country. Furthermore, in 2007, SAMHSA partnered with the Office of Minority Health and the National Institutes of Health on the Indian Country Methamphetamine Initiative. The Initiative awarded funds to the American Association of Indian Physicians and its partners to address methamphetamine-related outreach and education needs in Native American communities. Five tribal sites are participating in this initiative. Activities include developing a national information and outreach campaign and culturally specific methamphetamine abuse education kit and evaluating promising practices in education on methamphetamine use.

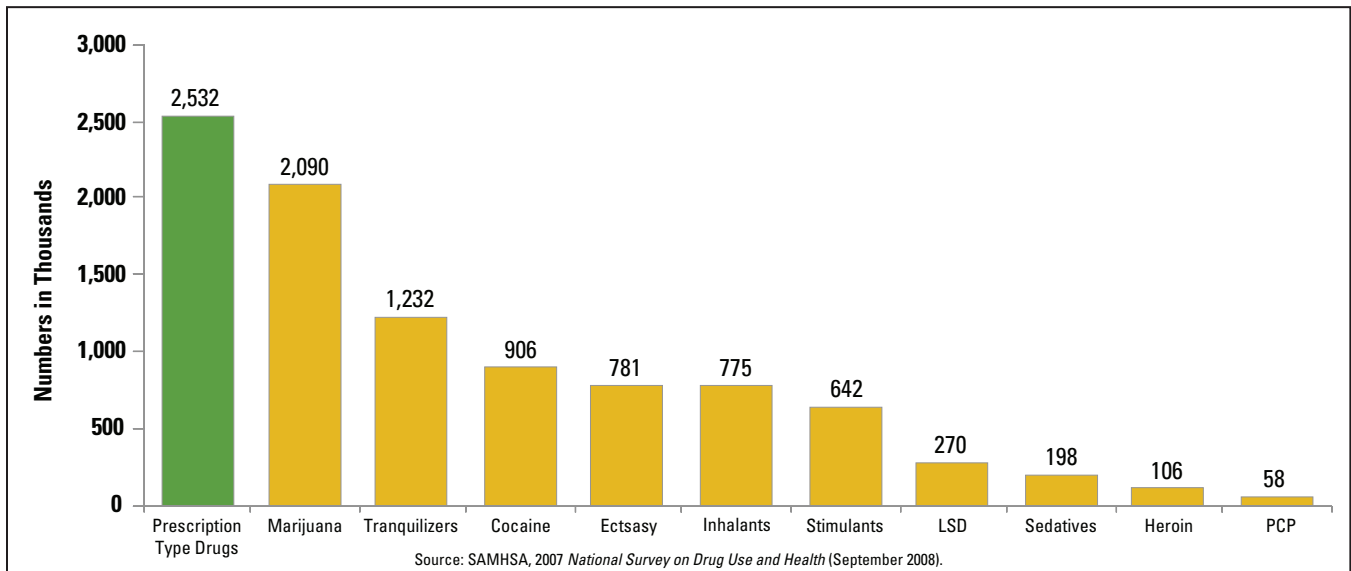
The decline in methamphetamine use in the United States is also attributable to the 2006 Combat Methamphetamine Epidemic Act (CMEA). In addition to defining the daily and 30-day purchase limit for tablets and preparations containing the methamphetamine chemical precursors of pseudoephedrine and ephedrine, the act also requires these products to be placed behind store counters and all sales of these products to be tracked in a logbook. While this has directly led to a decline in domestic methamphetamine production and use, some still try to circumvent the restrictions of CMEA and avoid law enforcement detection by driving from store to store and purchasing small amounts of pseudoephedrine or ephedrine. To counter this trend, Oregon passed State legislation that requires a prescription to purchase a pseudoephedrine product, and other States are currently considering this course of action in an attempt to continue the downward trend in methamphetamine use.

On the research front, the National Institute on Drug Abuse (NIDA) has increased its research budget targeting methamphetamine by almost 180 percent since FY 2000 to approximately \$45 million in FY 2008. Looking forward, NIDA will continue to research trends in use, the effects and consequences of the drug on the brain and the body (including prenatal effects), methods of evaluating prevention interventions, medications that may reduce or eliminate cognitive impairment and treat overdose, and medications and behavioral therapies for the treatment of methamphetamine addiction.

