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**Office of National
Drug Control Policy**

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

The Challenge of Prescription Drugs: How to Ensure Access without Excess

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.

But while we must ensure better access to prescription drugs to alleviate suffering, it's also vital that we curtail dangerous diversion and abuse of pharmaceuticals.

Because prescription drugs are legal, they are easily accessible, often from a home medicine cabinet. Furthermore, some people who abuse prescription drugs, particularly teens, believe these substances are safer than illicit drugs because they are prescribed by a healthcare professional.

According to the 2009 *National Survey*

on Drug Use and Health, among people age 12 or older who reported using pain relievers non-medically in the past year, 55 percent got the drug they most recently abused from a friend or relative for free. Another 18 percent reported getting the drug from one doctor. Only about 5 percent reported obtaining pain relievers from a drug dealer or other stranger, and less than half of one-percent bought the drugs on the Internet. Among those who said they got the pain reliever from a friend or relative for free, 80 percent reported that the friend or relative had obtained the drugs from just one doctor.

It is important that we properly dispose of prescription drugs and not leave them where they can be easily diverted and abused.

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AP Issues Correction for Article Misrepresenting ONDCP Director's Views on Portugal Drug Policy

On Dec. 27, 2010, a number of news outlets ran an Associated Press story titled "Portugal's Drug Policy Pays Off; U.S. Eyes Lessons."

Citing no evidence, the article claimed the United States was "looking for answers in tiny Portugal" after that country decriminalized drugs in 2000. The article also used quotations from National Drug Control Policy Director Gil Kerlikowske that were borrowed from other news coverage.

ONDCP, objecting to both the premise of the story and its headline, contacted the Associated Press and requested a correction, which the AP issued the same day. It read as follows:

"LISBON, Portugal - AP: In a Dec. 26 story, The Associated Press reported that the United States is studying drug reforms in Portugal, and that White House drug czar Gil Kerlikowske visited Portugal to learn about its experience with decriminalizing drugs. The story should have made clear that Kerlikowske does not think Portugal's approach is right for the United States."

A Federal Perspective

DEA: Working to Halt the Diversion & Abuse of Prescription Drugs

The Drug Enforcement Administration's (DEA's) Office of Diversion Control determines program priorities, coordinates major operations, drafts regulations, establishes national drug production quotas, and advises leadership on issues involving controlled substances, among other activities. ONDCP Update recently asked **Joseph Rannazzisi**, DEA Deputy Assistant Administrator for Diversion Control, to discuss the diversion and abuse of prescription drugs and how the agency is responding to these problems. Here's what he had to say:

Survey data tell us prescription drug abuse is the Nation's fastest growing drug problem. What's your perspective?

Prescription drug abuse is a growing trend in the United States that merits serious attention, as all indicators point to an alarming increase in the non-medical use of pharmaceutical controlled substances. This increase is fueling crimes in the diversion of pharmaceuticals. Persons between the ages of 12 and 17 abuse prescription drugs more than cocaine, heroin, and methamphetamine combined.

The ease of access to, and inadequate education on, prescription medications are contributing to this growing trend of abuse. Many home medicine cabinets contain prescription medications and are being accessed by teenagers and young adults. Pharmacy robberies and other crimes of diversion are making more prescription drugs available on the streets. The problem is exacerbated by the misperception held by many teenagers and young adults that prescription medications are safer than illicit drugs, such as heroin, cocaine, marijuana, and methamphetamine. The 2008 Partnership Attitude Tracking Study noted that 41 percent of teenagers mistakenly believe prescription medications are "much safer" than illegal drugs. Indeed, there is a false sense of safety associated with

controlled substance prescription medications because they are manufactured by pharmaceutical companies, prescribed by physicians and other medical professionals, and dispensed by pharmacies. This misunderstanding can end in tragedy.

How is DEA responding to the illegal diversion of prescription drugs, and are these strategies working?

DEA is addressing the diversion of pharmaceutical controlled substances for non-medical use through several avenues. The National Take-Back Day on September 25, 2010, and controlled substance prescription-disposal legislation signed by the President on October 13, 2010, are efforts to educate the public and reduce the quantity of surplus prescription drugs available for abuse.

