NATIONAL DRUG CONTROL STRATEGY

2013

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To the Congress of the United States

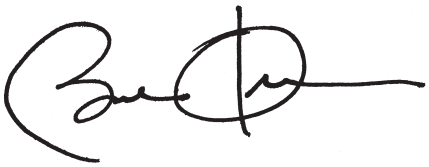
I am pleased to transmit the 2013 *National Drug Control Strategy*, my Administration's blueprint for reducing drug use and its consequences in the United States. As detailed in the pages that follow, my Administration remains committed to a balanced public health and public safety approach to drug policy. This approach is based on science, not ideology—and scientific research suggests that we have made real progress.

The rate of current cocaine use in the United States has dropped by 50 percent since 2006, and methamphetamine use has declined by one-third. New data released this year suggest that we are turning a corner in our efforts to address the epidemic of prescription drug abuse, with the number of people abusing prescription drugs decreasing by nearly 13 percent—from 7 million in 2010 to 6.1 million in 2011. And the number of Americans reporting that they drove after using illicit drugs also dropped by 12 percent between 2010 and 2011.

While this progress is encouraging, we must sustain our commitment to preventing drug use before it starts—the most cost-effective way to address the drug problem. The importance of prevention is becoming ever more apparent. Despite positive trends in other areas, we continue to see elevated rates of marijuana use among young people, likely driven by declines in perceptions of risk. We must continue to get the facts out about the health risks of drug use and support the positive influences in young people's lives that help them avoid risky behaviors.

The *Strategy* that follows presents a sophisticated approach to a complicated problem, encompassing prevention, early intervention, treatment, recovery support, criminal justice reform, effective law enforcement, and international cooperation.

I look forward to working with the Congress and stakeholders at all levels in advancing this 21st century approach to drug policy.



The White House

Preface from Director Kerlikowske

The 2013 *National Drug Control Strategy* articulates the Administration's vision for a modern, balanced drug policy, yet it also contains the voices of thousands of individuals committed to building a safer and healthier future, both across the country and around the world. Throughout 2012, these individuals submitted their ideas about how we can improve our efforts to reduce drug use and its consequences. The *Strategy* also reflects input from members of Congress and my colleagues in the Federal Government, whom I convened for a meeting at the White House in July 2012 to discuss our progress and identify priorities for the coming year.

This process of consultation led to a number of enhancements in the 2013 *Strategy*. For example, our work to address prescription drug abuse in the United States led us to collaborate with a wide range of researchers, advocates, and policymakers concerned with the impact this epidemic is having on the health of mothers and infants. In August 2012, I hosted a national leadership meeting that focused on neonatal abstinence syndrome and evidence-based treatment and prevention options for maternal addiction. The conclusions reached at this meeting are reflected in a renewed emphasis on maternal addiction and neonatal abstinence syndrome in the *Strategy*.

The 2013 *Strategy* also includes an enhanced focus on overdose prevention and intervention as an important component in reducing drug-related deaths and connecting those in need with treatment and recovery services. In August 2012, I traveled to Wilkes County, North Carolina, and visited Project Lazarus, an organization helping to address the prescription drug abuse problem in a region hard hit by the epidemic. While there, I met with doctors, community leaders, and law enforcement professionals dedicated to reducing prescription drug abuse—to include preventing drug-related deaths through the use of the life-saving overdose reversal drug naloxone. As a result, the 2013 *Strategy* includes a section on overdose and highlights a law enforcement professional who is pioneering the use of naloxone by police officers in his hometown of Quincy, Massachusetts.

These new components augment the Administration's balanced public health and safety approach to reducing drug use and its consequences. There are no easy answers to the drug problem, but experience has shown us that by breaking down silos and collaborating across disciplines, we can make real and lasting change. I look forward to working with the Congress and the American people to effect that change in the year ahead.

R. Gil Kerlikowske
Director of National Drug Control Policy

Introduction

The President's inaugural *2010 National Drug Control Strategy* laid out a comprehensive, evidence-based approach to reducing drug use and its consequences in the United States. In doing so, the Administration charted a "third way" in drug policy, a path that rejects the opposing extremes of legalization or a law enforcement-only "war on drugs." Rather, the *Strategy* pursues a 21st century approach to drug policy that balances public health programs, effective law enforcement, and international partnerships. This "third way" is rooted in the knowledge that drug addiction is a disease of the brain—one that can be treated, recovered from, and, most importantly, prevented. It represents the future of drug policy not just in the United States, but all over the world.

In May 2012, the United States presented a document to the international community that sets forth the principles upon which the Administration's approach to drug policy is based. The Principles of Modern Drug Policy was released at the 3rd World Forum Against Drugs, a gathering of international drug policy leaders and nongovernmental organizations hosted in Stockholm by the Government of Sweden. The *Principles* document represents a commitment—and an invitation to nations around the globe—to adopt modern approaches to address the world drug problem. It emphasizes the importance of recognizing that drug addiction is a chronic disease of the brain and that drug policies should be balanced, compassionate, and humane. To effectively address the disease, prevention, treatment, and recovery support services should be integrated into health care systems. The *Principles* document reaffirms that respect for human rights is an integral component of drug policy and recognizes that the best way to reduce the substantial harms associated with drugs is to reduce drug use itself. It supports the use of modern approaches to the drug problem, to include the expansion of medication-assisted therapies for drug treatment and criminal justice reforms such as alternatives to incarceration that break the cycle of drug use, crime, incarceration, and re-arrest. Finally, the *Principles of Modern Drug Policy* addresses the drug problem as a shared responsibility among nations, reaffirming support for the three United Nations drug conventions and calling for international cooperation to counter transnational organized crime and protect citizen security.

Sweden proved to be a fitting setting in which to release the *Principles of Modern Drug Policy,* as it is a country with one of the most varied and instructive drug policy experiences in the world. More than 50 years ago, the Government of Sweden undertook a social experiment in Stockholm: "legal prescription" of drugs under government and medical supervision for those with substance use disorders. The experiment quickly became problematic as participants began to divert the narcotics into illicit markets, and the program was terminated in 1967.[1] As a result of this negative experience with drug legalization, Sweden has become a global leader in advocating for balanced, evidence-based drug policies.

Sweden's experience with drug liberalization is especially relevant today. In recent years, the debate about drug policy has lurched between two extremes. One side of the debate suggests that drug legalization is the "silver bullet" solution to drug control. The other side maintains a law enforcement-only "War on Drugs" mentality.

Neither of these approaches is humane, effective, or grounded in evidence. The Obama Administration supports a "third way" approach to drug control—one that is based on the results of considerable investment in research from some of the world's preeminent scholars on the disease of addiction.

The Administration is doing its part to further the *Principles*, both at home and abroad. We have rebalanced national drug control policy to reflect the complexity of drug use as both a public health and public safety issue, dedicating more than $10.5 billion to prevention and treatment, compared to $9.6 billion for domestic law enforcement.

In the area of demand reduction, since 2009, the Administration has committed more than $370 million to the Drug Free Communities Support Program, which provides funding to community coalitions that organize to prevent youth substance use. We have worked to expand screening and brief intervention services in health care settings and ensure that treatment for substance use disorders is integrated into the mainstream health care system through the Affordable Care Act. The Office of National Drug Control Policy (ONDCP) has established—for the first time—a dedicated office responsible for policies and programs that support Americans in recovery from addiction. And we have supported the development of new medications to treat addiction and the implementation of medication-assisted treatment (MAT) protocols. MAT is being integrated into AIDS treatment through the President's Emergency Plan for AIDS Relief, the largest effort in history to treat a single disease.

The Administration is also advancing criminal justice reform, supporting the efforts of more than 2,700 drug treatment courts in the United States that provide approximately 120,000 offenders each year with drug treatment instead of prison.[2] The Administration supports innovative community safety programs that have been proven to reduce crime and recidivism, such as enhanced probation and parole programs and "drug market intervention" programs that reduce open air drug markets and offer offenders a way out. In 2010, the President signed the Fair Sentencing Act into law, reducing the 100-to-1 sentencing disparity between offenses for crack and powder cocaine. Through its support for the Second Chance Act, the Administration has underscored the importance of substance abuse treatment, employment, mentoring, and other services that improve the transition of individuals from the criminal justice system to a new life in the community.

Internationally, the United States is helping safeguard human rights and is promoting evidence-based drug policies. In 2011, the nongovernmental organization Human Rights Watch released a report about inhumane conditions in Vietnamese treatment programs that claimed to be following the U.S. National Institute on Drug Abuse's (NIDA) Principles of Effective Treatment. These programs were in fact not in accordance with NIDA's Principles and were not receiving funding from the U.S. National Institutes of Health. The Directors of ONDCP and NIDA reiterated the United States' strong support for safe and effective drug addiction treatment that is consistent with NIDA's Principles and internationally recognized human rights. In 2011 and 2012, the United States promoted best practices in demand reduction as the Chair of the Demand Reduction Experts Group of the Inter-American Drug Abuse Control Commission (known by its Spanish acronym, CICAD). Since 2009, the United States has successfully sponsored UN resolutions on the issues of prevention, prescription drug abuse, drugged driving, and alternatives to incarceration. And through such programs as the Merida Initiative, the Caribbean Basin Security Initiative (CBSI), and the Central America Regional Security Initiative (CARSI), the United States has

helped to expand judicial, social, educational, and law enforcement capacities to counter the influence of transnational organized crime in the Western Hemisphere.

The pages that follow describe in further detail the actions the Administration has taken to reduce drug use and its consequences, in accordance with the *Principles of Modern Drug Policy* and in pursuit of the drug policy goals established in 2010 by the President's first *National Drug Control Strategy*. Further information on progress toward achieving the goals of the *Strategy* will be provided in the 2013 *Performance Reporting System Report*.[3]

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- to 17-year-olds by 15 percent

1b. Decrease the lifetime prevalence of 8th graders who have used drugs, alcohol, or tobacco by 15 percent

1c. Decrease the 30-day prevalence of drug use among young adults aged 18–25 by 10 percent

1d. Reduce the number of chronic drug users by 15 percent

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 percent

2b. Reduce drug-related morbidity by 15 percent

2c. Reduce the prevalence of drugged driving by 10 percent

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)

Chapter 1. Strengthen Efforts to Prevent Drug Use in Our Communities

Prevention is a foundational pillar of the *National Drug Control Strategy* and one of the Administration's highest drug policy priorities. The 2011 National Survey on Drug Use and Health (NSDUH) found that an estimated 22.6 million Americans age 12 and over were current (past month) illicit drug users, including 2.5 million young people between the ages of 12-17.[4] These data demonstrate the need for a strong Federal commitment to substance use prevention.

For substance use prevention efforts to be effective, they must be comprehensive in scope and take into account both risk factors (e.g., aggressive behavior, drug availability, and poverty) and protective factors (e.g., parental influence, academic competence, and family support).[5] Policies, programs, and messages that help youth abstain from drugs and alcohol are needed at home, in school, among peers, at workplaces, and throughout the community. Recent research has concluded that every dollar invested in school-based substance use prevention programs has the potential to save up to $18 in costs related to substance use disorders.[6]

Prevention efforts are most successful across settings to communicate consistent messages through school, work, religious institutions, and the media. Research shows that programs that reach youth through multiple sources can strongly impact community norms.[7] It is imperative to reach parents and adult influencers as well as youth where they live, learn, work, and play with information about the dangers of substance use and provide them with tools to help young people embrace a drug-free lifestyle. With this in mind, federally-supported efforts in 2012 helped states, tribal nations, and local communities continue to build a solid foundation for delivering and sustaining effective prevention services through such programs as the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant, the Strategic Prevention Framework-State Incentive Grant, and the Partnerships for Success programs. Additionally, ONDCP's Drug Free Communities (DFC) Support Program provides direct funding and technical assistance to community-based coalitions that organize to prevent youth substance use.

A number of Federal initiatives help ensure that communities, young people, parents, and professionals have the latest and most accurate information available to guide their prevention activities, particularly in response to some of the latest drug use trends, such as prescription drug abuse, marijuana, and synthetics (e.g., "K-2," "Spice," and "bath salts"). For example, in 2012 the Above the Influence campaign, run by ONDCP in collaboration with the Partnership at Drugfree.org, worked through television, print, social media, local radio advertising, and partnerships with community organizations to inform and inspire teens to reject illicit drugs. The Department of Agriculture's Children, Youth, and Families Education and Research Network has worked with NIDA to disseminate evidence-based prevention strategies. These and other activities culminated in a Presidential Proclamation designating October 2012 as National Substance Abuse Prevention Month, during which communities nationwide were encouraged to take action to promote healthy, drug-free communities and workplaces. Red Ribbon Week, commemorated in honor of DEA Special Agent Enrique "Kiki" Camarena, who was killed in the line of duty in 1985, is

observed during the final week of Prevention Month. Americans across the country participate by organizing community anti-drug events and making pledges to live drug-free lives.

Federally-supported prevention activities conducted in 2012 focused on three major goals: (1) furthering the development of a national prevention system infrastructure; (2) facilitating dissemination of evidence-based drug prevention messaging, with an emphasis on marijuana, synthetics, and prescription drug abuse; and (3) enhancing the role of law enforcement in locally-based drug prevention initiatives.

1. A National Prevention System Must be Grounded at the Community Level

A. Collaborate with States to Support Communities

The 2010 *National Drug Control Strategy* underscored the importance of preparing communities to provide effective prevention services. States play a critical role in this effort, and SAMHSA continues to promote state-community prevention partnerships through its Partnerships for Success program. In 2012, SAMHSA awarded 15 grants totaling more than $42 million to address underage drinking and prescription drug abuse among high-risk populations through the Strategic Prevention Framework Partnerships for Success II grants. These grants help build prevention capacity, develop data-driven strategies, implement comprehensive, evidenced-based approaches, and evaluate outcomes. Under the Department of Education's Safe and Drug-Free Schools and Communities programs, resources and technical assistance have been provided to state education agencies, as well as to school districts and schools, to implement programs to monitor and improve the school climate, while discouraging drug use. In addition, the Administration has proposed to create a new Successful, Safe, and Healthy Students Program at the Department of Education that would provide increased flexibility to States and school districts to design and implement strategies that best reflect the needs of their students and communities (and which may include programs that focus on drug and violence prevention). Community law enforcement officers receive support from the Department of Justice's (DOJ) Edward Byrne Memorial Justice Assistance Grant Program to support community drug prevention programs. The Department of Defense (DOD) as well as the Administration for Children and Families reaches some of our most "At Risk" kids through the National Guard ChalleNGe Program, and the Program to Enhance Safety of Children Affected by Substance Abuse respectively.

B. Spread Prevention to the Workplace

Workplaces provide an opportunity to educate millions of Americans about the dangers of drugs and alcohol, reinforce drug-free norms, ensure the safety and wellness of employees, and offer assistance through referrals and support to employees who are experiencing substance use disorders themselves or within their families. The workplace is an ideal setting in which to deliver prevention messaging for working parents to deter substance use in their families.

The Federal Drug-Free Workplace Program is a comprehensive program to achieve a drug-free workplace; it applies to the Federal workplace but also serves as a model for the private sector. Examples of approaches in the program include the use of written policies, employee education, supervisor training, employee assistance programs, and provisions to identify illegal drug use, including drug testing.[8] For

example, the Department of Transportation (DOT) oversees a strong drug and alcohol testing program to ensure public safety. During calendar year 2011, transportation employers conducted nearly 5.7 million drug tests, and in the first 6 months of 2012, they conducted nearly 3 million drug tests. DOT also provides outreach to the public in the forms of highly utilized websites, numerous presentations at conferences and meetings, and a variety of "tool kits" and guidance documents for employers and employees. Importantly, the DOT program also requires that transportation employees identified as having substance abuse problems are referred for evaluation and treatment. SAMHSA also funds the Preventing Prescription Abuse in the Workplace (PPAW) program to provide technical assistance to help civilian and military workplaces in communities reduce prescription drug abuse problems. The PPAW provides a variety of technical assistance resources to workplaces, SAMHSA's grantees, and community partners.

Substance Use and Unemployment

An extensive body of research suggests that problematic substance use is both a cause and a result of unemployment. Individuals can get caught in a vicious cycle of substance use and unemployment that can be difficult to break without treatment and job counseling.[9] Studies indicate that alcohol use disorders double the risk of becoming unemployed;[10] heavy alcohol users are 6 times more likely to be unemployed than low use drinkers;[11] and cocaine use tends to lower the likelihood of being employed by 23 to 32 percentage points while marijuana use lowers it by 15 to 17 points.[12] Research also suggests that unemployment results in increases in substance use (alcohol, illicit drugs, and abuse of prescription drugs) and substance use disorders. For example, a longitudinal study of U.S. workers reported that those workers who lost their jobs sometime between their first and second survey interviews were 9 times more likely to develop a substance use disorder compared to workers who did not lose their jobs.[13] These data underscore the importance of substance abuse prevention, early intervention, treatment, and recovery support services to the Nation's economy.

2. Prevention Efforts Must Encompass the Range of Settings in Which Young People Grow Up

A. Strengthen the Drug-Free Communities Support Program

In FY 2012, the Administration provided $85 million in DFC Support Program funds to support community-based prevention. This consisted of $7.9 million in new DFC grants to 60 communities and 6 new DFC Mentoring grants, building on the $76.7 million in continuation grants that were awarded to 608 currently-funded DFC coalitions and 18 DFC Mentoring coalitions. Over the past 8 years, DFCs have achieved significant reductions in youth alcohol, tobacco, and marijuana use among middle school youth.[14]

VetCorps at Work in Manatee County, Florida

In response to the needs of military families and service members, the Community Anti-Drug Coalitions of America (CADCA) applied for and received a grant from the Corporation for National and Community Service's AmeriCorps Program to establish VetCorps. The purpose of VetCorps is to establish support for military families and service members through community-based coalitions. DFC has partnered with the VetCorps initiative and has encouraged community coalitions to respond to this very important initiative. An example of how a DFC-funded coalition has collaborated with VetCorps is the Manatee County Substance Abuse Coalition located along the Florida Gulf Coast. The Manatee County Government's Veterans Services Division selected a former Marine as the new VetCorps Prevention Coordinator. The Manatee County VetCorps project will assist in identifying gaps in services by gathering data pertaining to veterans and their families; coordinating among local National Guard Units; assisting military service members and their families in areas of employment, healthcare, education and housing; and coordinating substance abuse prevention efforts relating to veterans.

B. Leverage and Evolve the Above the Influence Brand to Support Teen Prevention Efforts

ONDCP's National Youth Anti-Drug Media Campaign was created by Congress in 1998 to educate and prevent drug use among youth and has been the Nation's sole and consistent vehicle for providing national-level drug prevention messaging via mass media and public outreach. As the Media Campaign has been refined, this action item has been modified to reflect the Media Campaign's efforts under the Above the Influence brand (ATI).

ATI has achieved a high 88 percent awareness level among teens, and the campaign continues to have a strong presence on social networks. The ATI Facebook community recently surpassed 1.7 million "likes," making it one of the largest teen-targeted Facebook presences among Federal Government or nonprofit youth organizations. Additionally, three independent peer-reviewed studies have confirmed that the Media Campaign is effective, relevant to youth, and instrumental to drug prevention efforts in communities across the country.[15,16,17]

abovetheinfluence.com

Local engagement with ATI has amplified the Media Campaign's effects. To foster youth participation at the community level, the campaign has partnered with more than 80 youth-serving organizations in over 45 cities to provide a recognized national platform that can be adapted to provide customized local advertising in ATI communities. More than 1,000 community organizations have received technical assistance and training through conferences and webinars.

C. Support Mentoring Initiatives, Especially Among At-Risk Youth

Parents and positive adult influencers, including mentors, play a vital role in healthy youth development and substance use prevention. A study of one national mentoring program notes that youth involved in mentoring are 46 percent less likely to begin using illegal drugs.[18] The 4-H program is a youth organization supported by the National Institute of Food and Agriculture of the U.S. Department of Agriculture,

with the mission of "engaging youth to reach their fullest potential while advancing the field of youth development." With over 6 million young people ages 5-19 participating across the country, the program provides one-on-one mentoring and group mentoring for youth and assists them in developing long-term goals. More specifically, the 4-H Mentoring: Youth and Families with Promise program is a prevention program targeted to at-risk youth ages 10-14; these programs incorporate "family night out," 4-H activities such as club and social involvement, and one-to-one mentoring.

D. Mobilize Parents To Educate Youth to Reject Drug Use

Parents are often the source of the first messages children will hear about their health and well-being, and parents often ask how to talk to their children about staying drug-free. In October 2012, NIDA launched a new research-based prevention tool, the Family Check-Up website, which highlights parenting skills that are important to prevent the initiation and progression of drug use among youth. Based on the work of the Child and Family Center at the University of Oregon, the Family Check-Up contains five questions and discussion points to help parents better communicate with their children and prevent negative behaviors like substance use. Also in late 2012, the Department of Education partnered with the Drug Enforcement Administration (DEA)- to update and release a new version of their popular publication, Growing Up Drug Free: A Parent's Guide to Prevention. ONDCP also included materials to help parents talk with their children in the Drugged Driving Toolkit.

