

## COMMENTS ON THE NATIONAL DRUG CONTROL STRATEGY

Division 50 (Addictions) of the American Psychological Association

The *National Drug Control Strategy* document (White House, February 2006) reports on progress made on goals related to substance use problems since the President took office. The document describes accomplishments on reported use reduction among teens, innovative programs to curtail demand, and strategies used to decrease the drug supply. An outline presents plans to address the overall goal of the President to reduce drug use, building on these accomplishments.

In the report, the expressed purpose of the Office of National Drug Control Policy (ONDCP) is to “establish policies, priorities, and objectives for the Nation's drug control program...the goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences.”

### **Four Positive Aspects of the Report Deserve Comment and Commendation**

First, the prioritization of healing drug users is commendable. Focusing on treatment for those individuals currently affected by problems related to substance use has value for those individuals, their partners, children, parents, guardians, or other family members, places of employment, and communities.

Second, emphasis on early intervention in diverse settings, such as hospitals is commendable. This insures identification and action on these problems early in the addiction process and when it may have a significant impact.

Third, the *Major Cities Drug Initiative* represents a good strategy in that it channels resources to the communities that need it most. This provides immediate action where needed and provides a means of understanding what methods may work in similar situations.

Fourth, the report provided examples of innovative programs. This is helpful to show the nature and scope of programs, types of goals and impact, and examples for potential replication and extension. Included in this is the USAID Alternative Livelihoods Program, which provides economic incentives and agricultural infrastructure projects to reduce poppy farming.

### **Seven Aspects of the Current Policy Report Could be Enhanced to Improve the Impact of this or Future Reports**

First, the information presented would benefit from better historical contextualization vis-à-vis the work of scientists and others in the field for the last few decades. While it is true that the decreases in illicit drug use occurred during the current administration, the accomplishments noted are not the simple result of work these last few years, nor any one agency. Instead, current goals build upon cumulative research efforts over the past 35 years and longer funded by federal and other sources, all of which contributed to the progress that has been made in addressing the problems identified and positive impact observed today.

Second, the attention (and most likely economic resources) devoted to interdiction and legal controls far exceed that for prevention and treatment. A more balanced drug control policy would allocate equal effort and resources to all “three primary elements” of stopping drug use before it starts, healing drug users, and disrupting the market for illicit drugs.

Third, the report does not adequately address problems related to alcohol. Given the scope of the problem and its impact on healthcare and crime, relative to illicit drugs, alcohol deserves greater mention. If indeed ONDCP is to “reduce illicit drug use...drug-related crime and violence, and drug-related health consequences...” then problems related to alcohol deserve more attention in the report. This includes underage drinking, crime, violence, and health problems related to the use of alcohol alone and in combination with other drugs. Alcohol contributes both uniquely and in combination with other drugs to these problems. Thus, given the accessibility of the drug, demand for it, and efforts to heighten demand through advertising, this needs more attention in a report of this nature. Similarly, underage use and health impacts of nicotine also deserve greater mention.

Fourth, reports of significant changes in teen use do not address the self-reported nature of the change. In the absence of corroborating evidence, the cause of the observed changes is difficult to document. The reductions in self-reported use observed may reflect reductions in reporting out of fear of legal prosecution or other issues, rather than actual reductions in use, or some combination. For example, the reported reduction in positive drug screens in the Winston-Salem/Forsyth County Schools could be related to drug users dropping out of extracurricular activities, rather than a reduction in actual drug use. The report would be strengthened by corroborating data, more articulated interpretations, and plausible alternative hypotheses, thereby making the presentation more balanced and credible.