DEA has also expanded its Tactical Diversion Squads (TDS) across the country to assist Diversion Regulatory Groups in addressing the illegal diversion of pharmaceutical controlled substances via criminal investigations and regulatory inspections. Currently, there are 37 operational TDS groups throughout the United States. The TDS groups coordinate the expertise and resources of Federal, state, and local law enforcement agencies to investigate pharmaceutical diversion. These collaborative units investigate individuals, registrants, and

organizations that are involved in illegal activity, such as prescription fraud, prescription drug trafficking, illicit pain clinics and pharmacy operations, and illegal Internet drug trafficking (rogue Internet pharmacies).

An expanded TDS program provides more criminal investigators focused on criminal diversion. In turn, more diversion investigators can focus on regulatory enforcement of the registrant population.

Prescription medications can be of enormous benefit to patients who need them, but deadly if misused. What challenges does this present to law enforcement?

A tremendous challenge for law enforcement when dealing with pharmaceutical controlled substances is often distinguishing among legitimate medical uses and illegal uses. DEA does not regulate the practice of medicine. However, DEA does enforce Federal law and regulations that are designed to provide for legitimate medical use of pharmaceutical controlled substances while preventing illicit uses harmful to the public health and safety. The Controlled Substances Act (CSA) established a "closed system" of distribution with registration, recordkeeping, and security requirements. This framework

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Disposing of Unused, Unneeded Prescription Drugs

Prescription drugs that are no longer needed should be disposed of properly, such as through a community take-back program conducted with law enforcement officials. The Drug Enforcement Administration (DEA) will hold a national drug take-back day on April 30, a follow-up to a similar event last September. For more information, visit www.dea.gov or call DEA at 202-307-7297.

People without access to a take-back program can follow these steps for proper disposal of prescription drugs:

1. Take your prescription drugs out of their original containers.
2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.

3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
5. Place the sealed container with the mixture, and the empty drug containers, in the trash.

Prescription drugs should be flushed down the toilet only in limited circumstances. For information on medicines that should be flushed, please visit:

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

Deputy Director Tucker Connects with Teens Staying 'Above the Influence' in Arizona

Benjamin Tucker, ONDCP's Deputy Director for State, Local, and Tribal Affairs, addressed more than 800 young people last November at the closing ceremony of the "Above the Influence Experience" during the 2010 Students Against Destructive Decisions (SADD) state conference in Phoenix, Arizona.

The one-day event recognized Phoenix as the winning city in an *Above the Influence* promotion organized by ONDCP's National Youth Anti-Drug Media Campaign. Conference attendees participated in a variety of activities, including a seminar featuring anti-drug messages intended to steer them away from risky behaviors and negative influences.

Among the day's events was a "Tag It" activity, in which teens wrote about what influences they strive to remain above.

The "tags" were memorialized in photos, which were streamed on a customized SADD Flickr feed throughout the conference and posted on the Arizona SADD Facebook page. The students



Benjamin Tucker, Deputy Director for State, Local, and Tribal Affairs, shares a laugh with participants at the 2010 Students Against Destructive Decisions (SADD) state conference in Phoenix, Arizona.

discussed how they could bring the "Tag It" activity back to their own schools and continue the conversation on the Media Campaign's *Above the Influence* website (www.AboveTheInfluence.com).

During his trip, Deputy Director Tucker also delivered keynote remarks at the 7th Annual Native American Fatherhood and Families Association (NAFFA) national conference.

In Nashville, Deputy Director Mineta Finds Programs that are Changing Lives

On a recent visit to Nashville, Tennessee, David Mineta, ONDCP's Deputy Director for Demand Reduction, met with members of the healthcare, public health, and law enforcement communities to discuss the *National Drug Control Strategy* and how these groups work every day to reduce drug use and its consequences in their communities.

His first stop was Meharry Medical Center, where he met with administrators, faculty, and students of the Medical and Public



David Mineta, Deputy Director for Demand Reduction, poses with students at Meharry Medical Center who took part in discussions about the *National Drug Control Strategy*.

Health schools, local health officers, the district attorney, and staff from local law enforcement agencies. Their discussion revolved around early intervention, medication-assisted therapy, and ensuring primary care services for underserved areas.

The next stop was Renewal House, an outpatient and residential women- and family-based treatment program. Renewal House provides comprehensive substance abuse, mental health, and child welfare services to women and allows them to keep their children (up to age 10) with them during treatment.