Advocates for Action: The Rozga Family

Mike, Jan, and Daniel Rozga know the importance of drug prevention all too well. In June 2010, their son and brother David fatally shot himself within an hour of smoking "K2," a dangerous synthetic drug. The Rozgas have since turned their tragedy into purpose, working to educate people on the dangers of synthetic drugs and advocating for legislative changes to prevent the manufacture of these substances. The Rozgas launched a new website, www.k2drugfacts.com, to give families the opportunity to share their experiences and raise awareness about dangerous but little understood synthetic drugs like "K-2." The Rozga family has also taken its message on the road, speaking to high schools, colleges, church groups, EMS providers, and conducting extensive outreach through local and national media outlets. The Rozgas are currently working with The Partnership at Drugfree.org and their PACT360 program to continue advocating for action on synthetic drugs—preventing other families from experiencing the tragedy they suffered.

3. Develop and Disseminate Information on Youth Drug, Alcohol, and Tobacco Use

A. Support Substance Abuse Prevention on College Campuses

In FY 2012, the U.S. Department of Education's Center for Alcohol, Drug Abuse, and Violence Prevention conducted trainings for college and university officials on creating a substance-free social and cultural environment on college campuses, engaging campus prevention experts, researchers, Federal partners, and representatives from the Collegiate Recovery Network. Because of a significant cut in appropriated funds for the Safe and Drug-Free Schools and Communities program, the Department no longer operates the Higher Education Center as a stand-alone technical assistance center. Instead, the Department has restructured and consolidated its technical assistance centers that focus on school climate and alcohol and drug use prevention at the elementary, secondary, and postsecondary levels to develop and share resources more cost-effectively and provide coordinated technical assistance. The new National Center on Safe Supportive Learning Environments began operations on November 1, 2012.

B. Expand Research on Understudied Substances

More research is needed to address the many variables pertaining to understudied drugs, such as synthetic cathinones and cannabinoids (e.g., "K2," "Spice", and "bath salts"). To date, there has been limited substance abuse research conducted on these substances. The NIDA-supported Monitoring the Future Study began collecting data on teen use of synthetic cannabinoids in 2011 and synthetic cathinones in 2012 to help inform prevention efforts. NIDA also supports research to better understand how these emerging drugs affect the brain. In response to new substance use trends, ONDCP will collaborate with Federal partners to develop a research agenda on emerging substances abused by youth.

C. Prepare a Report on the Health Risks of Youth Substance Use

The Office of the Surgeon General is developing a *Call to Action to Prevent Prescription Drug Abuse among Youth* that will outline specific strategies that can be taken by multiple sectors of the community: youth, parents, law enforcement, community coalitions, and Federal, state, and local government and law enforcement agencies. This report will help implement the first pillar of the Administration's *Prescription Drug Abuse Prevention Plan*: Educating parents and youth on the dangers of prescription drug abuse.

4. Criminal Justice Agencies and Prevention Organizations Must Collaborate

A. Provide Information on Effective Prevention Strategies to Law Enforcement

Law enforcement agencies can play a pivotal role in reducing substance abuse in communities; they should be a part of a comprehensive approach when addressing substance use. In 2012, ONDCP provided the Drugged Driving Toolkit to the National Association of School Resource Officers to help officers to identify, educate, and prevent youth drugged driving. In addition, DOJ sponsors the interagency National Forum on Youth Violence Prevention, a working group mechanism that helps cities work with young people to deter youth violence in their communities by encouraging them to rise above the

negative influences in their lives. In 2012, four additional cities were added to DOJ's National Forum on Youth Violence Prevention: Camden, NJ, Minneapolis, MN, Philadelphia, PA, and New Orleans, LA. These bring the current total of cities participating to ten.

B. Enable Law Enforcement Officers to Participate in Community Prevention Programs in Schools, Community Coalitions, Civic Organizations, and Faith-Based Organizations

The High Intensity Drug Trafficking Areas (HIDTA) program provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. A number of HIDTAs emphasize prevention and treatment as part of their strategies. In 2012, ONDCP awarded 20 HIDTA grants totaling $2.9 million to increase coordination between prevention programs and law enforcement. For example, the Washington/Baltimore HIDTA sponsors the Richmond Neighborhood Drug Intervention and Prevention Initiative, a program for nonviolent youth offenders that combines prevention, treatment, and intervention and offers educational and vocational opportunities. Young offenders who take part in the program gain the opportunity to reintegrate into the community with new skills. Additionally, the Department of Homeland Security (DHS) provided web-based training to community coalitions on strategies communities can use to prevent substance abuse. The National Guard Counterdrug Program's Civil Operations Division coordinates and provides services to anti-drug coalitions and other prevention providers at schools and in communities. Since 2004, the five National Guard Counterdrug Schools have sponsored training for community coalitions. DEA's Demand Reduction Section continues extensive public education through its teen website, www.justthinktwice.com, and the parent website, www.getsmartaboutdrugs.com. DEA produced several educational publications targeting teens and parents, including *Prescription for Disaster: How Teens Abuse Medicine*. DEA collaborated with the Boys & Girls Clubs of America to produce *Get it Straight* for middle school youth and the *Get it Straight Facilitator Guide.*

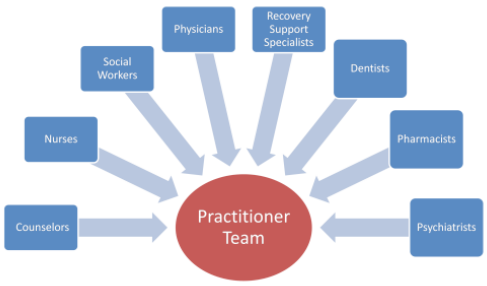
C. Strengthen Prevention Efforts along the Southwest Border

In 2012, SAMHSA sponsored the "U.S. Counties along the Mexico Border Initiative," which assists schools, community centers, workplaces, and local prevention providers along the border to assess population needs, resources, and readiness to provide culturally and linguistically appropriate programs. In addition to the border counties initiative, the NIDA-supported "VIDA" (Vulnerability Issues in Drug Abuse) Program prepares faculty and students to conduct drug abuse research and training for underrepresented communities. VIDA partnered with the University of Texas-El Paso to hold a conference for both behavioral health providers and researchers to present and discuss effective program strategies, including the use of *promotores* (community health workers) for populations along the border.

Chapter 2. Seek Early Intervention Opportunities in Health Care

Health care practitioners have the important responsibility of looking after their patients' general health and welfare. With the full implementation of the Affordable Care Act in 2014, many more people will be eligible for substance use disorder services. Expanding the range of doctors, physicians' assistants, nurses, counselors, social workers, and other specialists able to identify and ensure treatment for individuals with substance use disorders has important implications for the health of the American people and our Nation's economy. Further, we must continue to focus on efforts to expand and modernize the continuum of services health care practitioners provide for their patients, to include substance abuse services.

A Team of Health Care Practitioners



The health care field will continue to need to adopt and integrate evidence-based approaches to address substance use disorders. Successful integration of evidence-based approaches into mainstream health care will require health care practitioners to work in teams that often include specialists from other medical fields. To enhance this professional cooperation, team members will need to understand the disease of addiction to address a wide range of substance use problems in a variety of settings.

A number of tools are available to help health care providers detect and address substance use disorders. Through Screening, Brief Intervention, and Referral to Treatment (SBIRT), practitioners ask their patients about their substance use (screening) to assess the risk of substance use disorders and then, if appropriate, provide a brief intervention or referral to treatment. SBIRT integrates and coordinates screening and treatment services and links those services to local specialized treatment programs through a network of early intervention and referral activities.

The Affordable Care Act ends discrimination against people with pre-existing conditions, including people with mental health and substance use disorders. Insurers can no longer deny coverage to children because of a pre-existing condition, and, starting in 2014, refusing to cover anyone with a pre-existing condition will be prohibited. SBIRT helps identify people who may otherwise go undiagnosed with a chronic substance dependence problem (categorized prior to the Affordable Care Act as a pre-existing condition) and get them into care. SBIRT is an intervention approach to address risky use (counseling) and an opportunity to diagnose and refer patients to specialty treatment, all as covered services. Furthermore, a variety of health systems across the Nation are integrating SBIRT into electronic health records to better coordinate patient care.

Research on SBIRT's effectiveness for alcohol and substance use problems indicates the approach leads to short-term health improvements and suggests potential long-term benefits.[19,20]

Data from SAMHSA grant programs help demonstrate the effect SBIRT has on patient health. Through the SAMHSA SBIRT initiative, patients experienced:

- Reductions in alcohol and drug use 6 months after receiving the intervention;
- Improvements in quality-of-life measures, including employment/education status, housing stability, and past 30-day arrest rates; and
- Reductions in risky behaviors, including fewer unprotected sexual encounters.[21]

1. Catching Substance Use Disorders Early Saves Lives and Money

A. Expand and Evaluate Screening for Substance Use in All Health Care Settings

In 2012, SAMHSA's Center for Substance Abuse Treatment funded the continuation of 27 SBIRT grants and three new multi-year grants. Grant funds will further integrate SBIRT within medical treatment settings to provide early identification and intervention services to at-risk individuals within the context of their primary care provider.

NIDA continues to encourage physicians and other health care professionals to screen for drug abuse, enhancing its tools and resources including its interactive screening tool that generates clinical recommendations. The tool is available on the NIDAMED website and is now optimized for mobile devices (described in more detail later in this chapter). Also in 2012, the Department of Health and Human Services' Agency for Healthcare Research and Quality funded the Wisconsin Initiative to Promote Healthy Lifestyles, a program of the University of Wisconsin School of Medicine and Public Health. The project produced information and tools to help employers promote employee health, including a cost-effective behavioral screening and intervention program.[22] As Wisconsin's health care system moves toward systematically addressing substance use disorders in its patient population, initiatives such as this that rely on university and employer partnerships should be considered as a model for public-private collaborations..

Maternal Addiction and Neonatal Abstinence Syndrome

The Administration is taking steps to understand and address the clinical and policy issues related to neonatal abstinence syndrome (NAS), the withdrawal symptoms exhibited by some infants born to mothers exposed to illicit drugs and certain medications during pregnancy. This chronic exposure can occur due to addiction or because of legitimate medical treatment with certain controlled substances. Many hospitals with little experience caring for drug exposed newborns prior to the prescription drug abuse epidemic are now witnessing increases in births requiring additional hospital resources. A recent study found that across the United States:

- Between 2000 and 2009, the rate of hospitals billing for NAS increased from 1.2 to 3.4 per 1,000 hospital births per year. This translates to roughly one infant per hour born with signs of drug withdrawal.
- The number of mothers using opiates increased from 1.2 to 5.6 per 1,000 hospital births per year.
- Hospital costs for treating each NAS infant averaged $53,400 in 2009, and Medicaid was the primary payer for treatment for over 75 percent of these babies.[23]

In response to this emerging issue, ONDCP convened a national leadership meeting on maternal addiction and drug exposure in August 2012.[24] Meeting participants discussed the complex policy landscape and its interplay with medical care for mothers and infants, including the stigma and barriers that many expectant mothers may experience when seeking treatment for substance use disorders. These barriers can include concerns about the involvement of the child welfare system or law enforcement and may be a deterrent for health care professionals to screen expectant mothers for substance use disorders or for pregnant women to seek prenatal care or disclose their drug use.

Withdrawal from opioids can be dangerous to a pregnant woman and may threaten the life of her developing child. Detoxification can be a medical emergency. For these reasons, steps such as the continuation of stable opioid doses or MAT with either buprenorphine or methadone are recommended. In fact, one study found that treating opioid dependent mothers with buprenorphine can improve outcomes associated with NAS, including less time in the hospital, shorter treatment duration, and less morphine used to treat withdrawal symptoms.[25] Health care and treatment providers, including obstetricians/gynecologists, should be trained to recognize opioid addiction and treat pregnant women with MAT.

Pregnant women may need an array of treatment and recovery support services. Opioid-dependent women can have complex and varying challenges, including lack of education, poverty, lack of employment or parenting skills, or comorbid mental and physical illnesses. Addressing these diverse needs may include childcare during treatment, housing and transportation support, family-based treatment to teach parenting skills as a part of therapy, residential treatment that permits children to live with or room with mothers, psychosocial treatment and psychiatric evaluation, screening, and other social supports. In response to these and other issues surrounding NAS, ONDCP is working with advocacy and professional groups and overseeing the Federal response to prevent and treat maternal addiction and NAS. The Administration is also working with state leaders to ensure that state-led efforts to address prescription drug abuse adequately account for the comprehensive needs of women and their children.

B. Increase Adoption and Use of SBIRT Codes

In 2012, the number of states adopting the set of codes for SBIRT as a reimbursable service under their state Medicaid plans increased from 16 to 19 states. These codes are used to report medical services for private and public health insurance systems for reimbursement and claims processing. They also provide uniformity in language to provide reliable nationwide data collection. In Medicare, to assist more providers in using the codes, the Center for Substance Abuse Treatment partnered with the Centers for Medicare & Medicaid Services' (CMS) Medicare Learning Network to develop materials and coding instructions for Medicare code reimbursement.

C. Enhance Health Care Providers' Skills in Screening and Brief Intervention

In 2012, SAMHSA continued to fund training for medical residents and allied health professionals on SBIRT. Since the grant was initiated in 2009, nearly 4,700 medical residents and 10,300 allied health professionals have been trained. Information about SBIRT training curricula is available for health care providers on SAMHSA's website. An Addiction Technology Transfer Center (ATTC) for SBIRT has been established through SAMHSA's ATTC network, and will be providing extensive resources for the implementation of SBIRT to SAMHSA grantees (with the exception of current SBIRT grantees) and other interested health care entities.

Development of e-Tools, e-Learning, and Continuing Medical Education on Prescription Drug Abuse and Treatment

NIDA, through its web-based NIDAMED initiative, offers online tools to help clinicians provide SBIRT services for non-medical prescription drug use, as well as for tobacco, alcohol, and illicit drug use. This screening tool has now been optimized for use on handheld devices. It also offers quick reference and comprehensive resource guides to facilitate use of the tools, as well as curriculum resources developed by NIDA's Centers of Excellence for Physician Information for medical students, residents, and medical school faculty. ONDCP also provided NIDA funding to make its clinician tools related to prescription drug abuse more accessible and self-guided, while offering clinicians continuing medical education (CME) credits as incentives. In October 2012, ONDCP and NIDA launched two online CME modules using the "test-and-teach" model—one focused on safe prescribing for pain and the other on managing patients who abuse prescription opioids.

D. Identify and Make Available Additional Training in Evidence-based Practices for Substance Use Disorder Assessment and Care to Health Care Professionals Providing Care to Military Health System Beneficiaries

In 2012, the Department of Veterans Affairs (VA) and the DOD developed the Substance Use Disorder Toolkit to help health care providers for military personnel/veterans deliver evidence-based treatment consistent with both Departments' Clinical Practice Guidelines to further reduce drug abuse among military members and their families. The toolkit increases knowledge and facilitates treatment decisions for both providers and patients. It includes a pocket guide to help providers treat patients and improve outcomes by assisting with symptom recognition, treatment, and management; a booklet that highlights MAT for alcohol dependence that provides patients with the knowledge to make informed choices regarding their treatment; and a brochure for family members about substance use disorders and support-focused resources.

To provide additional training and education for Military Health System medical providers who prescribe potentially addicting medications, an interactive video training entitled "Do No Harm" was developed by the Uniformed Services University of the Health Sciences (USUHS) to illustrate the most important points about prescription medication misuse. The interactive video training addresses the incidence of medication misuse; risk factors and risk stratification of patients for medication misuse; steps to mitigate medication misuse; and indications for referral to subspecialty providers. This training will be disseminated to medical providers in 2013.

Finally, in 2011, the Women's Bureau at the Department of Labor developed Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers. The growing numbers of women veterans face numerous challenges that put them at greater risk of homelessness and substance abuse. The "Trauma Guide" is meant to address the psychological and mental health needs of women veterans by offering best practices to service providers for engaging female veterans. The guide offers observational knowledge and concrete guidelines for modifying practices with the goal of increasing re-entry outcomes.

Advocate for Action: Imani Walker

Sixteen years ago, Imani Walker found herself in a desperate situation as a mother with dependent children who was suffering from addiction and depression. It took her 3 long years to access an appropriate long-term, comprehensive, family-centered treatment program in Washington, DC. Through the course of her 18-month treatment, she realized she was not alone. Many mothers had difficulty accessing gender-responsive, trauma-informed, family-focused services. Imani emerged from her treatment program with a new sense of purpose: to give a voice to the many mothers with young children who suffer from addiction and have difficulty accessing appropriate services. She soon took a group of mothers to Capitol Hill to make their concerns known to policy makers and subsequently co-founded the Rebecca Project for Human Rights. The Rebecca Project organized mothers in 15 states and formed a coalition of family-based treatment providers across the country to ensure that families are able to access early intervention, family-focused substance abuse treatment services.

Chapter 3. Integrate Treatment for Substance Use Disorders into Health Care and Expand Support for Recovery

Investing in treatment for substance use disorders reduces health care costs, reduces other costs to society, and saves lives.[26,27,28,29] Despite its proven efficacy, only a modest percentage of those needing treatment access it. In 2011, 21.6 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem, but only 2.3 million persons (10.8 percent of those needing treatment) received it.[30] Studies have demonstrated that patients receiving certain evidence-based treatment approaches achieve longer sustained periods of abstinence and/or decreased use than patients in comparison conditions.[31,32,33,34,35,36,37,38]

Factoring in public health, crime, and lost productivity, illicit drug use cost the country an estimated $193 billion in 2007.[39] Findings from one California study suggest employee substance use can be extremely costly to employers and that substance abuse treatment for 60 days or more can save over $8,200 per person in health care and productivity costs.[40] The Affordable Care Act will expand mental health and substance use disorder benefits and parity protections for 62 million Americans. Beginning in 2014, all new small group and individual private market plans will be required to cover mental health and substance use disorder services as part of the health care law's Essential Health Benefits categories, and mental health benefits will be covered at parity. Also beginning in 2014, insurers will no longer be able to deny anyone coverage because of a pre-existing condition.

In addition, as part of its efforts to better address substance use—both in the workplace and elsewhere—SAMHSA will continue to work toward adoption of electronic health records. This technology is needed to better integrate substance use disorder services with broader health systems services, support the integration of evidence-based practices, and improve quality, coordination, and accountability. Ongoing training, technical assistance, consultation, and evaluation are needed to support this transition.

The Administration is working with states, tribes, local governments, treatment and recovery support services providers, and other stakeholders to develop systems and services that support sustained recovery. An essential component of this effort is promoting the use of recovery support services—non-clinical services that target people in or seeking recovery. These services are often provided by people who are themselves in sustained recovery and are employed by or volunteer at peer-led recovery community organizations. Evidence shows that expanding recovery support services increases the percentage of people that successfully navigate the passage from early recovery to stable recovery. While limited research has been conducted on recovery support services, there is nonetheless evidence of their effectiveness. For example, residence in an Oxford House, a form of peer-run recovery residence, is associated with reduced substance use, increased employment, and improved self-regulation.[41] Moreover, the Oxford House model has been found to be cost-effective.[42] An evaluation of the Texas Access to Recovery program found that services "most closely related to the process of recovery" (e.g.,

individual recovery coaching, recovery support groups, spiritual support groups, and relapse prevention groups) were associated with positive recovery outcomes.[43] Research on the Washington State Access to Recovery program found participation in the program was associated with increases in length of stay, treatment completion, rates of employment,[44] and reductions in Medicaid costs.[45]

Recognizing the value of recovery support services, the Administration has prioritized the further development of recovery support services and recovery-oriented service systems. Given the developmental nature of substance use disorders and the benefits of intervening early, ONDCP is giving special attention to substance use disorders among adolescents and young adults. Data from NSDUH (2011) bear out the need for such a focus. Among young adults aged 18 to 25, rates of substance use disorders are nearly three times those found in adults over the age of 25 (21.4 percent versus 6.3 percent), while 6.9 percent of young people aged 12 to 17 were estimated to have substance use disorders.[46]

Very often laws, rules, policies, and practices create barriers to sustained recovery. For example, individuals with a drug conviction may be denied housing, professional licenses, employment, and educational opportunities. When this occurs, it is not only people in recovery who pay a price, but also their families and the broader community. This is why modifying or eliminating laws, rules, policies, and practices that create barriers to recovery remains one of the Administration's priorities. We must also support the development of a robust recovery research agenda to improve our understanding of what policies, services, and approaches best support recovery.

