Drug Policy in the United States:
A Presentation by John P. Walters, Director,
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February 22, 2007

Question and Answer Session

Q: You've had programs funding Drug Free Communities – how successful has that been? And how much money, on average, is given to each community?

A: The Drug-Free Communities (DFC) program now supports over 700 drug-free community coalitions across the United States, based on the fundamental idea that local problems need local solutions. The goal of the coalitions is to bring citizens together to prevent and reduce drug, alcohol, and tobacco abuse among youth. DFC grantee communities typically receive $100,000 per year in Federal funds, which must be matched dollar-by-dollar by the communities, thus ensuring the sustainability of prevention programming beyond the 5-year Federal funding cycle.

DFC Coalitions are required to collect and report data on core measures of youth substance use for at least three grades, at least every two years. As detailed in the most recent National Drug Control Strategy, community coalitions have seen encouraging results, as demonstrated by the Upper Bucks Healthy Communities Healthy Youth Coalition, a suburban Philadelphia Drug-Free Communities grantee that, among other encouraging trends, experienced a 44 percent reduction in tobacco use among 8th graders since 2004.

Such successful coalitions can now qualify to "mentor" new and emerging community groups to help them replicate the successes of more established groups.

Q: Can you explain how you screen for drug addiction?

A: Screening for drug addiction can be performed verbally (oral, written, electronically) using evidence-based questionnaires that are sensitive and specific. A number of screening tools are available that fulfill DSM-IV or international criteria, e.g. the Addiction Severity Index (ASI). Questions are designed to address seven potential problem areas in substance-abusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. The ASI provides an overview of adverse consequences and problems related to substance use, rather than focusing on any single area. In clinical settings, it has been used extensively for treatment planning and outcome evaluation, as it identifies problem areas in need of targeted intervention.

Efficient and inexpensive screening can also be used to identify the full spectrum of substance abuse disorders, from use to abuse to addiction. Patient responses are used to generate a score that reflects the severity of the problem being assessed. A number of substance abuse screening instruments have been developed that trigger further

intervention when a patient's score exceeds a predetermined threshold. Three commonly used screening instruments are the Alcohol Use Disorders Identification Test (AUDIT), the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), and the Drug Abuse Screening Test (DAST).

Q: Brain imaging has told us that environmental/social influences are as important as or more important than genetics in influencing addictions. How does this affect your organization's approach to the problem?

A: Accumulating evidence from a range of research approaches indicates that the overall heritability of addictions is approximately 40%. However, the genetic contribution also varies by a number of factors, including the nature of the drug. For example, the heritability for drugs with high addictive potential is greater than for drugs (e.g. hallucinogens) with lower addictive potential. Environmental, gestational, and social influences are also critical factors. At present, it is not possible to predict individual susceptibility to addiction, although NIDA-sponsored research to enhance predictive factors is ongoing. The U.S. views drug use, abuse, and addiction as preventable and treatable in all populations, regardless of etiologic origin, and U.S. programs are designed to encompass a broad demographic base. Programs also exist that are sensitive to and tailored for the needs of specific sub-populations.

Q: Re: the Treatment Strategy. Are we doing enough? What else can we do? What can we do more of?

A: We can only speak to our experience in the United States. The Bush Administration has made it a priority to reduce the barriers to treatment. Key to this effort is addressing substance abuse and dependence like any other public health problem and ensuring that proper screening and interventions take place in health care settings. To support this priority, the U.S. Federal Government has established a demonstration program entitled "Screening, Brief Intervention, Referral and Treatment" (SBIRT). This program has begun screening and providing brief interventions in hospitals, primary care settings, colleges, and one tribal council.

The U.S. is also reducing the financial barriers to treatment through the Access to Recovery (ATR) program, administered by the Department of Health and Human Services. This program provides clients with vouchers for treatment services and also assists them in overcoming other obstacles, such as finding child care, arranging transportation, and job training.

Finally, drug courts, supported by Federal grants, have spread throughout the United States in recent years to bring non-violent offenders with substance problems to treatment instead of prison. Drug courts have been shown to reduce recidivism and significantly contribute to recovery.

Q: Recent research in the US has demonstrated the over-exposure of youth to alcohol advertising. Do you feel that it may be appropriate to limit the

promotion of alcohol? Why or why not? How you curtail it if you did think that it was a good policy.

A: The Office of National Drug Control Policy does not regulate private sector advertising. Nonetheless, we certainly believe that alcohol abuse, especially among youth, is a serious problem. Alcohol use by youth are addressed in a number of Federally-funded programs such as screening, brief intervention and referral to treatment (SBIRT). The National Youth Anti-Drug Media Campaign stresses the need for parents to engage their children in "Crucial Conversations" that focus on open dialog with children on risky behaviors. Random Student Drug Testing in schools can apply Federal funds to alcohol screening.

Q: Director Walters' discussion of random testing in schools and the analogy of TB testing suggested that any drug use is problematic and loses the distinction between use and dependence. There is no non-pathological TB infection but the majority of individuals who use drugs will never become dependant (i.e. addicted). If a person has non-problematic drug use they can choose a job that does not involve random drug testing. How can a student choose between an education and being subject to random testing?

A: Any drug use is problematic, for a very simple reason. All illicit drugs are intoxicating, and even a single dose of a drug can place a person in harm's way. Although users and the addicted can be distinguished on the basis of frequency of use, as well as other criteria, the intoxicating effects of a drug, even if used infrequently, can result in adverse consequences (accidents, violence, failure at school, loss of job, etc) regardless of frequency of use. Illicit drugs can also lead to addiction, and it is not possible to predict who will become addicted. Some recent data highlight these points. Youth who don't use marijuana in high school, when compared to marijuana experimenters and frequent users, are twice as likely to graduate from college and much less likely to sell drugs or to steal at age 23. The abstainers also have higher rates of doing homework, participating in extracurricular activities, and getting good grades in school (Tucker et al 2006). Other studies show that reducing drug use in high schools increases class attendance.

Drug addiction is a disease, not an exercise in freedom or a form of expression. Screening for drug use extends the same protective procedures applied to other diseases to the disease of addiction. The U.S. Supreme Court has ruled that drug testing must be done confidentially. Schools have a responsibility to respect students' privacy and to adhere to the Supreme Court ruling. The purpose is to deter use, intervene early with those who have just begun to use, and to provide professional help to those who have become dependent, not to expose and punish children for drug use.