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Office of National Drug Control Policy

Office of Intergovernmental and Public Liaison

Phone: 1-800-666-3332
Contact ONDCP:
<http://www.ondcp.gov/utilities/contact.html>

For information about ONDCP's efforts to reduce prescription drug abuse, visit:
<http://www.whitehousedrugpolicy.gov/prescriptiondrugs/index.html>

ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences.



On June 22, the U.S. Senate confirmed Benjamin B. Tucker, left, as ONDCP's Deputy Director of State, Local, and Tribal Affairs, and David K. Mineta as Deputy Director of Demand Reduction. Together, the two bring more than 60 years of experience to the Agency.

ONDCP Welcomes New Deputy Directors

The U.S. Senate, by unanimous consent, confirmed Benjamin B. Tucker and David K. Mineta on June 22 as new Deputy Directors of the Office of National Drug Control Policy (ONDCP).

Benjamin B. Tucker

As Deputy Director of State, Local, and Tribal Affairs, Tucker will oversee ONDCP's High Intensity Drug Trafficking Areas program, Drug-Free Communities Support program, National Youth Anti-Drug Media Campaign, and Counterdrug Technology Assessment Center.

Tucker, a recognized expert in community policing with more than 35 years of service in law enforcement and criminal justice, brings a wealth of experience to his new position. Prior to joining ONDCP, he was a professor of criminal justice at Pace University and a consultant to the Urban Institute. He also served as Director of Field Operations

and Senior Research Associate at the National Center on Addiction and Substance Abuse at Columbia University.

Gil Kerlikowske, National Drug Control Policy Director, praised the Senate action, saying Tucker "embodies the Obama Administration's commitment to a comprehensive and balanced *National Drug Control Strategy* that recognizes addiction as a treatable disease, emphasizes prevention, and facilitates coordination with law enforcement." Tucker, he added, "knows first-hand that this country needs to be smarter when developing solutions to our Nation's drug problem. His perspective will aid us in addressing the problem as both a public safety and a public health issue."

Tucker also has extensive government experience, having served as Chief Executive for School Safety and Planning

Deputies (continued from page 1)

at the New York City Department of Education; Deputy Director for Operations at the U.S. Department of Justice, Office of Community Oriented Policing Services; Chief of Operations in the Office of the Manhattan Borough President; Executive Director of the New York City Commission on Human Rights; Deputy Assistant Director for Law Enforcement Services in the Office of the Mayor of New York City; and Assistant Director of the New York City Civilian Complaint Review Board.

Tucker, who began his career with the New York City Police Department in 1969, understands criminal justice from the ground up. Before being assigned as a beat cop, he was among a select group of new precinct service officers educated by substance abuse experts to conduct innovative drug prevention and education programs in city schools and colleges.

David K. Mineta

David K. Mineta assumes the role as Deputy Director of ONDCP's Office of Demand Reduction. In this capacity, he will focus on promoting drug prevention and treatment programs and will oversee ONDCP's new concentration on recovery.

Mineta brings nearly 20 years of nationally recognized experience in the design and delivery of effective demand reduction programs. He specializes in working with community-based organizations to reduce demand for substances of abuse, particularly among underserved ethnic, racial, and gender communities.

Director Kerlikowske said Mineta's appointment "underscores this Administration's and this Agency's recognition of the essential role local communities have to play in preventing and treating drug use, as well as in promoting recovery."

Since 1996, Mineta has worked with Asian American Recovery Services (AARS) throughout the San Francisco Bay area. Starting as a manager of a youth drug prevention program, he rose quickly to associate director and, since 2007, deputy director. In that capacity, he oversaw all agency grant writing and institutional technology departments, and assisted in strategic planning, community consortiums, and other functions.