1. Addiction Treatment Must Be an Integrated, Accessible Part of Mainstream Health Care

A. Expand Addiction Specialty Services in Community Health Centers

Substance use disorder services are one of the ten categories of essential health benefits specified in the Affordable Care Act, providing more people with access to treatment services. Health Centers are preparing for coverage expansion in a number of ways. For example, in 2012, the SAMSHA- and HRSA-funded Center for Integrated Health Solutions provided training to Federally Qualified Health Centers on substance abuse services, including a webinar on best practices in SBIRT. This webinar is posted on a newly created section of the Center for Integrated Health Solutions website dedicated to expanding SBIRT skills for the health care workforce.

B. Increase Addiction Treatment Services Within the Indian Health Service

In 2011, the Indian Health Service hired additional behavioral health specialists, including chemical dependency counselors, and offered training scholarships to support the development of new behavioral health specialists. Important steps were also taken to pave the way for integrating SBIRT into Indian Health Service emergency clinics.

C. Expand the Innovations of the Department of Veterans Affairs Substance Use Disorder Treatment Approach to Other Federal Health Care Systems

In February 2011, the VA launched a website with information about resources available to help veterans and their family members answer questions, find support, get treatment, and recover from substance use disorders. In addition, VA offers resources for VA health care practitioners, to include:

- **VA Talent Management Services (TMS) courses:** VA's TMS courses provide information to VA practitioners on opioid therapy practices in inpatient and outpatient settings, including the use of opioids for acute pain (including patient controlled analgesia) and chronic pain. Courses focus on the management of complex pain patients and on the treatment of pain in primary care rural health care settings.
- **Clinical Practice Guidelines on Opioid Therapy for the Management of Chronic Pain Toolkit:** Developed in collaboration with the DOD, the Toolkit provides education and guidance to primary care clinicians, specialists, researchers and other health professionals as they encounter patients with persistent pain and its complications.

VA is preparing to participate in state Prescription Drug Monitoring Programs (PDMPs). The Administration worked with the Congress to secure language in the FY 2012 Consolidated Appropriations Act to allow VA to share prescription drug data with state PDMPs, an important development to ensure safe prescribing and patient safety for our veterans. Publication of an interim final rule on February 11, 2013 amended VA's regulations concerning the sharing of certain patient information in order to implement VA's authority to participate in state PDMPs. VA is developing the informatics solution for each VA medical center to submit prescription data.

In 2012, the Institute of Medicine's study on current substance use problems within the U.S. military found that a long history of alcohol and other drug misuse and abuse has been transformed by increasing rates of prescription drug abuse among service members, while heavy alcohol use and binge drinking continue to be a concern within the military.[47] To address substance use disorders among service members, the Institute of Medicine recommends that evidence-based prevention, screening, diagnosis, and treatment practices be incorporated into the principles and structures of DOD policies. ONDCP will continue to work closely with DOD to ensure that training, credentialing, and staffing requirements for substance use disorders are achieved; that treatment services are implemented systematically; and that these services are expanded and improved for all military branches.

D. Enhance Public and Private Insurance Coverage of Addiction Treatment

Electronic health records assist service providers in making decisions and developing appropriate courses of treatment based on patients' full medical history, including treatments, medications, and therapies performed and prescribed by other providers. In 2012, SAMHSA, CMS, and the Health Resources and Services Administration established two health information technology plans for substance use disorder treatment providers to use as models to automate and standardize data collection, information sharing, and service reimbursement. Also in 2012, SAMHSA conducted 15 webinars on health care reform activities, including state insurance exchanges, tribal consultation, health homes, and account-

able care organizations, and provided an overview of Medicaid expansion and opportunities under the Affordable Care Act.

E. Inform Public Health Systems on Implementation of Needle Exchange Programs

On February 23, 2011, the Department of Health and Human Services published a notice in the Federal Register stating that the Surgeon General of the United States has "determined that a demonstration needle exchange program (or more appropriately called syringe services program or SSP) would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for acquired immune deficiency syndrome." This determination was required by law to permit the expenditure of Substance Abuse Prevention and Treatment Block Grant funds for syringe services programs. Unfortunately, the Congress reinstated the ban on most Federal funding for syringe services programs in the FY 2012 Omnibus appropriations bill.

2. Addicted Patients and Their Families Must Receive High-Quality Care

A. Support the Development of New Medications for Addiction

NIDA has made the development of addiction medications a top priority, particularly for stimulants (e.g., cocaine, methamphetamine), marijuana, and polysubstance addiction for which there are no approved medications. To garner more pharmaceutical involvement, NIDA is taking the approach of "de-risking" compounds in the early stages of discovery—awarding large grants up-front for shorter durations to encourage quicker results among closely monitored grantees or to allow a change in direction as needed. This more nimble strategic approach was prompted in part by the successful clinical trial of Probuphine™, supported by 2-year American Recovery and Reinvestment Act funding. Probuphine is a form of buprenorphine that is implanted under the skin and allows continuous delivery of the medication for 6 months after a single treatment, potentially eliminating the need for a daily dose and reducing the potential for diversion and abuse. Titan Pharmaceuticals, the manufacturers of Probuphine, announced in October 2012 that it filed a New Drug Application with the FDA, which has granted the application priority review and will determine if Probuphine™ meets approval standards.

NIDA is also funding a promising approach to treat stimulant and other substance use disorders that uses anti-drug enzymes or antibodies to neutralize the substance while it is still in the bloodstream, keeping it from entering the brain. To help advance the marketability of this approach, two recent NIDA-supported preclinical studies have developed a strategy that uses non-infective viruses modified to deliver (harmlessly) a gene that codes for the desired enzyme or antibody. Preliminary results show that, once expressed in the body after a single injection of the virus carrier, these gene products can interfere with the pharmacological effects of the target drug for a long time.

ONDCP will continue to work with NIDA and the FDA to ensure new medications are brought through development and testing. It is critical that these medications are then made available in the market, particularly in underserved communities such as rural areas and other locations with limited treatment infrastructure.

While new medications continue to be developed, broader adoption of existing medicines to manage substance use disorders is necessary. In one important step, the DOD is working on a proposed rule to lift the prohibition on covering the treatment of substance use disorders through maintenance on substances with addictive potential, such as methadone or buprenorphine.

B. Develop a Pay-for-Performance Mechanism to Promote the Quality of Publicly Funded Substance Abuse Treatment

SAMHSA intends to provide training on core business operations practices to at least 250 substance abuse provider and recovery support organizations each year through the Provider Business Operations Learning Networks project (BHBusiness). SAMHSA has launched the BHBusiness project and is in the process of developing the learning modules and provider application/selection criteria.

C. Promulgate the National Quality Forum Standards for Addiction Treatment

ONDCP and the Department of Health and Human Services worked with Federal partners to develop consensus recommendations for 14 behavioral health-related clinical quality measures. Each measure supports one or more of the Institute of Medicine domains of health care quality, promoting effective, safe, efficient, patient-centered, equitable, and timely care. These mental health and substance use disorder treatment measures will be included in the Center for Medicare & Medicaid Services' Electronic Health Records Meaningful Use Incentive Program. The Meaningful Use program provides Federal incentives to help health care providers adopt electronic health records.

D. Equip Health Care Providers and First Responders To Recognize and Manage Overdoses

In 2012, the FDA, NIDA, SAMHSA, and the Centers for Disease Control and Prevention (CDC) worked together to develop approaches to reduce opioid overdose fatalities and identify issues related to more widespread availability of and access to naloxone A detailed discussion of the Administration's overdose prevention and intervention efforts is included under "Policy Focus: Preventing Prescription Drug Abuse."

E. Integrate Substance Use Treatment and HIV Prevention and Care, Including in the Criminal Justice System

Individuals involved in the criminal justice system have disproportionately high rates of substance use disorders and infectious diseases, including HIV/AIDS. Effective linkage to HIV treatment can not only improve health outcomes for offenders but also limit HIV's spread in the community. NIDA seeks to enhance HIV and other infectious disease screening and treatment for offenders. NIDA is supporting research to develop and test strategies for identifying criminal justice-involved individuals who have not recently been tested (seek), provide them with HIV testing (test), and initiate, monitor, and maintain Highly Active Antiretroviral Therapy (HAART) for those who test positive (treat). These grants will test strategies to link HIV+ individuals in criminal justice settings to HIV care in the community; use trained peers to help access and sustain HIV services; integrate HIV testing and treatment into jail and prison settings; integrate HIV and addiction treatment; and study the impact of seek, test, and treat strategies at the community level. NIDA's Criminal Justice—Drug Abuse Treatment Studies, a multisite research collaborative, is also testing implementation strategies for an HIV continuum of care—that is, screening

and counseling, risk-reduction interventions, and continuity of antiretroviral treatment from prison or jail into the community. SAMHSA is also working to achieve the complementary goals of the *National Drug Control Strategy* and *National HIV/AIDS Strategy* through various grant programs focusing on minority populations at risk for HIV, injection drug users, and those being served by substance use treatment centers.

3. Celebrate and Support Recovery from Addiction

A. Expand the Access to Recovery Program

SAMHSA's Access to Recovery (ATR) Program gives grants to states and tribes to provide vouchers to people who are seeking or are in recovery, enabling them to choose the treatment and recovery support services they need. Recovery support services are non-clinical in nature and can include peer recovery coaching or job readiness and employment services, transportation, and recovery housing, among many other services. In 2011, the most recent year for which data are available, the program exceeded its capacity expansion goal by a significant margin, serving 47,036 individuals, or 140 percent of its goal of 33,500. Six months after admission to the program, 82.1 percent of participants reported no substance use during the past month, and 96.7 percent of participants reported no involvement or reduced involvement with the criminal justice system. Additionally, 90 percent of participants reported increased interaction with family members and friends who were supportive of their recovery during the 6 months post-admission.[48]

B. Review Laws and Regulations that Impede Recovery from Addiction

In 2012, ONDCP reviewed procedures and practices related to the administration of Federal student loans and grants to identify potential barriers to recovery. Formerly, the law made individuals with a past drug conviction ineligible for Federal financial aid. Now the law only restricts the eligibility of individuals convicted of a drug offense that was committed while they were receiving Federal financial aid. To help reduce confusion that could arise for applicants with a past drug conviction, the Department of Education changed the online version of the Free Application for Federal Student Aid (FAFSA) form so students who have not previously received Federal Student Aid—and are therefore not affected by the restrictions currently in the law—are not asked about past drug convictions. ONDCP is currently working with the Department of Education to identify additional steps to reduce potential barriers to Federal student assistance. ONDCP is also working with the Department of Housing and Urban Development (HUD) and the Interagency Reentry Council to highlight the importance of helping people reentering the community from incarceration to access public housing and federally-subsidized privately held housing.

In December 2012, SAMHSA issued a revised Federal rule governing the dispensing of buprenorphine in opioid treatment programs. Previously, a patient prescribed buprenorphine through an opioid treatment program needed to be in stable treatment for 9 months before the physician was authorized to permit dispensing of take-home medication. Under the new rule, the physician is afforded discretion to determine when and how to dispense take-home medication.

C. Foster the Expansion of Community-Based Recovery Support Programs, Including Recovery Schools, Peer-led Programs, Mutual Aid Groups, and Recovery Community Organizations

ONDCP, SAMHSA, and a range of non-governmental organizations are collaborating to expand community-based recovery support services. ONDCP has participated in the ongoing development of voluntary national accreditation standards for recovery community organizations and has nearly tripled the size of its Recovery-Oriented Systems of Care Learning Community for states, tribes, and local governments, bringing its membership to 16 jurisdictions. ONDCP also participated in the development of webinars and a training institute on collegiate recovery programs. Additionally, SAMHSA conducted a policy academy for states wishing to implement the Recovery-Oriented Systems of Care framework. ONDCP continues to highlight the needs of adolescents and young adults in recovery, to include promoting the importance of recovery high schools and collegiate recovery programs.

Advocate for Action: Devin Fox

Devin Fox is celebrating 4 years in continuous recovery and is helping other young people achieve the same success. For Devin, recovery is not only a long-term process leading to a better life; it is also the force that drives his life. As a founding member of the national nonprofit organization Young People in Recovery, Devin works to give young people in recovery a voice through social media and policy. As Devin states, "Young people in recovery finding their voice in a nation that has been deaf to our input is more than a 'cause.' This movement is not something I hide behind. I stand proudly along with it and acknowledge it as mine, yours and everyone who wants it." Devin also serves as the Recovery Advocate for the New Jersey Division of Mental Health and Addiction Services, an Advocacy Leader for the New Jersey chapter of the National Conference of Alcohol and Drug Dependence, and as Primary Therapist at Summit Behavioral Health in Princeton Junction, New Jersey.

Chapter 4: Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration

Decades of scientific study show that addiction is a disease of the brain that can be prevented and treated. While smart law enforcement efforts will always play a vital role in protecting communities from drug-related crime and violence, we cannot arrest our way out of the drug problem. Over the past 3 years, the Administration has sought to reform the criminal justice system to more effectively address individuals with substance use disorders and reduce recidivism. When an individual becomes involved with the criminal justice system, it may be their first opportunity to obtain substance abuse treatment. The need for treatment is underscored by new data on drug use rates among arrestees. The 2011 Arrestee Drug Abuse Monitoring (ADAM) program indicates that in each of the 10 participating metropolitan areas, more than half of the adult males arrested for crimes—misdemeanors and felonies—tested positive for at least one drug.[49]

The Administration supports alternatives to incarceration such as drug courts, diversion programs, enhanced probation and parole programs, and other supervision strategies that include community-based treatment and services. Through DOJ's Justice Reinvestment Initiative, the Administration is working at the state and county level to analyze prison and jail populations and corrections expenditures. This analysis will support the development of policies to decrease costs and recidivism and reinvest savings into community supervision programs and services, including substance abuse treatment services. Currently, 17 states and 18 counties are participating in this initiative.[50] The Administration is also reducing barriers to reentry and recovery for formerly incarcerated individuals by reviewing regulations and policies, clarifying misconceptions, correcting unnecessary barriers, and supporting treatment and other services for formerly incarcerated individuals.

Placing more non-violent individuals with substance use disorders on community supervision and providing treatment and other services is gaining acceptance among criminal justice scholars and practitioners. Education for criminal justice and law enforcement professionals on the science of addiction and the neurological effects of drug use can help facilitate more innovation in the field. In addition, criminal justice professionals should include the use of MAT as appropriate for those in the juvenile and criminal justice systems. At the Federal level, research is underway to identify the best strategies for implementing MAT in criminal justice settings. For example, with funding from NIDA, the Federal Bureau of Prisons (BOP) has partnered with Texas Christian University to conduct a five-year Medication-Assisted Treatment Implementation in Community Correctional Environments (MATICCE) research project; preliminary results are expected in 2013.

In addition, more can be done to prevent young people from entering or spiraling further into the justice system due to substance use disorders. In July 2012, NIDA announced it is seeking proposals for multisite studies focusing on the continuum of substance abuse prevention and treatment services delivered to youth under juvenile justice supervision. These studies will be developed and conducted across a variety of community-based supervision settings, including juvenile probation, truancy and teen courts, and adolescent drug courts to determine the effectiveness of evidence-based substance abuse interventions in real world settings. The multisite studies are expected to begin in July 2013.

1. Provide Communities with the Capacity to Prevent Drug-Related Crime

A. Organize Communitywide Efforts to Reduce Open-Air Drug Markets and Gang Activity via Drug Market Intervention Approaches

The Drug Market Intervention (DMI) model has proven effective in shutting down open-air drug markets through community-based solutions and direct engagement among law enforcement, prosecutors, drug dealers, their families, and communities. The Bureau of Justice Assistance (BJA) supports the implementation and operations of the DMI model through its DMI Training and Technical Assistance Initiative conducted by Michigan State University (MSU) for existing and new sites. To date, there have been 24 sites trained through this initiative. In FY 2013, MSU's training and technical assistance effort will be coordinated with BJA-supported efforts underway at the John Jay College of Criminal Justice and the National Network for Safe Communities. MSU's DMI Training and Technical Assistance Initiative has been extended to December 31, 2013. The National Network for Safe Communities' project was initiated in October 2012 and will be supported for a period of 3 years. The National Institute of Justice (NIJ) is evaluating seven sites trained as part of this BJA initiative. Four of the seven sites have implemented DMI to date. The evaluation is focusing on the effects of these DMI efforts on open air drug markets. The evaluation will be completed in 2015.

B. Engage Faith-Based and Neighborhood Community Organizations to Prevent Drug-Related Crime

The National Youth Violence Prevention Forum is a White House-led initiative commissioned by the President in 2010, linking cities and Federal agencies together to implement strategies and programs to prevent youth and gang violence in the United States. The Administration has engaged community and faith-based leaders through Forum meetings and site visits to the Forum participating cities.[51] In 2012, the Forum added four new cities: Camden, NJ; Minneapolis, MN; New Orleans, LA; and Philadelphia, PA.[52] These interactions deliver information and identify training and technical assistance and funding resources for cities in their efforts to reduce youth violence, of which drug-related crime is a significant subset.

C. Support Innovative Criminal Justice Research Programs

The Administration supports research into innovative criminal justice approaches to share with communities throughout the country. In 2011, BJA funded the Honest Opportunity Probation with Enforcement Demonstration Field Experiment (HOPE DFE) in four jurisdictions. Based on the success of Hawaii's Opportunity Probation with Enforcement (HOPE) initiative, these two-year projects will use drug testing and swift and certain sanctions to reduce probation violations. The HOPE DFE is currently underway and BJA has been conducting site visits and providing technical assistance for four selected sites.[53] NIJ is conducting an evaluation to determine the effectiveness of the HOPE model at the four sites. The evaluation results are expected in summer 2015.

2. Develop Infrastructure to Promote Alternatives to Incarceration When Appropriate

A. Enhance and Promote Diversion Strategies

Addressing the challenges of pretrial justice is a necessary component of criminal justice reform. First convened in October 2011 and continued in 2012, the Office of Justice Programs Pretrial Justice Workgroup focused on improving the costly pretrial justice system. Two pretrial risk assessment tools are currently being implemented in Colorado and Florida. These tools assist criminal justice professionals in making decisions about particular individuals during pretrial. BJA also issued two publications: "Pretrial Risk Assessment 101" and "Using Technology to Enhance Pretrial Services: Current Applications and Future Possibilities." In support of DOJ's commitment to promoting best practices for interventions at the front-end of the criminal justice system, the NIJ funded a $1 million Multisite Evaluation of District Attorneys' Pretrial Diversion Programs in FY 2012.

B. Support Drug and Other Problem-Solving Courts

Including DWI and Veterans Treatment Courts, the National Association of Drug Court Professionals reported a total of 2,734 drug court programs in the United States as of June 2012.[54] In FY 2012, BJA awarded over $20 million for various drug court projects, including drug court implementation and expansion grants as well as national and statewide training and technical assistance grants; SAMHSA separately awarded over $12.4 million for 42 grants to expand substance abuse treatment capacity in adult and family drug courts. SAMHSA provided extensive technical assistance and training to its drug court grant cohort, including training on trauma-informed care, addressing minority population needs, screening and assessment of risk and severity, and motivational interviewing to improve clinical services delivery to drug court clients. SAMHSA and BJA also jointly awarded nearly $2 million to enhance services, coordination, and treatment in adult drug courts. BJA continues to engage with practitioners to promote the 21 curricula developed for veterans courts, tribal healing to wellness courts, courts serving individuals with co-occurring disorders, adult drug courts, and courts facing cultural proficiency issues. The Adult Drug Court Research to Practice Initiative, jointly funded by BJA and NIJ, produced a webinar in 2012 on seven components of successful programming based on NIJ's Multisite Adult Drug Court Evaluation and other rigorous research. It also provided training and technical assistance to DWI (driving while intoxicated) courts. Through the National Association of Drug Court Professionals, BJA supported 10 mentor drug courts nationwide and BJA worked with the Center for Court Innovation to select regional mentor community courts in Seattle, Dallas, and Hartford to assist jurisdictions in establishing community courts. Community courts are problem-solving courts that focus on neighborhood crime and public safety issues. To date, there are approximately 40 community courts in the United States.

C. Promote TASC (Treatment Alternatives for Safe Communities) Model of Intensive Case Management

Educating criminal justice professionals on the science of addiction and models of effective interventions is critical to criminal justice reform. The "Justice Leaders Symposium: Enhancing Court Efficiency through Emerging Addiction Science" trains judges and criminal justice professionals on the science of addiction and potential interventions along the continuum of the criminal justice system, including

MAT.[55] The initiative held one national training and one state training in 2012 for approximately 75 judges and criminal justice professionals.

