

Obama Administration Releases 2010 National Drug Control Strategy

On May 11, President Obama released his Administration’s first *National Drug Control Strategy*, which lays the groundwork for a balanced, comprehensive approach to reducing drug use and its consequences in the United States.

The *Strategy*, developed by the Office of National Drug Control Policy with input from Federal, State, and local partners, emphasizes community-based prevention, integration of treatment in the healthcare system, criminal justice innovations, and international partnerships to disrupt drug trafficking organizations.



Official White House Photo by Pete Souza

National Drug Control Policy Director Gil Kerlikowske, left, meets with President Obama in the Oval Office to discuss the 2010 *National Drug Control Strategy*.

From the Director

Meeting the Challenge of Reducing Drug Use: ‘The Direction We Must Take is Clear’

Regardless of where you live or how much money you make, regardless of your race or your gender, it is very likely that drug use and its consequences affect you or someone close to you.

The direction our Nation must take is clear, and contained in the 2010 *National Drug Control Strategy*. This *Strategy* places

renewed emphasis on prevention and treatment, because the drug problem is not just a threat to public safety, but also to public health.

Addressing the threat to our Nation’s public health will be greatly aided by this Administration’s historic passage of healthcare reform. But healthcare reform is only part of the solution.

Meeting the challenge requires a balanced, comprehensive, and evidence-based approach, starting with prevention. The simple fact is that good decisions are the best way to avoid bad outcomes. Substance use problems strike young people the hardest, and this *Strategy* lays the foundation for a national, community-based prevention system to protect

our adolescents and help them make sound decisions.

But not even the best prevention programs can keep every young person from using drugs. All too often, risky behavior in youth devolves into a lifelong struggle with substance abuse and addiction.

Here, we can apply a lesson learned from other public health crises: Responding at the first sign of trouble is absolutely essential to containing the damage.

This *Strategy* will help medical professionals determine if patients may have emerging substance use

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DIRECTOR (continued from page 1)

problems by supporting Screening and Brief Intervention programs throughout the health system, and by training healthcare providers to spot warning signs.

By catching use before it progresses to addiction, we can divert people from the downward spiral that so often leads to emergency room visits, accidents, and other costs.

For too long, treatment for the disease of addiction has been segregated from the rest of the healthcare system. This *Strategy* calls for bringing high-quality addiction treatment into the established healthcare arena.

It puts a major emphasis on expanding the treatment capacity of mainstream, publicly funded providers such as the Indian Health Service and Federally Supported Community Health Centers.

Funding Request for Anti-Drug Efforts in FY 2011 Exceeds Current Level by \$521 Million

The President's Fiscal Year (FY) 2011 National Drug Control Budget requests \$15.5 billion to reduce drug use and its consequences in the United States. This represents an increase of \$521.1 million (3.5 percent) over the FY 2010 enacted level of \$15.0 billion.

Overall, the proposal would increase funding for prevention programs by 13.4 percent and treatment programs by 3.7 percent. It also would strengthen law enforcement programs, many of which address substance use among Americans in corrections and criminal justice programs.

These resources are allocated by function in five major categories:

Substance Use Treatment (\$3.9 billion); Substance Use Prevention (\$1.7 billion); Domestic Law Enforcement (\$3.9 billion); Interdiction (\$3.7 billion); and International Support (\$2.3 billion).

This *Strategy* also recognizes the vital role of law enforcement. Traditional enforcement mechanisms, strengthened through intelligence sharing and the latest technologies, are key to disrupting

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drug markets and depriving criminal organizations of the revenues they seek. Enforcement can also be a bridge to treatment through drug courts or interventions such as testing and sanctions.

By breaking down old silos between the law enforcement, prevention, and treatment communities, we can go a long way toward addressing the drug problem in the United States. But we must also recognize that drug

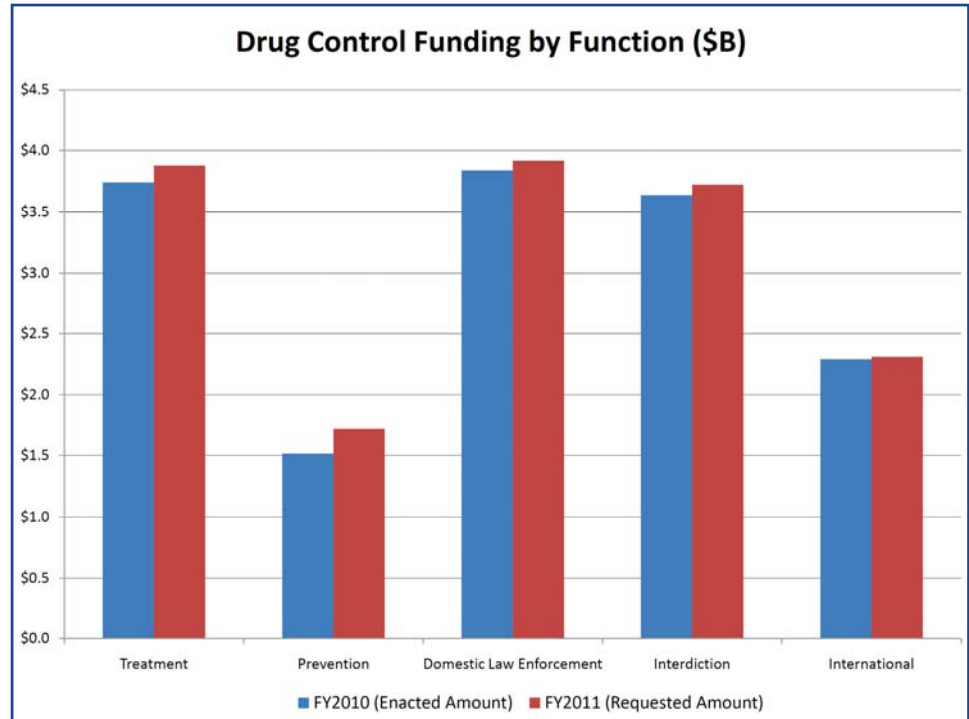
use and its consequences do not stop at country borders. For our efforts to succeed, we must strengthen our collaboration with international partners, support countries whose institutions and people are threatened by drug trafficking, and continually work to reduce drug demand from within our own country.