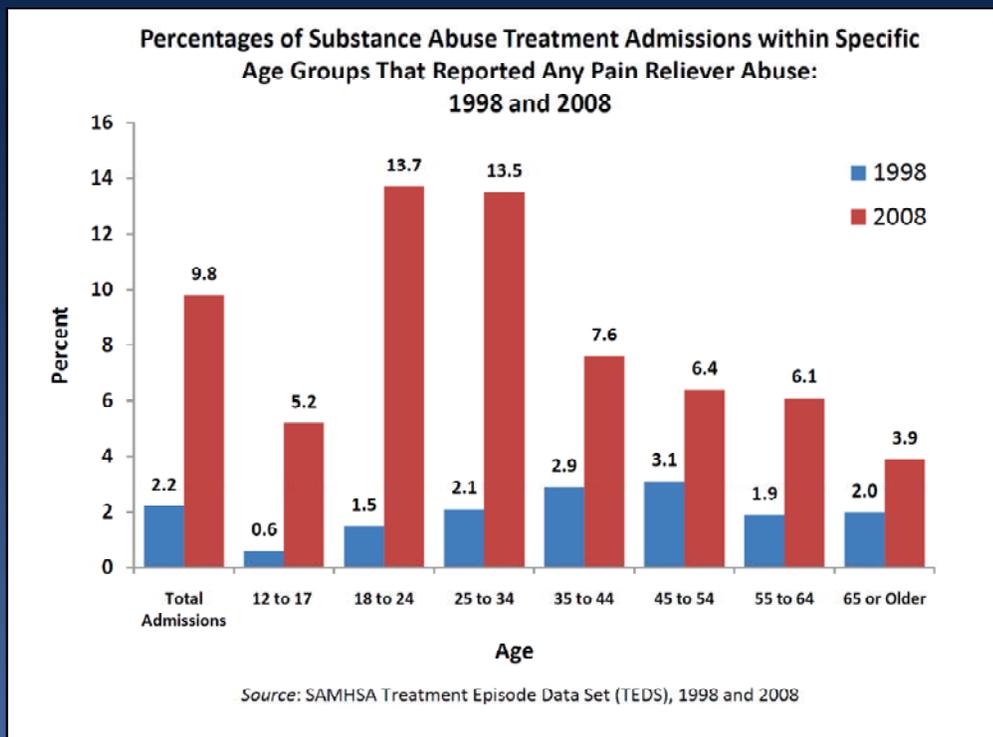
Before joining AARS, Mineta was a counselor in the San Jose Unified School District and, later, in Santa Clara's Alcohol and Drug Department. For ten years, he served as a trustee on the Jefferson Union High School District School Board.

Rate of Prescription Pain Reliever Abuse Quadrupled Since 1998

Abuse of prescription drugs in the United States has risen at an alarming rate over the past decade. According to a new government report, the proportion of all substance abuse treatment admissions aged 12 or older who reported any pain reliever abuse more than quadrupled between 1998 and 2008 – climbing from 2.2 percent to 9.8 percent.

The increase occurred among male as well as female admissions, in all age groups, and across all racial/ethnic, regional, educational, and employment categories, as detailed in the TEDS Report, published by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).

The Treatment Episode Data Set (TEDS) collects data on substances of abuse at the time of admission to drug treatment. Drawing on information from the 1998 and 2008 TEDS datasets, the new report compares admissions of those age 12 or older who reported primary, secondary, or tertiary abuse of prescription pain



relievers such as hydrocodone, oxycodone, and morphine drugs in 1998 and 2008.

Prescription drug abuse is the fastest-growing drug problem in the United States and a major public health concern, an increase stunningly

documented by the new TEDS data.

When used appropriately under medical supervision, prescription painkillers can provide indisputable medical benefit by reducing pain and suffering. But while we must ensure better access to

See TEDS, page 3

New Report Captures ‘Disturbing’ Spike in Prescription Drug Abuse, Says Director

Director Kerlikowske and ONDCP Deputy Director Thomas McLellan joined Peter Delany, Director of the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Office of Applied Studies, and Michele M. Leonhart, Acting Administrator of the Drug Enforcement Administration (DEA), to release a new study showing a dramatic increase in substance abuse treatment admissions for prescription pain relievers.

Delaware Governor Jack A. Markell and actor/activist Chris Kennedy Lawford were also in attendance.

The study, *Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers: 1998-2008*, conducted by SAMHSA and based on the agency’s Treatment Episode Data Set (TEDS), reveals a four-fold increase between 1998 and 2008 of substance abuse treatment admissions for those aged 12 and older reporting abuse of prescription pain relievers.



Director Gil Kerlikowske, right, is joined by Delaware Governor Jack A. Markell and DEA Acting Administrator Michele M. Leonhart, among other officials, to release the new TEDS study.

“The TEDS data released today highlight how serious a threat to public health we face from the abuse of prescription drugs,” said Director Kerlikowske. “The spikes in prescription drug abuse rates captured by this study are dramatic, pervasive, and deeply disturbing.”

After the conference, the Director traveled to Delaware to attend Governor Markell’s bill-signing for the Delaware Prescription Drug Monitoring Program. (For more information on the program, see page 4.)

TEDS (continued from page 2)

prescription drugs, it is also vital that we do all we can to curtail wrongful diversion of these powerful medications, which can lead to abuse, dependence, and even death, particularly when taken without a doctor’s direction and oversight.