D. Foster Equitable Drug Sentencing

The Administration is committed to the fair and equal application of the Nation's laws. In recognition of this commitment, the President signed the Fair Sentencing Act in 2010. Prior to the Fair Sentencing Act, the disparity in sentencing between offenses for crack cocaine and powder cocaine was 100-to-1. With the enactment and retroactive application of the Fair Sentencing Act, the disparity in sentencing has been dramatically reduced. This marks the first time in 40 years that Congress has reduced a mandatory minimum sentence.

E. Promote Best Practices as Alternatives to Incarceration

To bring effective alternatives to incarceration to scale, the Administration supports research and evaluations of different approaches being implemented in the field. Since 2011, NIJ has supported two research projects on sentencing and community corrections practices that promote effective and cost-efficient alternatives to incarceration. The first, which is expected to be completed in fall 2013, analyzes drug law policy changes in the State of New York. The second, expected to be completed in fall 2014, is studying a validated assessment tool being used in three New York City drug courts.

F. Improve Intervention and Treatment Services for Female Offenders in the Juvenile and Criminal Justice Systems

The number of women in prison increased by 646 percent between 1980 and 2010.[56,57] According to the Bureau of Justice Statistics, 25 percent of women in state prisons are incarcerated for a drug offense.[58] In addition, women in prison are more likely than men to have chronic and/or communicable medical problems.[59] The National Institute of Corrections' Women Offenders Initiative is developing an evidence-based, gender-informed curriculum to help managerial-level corrections practitioners analyze policies and practices relevant to women in the criminal justice system. The National Institute of Corrections' Women Offenders Initiative and the Research Division are developing an online guide for video visitation, to be released in March 2014. The guide will assist correctional institutions in developing visitation protocols aimed at strengthening the bonds between incarcerated parents and their children, family members, and communities. The guide will enhance appropriate connections and provide a means to address barriers that inhibit on-site visitation. The National Resource Center on Justice Involved Women, in partnership with BJA and the National Institute of Corrections, provides training and technical assistance services to criminal justice professionals on issues relating to justice-involved women.[60]

G. Examine Interventions and Treatment Services for Veterans within the Criminal Justice System

Like other problem-solving courts, Veterans Treatment Courts focus on treatment and personal accountability to address substance abuse and mental health disorders without resorting to traditional incarceration. In June 2012, there were 104 Veterans Treatment Courts—a dramatic increase from 2010, when

there were only 20 in the country.[61] These courts work with VA, state and local veterans' agencies, and other organizations that provide services and opportunities specifically targeted at veterans to aid in recovery and reentry. In addition, VA developed a new Veterans Reentry Search Service (VRSS), an online system to determine inmates' veteran status and facilitate outreach to connect them to veterans' services once released. VRSS is currently undergoing pilot testing, and will be made widely available in 2013.[62] Through the National Association of Drug Court Professionals, BJA supports training for new veterans treatment courts and has trained 58 veterans treatment court teams to date.

H. Connect Incarcerated Veterans with Critical Substance Abuse and Reentry Services

To improve its efforts to connect incarcerated veterans to substance abuse and reentry services, the VA Veterans Justice Outreach Programs consulted with corrections administrators, service providers, and veterans to review its existing procedures for outreach to incarcerated veterans. Based on these consultations, and in recognition of the varying complexity of veterans' reentry needs, VA advised its field outreach staff in January 2012 to begin reentry planning with incarcerated Veterans as soon as their needs warranted, rather than focusing solely on those with the nearest release dates. The result of this guidance has been the initiation of outreach to veterans while they are still incarcerated, a practice that helps ease the veterans' transitions back to their communities upon release.

I. Address the Issue of Drug Use and Drug-Related Crime for American Indian/ Alaskan Natives

The Bureau of Indian Affairs Office of Justice Services has a dedicated Division of Drug Enforcement with trained and experienced special agents who work with tribal law enforcement agencies providing technical support and operational assistance. The division also works in conjunction with other drug enforcement entities on investigations in and around Indian Country. Additional drug training programs are offered at the Indian Police Academy (IPA). Courses on drug trafficking interdiction, Spanish immersion, and basic and advanced drug investigations are also being conducted.

In August 2011, in accordance with the Tribal Law and Order Act of 2010 (Title II of Public Law 111-211), a memorandum of understanding was signed by the Departments of Justice, Interior, and Health and Human Services that mandated, among other things, the expansion and improvement of substance abuse prevention, intervention, treatment, and criminal justice services. The resulting Tribal Justice Plan emphasizes further development of alternatives to incarceration in Indian Country. BJA supports training for tribal healing to wellness courts and, through its Adult Drug Court program and the Indian Alcohol and Substance Abuse program, provides funding to tribes to increase alternatives to incarceration for substance abusing offenders in Indian Country. In July 2012, more than 200 American Indian youth and adult leaders from 53 tribal communities across the country convened at the week-long 2012 National Intertribal Youth Summit in Washington, DC. The Summit provided a unique opportunity for Federal officials to hear directly from tribal youth on topics such as education, health, cultural preservation, civic engagement, and leadership development.

3. Use Community Corrections Programs to Monitor and Support Drug-Involved Offenders

A. Support Drug Testing with Certain and Swift Sanctions in Probation and Parole Systems

Drug testing with swift and certain sanctions, such as short periods of incarceration, has shown promise as a way to reduce probation and parole violations, and the Administration supports further research into its potential for broader applicability. Currently, NIJ is conducting two field experiments that are expected to be completed by the fall of 2013. The first field experiment is a drug testing and graduated sanctions program within the Department of Corrections in Delaware, assessing the implementation process of such a program in a large urban probation department. The second project, which began in 2011, is a 5-year follow-up with the probationers from the 2007 HOPE program evaluation.

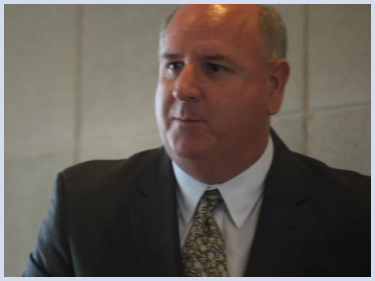
B. Consider Mechanisms for Assessing and Intensifying Community Corrections

Over the past 3 years, the Administration has focused on reducing recidivism and decreasing the use of incarceration for substance abusing offenders. With its new "Smart Probation: Reducing Prison Populations, Saving Money, and Creating Safer Communities" grant program, BJA awarded over $3.5 million to nine grantees.[63] These 2-year grants support the development and implementation of evidence-based probation programs to improve success rates, reduce recidivism, and address the needs of medium- to high-risk offenders and special populations.

C. Align the Criminal Justice and Public Health Systems to Intervene with Heavy Users

To address the issue of heavy drug use and criminal activity, SAMHSA's Center for Substance Abuse Treatment supports the dissemination of information to the criminal justice field that advocates the use of MAT, including medications to reduce and eliminate opioid and alcohol dependence as part of an effective substance abuse treatment regimen. For the past 2 years, SAMHSA supported workshops at major conferences such as the National Association of Drug Court Professionals Drug Court Training Conference to educate participants on the use of these medications and reduce resistance to their use. In March 2011, the Center for Substance Abuse Treatment held an expert panel meeting on MAT and the Criminal Justice System, focusing on MAT research, challenges to acceptance in the justice system, and recommendations to better achieve incorporation of MAT as a viable option in treatment planning and delivery. The Bureau of Prisons also participated in a research project to explore collaboration between criminal justice agencies and MAT providers. SAMHSA will continue its partnership with BJA in FY 2014 on a number of joint public health and public safety activities, including further promotion of MAT in the criminal justice field as an evidence-based practice when providing substance abuse treatment.

Advocate for Action: Lieutenant Detective Patrick Glynn



With the implementation of the Overdose Education and Naloxone Distribution program by the Massachusetts Department of Public Health Bureau of Substance Abuse Services, the Commonwealth has become a nationwide leader in overdose education, prevention, and intervention. Lt. Det. Patrick Glynn directs the naloxone program in Quincy, Massachusetts, which is credited with reversing more than 100 potentially fatal drug overdoses—giving individuals a second chance to change their lives for the better. Lt. Det. Glynn is a staunch advocate for wider adoption of the program after all Quincy law enforcement officers were trained in 2010 to use naloxone to reverse opioid overdoses. As many communities see increased rates of heroin abuse, younger ages of initiation, and continuing challenges related to opioid pain reliever abuse, it is increasingly important to spread awareness that overdoses can be prevented and that simple-to-use medicines are available to reverse overdoses. Overdose education and naloxone availability are important parts of our efforts to decrease abuse of opiates (pharmaceutical or heroin) and save lives. As Lt. Det. Glynn has stated:

I believe we have spread the word that no one should fear calling the police for assistance and that the option of life is just a 911 call away. We have also reinforced with the community that the monster is not in the cruiser, but indeed the officer represents a chance at life.

Det. Glynn exemplifies how the law enforcement and public health communities can partner to reduce drug use and save lives.

D. Tackling Co-Occurring Disorders Using a Community-Based Response

Co-occurring disorders, particularly the combination of substance use disorders and mental illness, pose significant challenges not only to public health but also to public safety. Substance abuse is a key risk factor for violence among individuals with mental illness. Recent research shows that those with both a severe mental illness and a substance use disorder have a greatly increased relative risk for violence (more than 11 times) compared to those with neither diagnosis.[64] Co-occurring substance use and mental disorders have also been found to increase the risk of suicide.[65] However, it is also the case that people with severe mental illness are more likely to be victims of violent crimes than to commit them.

The SAMHSA Center for Mental Health Services funds programs that address the particularly difficult problem of co-occurring disorders. The agency's Jail Diversion and Trauma program decreases criminal justice involvement for this population. As of April 2012, the percentage of clients who had no involvement in the criminal justice system improved from 42.6 percent upon entry to the program to 93.4 percent at 6 months post-admission, exceeding the target of 92 percent. The Center for Mental Health Services Treatment for Homeless grant program aims to increase abstinence rates among the homeless population. As of April 2012, it achieved a 64.7 percent increase in abstinence between intake and 6 months post-admission. In addition, as of April 2012, the increase in housing from baseline to follow-up reached 131.2 percent, surpassing the target increase of 50 percent. The Center for Substance Abuse Treatment continued its requirement that all grantees screen for co-occurring disorders in its FY 2012 solicitation for adult drug courts and targeted capacity expansion/HIV programs.

E. Improve and Advance Substance Abuse Treatment in Prisons

Jail and prison are key access points for individuals needing treatment, but many do not receive it. According to the Bureau of Justice Statistics, 68.0 percent of jail inmates, 53.4 percent of state inmates, and 45.5 percent of Federal inmates suffer from alcohol or drug dependence or abuse—and yet only 7 percent of jail inmates, 15 percent of state inmates, and 17 percent of Federal inmates receive treatment.[66,67] In FY 2012, BJA awarded $8.5 million in Residential Substance Abuse Treatment for State Prisoners formula grants to 50 states and five U.S. territories. In 2012, BJA provided training and technical assistance to help those jurisdictions provide more effective treatment services. In FY 2013, BOP will move to increase its Residential Drug Abuse Program (RDAP) by 26 percent by committing to 20 new or expanded program sites. This represents an increase of over 1,700 available treatment beds and an estimated 3,400 additional RDAP participants each year as these new and expanded programs become fully operational. RDAP is BOP's most intensive treatment program; participants live in a unit separate from the general population, and the program is based on a cognitive behavioral model with treatment services, educational activities, and work assignments. In FY 2012, BOP committed resources to open two Spanish language program sites, one male and one female, in the fourth quarter of FY 2013. All current BOP treatment protocols are available to the public through the National Institute of Corrections library. As formerly incarcerated individuals reenter the community, it remains important that they be educated regarding the services available to them after their release.

NIDA's CJ-DATS also tests strategies for how best to implement effective substance abuse treatment within the criminal justice system. In the past year, CJ-DATS began data collection on its Medication-Assisted Treatment Implementation in Community Correctional Environments (MATICCE) protocol. MATICCE is testing implementation approaches to improve service coordination between community correctional agencies and local treatment agencies; to increase the number of persons in corrections who are provided MAT; and to improve community corrections agents' knowledge and perceptions about MAT and their intent to refer appropriate individuals to community-based MAT services. Data collection is expected to be completed in FY 2013.

4. Create Supportive Communities to Sustain Recovery for the Reentry Population

A. Expand Reentry Support and Services through Second Chance Act and Other Federal Grants

Through Second Chance Act programming, the Administration provides funding for projects to help the formerly incarcerated receive treatment, explore employment opportunities, and rebuild their lives. In 2012, BJA awarded over $23.5 million for several new projects covering co-occurring disorders, family-based treatment, technology career training, mentoring, reentry support programs, and the National Reentry Resource Center. BJA awarded over $6 million to seven state corrections departments through the Adult Offender Comprehensive Statewide Recidivism Reduction Demonstration Program to implement long-term strategies to reduce recidivism using evidence-based programs and practices.[68]

B. Develop Ex-Offender Adult Reentry Programs

Individuals with criminal conviction records face barriers that extend beyond their sentences. State and Federal laws and rules restrict their access to many government benefits and opportunities, making it difficult for them to successfully return to society. These restrictions and sanctions, known as collateral consequences, have been promulgated with little coordination in various sections of state and Federal codes, making it difficult to identify all the penalties and disabilities that are triggered by conviction for a particular offense. Though some collateral consequences serve an important and legitimate public safety or regulatory function, many do not and rather serve as additional punishment without due process protections. In September 2012, the National Inventory of Collateral Consequences of Conviction (NICCC) was launched—a project of NIJ and the American Bar Association. The NICCC is a public online database of the legal sanctions and penalties of state and Federal offenses affecting individuals with a criminal record. Currently, the collateral consequences from 12 states and the Federal system are available.[69] Data from other states will be available online by fall 2013. Previously, Attorney General Holder sent a letter to all state attorneys general asking them to use the NICCC to review their state laws for collateral consequences and eliminate or modify those that do not impact public safety.

C. Facilitate Access to Housing for Reentering Offenders

For many of the formerly incarcerated, access to affordable housing is a critical piece of reentry that will allow them to rebuild their relationships and explore educational or employment opportunities. The Administration for Children and Families awarded $6 million for the Project Reunite demonstration, which will bring the formerly incarcerated and their families together in stable housing. The award went to four grantees, and implementation of the 3-year pilot began in 2012. Also in 2012, HUD trained 92 Regional and Field Office staff in reentry efforts and resources that will support communities to address these needs. HUD continues promoting the various subsidized housing options that are available to the formerly incarcerated, including HUD-VA Supportive Housing, Family Unification Vouchers, and Shelter Plus Care. In determining admission or termination of assistance for a current or potential resident who has previously engaged in alcohol abuse or illegal drug use, a public housing agency (PHA) may assess whether the individual is rehabilitated or participating in a rehabilitation program. HUD issued two letters in 2011 to all PHAs and Housing Choice Voucher Owners and Agents uplifting current HUD policy regarding an individual's participation in drug court as evidence of participation in a supervised alcohol or drug rehabilitation program.

D. Provide Work-Related Training and Assistance to Reentering Offenders

Lack of employment can be a significant obstacle to successful reentry, and the Reintegration of Ex-Offenders—Adult Program seeks to encourage employment for the formerly incarcerated through job training, mentoring, and other transitional services. In May 2012, the Department of Labor awarded $20.5 million to 18 nonprofit organizations for employment-related services for formerly incarcerated adults who are returning to high-poverty and high-crime communities. Since 2010, the Department's Reintegration of Ex-Offenders—Adult Program has awarded more than $32 million in grants. Grantees will use the funds to provide occupational training that leads to credentials in high-demand indus-

tries, mentoring, and assistance in connecting formerly incarcerated adults with supportive services such as housing, substance abuse programs, and mental health treatment. Since the initiation of the Reintegration of Ex-Offenders grants in 2007 (originally called the Prisoner Reentry Initiative), performance outcomes have been strong. As of June 30, 2012, this grant program exceeded all Government Performance and Results Act (GPRA) goals for Program Year 2011 (which ended on June 30, 2012).

In June 2012, the Department of Labor awarded more than $12 million to 9 grantees to provide gender-specific reentry services and support for formerly incarcerated women and girls to improve their long-term labor market prospects. Services include job training that leads to credentials in high-demand industries, employment preparation, mentoring, intensive case management/life coaching, and assistance connecting to supportive services such as housing, substance abuse and mental health treatment, and assistance with parenting and child reunification.

E. Encourage States Receiving Federal Funds for Corrections Programs to Provide Assistance to BJS in Conducting Annual Recidivism Studies

The Bureau of Justice Statistics is working to produce data on national recidivism rates, which are valuable but often difficult to obtain. The Bureau of Justice Statistics is developing a software program for standardizing data found in criminal records collected from the Federal Bureau of Investigation (FBI) and all state criminal history repositories. Using these data, the Bureau of Justice Statistics is currently working on two recidivism studies. One follows for 5 years a cohort of individuals released from state prisons in 2005, while the other assesses the 5-year recidivism patterns of individuals placed on Federal probation in 2005. As of July 2012, all necessary data had been received and the Bureau of Justice Statistics anticipates completing its analysis in 2013.

5. Improve Treatment for Youth Involved with the Juvenile Justice System

A. Develop and Disseminate More Effective Models of Addressing Substance Abuse and Mental Health Problems among Youth in the Juvenile Justice System

Juveniles require special attention due to their vulnerability to substance use disorders and the fact that adult services are often ineffective when applied to them. In 2012, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) awarded over $7.5 million for several programs, including Juvenile Drug Courts under the Reclaiming Futures Program, the Family Drug Courts Program, and the Enforcing Underage Drinking Laws Discretionary Program's Initiative to Reduce Underage Drinking in the Military. In addition, OJJDP engaged with Federal partners through its Coordinating Council on Juvenile Justice and Delinquency Prevention to promote effective models for substance abuse and mental health treatment, prevention, and intervention. In calendar year 2013, OJJDP will align the data in their Model Programs Guide with the data in CrimeSolutions.gov and share a common criteria and database.

Chapter 5. Disrupt Domestic Drug Trafficking and Production

Criminal organizations, both transnational and domestic, can be found in every part of the United States. Using illicit crossborder tunnels, parcel services, or other means, these organizations unlawfully smuggle and distribute both illegal and diverted legal drugs in our communities. They are responsible for a significant amount of the violence and crime associated with drug trafficking, and their actions threaten the well-being of citizens and the fabric of institutions at every level.

Federal, state, local, and tribal law enforcement agencies play an integral role in the Administration's balanced approach to reducing drug use and its consequences. In targeting criminal organizations, law enforcement agencies prevent drug traffickers from extending their corrosive reach further into our Nation's communities. Maximizing Federal support for drug law enforcement task forces is critical to leveraging limited resources. Sharing and exchanging intelligence, whether on internationally-based traffickers, trafficking on tribal lands, or smuggling through drug trafficking corridors, ensures Federal, state, local, and tribal law enforcement are working together on targeted threats and taking full advantage of available resources.

Security along the Mexican and Canadian borders also plays a significant role in reducing drug trafficking, use, and its consequences. While illicit substances move from Mexico to the United States, a substantial amount of weapons and illegal currency flows from the United States to Mexico. Although much attention is understandably drawn to the Southwest border, it is also important to remain vigilant and cognizant of the threats and risks posed along the 5,225 mile border between the United States and Canada. Traffickers exploit the vast tracts of land and extensive waterways along the border to transport and distribute drugs in both directions: for instance, MDMA (Ecstasy) and marijuana are transported from Canada into the United States, while cocaine is trafficked from the United States into Canada. Meanwhile, illicit proceeds from the sale of drugs cross the border in both directions, as do gang members, traffickers, and couriers.

The Administration recognizes that each part of the country has distinct drug-related challenges, requiring tailored responses that acknowledge the needs and draw upon the strengths of that particular community. In some communities, for example, it is necessary to address drugs such as heroin, which is experiencing a resurgence in some areas of the country.[70] In other communities, the focus may be on aggressively targeting new threats like synthetic drugs. The Nation's law enforcement community must continue to focus on existing threats and collect information and data to address emerging threats.

It remains important that Federal, state, local, and tribal law enforcement agencies work together with prevention and treatment specialists to provide a balanced, holistic approach to reducing drug use and its consequences.

Working with Puerto Rico to Address Drug-Related Challenges

Puerto Rico and the U.S. Virgin Islands remain the primary eastern Caribbean destination points for heroin and metric ton-quantity shipments of cocaine. There has been a recent increase in violent, drug-related crimes in Puerto Rico and the U.S. Virgin Islands. According to data collected by the Puerto Rico Police Department, 1,136 murders were reported in calendar year 2011, 153 more than in 2010. According to government officials in Puerto Rico, many were connected to drug trafficking activity.[71]

In response to increased drug-related violent crime on the island, President Obama convened a working group to enhance coordination and collaboration to address Puerto Rico's security and safety. The Puerto Rico Interagency Public Safety Working Group was added to the President's Task Force on Puerto Rico's Status, and members of this working group accompanied the Secretary of Homeland Security to Puerto Rico to engage local communities and stakeholders to address the issue of drug-related violent crime.