This *Strategy* includes strong measures to accomplish all of these goals, measures that are based on sound science and best practices.

This *Strategy* can work. Its goals of reducing drug use and its consequences are backed by the President's FY 2011 Budget request, which proposes increased funding for anti-drug efforts (see chart, below).

I am confident we possess the means, the will, and the tools necessary to achieve these goals. All that remains is for us to make wise use of them.

– Gil Kerlikowske



New programs include a national, community-based prevention system to protect adolescents. The Budget also provides for key domestic law

enforcement support, including funding for additional agents and analysts.

Drugs and Driving: A Deadly Combination

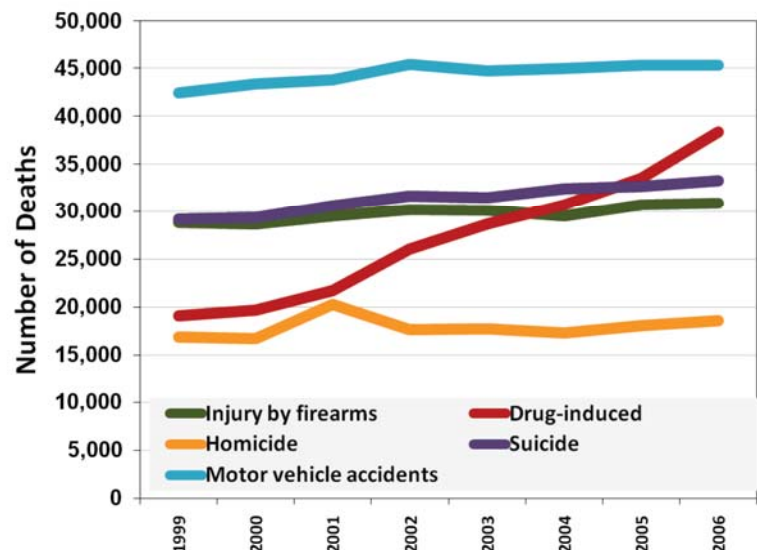
Americans have heard the alarm about “distracted driving” and “driving while texting.” But many are not aware of a Department of Transportation study showing that on an average weekend night, roughly one in eight drivers tested positive for illegal drugs.

Moreover, according to the 2008 Monitoring the Future study, one in ten high school seniors reported driving after smoking marijuana within two weeks prior to the survey interview. And from the National Survey on Drug Use and Health, we know that more than 12 percent of 18- to 25-year-olds admitted to driving under the influence of an illicit drug at least once in 2008.

A report by the Centers for Disease Control and Prevention (CDC) indicates that drugs are the second leading cause of injury-related death in the United States, after motor vehicle crashes, and that drug-induced deaths are increasing rapidly (see chart, at right).

Statistics such as these underscore the serious and growing threat posed by drugged driving to anyone who uses our Nation’s roads and highways. This is why ONDCP is focusing on Drugged Driving as one of its three signature initiatives for 2010, along with Community-Based Prevention and Prescription Drugs (see below).

Drug-Induced Deaths vs. Other Injury Deaths, 1999–2006



Causes of death attributable to drugs include accidental or intentional poisonings by drugs, drug psychoses, drug dependence, and nondependent use of drugs. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Not all cause categories are mutually exclusive.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention. National Vital Statistics Reports Deaths: Final Data for the years 1999 to 2006 (2001 to 2009).