Deputy Director Mineta spoke with a graduate of the program who is now in recovery and rebuilding her life. She stressed the importance of having her daughter with her during treatment. She credits Renewal House not only with her own successes as a mother and a member of the community, but with setting her daughter on a path to success, as well.

The following day, Deputy Director Mineta visited DC Four (the Davidson County Drug Court) and a nearby Mental Health Court. Both programs are changing the lives of people who suffer from addiction and mental illness by providing participants the tools they need to get back on their feet.

He also paid a visit to The Next Door, a program dedicated to helping women who are leaving incarceration and re-entering the community. The Next Door offers services to help the women find jobs and reconnect with their families, including stable housing, education support, and courses on life skills and parenting. Here, Deputy Director Mineta heard the touching personal story of a 46-year-old woman who has a mental health disorder and has struggled with addiction. She spoke about how the program helped her reconnect with her family and set her on a course to recovery.

U.S. and Russian Drug Directors Agree to Better Cooperation on Drug Abuse Issues

Director Kerlikowske and Viktor Ivanov, Director of the Russian Federal Drug Control Service, co-chaired the third meeting of the Joint U.S.-Russia Counternarcotics Working Group, held October 21, 2010, in Washington, D.C. At the meeting, Director Kerlikowske and Director Ivanov discussed cooperation between the U.S. Drug Enforcement Administration (DEA) and the Russian Federal Narcotics Service (FSKN) on counternarcotics trafficking, agreeing to improve coordination between the two agencies.

The Working Group also agreed to improve exchanges of information on prevention and treatment of drug abuse and recovery from addiction. At the end of the meeting, Directors Kerlikowske and Ivanov signed a joint statement affirming their commitment to move forward on these and other issues.

The Joint U.S.-Russia Counternarcotics Working Group was established in July 2009 by President Obama and Russian



Director Kerlikowske, right, and Viktor Ivanov, Director of the Russian Federal Drug Control Service, sign a joint statement in Washington, D.C., affirming their commitment to closer cooperation between their two countries on prevention and treatment of drug abuse and recovery from addiction.

President Medvedev. It is part of the Bilateral Presidential Commission, which was created to improve coordination between the countries and pursue joint projects that strengthen strategic stability, international security, economic well-being,

and development of ties between the Russian and American people.

For more on the U.S.-Russia Bilateral Presidential Commission, visit online: www.state.gov/russiabpc.

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requires that controlled substance transactions take place within that system.

The possession, manufacture, distribution, import, or export of an illicit controlled substance such as heroin or LSD is clearly a crime. On the other hand, matters involving the diversion of pharmaceutical controlled substances are less clear-cut. Difficult questions often must be resolved before a criminal act or regulatory violation can be demonstrated.

Such questions include whether the controlled substances were manufactured and distributed in compliance with the closed system of distribution, and whether the drugs were dispensed pursuant to a valid prescription issued for a legitimate medical purpose by a medical professional acting in the usual course of professional practice.

This analysis is part of the balancing process required to ensure controlled substance pharmaceuticals are available for legitimate medical use, while also

Rogue pain clinics are a major source of controlled substance pharmaceuticals for drug seekers.

preventing the diversion of these substances to the illicit market.

What are the emerging challenges in diversion control, and what can be done to keep them from developing into major problems?

One growing challenge is the proliferation of clinics that operate under the guise of providing "pain management" but whose real activities are outside the scope of legitimate medical practice. These rogue pain clinics, also known as pill mills, are a major source of controlled substance pharmaceuticals for drug seekers. Individuals and criminal organizations have established a thriving business of traveling from parts of the country with strong prescription-monitoring programs to un-monitored areas where pill mills distribute controlled substances or prescriptions for controlled substances

indiscriminately. These operations place a major strain on law enforcement resources.

DEA continues enforcement and regulatory efforts against rogue pain clinics, the pharmacies that act as their source of supply, and wholesale distributors that ignore suspicious orders of controlled substances. To combat "doctor shopping" and other forms of prescription drug diversion, several states have enacted legislation to implement a Prescription Drug Monitoring Program to help detect illegal activities. Currently, 34 states have operational prescription monitoring programs, and nine states have programs that are pending implementation.

State legislation that strengthens regulatory authority for state agencies and provides for increased regulatory control over these types of operations is an important part of an overall strategy to reduce or eliminate the diversion of pharmaceuticals to the illicit market.