The Puerto Rico/U.S. Virgin Islands HIDTA is an integral part of this effort, and ONDCP is working with the HIDTA to implement the recommendations made by the Public Safety Working Group. The HIDTA's Executive Board has developed a comprehensive strategy to address the drug threat, which includes addressing drug-related violence. The Puerto Rico/U.S. Virgin Islands HIDTA is prepared to restructure its initiatives as necessary to address the changing threats and trends within its region of responsibility.

In one example of coordinated law enforcement action against drug-related violent crime on the island, Operation Caribbean Resilience was launched in January 2012 and resulted in 423 criminal arrests (190 Federal and 233 commonwealth), the seizure of 323 firearms, 12,991 rounds of ammunition, $201,578 in U.S. currency, 13 vehicles, 247 pounds of marijuana, and measurable amounts of other narcotics. The U.S. Immigration and Customs Enforcement (ICE)-led enforcement operation was driven by real time intelligence and joint operations among Federal, commonwealth, and local law enforcement partners on the island.

1. Federal Enforcement Initiatives Must be Coordinated with State, Local, and Tribal Partners

A. Maximize Federal Support for Drug Law Enforcement Task Forces

Federal funding for drug law enforcement task forces enables state and local law enforcement agencies to participate in joint investigations, promotes local and regional coordination, and helps minimize duplication of efforts. In 2011, HIDTA-funded initiatives disrupted or dismantled 2,942 drug trafficking organizations, removing significant quantities of drugs from the market and seizing $728,753,436 in cash and $210,428,628 in non-cash assets.[72] State and local law enforcement agencies are active participants in Organized Crime Drug Enforcement Task Forces (OCDETF) Strike Forces. For FY 2012, state and local enforcement agencies were participating in 4,719 out of 5,171 OCDETF investigations (91.3 percent).

B. Improve Intelligence Exchange and Information Sharing

Systematic collection, analysis, and secure dissemination of accurate and timely intelligence are critical to thwarting the activities of criminal organizations. For example, the HIDTA Investigative Support Centers (ISCs) and Domestic Highway Enforcement program have used the DHS Homeland Security Information

Network (HSIN) to share products and requests for information with their partners, including fusion centers, Regional Information Sharing System centers, the El Paso Intelligence Center (EPIC), and the OCDETF Fusion Center (OFC). In FY 2012 the OFC generated 3,029 unique intelligence products that were disseminated to 11,780 investigators in the field. These intelligence products provided analysis on 14,145 targets. This number of targets analyzed represents an 11 percent increase over FY 2011.

At the Nation's borders, the Border Enforcement Security Task Forces (BESTs) have expanded to a total of 34 locations in 16 states and in Puerto Rico. The two most recently commissioned BEST locations are Nogales (March 2012) and Casa Grande, Arizona (July 2012).

Along the Nation's highways, the HIDTA Domestic Highway Enforcement Initiative integrates intelligence from border/source enforcement efforts and transit/destination investigation activity. Increased awareness from the HIDTA Domestic Highway Enforcement initiative resulted in the submission of 8,650 seizure reports to EPIC's National Seizure System in 2011, compared to 5,257 reports in 2009.

C. Ensure State and Local Law Enforcement Access to Federal Information on Mexico-Based Traffickers

Current intelligence on Mexico-based traffickers must be readily available to state, local, and tribal law enforcement. State and local law enforcement agencies, knowingly or unknowingly, are many times the first to encounter suspects associated with Mexico-based traffickers. The EPIC Border Fusion Intelligence Section provides fused all-source intelligence support to Federal, state, local, and tribal law enforcement activities along the U.S.-Mexico border. EPIC's Tactical Operations Section will be preparing the Gatekeeper Project assessments for the Southwest border for FY 2013. These assessments will include in-depth analysis of each trafficking corridor's criminal infrastructure—its strengths, weaknesses, and abilities to effectively transport drugs across the border.

The Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of the Treasury, safeguards the financial system from illicit use, counters money laundering, and promotes national security through the collection, analysis, and dissemination of financial intelligence and the strategic use of financial authorities. FinCEN provides 135 state and local law enforcement agencies with direct access to financial data through its FinCEN portal and directly supports state and local investigative efforts through its participation in the Southwest Border Anti-Money Laundering Alliance (SWBAMLA), with whom it shares finished intelligence products. In 2012, FinCEN produced three strategic intelligence advisories on evolving money laundering trends and created 35 money services business (MSB) agent analyses for Federal and state agencies that quantify, compare, and contrast remittance activity of MSB agents in order to facilitate detection of suspicious activity in Southwest border states.

D. Promote Law Enforcement Collaboration Along Drug-Trafficking Corridors via "Gateway/Destination" Initiatives

Drug-related violence often occurs along drug, money, and weapon trafficking corridors; therefore, law enforcement information sharing across the primary trafficking corridors and into the Southwest border region is essential. Increased technology integration at more border ports of entry has forced smugglers to seek other alternatives to smuggle illicit drugs, such as illicit crossborder tunnels or ultralight aircraft.

DEA continues to provide access to the DEA Internet Connectivity Endeavor (DICE), an Internet-based deconfliction tool. Through DICE, state and local law enforcement receive notifications involving overlaps of investigative data among Federal, state, and local investigations. DICE is sponsored by over 102 DEA field division, district, and resident offices, and at the most recent count, DICE has over 10,000 active users (40 percent state, local, or tribal and 60 percent Federal law enforcement).

E. Assist Tribal Authorities to Combat Trafficking on Tribal Lands

Seven HIDTA programs are currently collaborating on enforcement operations and training with tribal nations.[73] In Arizona, for example, the HIDTA has provided training and equipment to tribal law enforcement while also coordinating a task force interdiction effort with state and local law enforcement.

The FBI, in collaboration with the DOJ Office of Legal Education, provided approximately 22 drug-related training courses in FY 2011 and FY 2012 to tribal nations. These courses included instruction in evidence collection and interview and interrogation. The FBI also assessed drug and gang threats on tribal lands located on or near the Northern and Southwest borders. In November 2011, the FBI conducted a Violent Crime Threat Assessment with Ysleta Del Sur Pueblo (Texas), and, in 2012, conducted another at Tohono O'odham (Arizona).

In February 2010, the OFC launched an Indian Country Initiative to support field agents, analysts, and task force officers assigned to investigations in Indian Country through the generation of timely intelligence products.

In FY 2012, the OFC Indian Country Initiative completed 35 product requests on a total of 136 investigative targets and provided Indian Country training and information presentations at eight partner agency office locations. Approximately 95 percent of all Indian Country requests exhibit a nexus to drug distribution in Indian Country (the remaining 5 percent are associated with violence, gangs, burglary, theft, and money laundering).

F. Ensure Comprehensive Review of Domestic Drug Threat

ONDCP's Office of Intelligence will collaborate with its intelligence community colleagues in DHS, DOJ, the Office of the Director of National Intelligence (ODNI), and other relevant agencies to ensure that national policy makers are provided with the best possible domestic all-source counterdrug intelligence analysis. In addition, ONDCP will continue to collaborate with DEA as DEA analysts assume the lead on an interagency National Drug Threat Assessment from the National Drug Intelligence Center, which closed in June 2012.

ONDCP's late-2012 survey querying Federal, state, and local partners regarding their need for analytical products is an example of this evolving process. ONDCP will coordinate with ODNI, DHS, other DOJ entities, SAMHSA, CDC, and other applicable intelligence community and law enforcement agencies to further develop and refine the requirements for domestic, strategic, all-source drug intelligence analysis and to improve the quality, scope, sophistication, and usefulness of products presented to policy makers.

Addressing the Emerging Threat of Synthetic Drugs

Communities across the United States are facing new challenges related to the emerging threat of synthetic drugs, an umbrella term that includes synthetic cannabinoids ("herbal incense"), synthetic cathinones ("bath salts"), and synthetic hallucinogens.

Synthetic cannabinoids (often referred to as "synthetic marijuana") typically consist of plant material that has been laced with substances that claim to mimic Δ9-tetrahydrocannabinol, the primary psychoactive active ingredient in marijuana. These substances pose serious health threats, such as nausea, vomiting, elevated blood pressure, seizures, and hallucinations. The number of calls to Poison Control Centers relating to synthetic cannabinoids climbed to 6,968 in 2011—more than double the number received in all of 2010. In 2012, the number of calls amounted to 5,202.[74]

Synthetic cathinones (often referred to as "bath salts") are based on the Schedule I controlled substance cathinone, which is a potent central nervous system stimulant and an active ingredient of the khat plant. These substances elicit effects similar to those associated with other stimulants such as methamphetamine, MDMA, and cocaine. In 2010, poison control centers across the United States received only 304 calls related to synthetic cathinones; however, in 2011, the number of calls increased dramatically to more than 6,000. In 2012, poison control centers received 2,655 calls.[75] The use of "bath salt" products has resulted in emergency room visits and severe psychotic episodes, some of which have led to suicide.

The Administration has responded rapidly to the emerging threat of synthetic drugs. In July 2012, President Obama signed the Food and Drug Safety and Innovation Act, which included the Synthetic Drug Abuse Prevention Act of 2012. This legislation bans specified synthetic compounds commonly found in synthetic marijuana ("K-2" or "Spice"), synthetic stimulants ("bath salts"), and hallucinogens by placing them under Schedule I of the Controlled Substances Act. It also doubles the total period of time that DOJ/DEA can administratively schedule compounds under its emergency scheduling authority from 18 to 36 months. State drug control agencies also have been quick to respond: 46 states have enacted laws to control "bath salts" (synthetic cathinones), while 41 states have adopted laws to ban chemical substances related to synthetic cannabinoids. Law enforcement agencies are taking action, as well. In one example, on July 25, 2012, more than 90 individuals were arrested and more than five million packets of finished designer synthetic drugs were seized during Operation Log Jam, the first-ever nationwide law enforcement action against the synthetic designer drug industry responsible for the production and sale of synthetic drugs that are often marketed as bath salts, Spice, incense, or plant food.

These are important measures in reducing the threat posed by synthetic drugs; however, producers and traffickers have proven adept at altering the chemical composition of drugs to exploit gaps in controls. Policy makers and legislators at both the national and state levels must remain vigilant to ensure this threat is contained.

2. U.S. Borders Must be Secured

A. Implement the Southwest Border Counternarcotics Strategy

The Southwest border is a major arrival zone for drugs, weapons, and money, and the implementation of the *National Southwest Border Counternarcotics Strategy* is critical to addressing these threats.[76] The Administration has been steadfast in its commitment to border security. From FY 2009 to 2012, DHS seized 71 percent more currency, 39 percent more drugs, and 189 percent more weapons along the Southwest border as compared to FY 2006 to 2008.[77] In February of 2012, President Obama signed the Ultralight Aircraft Smuggling Prevention Act of 2012, which treats the use of ultralight aircraft for drug smuggling the same as other aircraft. Another piece of legislation, the Border Tunnel Prevention Act of 2012, provided law enforcement and prosecutors with additional tools to locate illicit crossborder tunnels, identify criminals, and punish those involved in illegal activity.

B. Develop National Arrival Zone Task Force Implementation Plan

The 2010 *Strategy* assigned The Interdiction Committee the task of developing a National Arrival Zone Task Force Implementation Plan. During 2011 and 2012, a team of experts from a wide array of Federal agencies conducted a review of the organizations, tools, and processes focused on the rapid facilitation and coordination of interdiction operations within the arrival zone. The team found that since the publication of the 2010 *Strategy*, a number of efforts has fulfilled the intent of the proposed National Arrival Zone Task Force, significantly increasing operational coordination and information sharing in the Southwest border region. These initiatives include the implementation of the *National Southwest Border Counternarcotics Strategy*, the establishment of the DHS Joint Field Command in Arizona, the standup of the Alliances to Combat Transnational Threats, the expansion of the OFC, the standup of the Border Intelligence Fusion Section and Joint Task Force-North Intelligence Operations at EPIC, and the implementation of the DHS Maritime Operations Coordination Plan.

C. Develop National Plan for Southbound Interdiction of Currency and Weapons

The enormous amount of money generated by drug sales in the United States and its outward flow across the Southwest border fuels the operations of violent drug trafficking organizations. In FY 2012, efforts were underway to expand the co-location of OCDETF agencies at the San Diego Strike Force with the addition of the ICE, Homeland Security Investigations (HIS) BEST Marine Task Force. By the end of the second quarter of FY 2012, OCDETF Co-located Strike Forces had been established in eleven key locations.[78] These co-located Strike Forces are prosecutor-led and intelligence-driven, aggressively targeting the highest-level drug trafficking organizations while also functioning as a central point of contact for OCDETF agents and prosecutors nationwide. In addition, DEA expanded the National License Plate Reader Initiative and Concealed Trap Initiative. The National License Plate Reader Initiative is a complex camera and alerting system strategically located along the Southwest border, which is utilized as an investigative tool to monitor and interdict roadway conveyances suspected of transporting bulk cash and other contraband. The Concealed Trap Initiative targets those service providers who build concealed trap compartments or utilize natural voids in conveyances and residences for drug trafficking organizations to transport or conceal drug proceeds.

As of May 2012, the OFC, which investigates bank accounts with suspicious activity, targeted 1,611 individuals and companies. The OFC Proactive Asset Targeting Team identified 7,155 bank accounts, 2,253 vehicles, and 2,793 businesses with suspicious activity, and seized assets totaling $28,038,408. The purpose of these financial leads is to identify assets that are available for seizure and forfeiture. This information exploits links between drug trafficking organizations and other criminal activity worldwide for use by law enforcement.

D. Coordinate Efforts to Secure the Northern Border Against Drug-Related Threats

In January 2012, following an extensive consultation process, the Administration released the *National Northern Border Counternarcotics Strategy*, a national framework for ongoing efforts to reduce the drug threats on both sides of the United States-Canada border. Under this *Strategy*, numerous departments and agencies are charged with implementing 41 specific action items. A report on the progress of implementing each of these action items and identified performance measures will be released in calendar year 2013. The Government of Canada has been a partner in this process, and its collaboration is reflective of the two-way nature of the drug problem at the border.

During FY 2012, the U.S. Border Patrol and Canadian law enforcement partners planned and executed 50 different Integrated Border Enforcement Team (IBET) operations along the northern border. The Red River IBET, which is physically located in Canada (Altona, Manitoba), opened its doors in the spring of 2012 as the first co-located IBET office. The United States and Canada also have implemented Integrated Cross-Border Maritime Law Enforcement Operations that combine specially trained law enforcement personnel from both nations on one vessel and designate them with cross-border law enforcement authority. Through each agency's respective operations center, the U.S. Customs and Border Protection (CBP) Office of Air and Marine (OAM) has a mutual agreement with the Royal Canadian Mounted Police (RCMP) and the Canadian Border Services Agency (CBSA) to conduct aviation-related "Hot Pursuit" chases of suspect drug traffickers. CBP's Office of Intelligence and Investigative Liaison, working jointly with CBP operational components and DEA, continue to coordinate with its Canadian counterparts from the RCMP and the CBSA to exchange information on drug trafficking trends and address issues related to human trafficking and smuggling, weapons trafficking, and border violence.

E. Deny Use of Ports of Entry and Routes of Ingress and Egress Between the Ports

Air and maritime ports represent a unique challenge with regard to drug-related threats. In FY 2012, CBP International Liaison Units initiated several operations that coordinated U.S. Federal, state, and local law enforcement agencies with international (Government of Mexico) forces to disrupt and dismantle transnational criminal organizations. Some of the operations are year-round efforts employing a whole-of-government approach.

F. Disrupt Surveillance Operations of Drug Trafficking Organizations

Drug traffickers continue to dedicate significant resources to monitoring the operations of United States interdiction agencies. Along the Southwest border, for instance, drug trafficking organizations employ large numbers of strategically-placed spotters who closely observe the enforcement activities

of CBP officers and agents, canines, and inspection technology. In turn, these spotters provide guidance to traffickers on entering the United States. Traffickers also use advanced technology to intercept law enforcement communications.

Law enforcement agencies employ countermeasures to target the tactics and methods of transnational criminal organizations and to locate and apprehend spotters as they conspire to traffic and smuggle drugs, money, weapons, and humans. While the details of such countermeasures are understandably sensitive, they may include frequent and random personnel rotations, as well as unannounced surges in enforcement activity, both on the ground and in the air.

3. Focus National Efforts on Specific Drug Problems

A. Counter Domestic Methamphetamine Production

The Administration remains committed to reducing the production, trafficking, and use of methamphetamine. In 2011, over 9,000 methamphetamine laboratories were seized nationwide. The number of laboratories seized was approximately double that in 2007, although seizures remained low in states such as Oregon and Mississippi, where pseudoephedrine is available only by prescription.[79] Nationwide, the laboratories seized in the last few years are smaller and produce significantly smaller quantities; however, the danger posed by these small toxic labs and drugs they produce remains significant. Although the number of past month methamphetamine users decreased from 731,000 to 439,000 between 2006 and 2011, this demand continues to fuel domestic methamphetamine production.[80]

In 2012, Federal, state, and local agencies from the United States were joined by delegations from Canada, Mexico, and China at the National Methamphetamine and Pharmaceuticals Initiative (NMPI) annual conference in San Antonio, Texas. On the margins of this conference, a groundbreaking meeting occurred between Mexican and Chinese law enforcement and prosecutorial officials, resulting in the opening of a joint intelligence and case sharing effort that hopefully will identify suspicious chemical shipments from China to Central America and Mexico and ultimately reduce the role of China as a source country for chemicals diverted to clandestine methamphetamine laboratories in Mexico and elsewhere.

B. Identify Interior Corridors of Drug Movement and Deny Traffickers Use of America's Highways

Drug traffickers use our Nation's roads and highways to move large amounts of drugs, currency, weapons, and other illicit contraband. The Domestic Highway Enforcement (DHE) initiative has funded specialized equipment, training, intelligence-sharing activities, and operational capabilities to deter this threat. The DHE strategy is based on collaborative, intelligence-led policing to enhance law enforcement efforts on interstate highways specifically identified as drug trafficking corridors. In FY 2011, DHE task forces removed over $500 million worth of drugs and disrupted or dismantled 69 drug trafficking organizations. Two of the biggest seizures came from the Northwest HIDTA, which seized approximately 290,000 dosage units of ecstasy, and the New York/New Jersey HIDTA, which had a cash seizure of nearly $3 million.

EPIC System Portal (ESP) account holders are able to obtain a HSIN account via the ESP's Domestic Highway Enforcement section. Once a user is vetted, they can access the HSIN via a link within the ESP. The website allows Domestic Highway Enforcement informational reports and current trends associated with drug trafficking to be used by law enforcement officers across the Nation.

C. Eradicate Marijuana Cultivation

Remote marijuana grow sites on public lands pose a significant threat to public safety and the environment. The cultivation of marijuana frequently entails the diversion of water resources, the clearing of native brush, and the use of banned pesticides. In a 2012 study, researchers documented poisonous chemicals and toxicants at an abandoned marijuana cultivation site situated within territory inhabited by fishers, a rare forest carnivore declared a candidate species for listing under the Federal Endangered Species Act.[81]

At the Federal level, the effort to eliminate marijuana production on our public lands is led by the Public Lands Drug Control Committee. The committee aligns policies and coordinates programs to support field-level eradication operations, investigations, and intelligence and information sharing. Central to this process is the work of the public lands agencies, which identify and document the marijuana threat in the areas under their jurisdiction. This information will inform the development of the *Domestic Cannabis Cultivation Assessment*, a comprehensive, national-level strategic assessment of cannabis cultivation and marijuana production in the United States.

Removing Marijuana from our Public Lands

In 2012, Operation Mountain Sweep, an 8-week, multi-agency and multistate marijuana operation targeting large-scale illegal marijuana grows on public lands in seven states, eradicated more than 726,000 marijuana plants.[82,83] The value of the removed plants was estimated to be over $1.45 billion. In addition to the marijuana plants eradicated, huge amounts of trash, miles of irrigation line, and many pounds of fertilizer and pesticides were removed from grow sites on public lands. The coordinated efforts of seven U.S. Attorneys, as well as support from ten HIDTAs in seven states (Arizona, California, Idaho, Nevada, Oregon, Utah, and Washington), were integral to the success of this operation.

D. Stop Indoor Marijuana Production

Because of pressure from marijuana eradication efforts, many cultivators have been forced to abandon large outdoor cannabis plots in favor of easier-to-conceal indoor cultivation. The detection of these indoor grows has proven challenging for law enforcement. In 2012, DEA and partner agencies seized more than 2,500 indoor grow operations, with more than 302,000 plants eradicated.