Because the problem cuts across various demographic categories, successful efforts to prevent prescription drug abuse and treat addiction must cover a wide range of populations and be tailored appropriately to these different groups.

Moreover, as the TEDS Report points out, the increase in admissions among 18- to 34-year-olds has important implications for the workforce, as these are formative years for family growth and career choices.

By identifying abuse in the early stages, reaching out to abusers, and providing effective treatment services, we can help those who misuse prescription drugs – especially young people make long-term productive contributions to society.

Other findings in the TEDS study include:

- From 1998 to 2008, increases in prescription drug abuse were most pronounced among admissions aged 18 to 34.
- Among admissions aged 18 to 24, 1.5 percent reported pain reliever abuse in 1998, compared with 13.7 percent in 2008.
- The percentage of admissions aged 25 to 34 who reported pain reliever abuse increased from 2.1 percent in 1998 to 13.5 percent in 2008.
- American Indian admissions were about 6 times more likely to have reported pain reliever abuse in 2008 (8.0 percent) than in 1998 (1.3 percent).
- Reports of pain reliever abuse among treatment admissions for non-Hispanic whites increased from 3.2 percent in 1998 to 14.4 percent in 2008.
- Percentages reporting pain reliever abuse more than tripled for admissions aged 18 or older, regardless of educational level.
- Pain reliever abuse increased both for admissions with no prior treatment episodes and for those who had been in treatment at least once before.

Take-Back Programs: A Smart Way to Reduce Prescription Drug Abuse

More than six million Americans used a prescription medicine for non-medical purposes in the past month, according to the 2008 National Survey on Drug Use and Health, making prescription drugs the second-most abused substances in the country, after marijuana.

Prescription drugs are legal and easily accessible, leading some people to believe they are less harmful than illicit drugs. On the contrary, using these powerful drugs, without the guidance of a medical professional, can lead to abuse, addiction, or death. Only 18 percent of Americans who abuse prescription drugs report they receive them directly from one doctor, while 70 percent say they get them from friends or relatives. Because these drugs are often found in the bathroom medicine cabinet, the first place to begin a prevention program is in the home.

To minimize their diversion and misuse, prescription drugs that are no longer needed for medical purposes must be disposed of properly. One of the best ways to get rid of unused medications and make them unavailable for misuse is to dispose of them through a community take-back program.

Take-back programs are organized by law enforcement professionals and community groups as a way to place prescription drugs in safe hands for disposal. For example, one Saturday afternoon in 2009, Operation Medicine Cabinet New Jersey – a collaborative effort by the Partnership for a Drug-Free New Jersey and the Drug Enforcement Administration's (DEA's) New Jersey division – collected more than 9,000 pounds of medicine in just four hours. Eighty percent of New

Jersey residents had easy access to a collection site. Operation Medicine Cabinet drew 25,000 participants, who safely and efficiently discarded their unwanted, unused, and expired prescription medicines.

Take-back programs are a common-sense approach to the rapidly growing threat of prescription drug abuse. They reduce the chances these drugs will be used for non-medical purposes, and they can engage the entire community in a discussion about prescription drug diversion and abuse. Take-back programs are also an environmentally responsible alternative to dumping or flushing unused medicines down the toilet, practices that can leave traces of drugs in the water supply.

Several states, counties, and grassroots organizations, working with law enforcement officials and with DEA approval, have already established drug take-back programs, and others are planning similar initiatives. It is important to remember that law enforcement must be involved if the take-back program accepts controlled substances.

To start a drug take-back program in your community, contact law enforcement agencies and the DEA Special Agent in Charge for your area.

Web sites:

For a directory of State Environmental Agencies, visit:
<http://www.epa.gov/epahome/state.htm>

For a map and list of DEA Domestic Divisions, visit:
<http://www.justice.gov/dea/pubs/states/domestic.html>

Delaware Governor Signs New State Law Targeting Prescription Drug Abuse

Delaware Governor Jack A. Markell on July 15 signed into law a measure designed to reduce prescription drug abuse by limiting "doctor shopping" by drug users.

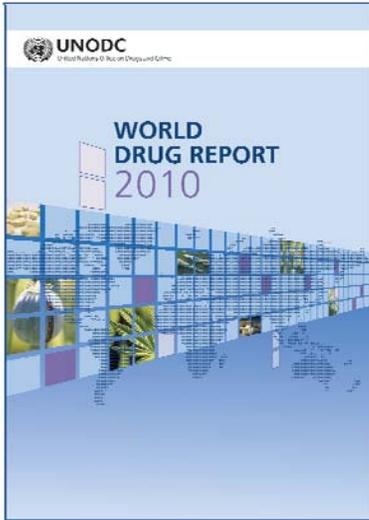
Director Kerlikowske and a host of State Government officials and health professionals were on hand for the signing ceremony in Newark, Delaware.