Fifth, while it is laudable that the administration is supporting a variety of treatment approaches, such as work done by faith-based and community organizations, it is important that we promote approaches based on evidence that supports their use, rather than ideological preference alone. It is essential that any type of practice or program have evidence to support it, and it is also important to consider clinical utility in terms of costs and feasibility in the treatment community. Not all agencies have the ability to deliver all treatments in the same way due to training and other resource limitations. Nonetheless, given limited funding resources to support innovative approaches in this area of developing work, promotion based on ideology alone should be discouraged under a national drug control policy. Instead, we recommend the promotion of innovation based on evidence, regardless of the treatment approach (i.e., faith-based or other). We would also like to see greater attention given to issues of comorbidity. Many individuals with substance use disorders have additional psychological disorders and treatment professionals need improved training to deal with these complex clinical cases. Lastly, greater attention should be given to ensuring that people have access to the most appropriate types of treatment (e.g., short term vs. long term; inpatient vs. outpatient; medication, etc.).

Sixth, the approach to prevention would benefit from greater attention to the large empirical literature and advances that have been made in prevention programs over the past decade. There is considerable evidence that knowledge alone is insufficient and that youth must be motivated to avoid drug use. Making youth aware of potential peer pressure to use does not

adequately address motivation nor does it provide skills for coping with peer pressure. “Above the Influence” has many of the hallmarks as the “this is your brain on drugs” campaign, which was not found to be effective. Helping America’s Youth provides some helpful ideas for better parenting (e.g., hug your children; try to have meals together), but stops short of providing useful tools for helping parents prevent and deal with their child’s possible drug use. The community assessment and action plan is comprehensive but will be beyond the resources of most communities without professional assistance and funding.

Finally, a seventh area where the report needs attention includes language. The report references substance use problems using language that comes from a diagnostic vernacular. The language usage, however, is often imprecise and clouds understanding of the exact problems discussed. As such, greater attention to language precision in reports of this type will strengthen the impact and usefulness of the reports, making them easier to understand relative to other information available in the field and enhancing effective communication of the information in the report to multiple audiences. For example, reserve use of dependence for situations where dependence is discussed; do not use the word abuse to refer to all substance use disorders; rather, use the term substance use disorders or substance use to refer to the broader scope of problems.

### **Two Additional Areas are Recommended as Priorities in Future National Drug Control Policies**

First, the current policy document identifies drug screening as a priority. Whereas random drug testing is a controversial topic, we support efforts toward early identification via other types of screening. Use of brief screening instruments (e.g., CAGE, MAST) in a variety of settings (e.g., primary care and emergency departments) would be useful for early identification and intervention. To the extent that ONDCP and future national drug policy initiatives can support enhancements to professional training related to screening for drug use, assessment of substance use problems, and enhancing strategies for referral to treatment, such initiatives would be particularly worthwhile. There are pressing needs for enhancing skills and increasing use of such skills in this area of practice for all professionals at pre-certification, pre-degree, and post-licensure junctures. Initiatives supporting educational advancement in these areas at all three of these junctures would be of great value.

Second, building upon the idea of the *Major Cities Drug Initiative*, we suggest examination of special populations within cities and beyond the notion of a city. For example, foster children and adopted children have elevated risks for substance use problems. Programs for these children are largely failing to make significant gains in addressing their needs. To the extent that different cities or locales have such children as residents, there may be special needs in terms of addressing substance abuse problems. Identifying such areas, whether it is a city or geographic zone otherwise conceptualized, and developing better substance use programming is important work. Similarly, it is important to identify areas containing disproportionate numbers of individuals from special populations and to serve those areas. For instance, in California, there is a greater concentration of individuals with Asian background with special language and treatment programming needs than in other areas of the United States. At the city or county level, however, there may be inadequate numbers of individuals of that background to justify funding specific programs to address problems such as adolescent substance use prevention and

treatment. As such, there are regional concerns, beyond the boundaries defined by cities, needing attention to serve special populations at risk for problems related to substance abuse and its complications (such as gang violence, family violence, gambling problems, health consequences, etc.). To the extent that ONDCP and future national drug policy initiatives can support enhancements to the identification of such regions, their problems, and strategies to address those problems, such initiatives would be welcome.

Respectfully submitted:

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