National Drug Control Strategy Goals to be Attained by 2015

Goal 1: Curtail illicit drug consumption in America

- 1a. Decrease the 30-day prevalence of drug use among 12–17 year olds by 15%
- 1b. Decrease the lifetime prevalence of 8th graders who have used drugs, alcohol, or tobacco by 15%
- 1c. Decrease the 30-day prevalence of drug use among young adults aged 18–25 by 10%
- 1d. Reduce the number of chronic drug users by 15%

Goal 2: Improve the public health and public safety of the American people by reducing the consequences of drug abuse

- 2a. Reduce drug-induced deaths by 15%
- 2b. Reduce drug-related morbidity by 15%
- 2c. Reduce the prevalence of drugged driving by 10%

Data Sources: SAMHSA’s National Survey on Drug Use and Health (1a, 1c); Monitoring the Future (1b); What Americans Spend on Illegal Drugs (1d); Centers for Disease Control and Prevention (CDC) National Vital Statistics System (2a); SAMHSA’s Drug Abuse Warning Network drug-related emergency room visits, and CDC data on HIV infections attributable to drug use (2b); National Survey on Drug Use and Health and National Highway Traffic Safety Administration (NHTSA) roadside survey (2c).

Signature Drug Control Initiatives

ONDCP is focusing on these key initiatives in 2010:

Community-Based Prevention

The Administration recognizes that the most effective way to keep America’s youth drug-free is to prevent them from getting involved with drugs in the first place. The Office of National Drug Control Policy (ONDCP) administers several programs that focus on community-based substance abuse prevention, and supports prevention initiatives funded by the Departments of Health and Human Services, Justice, Education, and others. The President’s FY 2011 Budget request seeks to increase drug prevention funding by 13.4 percent over the FY 2010 Budget.

Drugged Driving

Drugged driving poses threats to public safety, as evidenced by the number of fatal crashes each year on our Nation’s highways. A recent survey conducted by the Department of Transportation (DOT), National Highway Safety and Traffic Administration, shows how pervasive drugged driving has become in the United States. Working with DOT and other Federal agencies, ONDCP is taking steps to address this growing problem.

Prescription Drugs

Prescription drugs are the second most abused category of drugs in the United States, following marijuana. When taken as directed for legitimate medical purposes, prescription drugs can be safe and effective. However, misuse of these drugs can be deadly. In 2006, according to the CDC, opioid painkillers were involved in more overdose deaths than heroin and cocaine combined.

Key Strategy Objectives

President Obama's 2010 *National Drug Control Strategy* reflects a comprehensive approach to reducing drug use and its consequences. Endorsing a balance of prevention, treatment, and law enforcement, the *Strategy* calls for a 15 percent reduction in the rate of youth drug use over 5 years and similar reductions in chronic drug use and drug-related consequences, such as drug deaths and drugged driving.

Here is a summary of the *Strategy's* key objectives:

Strengthen Efforts to Prevent Drug Use in Our Communities

Preventing drug use before it begins is a cost-effective, common-sense way to build safe and healthy communities. Building on the success of current community-based programs, we must further enhance prevention by employing best practices among multiple sectors in the community. This new approach must help communities become prepared for prevention and support states in their efforts to expand upon the number of such communities.

Seek Early Intervention Opportunities in Health Care

Research has clearly established that a brief intervention by a primary care provider can help people who abuse substances, but are not yet addicted, cut back or eliminate their substance use. It is both more humane and less costly to intervene when a case of addiction is just emerging than to wait until the disease is well-established. The *Strategy* calls for increasing screening and early intervention for substance use in all healthcare settings and expanding prescription drug monitoring programs.

Integrate Treatment for Substance Use Disorders into Health Care, and Expand Support for Recovery

For millions of Americans, substance use progresses to a point where brief interventions are not sufficient to promote recovery. Addiction treatment can be a critical—even lifesaving—resource in such situations, but only if it is readily available and of high quality. Among other measures, the *Strategy* calls for expanding addiction treatment in Community Health Centers and the Indian Health Service.

Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

Drug use is often interwoven with criminal and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. Actions described in the *Strategy* include supporting law enforcement efforts to reduce drug availability, promoting alternatives to incarceration, and mandating treatment and court monitoring (e.g., testing and sanctions) for chronic drug-using offenders.

Disrupt Domestic Drug Trafficking and Production

Drug trafficking organizations move large quantities of illicit drugs into the United States. These same groups, at times working through street and prison gangs, employ criminal networks that return the illicit proceeds of the drug trade—along with an array of weapons—across our borders. Specific steps in the *Strategy* include maximizing Federal support for law enforcement drug task forces, assisting tribal authorities in combating drug trafficking, and interdicting the southbound flow of currency and weapons.

Strengthen International Partnerships

The United States, which conducts the vast majority of the world's research on drugs, is also one of the world's most lucrative markets for illegal drugs. It is in our interest to work collaboratively with international partners to reduce the global drug trade. Actions described in the *Strategy* include conducting joint counterdrug law enforcement operations with international partners, spreading best practices in prevention and treatment, promoting alternative livelihoods for coca and opium farmers, and targeting the illicit finances of drug-trafficking organizations.

Improve Information Systems for Analysis, Assessment, and Local Management

Science should help inform policy and rigorously evaluate its effects. This can be possible only with near real-time information on drug use patterns, associated problems, and the results of previously implemented policies. The *Strategy* focuses on enhancing current data systems and assessing the availability, price, and purity of illicit drugs on the street so that it is known when our programs have a measurable impact on drug markets.