E. Partner with Local Law Enforcement Agencies to Combat Street, Prison, and Motorcycle Drug Gangs

Law enforcement agencies continue to work to disrupt and dismantle dangerous street gangs. In May of 2012, the National Gang Intelligence Center (NGIC) launched NGIC Online, an information system with web-based tools that enables law enforcement agencies to gain access to a variety of resources.[84,85] EPIC has created a Gang Initiative to focus on establishing links between criminal gang activity and transnational/domestic drug trafficking and terrorism-related organizations. In FY 2010, DOJ's National Gang Targeting, Enforcement, and Coordination Center (GangTECC) was partnered with the Special Operations Division (SOD). After supporting only approximately 100 cases in 3 years prior to the SOD merger, under the operational direction of SOD, the GangTECC Section supported over 800 cases in just its first full year at SOD. Further, in FY 2012 alone, SOD-supported gang cases accounted for approximately 900 arrests.

In one example of an effective cross-country gang investigation, in 2012, the Ohio HIDTA's Northern Ohio Law Enforcement Task Force and FBI Los Angeles jointly worked to identify and disrupt a large scale drug trafficking organization linked to the LA-based Grape Street Crips. The investigation revealed that a drug trafficking organization responsible for the transportation of cocaine to Cleveland and other U.S. cities was affiliated with the LA street gang. In February 2012, multiple search warrants were initiated in Operation Soap Scrambling that resulted in the disruption of the drug trafficking organization.

In another example in 2012, the ICE/Homeland Security Invesitgations (HSI) San Diego Gang Investigations Group, in coordination with other HSI components and Federal, state, and local law enforcement partners, conducted an investigation that identified more than 40 targets linked to 13 separate and documented street gangs. The investigation culminated in 31 Federal arrests and 31 state arrests. In addition, agents seized significant quantities of drugs, cash, vehicles, firearms, and ammunition.

F. Disrupt Illicit Financial Networks by Exploiting Cash Seizures

DEA works to identify co-conspirators, shell corporations, and assets utilized by drug trafficking organizations globally, and evidence and intelligence gleaned from its investigations often provide critical information on terrorist financing. Through EPIC's Bulk Currency Unit, extensive research is conducted on bulk currency seizures, providing intelligence information to law enforcement agencies for tactical and operational support. In FY 2011, DEA denied a total of $2.88 billion in revenue from drug trafficking and money laundering organizations through asset and drug seizures.

In 2012, DEA conducted 13 financial investigation training seminars, which were offered to Federal, state, and local law enforcement officials. In addition, OCDETF and the Department of Justice Criminal Division's Asset Forfeiture and Money Laundering Section partnered to provide ten financial investigation seminars in FY 2012, training more than 730 Federal, state, local, and tribal agents and prosecutors. The OFC Pro-Active Asset Targeting Team (PATT) was established in September 2010 and identifies criminal case connections through review and analysis of FinCEN's suspicious activity reports (SARs). The OFC has identified over $3 billion of assets and has passed these leads to law enforcement for seizure.

ICE, spearheaded by the National Bulk Cash Smuggling Center (BCSC), uses its primary jurisdictional authorities to target violations of bulk cash smuggling, unlicensed money couriers, and interstate transportation of criminal proceeds. In FY 2012, the BCSC partnered with EPIC in establishing and managing the EPIC Bulk Currency Unit, which is headed by an ICE/HSI Section Chief and staffed with intelligence personnel from ICE, DEA, and FBI.

G. Develop National Parcel Post Initiative

The National Parcel Post Initiative focuses on drug trafficking organizations using parcel shipping services to transport illegal drugs and drug proceeds. In 2012, 17 HIDTAs funded a parcel post task force. These investigations rely on full cooperation and full information sharing among all HIDTA member agencies, task forces, fellow agencies, and task forces in other jurisdictions.

CBP, the Transportation Security Administration (TSA), and the United States Postal Service are working with the Universal Postal Union and others in the international postal community to enhance the screening of international mail prior to its conveyance to the United States. The parties are developing

the foundations for providing advance electronic data on international mail packages to allow CBP and TSA to perform risk-based targeting prior to foreign departure and entry into the domestic mail supply chain. This strategy will enhance CBP's ability to identify, interdict, and disrupt the movement of illicit narcotics as well as stem the persistent threat posed by the smuggling of counterfeit pharmaceuticals and gray market goods. This approach is also linked to the Long Term Strategy for the Screening of International Mail and the Global Supply Chain Strategy.

H. Establish Interagency Task Force on Drug Endangered Children

Over a decade ago, the Drug Endangered Children (DEC) movement was founded to address the growing phenomenon of children living in unsafe and unhealthy drug environments. There were some responses at the state level, but prior to the establishment of the Federal Interagency Drug Endangered Children Task Force, a cohesive and coordinated Federal response was lacking. Initiated by the 2010 *National Drug Control Strategy*, the DEC Task Force focused on gathering and producing educational resources (model protocols, programming, promising practices, and downloadable checklists) to aid law enforcement, child welfare workers, health and education professionals, and children's advocates nationwide to protect children. In addition, it expanded the definition of drug endangered children to include any children living in an environment where drugs, including pharmaceuticals, are illegally used, possessed, trafficked, diverted, and/or manufactured. In 2012, the DHS Federal Law Enforcement Training Center (FLETC) assembled experts from the National DEC Training and Advocacy Center, the National Alliance for Drug Endangered Children, criminal justice professionals, and FLETC staff to develop two courses on drug endangered children to be offered in the summer of 2013 to Federal, state, local, tribal, and international law enforcement agencies. DEA continues to raise awareness and provide training on DEC issues for domestic and international law enforcement professionals, educators, social service professionals, first responders, and community leaders.

Advocate for Action: Roxanna De Soto

Puerto Rico faces unique drug-related challenges—its high rates of unemployment and crime and its location along a major illegal drug transit route lead too many young people to turn to drugs and become dealers themselves. This is why keeping young people away from drug hot spots is the primary goal of the Alliance for a Drug-Free Puerto Rico (Alianza para un Puerto Rico sin Drogas), where Roxanna De Soto has worked as executive director for 19 years. The Alliance is a private nonprofit organization that seeks to reduce drug use and drug trafficking through prevention efforts. One of these efforts is Prevention Power, a project developed by the Alliance during 2011 and sponsored by the Puerto Rico/US Virgin Islands HIDTA. Prevention Power recognizes that early interventions can deter adolescents from high-risk behaviors that may lead to drug use and addresses critical areas such as peer relationships, communication, self-efficacy and assertiveness, drug resistance skills, and strengthening personal commitments against drug use. In the development of this and other projects, the Alliance follows NIDA guidelines for proven prevention models and strategies based on scientific research.

Chapter 6: Strengthen International Partnerships

The United States works around the world to disrupt and dismantle drug production and trafficking organizations. Bilateral as well as regional counterdrug partnerships are essential to our efforts. Experience has demonstrated that successful strategic interventions depend upon focused political will—sustained over several administrations—by both the United States and leaders of regional allies. They further require the careful staging of joint efforts, protecting public security, applying pressure to transnational criminal organizations, ensuring the presence and stability of democratic governance and the rule of law, ensuring and enforcing human rights protections, and providing economic incentives to develop, enfranchise, and empower marginalized populations.

While the United States works on a daily basis with partners around the world, U.S. agencies are focused intently on addressing the most direct drug threats to our citizens. The Western Hemisphere remains a key area of concentration. Progress has been made in reducing the production of cocaine, and U.S. cocaine use is at historic lows, yet challenges remain.[86]

The nations of Central America are grappling with significant threats linked to the global drug trade. The majority of the cocaine produced in Colombia is transshipped by maritime conveyance as well as by land and air toward the United States, usually through the Central American landmass and adjoining waters. Peruvian and Bolivian cocaine likely travels by air and sea destined primarily for markets in Europe, Latin America, Asia, and Australia. Ongoing interdiction efforts have forced traffickers to shift precursor shipments from Mexico to Central and South America for eventual use in methamphetamine manufacture.[87] This illicit drug and precursor chemical trade has contributed to violence, gang activity, and disorder in several countries in Central America. Further enhancements are needed to confront this challenge, such as improving air, land, and maritime interdiction cooperation in the region, supporting host-nation disposal of seized precursor chemicals, and intensifying cooperation with law enforcement officials on stopping precursor chemical diversion. The United States is already working to improve efforts in these areas under the existing five pillars of the State Department-coordinated regional CARSI initiative and through Joint Interagency Task Force (JIATF) South's efforts in coordinating the interagency and multinational Operation MARTILLO. These efforts are designed to bring together the capabilities of the entire U.S. Government to support our Central American partners addressing the range of threats facing the region.

The culture and common values of the United States and Mexico are intertwined, and our prosperity and stability are inextricably linked. Because of this close relationship, both nations recognize the benefit of mutual cooperation now and in the future as strategic security partners. Mexico continues its campaign against transnational criminal organizations that operate on both sides of the shared international boundary. Joint collaborative efforts, supported by the Merida Initiative, have promoted closer cooperation among Mexican and U.S. agencies and have resulted in significant successes. For example, in April 2012, the Mexican Attorney General's Office indicated that 23 of the 37 most wanted criminals had been killed or arrested; a federal penitentiary academy has been established; and more than 7,500 federal and 19,000 state justice sector personnel had been trained on their responsibilities under Mexico's new

accusatorial judicial system. Nonetheless, the huge revenue flow to transnational criminal organizations, from the drug trade and a range of criminal smuggling activities, continues to have a destabilizing effect on the entire Hemisphere. The United States will work with the new administration in Mexico to continue joint efforts to disrupt, dismantle, and ultimately defeat these violent networks, reducing their negative impact on regional stability and the national security of Mexico and the United States.

It also remains important that we support the nations of the Caribbean in order to ensure that the progress made in partnership with Mexico and Central America does not result in a displacement of the threat to that region. Through the Caribbean Basin Security Initiative, the United States has committed $203 million in funding over 3 years to assist the nations of the region in the areas of maritime and aerial security, law enforcement capacity building, border and port security and firearms interdiction, justice sector reform, and crime prevention and at-risk youth programs.

In Afghanistan, in spite of an increase in total poppy cultivation in 2012, there was a decline in opium production due to crop disease and poor growing conditions.[88] Signaling our continued commitment to Afghan-led drug control efforts is necessary to counter the illicit opiate trade. Russia, through the Bilateral Presidential Commission Counternarcotics Working Group, has become an important partner for coordination of policy and joint action on drug control issues. Coordination with the European Union, Japan, the Colombo Plan, and the UN Office of Drugs and Crime (UNODC)—key donors in providing assistance to developing nations—has been intensified to maximize the effectiveness of aid programs. China and India are increasingly important partners in international efforts to address the precursor chemical and synthetic drug trade and counter money laundering by drug cartels operating in our Hemisphere.

The United States continues to coordinate with international partners not only to construct criminal cases, capture major kingpins, and seize drugs and the illicit proceeds of crime, but also to build institutional capability, support economic alternatives to drug production, and promote collaborative efforts in prevention, treatment, and research, thereby assisting global partners in acquiring the capabilities to overcome the consequences of drug use.

1. Collaborate with International Partners to Disrupt the Drug Trade

A. Conduct Joint Counterdrug Operations with International Partners

The United States continues to conduct joint counterdrug operations with international partners, both through bilateral relationships and via multilateral forums. Bilaterally, DEA's Sensitive Investigative Unit (SIU) sponsors over 40 investigative and intelligence task forces of varying size in 11 countries. Participating countries include Afghanistan, Colombia, Dominican Republic, Ecuador, Guatemala, Mexico, Panama, Paraguay, Peru, Ghana, and Thailand. A new SIU program was established in Honduras in 2012 along with a vetted unit in Nigeria. In 2012, DEA also opened new offices in Montevideo, Uruguay and in Sofia, Bulgaria. The U.S. Coast Guard (USCG) conducted numerous joint maritime counterdrug operations in the Caribbean and Eastern Pacific maritime transit zone and off the coast of West Africa through a series of bilateral maritime counterdrug agreements. Multilaterally, DEA's International Drug Enforcement Conference (IDEC) continues to serve as a global forum to share drug-related intelligence and to develop operational strategies to address transnational drug trafficking. The next IDEC meeting will take place in Moscow in 2013.

B. Work with Partner Nations and OAS/CICAD to Strengthen Counterdrug Institutions in the Western Hemisphere

Hemispheric efforts to promote stronger drug control institutions continued to accelerate in 2012. The United States chaired the Demand Reduction Experts Group of CICAD. Under ONDCP leadership, the expert group developed guidance to promote best practices in the areas of prescription drug abuse, drugged driving, prevention efforts by community coalitions, and substance abuse data collection. These best practices documents will help guide the work of CICAD and participating governments in the years ahead. DEA and USCG also participated in CICAD Expert Working Groups on anti-money laundering, chemicals and pharmaceuticals, and maritime interdiction, all of which produce guides and model regulations and legislation for use by OAS countries. The U.S. Government continued to work within the OAS/CICAD Intergovernmental Working Group to revise the Multilateral Evaluation Mechanism, which provides a common set of standards by which national drug control programs can be evaluated and improved.

Building International Partnerships: Short- and Long-Term Challenges

Partner nations face both short-term drug threats and longer-term justice and security challenges. Although the immediate tasks of arresting drug dealers, seizing drugs, and disrupting major transnational criminal organizations remains essential, there is also a longer term need to build robust, honest, and capable institutions. Long-term progress on drug and transnational organized crime issues cannot be attained without stable institutions that continue to operate effectively regardless of the political party in power. Each aspect of the justice continuum is essential. These elements generally include:

- Trained police forces qualified to conduct complex narcotics and financial investigations;
- Fully functioning court systems with skilled prosecutors and defense attorneys;
- Judges who operate with integrity and are protected from threats to their personal safety; and
- Well-managed corrections systems of appropriate size and complexity to manage inmate populations.

In addition to these vital law enforcement and criminal justice capabilities, countries also require alternatives to incarceration for low-level, nonviolent criminal offenders who do not pose a threat to public safety but are in need of drug treatment or other services. These alternatives, which could include behavioral or MAT programs, as well as drug courts, brief interventions, or peer counseling, ensure that limited prison cells are reserved for major criminals.

Although daily arrests and seizures are an important part of drug control, the only way to ensure sustained success is to build enduring institutions. Thus, supporting partner nations in their efforts to develop and strengthen institutions is central to U.S. drug policy goals—and the key objective of much of our drug- and crime-related foreign assistance programs.[89]

C. Work with Partners in Europe, Africa, and Asia to Disrupt Drug Flows in the Trans-Atlantic and Trans-Pacific Regions

The Department of State and DOD continue to coordinate interagency efforts to promote bilateral and regional cooperation against drug trafficking and transnational organized crime in Europe, Africa, and Asia. Efforts to promote coordination among donor nations regarding narcotics trafficking and transnational crime in West Africa was the focus of a U.S.-hosted February 2012 G8 Roma-Lyon Group meeting. Over the past year, the Administration has expanded efforts to address transnational organized crime in Africa, including drug trafficking, money laundering, and human trafficking through training programs, joint investigations, and enhanced information and intelligence sharing. These efforts are aided by an expanded DEA presence in Africa. The United States coordinates an array of drug issues through semi-annual drug policy discussions in Brussels with the EU Commission and member state representatives. U.S. Africa Command conducted the Africa Maritime Law Enforcement Partnership, placing a USCG Law Enforcement Detachment on a U.S. Navy ship to conduct joint patrols with Cape Verde, Senegal, The Gambia, and Sierra Leone. The USCG is a member of both the 20-member North Atlantic Coast Guard Forum and the six-member North Pacific Coast Guard Forum, two distinct international organizations that promote multilateral cooperation between member coast guards.

D. Coordinate with Global Partners to Prevent Synthetic Drug Production and Precursor Chemical Diversion

In 2012, U.S. agencies pushed on multiple fronts to confront the use of new tactics, precursor chemicals, and transshipment routes now employed by chemical traffickers and methamphetamine manufacturers. U.S. agencies worked with partner nations in the Western Hemisphere, particularly the Central and South American countries that have been targeted by chemical traffickers, and with chemical producing countries. ONDCP led an interagency visit to China in September 2012, which included representatives from DEA, the State Department, the Internal Revenue Service, DHS, and JIATF West, to further U.S.-Chinese information sharing and case collaboration on synthetic drugs and chemicals. During the discussions, both sides agreed to improve collaboration on investigations of methamphetamine precursor chemical diversion, particularly to Central America. Similar themes were explored on a more functional level by the DOJ-led Counternarcotics Working Group of the U.S.-Sino Joint Liaison Group on Law Enforcement Cooperation (JLG). U.S. agencies, especially DEA and JIATF West, are increasing efforts to track the global precursor trade as it expands to new countries in the Middle East, Africa, and Asia. Unlike cocaine trafficking, which employs non-commercial maritime methods for the movement of illicit drugs, commercial maritime shipping containers are the dominant conveyance for methamphetamine precursor chemicals. In 2012, JIATF West continued to mature the Illicit Tracking Cell's (ITC) efforts to identify, track, and provide actionable intelligence to law enforcement, leading to record interdictions related to methamphetamine precursor chemicals transiting globally via commercial maritime cargo.

E. Expand Global Prevention and Treatment Initiatives Bilaterally and through Cooperation with the United Nations, the Organization of American States, the Colombo Plan, and Other Multilateral Organizations

Under the leadership of the Department of State, U.S. international demand reduction initiatives have continued to mature. In 2012, 75 drug-free community coalitions were established in Latin America (11 in Brazil, four in Colombia, four in Guatemala, two in Mexico, 50 in Peru, two in Honduras and two in Bolivia). In addition, 33 substance abuse treatment programs were established in Afghanistan, including centers focused on the needs of women and children. ONDCP placed prevention and treatment at the center of the drug policy discussion by emphasizing their importance in the *Principles of Modern Drug Policy*. The *Principles* document clearly communicates the U.S. approach to the drug problem and was released in May 2012 in Stockholm at the 3rd World Forum Against Drugs.

Advocate for Action: Al Brandel

As a career law enforcement officer specializing in juvenile crime and crime prevention, Al saw firsthand the consequences of drug use among young people. When he was elected president of Lions Clubs International in 2008, he was given the opportunity to advocate at the international level for social and emotional learning, including anti-drug messaging and training, through the Lions Quest program, a kindergarten through 12th grade curriculum. As Lions International president and then chairperson of the Lions Clubs International Foundation, Al has met with elected officials and helped coordinate partnerships with a number of government agencies and non-governmental organizations, to include CADCA, CICAD, UNODC, and the U.S. State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL) in an effort to expand Lions Quest to classrooms in more than 70 countries around the world.

F. Expand Internationally a Comprehensive Package of Health Interventions for Injection Drug Users

The President's Emergency Plan for AIDS Relief (PEPFAR) leverages resources and services from host countries and multilateral organizations to support expanded coverage of health interventions. Countries supported by PEPFAR resources have been expanding their national programs to provide core interventions including community-based outreach, counseling and testing, MAT, antiretroviral therapy, and prevention, diagnosis, and treatment of viral hepatitis and tuberculosis. These evidence-based interventions, along with country-level strategies to create an enabling environment with supportive laws, policies, and regulations, have been identified by the World Health Organization, UNODC, and UNAIDS as essential interventions that can help in the treatment of opioid dependence and the prevention of HIV and other blood-borne diseases. The United States—through PEPFAR—directly supported life-saving antiretroviral treatment for more than 4.5 million men, women, and children worldwide in 2012. The United States is the first and largest donor to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. To date, the United States has provided more than $7.1 billion to the Fund.[90]

G. Enhance the Relationship Developed with Russia Under the U.S.-Russia Bilateral Presidential Commission to Encourage Counternarcotics Cooperation

Counterdrug collaboration between the United States and Russia expanded in 2012 due to year-round coordination and two meetings of the Counternarcotics Work Group (CNWG) of the Bilateral Presidential Commission. The first meeting, in Chicago in late 2011, focused on improving public health prevention and treatment interventions and included discussions of Federal, state, and local cooperation on border security. During the May 2012 St. Petersburg meeting, the co-chairs signed a document outlining the CNWG's success and agreed to further information exchanges on effective drug treatment and rehabilitation programs. The delegation also met with individuals in recovery at the St. Petersburg City Narcological Hospital and attended a graduation ceremony for counternarcotics officers from Central Asia and Afghanistan.