The new legislation authorizes Delaware's Office of Controlled Substances to establish a database of prescription information from pharmacies in the state. Doctors will be able to check the database before writing prescriptions as a way to both check drug interactions and screen for multiple prescriptions for the same patient.



Joining Delaware Gov. Jack A. Markell, seated, at the bill-signing ceremony are, from left: Elizabeth Y. Olsen, Deputy Secretary of the Delaware Department of Safety and Homeland Security; ONDCP Director Gil Kerlikowske; David Parcher, Executive Director of Kent/Sussex Counseling Services; James L. Collins, Director of the Division of Professional Regulation; State Senator Brian Bushweller; State Senator Bethany Hall-Long; Dr. Nicholas O. Biasotto, President, Medical Society of Delaware; and Delaware Attorney General Joseph R. ("Beau") Biden III.

United Nations Office Releases 2010 World Drug Report



Director Kerlikowske joined his Russian Federation counterpart, Viktor Ivanov, and United Nations Office on Drugs and Crime (UNODC) Executive Director Antonio Maria Costa on June 23 at the National Press Club in Washington, DC, for the release of UNODC's 2010 *World Drug Report*.

The 313-page report examines the various components of the world drug market and the dynamics that drive them. It describes trends in worldwide production, price, use, and treatment for the major drug groups: opiates, cocaine, cannabis, and amphetamine-type stimulants. The document also looks at trends in drug markets, interdiction efforts, and the impact of drugs on international security.

Substance abuse, the *World Drug Report* points out, is shifting toward new drugs and new markets. Drug crop cultivation is declining in Afghanistan (opium) and the Andean countries (coca), and drug use is beginning to stabilize in the developed world.

Meanwhile, however, there are signs of increased drug use in developing countries and higher rates of abuse for amphetamine-type stimulants and prescription drugs around the world, according to the report.

Speaking at the Washington event, Mr. Costa called for more development to reduce vulnerability to crime, as well as increased law enforcement cooperation to confront drug trafficking. "Unless we deal effectively with the threat posed by organized crime, our societies will be held hostage," he warned. "This would undo the progress that has been made in drug control over the past decade."

In his remarks, Director Kerlikowske said the United States, "as a major drug consuming nation, recognizes our responsibility to reduce American drug use and global consequences of that use." This recognition, he said, informed development of the Obama Administration's 2010 *National Drug Control Strategy*, which emphasizes community-based prevention, early intervention, integration of drug treatment into the healthcare system, and evidence-based prevention and treatment combined with criminal justice innovations.

These new efforts, he added, "will complement our continuing efforts at home and abroad to disrupt drug trafficking organizations, interdict currency and weapons before they get in the hands of drug cartels, and assist our partners around the world to reduce drug production, trafficking, and use."

The UNODC 2010 *World Drug Report* is available online at <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2010.html>

In Moscow, ONDCP Underscores Need for Deeper U.S.-Russia Cooperation to Combat Illegal Drugs

Patrick Ward, ONDCP's Acting Deputy Director for Supply Reduction, traveled to Russia last month to speak at a conference in Moscow on drug production in Afghanistan with U.S. Ambassador John Beyrle.

Russian President Dmitry Medvedev was the headline speaker for the event, which was sponsored by the Russian News & Information Agency (RIA Novosti) and supported by Viktor Ivanov, Director of the Russian Federal Drug Control Service.

In addition to the U.S. and Russian delegations, representatives from various drug control agencies attended the conference. They included: Antonio Maria Costa, Executive Director of the United Nations Office of Drugs and Crime; 2nd Vice President H. E.

Mohammad Karim Khalili, Government of the Islamic Republic of Afghanistan; and Minister Zarar, Afghanistan Ministry of Counternarcotics.

In his opening remarks, President Medvedev called for a common global fight against narcotics, saying the entire world is threatened by countries that produce illegal drugs.

As the principal speaker for the United States delegation, Mr. Ward outlined the U.S. counternarcotics strategy for Afghanistan, which focuses on introducing effective governance, targeting drug traffickers, and providing farmers with sustainable alternatives to poppy cultivation. He addressed the concerns of large-scale poppy eradication, warning of the dangers of pushing poor peasant farmers into the hands of the insurgency, and stressed the need for deeper U.S.-Russia cooperation in the effort to curb drug use and its consequences.