Preventing Diversion and Abuse of Prescription Drugs

Despite reductions in illicit drug use, Americans of all ages are abusing prescription medications. In 2007, 2.5 million people aged 12 or older used prescription drugs non-medically for the first time. This means there are approximately 7,000 new prescription drug abusers every day. The most frequently abused medications—accounting for nearly 75 percent of prescription drug abuse—are narcotic pain relievers. In fact, in 2007, nearly 450,000 more people started misusing prescription drugs than started using marijuana. The central policy challenge is to ensure legitimate access to these medications while preventing their diversion and abuse. ONDCP has been working with partners in the Federal Government and the private sector to increase awareness of this issue and to implement measures to reverse this troubling trend.

Figure 5.
Past Year Initiates for Specific Illicit Drugs Among Persons Aged 12 or Older, 2007



To educate Americans about prescription drug abuse, the National Youth Anti-Drug Media Campaign is informing parents of the growing prevalence of teenage prescription drug abuse, and the serious dangers facing those who abuse these drugs. ONDCP is urging educators and school administrators to test for prescription drugs as a means of enhancing awareness of the dangers of prescription drug abuse and of helping to identify young people who need intervention and treatment. Moreover, ONDCP and SAMHSA both have piloted effective education campaigns at the pharmacies where these medications are purchased, ensuring that the legitimate users of these drugs are aware of the potential for diversion and misuse. SAMHSA is also exploring the challenges of workplace testing for prescription drugs.

The number of drug overdose deaths in the United States continues to increase, representing a serious threat to public health. To a significant extent, these deaths are related to increases in prescription drug abuse. Rates of overdose deaths currently are 4 to 5 times higher than during the black tar heroin epidemic of the mid-1970s and more than twice the rates during the peak years of crack cocaine in the

early 1990s. In 2005—the most recent year for which data are available—there were 22,400 drug overdose deaths in the United States, compared with slightly more than 17,000 homicides in the same year. Notably, prescription pain killers were implicated in nearly 40 percent of these deaths. ONDCP has responded to the concerns regarding overdose deaths involving prescription drugs by taking a leading role in coordinating interagency action and convening interagency forums on this issue.

ONDCP has also been working with SAMHSA to promote the development of Continuing Medical Education (CME) courses designed to provide specific knowledge and skills associated with safe prescribing of opioids for chronic pain. In addition, SAMHSA, in collaboration with the Federation of State Medical Boards and State Medical Societies, has supported physician training in the following States: Connecticut, Florida, Maine, Massachusetts, North Carolina, Ohio, Virginia, Washington, and West Virginia. The trainings address practice management, legal and regulatory issues, opioid pharmacology, and clinical strategies for managing challenging patient situations. These educational tools can help reduce illicit use of prescription drugs.

Partnering with Industry Leaders

The pharmaceutical industry has played a substantial role in helping address prescription drug abuse in the United States. Many companies have undertaken research and development of abuse-resistant prescription drugs. SAMHSA continues an open dialogue with pharmaceutical companies to ensure their awareness of recent trends in prescription drug abuse. Industry leaders have also proven invaluable to many of the DEA's prescription drug diversion investigations. Industry is expected to continue to play a vital role in addressing the difficult challenge of preventing prescription drug diversion.

Internet Pharmacy Legislation

In 2001, 18-year-old Ryan Haight overdosed on a narcotic pain reliever he bought via the Internet without a valid prescription. In the hope that such a tragedy never occurs again, ONDCP, DEA, and other Federal partners successfully collaborated with Congress on legislation that prohibits rogue Internet pharmacy operators from distributing these potentially lethal products outside legitimate medical protocols. Prior to its passage, the only requirements to obtain powerful prescription drugs, including narcotic pain relievers, were access to the Internet and a credit card. The Ryan Haight Online Pharmacy Consumer Protection Act establishes a number of key safeguards, including the requirement that patients have at least one face-to-face doctor visit before receiving a prescription, and the closure of legal loopholes exploited by rogue Internet pharmacies.