2. Support the Drug Control Efforts of Major Drug Source and Transit Countries

A. Strengthen Strategic Partnerships with Mexico

The Merida Initiative has made significant progress since its implementation in 2008, with the biggest accomplishment being the mutual fostering of security, protection, and prosperity. From 2008-2012 DEA coordinated/conducted 117 training courses for Mexican partner agencies with a total of 3,737 participants. These courses have focused on a variety of areas including money laundering investigative techniques, proper evidence handling for judicial proceedings, how to maintain the integrity of a crime scene, and how to properly perform law enforcement intelligence analysis. To date, the Department of State has provided more than 300 polygraph instruments and peripheral equipment to Mexican federal and state vetting centers, as well as training, assessment, mentoring, and other professionalization services for police internal affairs units. In 2012, the State Department delivered the last two UH-60M Blackhawk helicopters to the Mexican Federal Police, bringing the cumulative total to six under the Merida Initiative. Also through Merida, four CASA CN-235 aircraft were provided to the Mexican Navy, and CBP's Office of Air and Marine provided a modified radar monitoring system to the Mexican Government to increase Mexico's air domain awareness on the border with the United States. This system will improve collaboration with CBP's Air and Marine Operations Center. In the field of demand reduction, in April 2012, ONDCP and NIDA concluded a memorandum of understanding to fund the U.S. portion of a bi-national SBIRT study in Los Angeles. The Mexican part of the study, to be conducted in Tijuana, is funded by the Merida Initiative and should conclude in 2013. The focus of assistance in 2013 will be on training, sustainment, and consolidating gains.

B. Disrupt the Narcotics-Insurgency Nexus and the Narcotics-Corruption Nexus in Afghanistan

The December 2012 *U.S. Counternarcotics Strategy for Afghanistan* demonstrates the Administration's commitment to building Afghan capacity to disrupt the illicit narcotics trade and to break the narcotics-insurgency nexus. As the world's leading supplier of heroin and illegal opiates, Afghanistan's continued high levels of opium production provide the Taliban with funding streams and undermines domestic

security, stability, and rule of law. As the International Security Assistance Force transitions security responsibility to Afghan forces, a parallel transition of counternarcotics program oversight is occurring between U.S. agencies and the Afghan Government. Working with Afghan partners, international allies, and multilateral organizations, the United States continues to share a commitment for the establishment of effective, sustainable, Afghan-led programs, critical to Afghan security and regional stability. The Afghan Ministry of Counter Narcotics has displayed increased capacity and political will, as evidenced by the 154 percent increase in opium eradication (3,810 hectares vs. 9,672 hectares) during the 2011-2012 growing season.[91]

C. Build the Law Enforcement and Criminal Justice Capacities of Source Countries in the Western Hemisphere to Sustain Progress Against Illicit Drug Production and Trafficking

In 2012, DEA provided support to law enforcement activities with Honduran authorities that resulted in a significant decrease in trafficking by air into Honduras for the duration of the deployment. In 2012, DEA added a new SIU in Honduras that will greatly expand law enforcement capacity. The FBI's National Gang Task Force and the U.S. Department of State conducted the Central American Law Enforcement Exchange program to promote best practices among law enforcement officials from across Central America. Among other capacity-building efforts, the Department of State has begun planning, through CARSI, efforts to prevent precursor chemical diversion and to build capacity for safe disposal of seized chemicals.

D. Implement the Caribbean Basin Security Initiative

In 2012, Caribbean and U.S. officials developed and began implementation of a viable Maritime Security Strategy for the majority of Caribbean countries that project capabilities out to, and slightly beyond, their territorial seas (the 12-mile boundary). Assessments of existing fingerprint equipment carried out in The Bahamas, Guyana, Jamaica, Suriname, Trinidad and Tobago, and the seven Eastern Caribbean countries identified six different collection systems that required upgrades or replacement to permit the sharing of fingerprint data within the region. Also, in FY 2013, the United States will provide over $10 million for upgrades and overhauls to the Air Wing equipment of the Regional Security System, which provides counternarcotics and other security related protection to seven independent nations in the Eastern Caribbean.

E. Promote Alternative Livelihoods for Coca and Opium Farmers

The United States helps provide alternatives to opium poppy cultivation in Afghanistan through capacity building for farmers, agribusinesses, and national and provincial institutions; value chain development; infrastructure development; and agricultural credit extension. In 2009, the United States Agency for International Development (USAID) established "Incentives-Driving Economic Alternatives-North, East, West in Afghanistan," a 5-year cooperative agreement to implement alternative development projects. Through intensive value chain development, the project continues to increase incomes and employment, especially in poppy-prone areas. Approximately 900,000 households have benefited, and 10,000 hectares have improved licit cultivation.

In FY 2012, USAID continued to support alternative development projects in Bolivia, Colombia, Ecuador, and Peru, benefiting over 34,000 households and supporting over 44,000 hectares of alternative crops in the Andean region. Specifically in Colombia, USAID supported the development and initiation of more than 850 activities in the field, successfully leveraging $49 million or nearly 60 percent of total value from public and private sector sources. USAID's small infrastructure activities included improvements to health, education, sports, and cultural facilities; improvement and maintenance of tertiary roads; and support for the construction of water and sewage systems, benefiting more than 16,400 people. In Peru, licit sales from farmers USAID directly assisted in cacao, oil palm, and coffee production totaled $35.2 million at farm-gate prices and generated 15,763 equivalent full-time jobs. For every $1 of USAID's investment in technical assistance, $240 in Peruvian public investment was leveraged.

F. Support the Central American Regional Security Initiative

In 2012, the U.S. Government developed the Roadmap for U.S. Engagement in Central American Citizen Security, which guides United States engagement with Central America over the short- (2012–2013) to mid-term (2014–2017). The strategic guidance in this document will inform the development of agency program implementation plans that include programmatic details and measures of effectiveness and will support the five CARSI Pillars: Safe Streets; Disrupt the Movement of Criminals and Contraband; Strong, Capable, and Accountable Governments; Effective State Presence in Communities at Risk; and Enhanced Levels of Cooperation. In 2012, during quarterly meetings with the ambassadors from the Central American nations and visits by DEA and DOJ experts to the region, precursor chemical smuggling was identified as a major threat. Through the CARSI program, the State Department, in conjunction with DEA and the OAS, are developing programs to support host-nation capacity to safely dispose of seized precursor chemicals, as well as ways to tighten laws and increase interdiction capacity in the region.

G. Leverage Capacities of Partner Nations and International Organizations to Help Coordinate Programs in the Western Hemisphere

Bilateral and regional counternarcotics cooperation in the Western Hemisphere continues to be a major focus for U.S. agencies. In July 2012, the Government of Mexico hosted a meeting to support the combating crime pillar of the Central America Integration System (SICA) Security Strategy. Partner countries and organizations provided updates on their assistance to Central America and the SICA member states expressed their desire for greater cooperation at the regional level. Also in July, ONDCP led a U.S. delegation to an international drug conference in Lima, Peru. More than 61 countries and nine international organizations attended the 2-day conference that included focused panel discussions on demand reduction, supply reduction, and alternative development. The resulting "Lima Declaration" reaffirmed confidence in the UN Conventions that form the basis of the international drug control system. The United States will continue to encourage partner nations, particularly Colombia, to assist the countries in Central America with capacity building and information-sharing to face the transnational criminal organizations operating in the region.

H. Consolidate the Gains Made in Colombia

U.S. Government assistance to Colombia is declining from the peak years of *Plan Colombia* as programs transition as planned from U.S. to Colombian control. In 2012, the U.S. Government continued to support aerial eradication, essential for disrupting today's drug trafficking networks and thwarting cultivation in Colombia's more remote areas. The constant pressure on illegal coca cultivation has resulted in a sharp decrease in the amount of cocaine produced in Colombia over the last decade, coinciding with a significant decline in the rate of current cocaine use in the United States. Colombia has also gained the capacity to export the lessons it learned to allies in the region (over 1,985 personnel from other countries were trained by the Colombian National Police in 2012, and of those, 1,476 were police officers). The Government of Colombia's National Consolidation Plan, which the United States supports, is helping to bring the civilian elements of the state to remote, previously ungoverned parts of the country. Many poor farmers previously forced to grow coca can now safely plant legal alternative crops without fear of guerrilla retribution. Colombia's revitalization is reflected in economic growth, foreign direct investment, and its reemergence as a center of art and culture.

Progress in Colombia

Colombia continues its remarkable progress against cocaine production and associated violence. Success is due to the efforts of Colombian leaders, soldiers, and citizens who reclaimed their country from drug traffickers. U.S. assistance and training, as one part of Plan Colombia, played a critical supporting role during several U.S. and Colombian administrations.

After more than a decade of concerted efforts, potential production of pure cocaine in Colombia dropped to 195 metric tons in 2011. This is a 25 percent reduction from the 260 metric tons available in 2010, and an overall decline of 72 percent from the estimated 700 metric tons available in 2001.[92] This achievement strengthened democracy, human rights, and the rule of law in Colombia and contributed to historic reductions in cocaine availability within the United States.

Since 2006, the rate of current cocaine use in the United States has decreased by 50 percent. In 2011, a survey of adult male arrestees in 10 U.S. cities showed that significantly fewer arrestees are testing positive for cocaine. All ten tracked sites showed a significant decrease in 2011 compared to 2007.[93] These results are the product of steady, strategic pressure across successive administrations in both the United States and Colombia.

Colombia has also become a regional leader, helping its neighbors—regionally and globally—by sharing its unique security expertise through training exchanges involving more than 20 countries. Colombia's successful journey from a country besieged by drugs to a nation making headway on virtually every measure of security and prosperity should serve as a model to other countries grappling with similar threats.

3. Attack Key Vulnerabilities of Drug Trafficking Organizations

A. Improve Our Knowledge of the Vulnerabilities of Drug Trafficking Organizations

The intelligence, law enforcement, and defense communities are continuing efforts to develop a more complete understanding of the primary drug trafficking organizations that threaten the United States and its partner countries. FY 2012 accomplishments included a renewed focus on counterdrug and transnational organized crime issues within national priorities; major studies on priority countries and organizations; extensive bilateral cooperation with partner nations including Mexico and Colombia; and an August 2012 conference on understanding cocaine production and trafficking trends. The U.S. Government will continue intelligence collection and analysis on primary illicit organizations; improve upon data and information-sharing systems; and ensure the coordination of specialized intelligence centers such as EPIC, the OFC, SOD, and the Narcotics and Transnational Crime Support Center.

B. Disrupt Illicit Drug Trafficking in the Transit Zone

Transnational criminal organizations continue to employ non-commercial maritime methods for the initial movement of illicit drugs through the Western Hemisphere Transit Zone. Targeting these bulk shipments before they are broken down into smaller loads has the greatest impact on reducing the flow toward the United States, relieves pressure on Central American partner nations, and reduces illicit revenue streams. Interdiction efforts in 2012 were bolstered by Operation MARTILLO, an effort coordinated by JIATF South with Western Hemisphere and European partners targeting illicit trafficking routes in coastal waters along the Central American isthmus. As of the end of FY 2012, Operation MARTILLO had disrupted over 106 metric tons of cocaine in and around Central America. According to the Consolidated Counter Drug Database (CCDB), in FY 2012, 211 metric tons of cocaine were removed (seized or disrupted), of 889 metric tons moving through the Transit Zone, as documented. This constitutes a 23.8 percent removal rate which, while well short of the annual target, is consistent with the historical average of 25 percent over the past decade. The decline in interdiction assets (sea and air) in the Western Hemisphere continues to be of great concern at the national level. The U.S. Government will examine options to address the continuing drug trafficking threat in the Transit Zone.

Addressing New Threats in the Transit Zone

Traffickers continue to show a willingness to modify their tactics and evolve in the face of the pressure placed upon them by interdiction forces. A prime example of this is the emergence of the self-propelled semi-submersible (SPSS) threat in the Western Caribbean, a threat previously encountered primarily in the Eastern Pacific. In March 2012, an SPSS was found underway in the Western Caribbean. This vessel was detected and monitored by USCG, U.S. Air Force, U.S. Navy, and CBP aircraft under the control of JIATF South and it was interdicted by two USCG vessels. The operation was also supported by the Government of Honduras, which launched interceptor vessels to assist in the interdiction. This operation highlights not only the continually evolving threat the traffickers pose, but also the cooperation among various U.S. Government departments and agencies; the employment of non-standard assets against illicit trafficking; and the value and importance of partner nation engagement and collaboration. More than 6 metric tons of cocaine were disrupted during this event.

C. Target the Illicit Finances of Drug Trafficking Organizations

U.S. agencies continue to integrate counter-illicit finance tools in their efforts against drug trafficking and transnational criminal organizations. In FY 2012, the Office of Foreign Assets Control designated dozens of entities tied to Mexican drug trafficking organizations—including the Sinaloa and Zetas organizations—under the Foreign Narcotics Kingpin Act, freezing their assets and financial transactions under U.S. jurisdiction. The U.S. and Mexican Attorneys General signed an agreement in March 2012 to share approximately $6 million in forfeited funds to support Mexican efforts to target illicit finances and enhance bilateral cooperation. The United States will continue to build on such cooperation by sharing counter-illicit finance tools, best practices, and information.

In addition, ICE has developed an Illicit Pathways Attack Strategy (IPAS) that focuses on illicit finance and money laundering activities of transnational organized crime networks operating in the Western Hemisphere. The pathways approach enables ICE/HSI to use intelligence and analysis to identify the means and methods being used by multiple organizations. Once identified, ICE can analyze whether there are key convergence points that can be investigated and vulnerabilities that can be identified and addressed. For high-risk criminal networks, the focus is on the investigation and prosecution of the leadership, co-conspirators and facilitators, with disruption and deterrence operations taking place simultaneously with arrests. For high-risk pathways, efforts are focused on building multinational coordinated investigations and building the capacity of partner nations to identify, investigate, and prosecute criminal networks and disrupt criminal activity.

D. Target Cartel Leadership

U.S. Government agencies continue to identify and exploit the vulnerabilities of the leadership of those drug trafficking and transnational criminal organizations primarily responsible for moving drugs into the United States and laundering money. Bilateral efforts yielded numerous successes against such organizations in FY 2012, while domestic efforts have broken up networks within the United States. For instance, collaboration between the "BACRIM" unit in the U.S. Attorney's Office for the Southern District of Florida and the DOJ Criminal Division's Office of International Affairs resulted in total extraditions from Colombia reaching a high of 183 in FY 2012. "BACRIM" is an abbreviation for "bandas criminales," or criminal bands, which are loosely associated criminal groups that sprang up after the demise of the major cartels in Colombia and represent one of the greatest international security challenges facing Colombia today. In addition, the OCDETF Program continues to use the Attorney General's Consolidated Priority Organization Target (CPOT) List to target the most significant drug trafficking and money laundering organizations responsible for the Nation's illicit drug supply. Of the 68 active FY 2012 CPOTs, 42 were indicted, 22 were arrested, and 4 were extradited. Since implementation of the CPOT list in June 2002 through FY 2012, 36 CPOT organizations have been disrupted and 53 dismantled.

Chapter 7. Improve Information Systems for Analysis, Assessment, and Local Management

The policies and programs presented in the *National Drug Control Strategy* are evidenced-based; they are based upon scientifically rigorous studies published either by government sources or in peer-reviewed literature. The findings from this research are used by the Administration to formulate and assess policies and programs to address drug use and its consequences.

For example, in 2011, the Administration released the Prescription Drug Abuse Prevention Plan, which includes specific actions that can be taken in four distinct areas: education, monitoring, proper medication disposal, and enforcement. The impetus for producing the Plan was the growing accumulation of data from several indicator systems showing the troubling prevalence of prescription pain reliever abuse and its consequences. NSDUH, for example, indicated that in 2009, 5.3 million Americans age 12 and older (2.1 percent of the population) had used a pain reliever non-medically in the past month.[94] The Centers for Disease Control and Prevention noted that there were nearly 28,000 unintentional drug overdose deaths in 2007—pain relievers were involved in such deaths more frequently than were either cocaine (1.93 as many times) or heroin (5.39 as many times).[95] Finally, treatment admissions for which prescription opioids were the primary cause of the admission rose 535 percent between 1999 and 2009.[96] With the release of the 2011 NSDUH, the Nation has seen a 12 percent decline in prescription drug abuse among those 12 and older.[97] This good news indicates that policy interventions to reduce the misuse of prescription drugs may be having an effect.

Much of the evidence base used by policymakers to assess the effectiveness of drug policies and programs is derived from several key Federal data systems, including the

- National Survey on Drug Use and Health (NSDUH),
- Drug Abuse Warning Network (DAWN)
- Treatment Episode Data Set (TEDS),
- Monitoring the Future (MTF) study,
- System to Retrieve Information on Drug Evidence (STRIDE),
- National Seizure System (NSS),
- Arrestee Drug Abuse Monitoring II (ADAM) program, and the
- National Vital Statistics System (NVSS).

These data systems and many more are fundamental to the operation of ONDCP's Performance Reporting System. The status of the Government's efforts to achieve the Strategy's goals is assessed with the data from these systems. These data systems also provide the information that populates the *National Drug Control Strategy Data Supplement*, a compendium of the leading indicators of drug use, drug supply, and related consequences.

These data systems are not static; they require continual review and updating to ensure their methods incorporate the latest scientific advancements in survey design and data collection.

For example, in 1999 and 2002, the NSDUH implemented several modifications to address falling response rates—a critical factor in any population survey—and improve the accuracy of responses, including adoption of computer-assisted self-administration of much of the interview, increases in the monetary incentive paid to respondents, re-training of survey interviewers, expansion of the sample, and the re-naming of the survey. These enhancements increased response rates, enabling production of state-level estimates, increased respondent participation and confidentiality, and improved the accuracy and precision of the resulting estimates. SAMHSA, the Federal agency responsible for NSDUH, is currently planning a re-design of the survey in 2015 to update the survey methodology and to revise or include questions to better measure recent trends in drug use behavior, attitudes, and related issues.

1. Existing Federal Data Systems Need to Be Sustained and Enhanced

A. Enhance the Drug Abuse Warning Network Emergency Department Data System

SAMHSA is working with the CDC's National Center for Health Statistics to collect data on adverse consequences of substance use through the newly formed National Hospital Care Survey, which will enable estimates of the number and characteristics of drug-related emergency department (ED) visits. This solution is not without trade-offs. While the costs of obtaining the data will be constrained, the data on drug-involvement in ED visits will not be as detailed under the new system as it was under DAWN due to sample constraints. However, the new system will provide data on such visits not previously available, including patient disposition following the ED visit. The new data system is scheduled to be operational by the end of 2013.

B. Improve the National Survey on Drug Use and Health

The NSDUH provides policymakers with the most detailed picture of drug use and related issues among the U.S. population 12 and older. NSDUH data are used by the government to assess the progress the Nation is making in achieving the goals of the *Strategy* and the Prescription Drug Abuse Prevention Plan. It is also used by researchers to study such issues as medical marijuana, drug-related risk and protective factors, and the prescription drug abuse epidemic. As noted previously, SAMHSA, in consultation with ONDCP and other Federal and non-governmental experts, is planning a re-design of the survey for 2015 to incorporate updates to the methodology and to improve its ability to provide estimates of emerging drug problems, especially prescription drug abuse. Field-testing of some of the new data elements took place in 2012.

C. Sustain Support for the Drug and Alcohol Services Information System

The Drug and Alcohol Services Information System is composed of three data sets: (1) the TEDS, containing data on substance abuse treatment admissions, by state; (2) the National Survey of Substance Abuse Treatment Services (N-SSATS), containing administrative data on the Nation's treatment providers; and (3) the Inventory of Substance Abuse Treatment Services (I-SATS), a listing of the Nation's treatment providers. These data sets provide policymakers and the public with critical information regarding the

Nation's treatment system, including the name, location, and specialty of providers (I-SATS); characteristics (e.g., source of payment, staffing, number of clients) of the providers (N-SSATS); and the number and characteristics of clients in treatment (TEDS).

D. Better Assess Price and Purity of Illicit Drugs on the Street

Drug prices are also of great interest to communities, as they provide a snapshot of what drugs are available and how easy they are to obtain. Currently, DEA tracks the price of drugs as part of ongoing casework (the System to Retrieve Information on Drug Evidence, or STRIDE) or through a few recurring drug purchase programs. From these DEA data, national trends for drug prices and purities are developed for the four major drugs (cocaine, heroin, marijuana, and methamphetamine) in various market levels and are published annually in the *National Drug Control Strategy Data Supplement*.

DEA has been pursuing several possibilities for improved assessment of street drug prices and purities. DEA contacted counterparts at state/local forensic labs seeking specimens for subsequent analysis. However, unlike DEA, the state/local labs do not retain drug samples; specimens are returned to the acquiring law enforcement agencies, which will not release them for various reasons, ranging from legal restrictions to wanting to maintain all of the evidence until adjudication. DEA's National Forensic Laboratory Information System (NFLIS) has recorded some state/local labs that do collect purity information. A query capability of NFLIS drug purity data, accessible to analysts, is being investigated. This repository would permit analysts to extract the latest drug purity data in U.S. localities to monitor trends and compare geographic fluctuations.

E. Strengthen Drug Information Systems Focused on Arrestees and Incarcerated Individuals

Although national surveys provide invaluable data on overall drug prevalence, there is special value in studying drug use among arrested persons. The Arrestee Drug Abuse Monitoring (ADAM) study is conducted annually to provide law enforcement in select areas with data on drug use among arrestees in their jurisdictions. This survey is unique among Federal drug related surveys due to its confirmatory urinalysis test. While not nationally representative, these data provide special insights into regional drug use trends. As Colorado Governor John Hickenlooper noted in 2010 while serving as Mayor of Denver, "It is important to accurately track drug use for those arrested, especially with drug use being prevalent in so many arrest cases… The report offers a good snapshot into the varying drug problems different cities face across the country."

The ADAM II 2011 annual report was published in spring 2012. A special analysis of expanded data collection in New York City was prepared at the request of the New York City Police Commissioner to inform policymakers on judicial diversion for eligible drug-using offenders. Due to lower funding, the ADAM II study in 2012 was reduced to cover just five markets (New York City, Chicago, Atlanta, Denver, and Sacramento). The continuation of ADAM in the five markets in 2012 and 2013 is funded in part by the Bureau of Justice Assistance.

2. New Data Systems and Analytical Methods to Address Gaps Should Be Developed and Implemented.

A. Develop and Implement Measures of Drug Consumption

At ONDCP's request, SAMHSA studied the feasibility of adding questions to the NSDUH to enable estimation of marijuana consumption (i.e., the amount of the drug consumed). Results indicated, however, that respondents were unable to reliably provide such information. As an alternative to a direct estimate of drug consumption, ONDCP has funded research to model such estimates. Data from several sources, including the NSDUH, ADAM, MTF, and STRIDE are analyzed to determine how many users there are of particular drugs, how frequently they use these drugs, and how much they spent the last time they acquired them. Data on the price and purity of drugs from STRIDE enable researchers to estimate how much of each drug consumers obtained (and presumably consumed) given a certain price paid for those drugs. In early 2012, ONDCP published annual consumption estimates through 2006; an update taking the estimates through 2010 is currently in production and is scheduled to be completed in 2013.[98]

B. Transition Drug Seizure Tracking to the National Seizure System

Tabulation of drug seizures is the foundation for reporting statistics on the trends, activities, and patterns related to drug supply reduction policy. EPIC has completed its integration of historical seizure data from the Federal-wide Drug Seizure System (FDSS) with the latest NSS data. Federal agencies are collaborating on improving the consolidation and de-duplication of drug seizure data electronically to provide more accurate and timely tabulations. With standardization of field definitions, strategic seizure reports will be possible to inform policymakers on the latest drug trafficking trends. A draft template for a strategic drug seizure report is expected in FY 2013. Concurrently, the CCDB is working to incorporate NSS data into its system to ensure that all relevant seizures are captured.

C. Enhance the Various Data that Inform Our Common Understanding of Global Illicit Drug Markets

Illicit drug trafficking is a global problem, and improved data on foreign drug markets enhances our understanding of the latest trends. ONDCP is funding a study to integrate all available information on drug trends to estimate drug expenditures by American users, the number of users, and estimates of consumption. DEA conducted a study of cocaine movement toward the United States using Carbon 14 dating to improve the modeling of cocaine flow from South America.[99] ONDCP published a study that estimated the number of cocaine users in the United States, expenditures on illicit drugs, and the amount consumed annually.[100] The CCDB, which focuses on worldwide cocaine movement, was enhanced to track worldwide movements of opiates (primarily heroin and opium) and methamphetamine precursors. Interagency analysts are being organized to participate in collecting data for these two new CCDB modules. The opiates database should provide a more comprehensive, regional view of the Southwest Asia heroin threat, and validation sessions are occurring for the initial methamphetamine precursor data. In addition, the State Department's INL Bureau conducted an Afghanistan National Urban Drug Use Survey to give the most accurate estimate to date on Afghanistan drug prevalence rates.

D. In Coordination with Our International Partners, Improve Capacity for More Accurately, Rapidly, and Transparently Estimating the Cultivation and Yield of Marijuana, Opium, and Coca in the World

DEA conducted four studies in FY 2012 in the Colombian departments of Caquetá, Vichada, Bolivar, and Valle del Cauca that were instrumental in determining fresh leaf yields that led to improved estimates of pure cocaine production potential. DEA also conducted a study of how the changes in the production of cocaine HCl in Bolivia increased the purity and, therefore, the production potential for cocaine in Bolivia. The U.S. Government is planning to conduct a coca yield study in Peru over the next year to get an up-to-date snapshot. Also, the U.S. Government will conduct a heroin lab efficiency study in Afghanistan and an opium yield study in Burma. These studies should help improve heroin production data in these two source countries. Finally, in 2012, the Government of Mexico expressed interest in conducting heroin and marijuana yield studies in Mexico, but those have been delayed at least a year due to national elections. Cooperation from the Government of Mexico on crop harvest data did result in improved potential production estimates.

3. Measures of Drug Use and Related Problems Must Be Useful at the State and Community Level

A. Develop a Community Early Warning and Monitoring System that Tracks Substance Use and Problem Indicators at the Local Level

Success at reducing the Nation's drug use problem occurs at the local level through the efforts of community coalitions, treatment providers, recovery support service providers, law enforcement, and others. SAMHSA, with the assistance of its Federal partners, is developing a system of local drug indicators. In FY 2013, a pilot program to develop and implement the system in selected sites will be undertaken.

Advocate for Action: Dr. Christian Thurstone

Dr. Christian Thurstone is one of fewer than three dozen physicians in the United States board certified in general, child and adolescent, and addictions psychiatry. He is medical director of one of Colorado's largest youth substance use treatment clinics and an associate professor of psychiatry at the University of Colorado, Denver, where he conducts research on youth substance use and addiction. Dr. Thurstone has completed medical training at the University of Chicago and University of Colorado, Denver. In 2010, he completed 5 years of mentored research training through the NIDA/American Academy of Child and Adolescent Psychiatry K12 Research Program in Substance Abuse. Dr. Thurstone's research on adolescent substance use disorders has contributed to our understanding of the impact of drugs on the adolescent mind and has demonstrated the need for evidence-based prevention. Dr. Thurstone is not only a renowned researcher and scientist but also a vocal advocate for drug use prevention, with a focus on marijuana. His experience with young people suffering from marijuana use problems in his adolescent substance abuse treatment program inspired him to become a leading voice in getting the facts out about the health risks of marijuana.

Policy Focus: Reducing Drugged Driving

Every year, thousands of fatalities occur in the United States that involve drugged driving.[101] Drugs other than alcohol that can affect driving performance include illicit drugs and medications (prescribed and over-the-counter) with the potential to alter behavior. It has been 3 years since the President identified drugged driving as a national priority in the inaugural *National Drug Control Strategy* and set an ambitious goal of reducing drugged driving in America by 10 percent by 2015. To meet the President's goal, ONDCP continues to work closely with Federal partners, state and local governments, public health officials, law enforcement agencies, membership organizations, and community groups to bolster awareness.

Success in achieving the *Strategy's* goal will be measured with data from the National Highway Traffic Safety Administration's (NHTSA) National Roadside Survey. While data from this survey will not be available until 2014, results from the NSDUH are used as an alternate source of data to determine whether the Nation is likely to be on track to achieve this goal. In 2011, according to the NSDUH, 9.4 million persons (3.7 percent) of the population aged 12 or older reported driving under the influence of illicit drugs (including the nonmedical use of prescription-type drugs) during the past year. This is a 12 percent decrease from the rate in 2010 (4.2 percent) and 2009 (4.2 percent).[102]

While the data are encouraging, we must remain focused on reducing this threat to public health and safety. The 2012 *National Drug Control Strategy* focused on four key areas of the Administration's efforts to reduce drugged driving: Increase public awareness; enhance legal reforms to get drugged drivers off the road; advance technology for drug tests and data collection; and increase law enforcement's ability to identify drugged drivers. These efforts remain the Administration's focus for the upcoming year.

To raise national awareness, in 2012 the President once again declared December National Impaired Driving Prevention Month. In addition to forging new relationships and extending our public outreach, ONDCP will continue to work with such national partners as Mothers Against Drunk Driving (MADD) and RADD: The Entertainment Industry's Voice for Road Safety to produce educational programming for youth and raise awareness about the dangers of drugged driving.

ONDCP has established strong collaborations with DOT, specifically NHTSA and the Office of Drug and Alcohol Policy and Compliance; the Department of Health and Human Services, specifically NIDA and SAMHSA; and the National Transportation Safety Board. Because of these partnerships, progress in research is being made and several key projects are underway. The Administration will continue to support research to improve the standards and reliability for drug testing, including the development of a reliable and widely-available roadside test for the detection of the presence of drugs in drivers' systems.

Law enforcement plays a critical role in reducing drugged driving, and ONDCP will continue to support additional training for patrol officers to recognize impaired drivers. Progress has also been made in making training more accessible to law enforcement. In 2013, ONDCP and the NHTSA will launch the online version of NHTSA's Advanced Roadside Impaired Driving Enforcement program (ARIDE), making training available to an even larger number of officers.

We know from the decades-long efforts to reduce drunk driving that progress is possible. Since 1973, there has been a 71 percent decrease in the percentage of alcohol-impaired drivers on the road on

weekend nights.[103] There is now a coordinated effort to reduce drugged driving through education, policymaking, and legislation. The following accomplishments are evidence that we are moving in the right direction on this important issue.

Preventing Drugged Driving Must Become a National Priority on Par with Preventing Drunk Driving

Encourage States to Adopt *Per Se* Drug Impairment Laws

For the past 3 years, the Administration has worked to educate states about per se (or "zero tolerance") laws and the importance of drugged driving legislation. Through the dissemination of best practices guidance documents, educational packets, and webinars, ONDCP has remained committed to providing states with the advice and the technical assistance needed to pursue drugged driving legislation. Due to growing concern over the traffic safety implications of illegal drug use by drivers, 17 states in the United States currently have per se statutes, and the Administration is encouraging other states in the United States to adopt these standards. In September 2012, the Governors Highway Safety Association broadened its drugged driving policy to include per se laws. Legal responses have proven effective in the past to reduce threats to public health and public safety. For example, administrative license revocation laws were a significant part of the successful effort to reduce drunk driving across the Nation. A similar administrative process could be effective in addressing drugged driving. The immediate suspension or revocation of a driver's license for drug test failures or refusals may be a valuable legal tool for removing offenders from the road quickly. ONDCP will continue to work with states as they consider reviewing their administrative license revocation laws to cover drugged drivers as well as drunk drivers.

Advocate for Action: Ed Wood

Ed Wood has become a recognized leader in promoting effective drugged driving laws, beginning in his home state of Colorado. His intense quest began 2 years ago, after drivers with multiple drugs in their systems caused a collision that killed his son Brian and severely injured his son's wife. After the collision, Ed became all too familiar with the challenges of prosecuting drugged driving cases. Drunk drivers can be predictably convicted, in part due to *per se* laws that prohibit driving with more than 0.08 gm/dl of alcohol in a driver's blood. The drivers who collided with Ed's son and his wife received a light sentence based on careless driving rather than driving under the influence of drugs (DUID) since, as the defense attorney pointed out, "It is not illegal to drive with illegal drugs in your body." In fact, in many states there are no *per se* laws that apply to drugged driving, even though it is much more difficult to prove drug impairment than alcohol impairment. Spurred to action, Ed founded "Deception Pass 3," a network for DUID victims to advocate for effective drugged driving laws.

Collect Further Data on Drugged Driving

Strong data provide the basis for sound policy, and the Administration has made significant strides in research and data collection over the past 3 years. ONDCP provided support to NHTSA to accelerate the next iteration of the National Roadside Survey to be completed with results by 2014. This survey is critical to providing data on randomly selected drivers by testing their blood or saliva to confirm the presence of drugs. Another study conducted by NHTSA is the Crash Risk Study. This study, conducted in Virginia Beach, Virginia, is assessing the relative risk of becoming involved in a crash after consuming drugs; results are expected in 2013. ONDCP has partnered with NHTSA and NIDA to support driver simulator research to examine driving impairment as a result of marijuana and combined marijuana and alcohol use and correlate it with the results of oral fluid testing to identify behavioral indicators of impairment.

Enhance Prevention of Drugged Driving by Educating Communities and Professionals

Outreach and education regarding drugged driving has gained momentum across the Nation. Over the past 3 years, the President has declared December National Impaired Driving Prevention Month. In 2012, much was accomplished by way of national partnerships, published opinion editorials, community roundtables, conferences, ONDCP Drugged Driving Toolkit dissemination, webinars, and Federal and state level engagement. Significant partnerships include working with Mothers Against Drunk Driving (MADD) and RADD: The Entertainment Industry's Voice for Road Safety. ONDCP will seek to build new relationships while continuing public awareness efforts with the Students Against Destructive Decisions (SADD), the Governors Highway Safety Association, the American Association of Motor Vehicles Administrators, the Lifesavers Conference, the National Organizations for Youth Safety, the National Transportation Safety Board, the National Association of School Resource Officers, and the National Association of Drug Court Professionals.

Provide Increased Training to Law Enforcement on Identifying Drugged Drivers

Equipping our Nation's law enforcement officers with the best possible training is an integral part of reducing drugged driving crashes. ONDCP has partnered with DOT and NHTSA to develop an online version of NHTSA's ARIDE program, that will be available in 2013. These training modules allow more law enforcement officers and prosecutors to receive advanced training on drugged driving enforcement. During 2013, the Administration will continue to raise awareness for ARIDE training through national and local outreach opportunities. Additionally, the Administration continues to recognize the importance of officers who are trained and certified as DREs.

Develop Standard Screening Methodologies for Drug-Testing Labs to Use in Detecting the Presence of Drugs

There have been considerable developments in research for the use of oral fluid (saliva) for drug testing. Oral fluid can provide a quick and non-invasive specimen for drug testing, particularly in cases where drugged driving is suspected. In 2011, ONDCP entered into an interagency agreement with SAMHSA supporting the development of guidelines on toxicology laboratory standards for detecting drugs and/or their metabolites in oral fluids. While the primary purpose of these Federal guidelines are for workplace testing, they are critical for developing roadside detection devices needed for drugged driving enforcement.

Policy Focus: Preventing Prescription Drug Abuse

The misuse and abuse of prescription medications has taken a devastating toll on the public health and safety of our Nation. Increases in substance abuse treatment admissions, emergency department visits, and—most disturbingly—deaths attributable to prescription drug overdoses are placing enormous burdens upon communities across the country.[104,105,106] So pronounced are these consequences that the CDC has characterized prescription drug overdose as a public health epidemic, a label that further underscores the need for urgent policy, program, and community-led responses.[107]

Data from 2011 show that approximately 6.1 million Americans reported that they used prescription drugs non-medically in the past month.[108] In 2011, 2.3 million Americans aged 12 or older used these medications non-medically for the first time, the largest share of whom (1.9 million) started with pain relievers, most of which contained opioids like Oxycontin®, hydrocodone, codeine, and methadone.[109] There are also indications that for some, oral prescription opioid abuse is followed by injection of opiates and eventual use of heroin, an illicit opiate.[110,111] Heroin use appears to be increasing, particularly among younger people outside of metropolitan areas.[112] NSDUH data indicate the number of persons who were past year heroin users in 2011 (620,000) was significantly higher than the number in 2007 (373,000).[113]

This widespread abuse is having very real consequences. In 2010 alone, more than 1.3 million emergency department visits involved the non-medical use of prescription drugs—more than double the estimate from 6 years earlier and outnumbering visits involving all other illicit drugs combined.[114] Data also show a more than five-fold increase in addiction treatment admissions for individuals primarily abusing prescription pain relievers from 2000 to 2010.[115] And the number of 18- to 25-year-olds admitted for treatment due to heroin increased from approximately 43,000 in 2000 to approximately 68,000 in 2010.[116]

Perhaps most alarming, however, is that in 2010 more than 38,300 Americans died from drug overdose, with prescription drugs—particularly opioid pain relievers—involved in a significant proportion of those deaths. This means that on average more than 100 Americans die from drug overdoses every day in this country.[117] Opioid pain relievers were involved in over 16,600 of these deaths, approximately four times the number of deaths just a decade earlier in 2000.[118] Overdose rates among heroin users are also known to be high, with approximately one quarter of heroin users experiencing an overdose annually and some researchers estimate approximately 1 percent dying annually.[119] Opioid pain relievers are now involved in more overdose deaths than heroin and cocaine combined. All drug overdose deaths now even outnumber deaths from gunshot wounds or from motor vehicle crashes.[120]

The considerable public health and safety consequences of prescription drug abuse underscore the need for action. In April 2011, the Administration released its comprehensive Prescription Drug Abuse Prevention Plan, entitled "Epidemic: Responding to America's Prescription Drug Abuse Crisis." Building upon the Administration's *National Drug Control Strategy*, the Plan brings together a wide range of stakeholders to reduce diversion and abuse of prescription drugs. It strikes a balance between our need to prevent diversion and abuse of pharmaceuticals and the need to ensure legitimate access, focusing on four major pillars, each designed to intervene at a critical juncture in the process of diversion and

abuse. These pillars include education for prescribers and the public; prescription monitoring; safe drug disposal; and effective enforcement.

There are signs that the national effort to reduce and prevent prescription drug abuse is working. The latest survey data show the number of people currently abusing prescription drugs has decreased significantly, from 7.0 million in 2010 to 6.1 million in 2011, a nearly 13 percent decrease.[121] We also know that past month non-medical use of prescription drugs among young adults ages 18-25 was significantly lower in 2011 (5.0 percent) compared to just one year earlier (2010, 5.9 percent), a trend that is also true for the abuse of pain relievers among this age group.[122]

While these trends are promising, we know there is much more to do. Indications of increasing heroin use in some areas of the country underscore the need for further research on the relationship between prescription drug abuse and heroin use. The Administration is focused on accomplishing the goals of the Prescription Drug Abuse Prevention Plan and addressing some of the most pronounced consequences of this epidemic, including overdose deaths and emerging issues like NAS and increases in heroin use.

Pillar 1: Education

Educate Physicians about Opiate Painkiller Prescribing

Family practitioners, internists, dentists, and pain specialists are charged with the important task of managing their patients' pain, often by prescribing opioid pain relievers. Surveys of health care professionals and medical schools reveal significant gaps in education and training on pain management, substance abuse, and safe prescribing practices.[123] For these reasons, the Administration continues to support mandatory education for prescribers, as called for in the Prescription Drug Abuse Prevention Plan.

Several states, including Iowa, Massachusetts, and Utah have recognized this need and passed mandatory prescriber education legislation. These laws require important education for health care providers on the abuse potential of prescription medications and the best ways to deliver quality care while ensuring patient and public safety.

As state leaders take steps to expand critical training in this area, the Administration continues to support other education efforts across the country. SAMHSA is providing training on prescription drug abuse for physicians and other health professionals both online and, since 2007, in 47 sites in 20 states with particularly high rates of opioid dispensing. These training programs are providing important knowledge and tools for medical professionals responsible for safely prescribing these medications. In addition, the FDA has developed a Risk Evaluation and Mitigation Strategy (REMS) for extended-release and long-acting (ER/LA) opioids. Announced in July 2012, the REMS risk management plan for these medications requires all manufacturers of ER/LA opioids to make training available for prescribers of these medications.[124] The manufacturers have also developed information that prescribers can use when counseling patients about the risks and benefits of opioid use. The FDA expects that the training will be provided free or at low-cost by continuing education providers and that at least 60 percent of the approximately 320,000 licensed prescribers of ER/LA opioids will be trained within 4 years from when training is available. Lastly, under its Safe Use Initiative, FDA has convened a workgroup and has developed a draft model Patient Provider Agreement (PPA). The workgroup will be pilot testing the model PPA in clinical

settings to assess the document's usability in practice settings and to assess patients' comprehension of the information in the document on how to safely use, store, and dispose of their opioid medications.

ONDCP provided funding to NIDA to develop two free online continuing medical education (CME) courses for health care professionals who prescribe opioid analgesics: Safe Prescribing for Pain and Managing Pain Patients Who Abuse Rx Drugs. Released in October 2012, these CME courses focus on safe prescribing for pain and addressing patients who abuse prescription painkillers. To date, more than 40,000 health care professionals have completed these courses. With these efforts and ongoing work with health care professional organizations, state health officials, and others, the Administration remains committed to helping health care providers ensure the safety of their patients and the general public.

As part of the Prescription Drug Abuse Prevention Plan, the Administration also continues to support research and development activities related to treatments for pain with no abuse potential and the development of abuse-deterrent formulations of opioid medications and other drugs with abuse potential. The FDA recently issued a draft guidance document that addresses research and labeling issues related to the development of abuse-deterrent formulations, thereby assisting industry in developing new formulations that promise to help reduce the prescription drug abuse epidemic in the United States.

Advocate for Action: Karen Kelly

The prescription drug abuse epidemic has hit southern and eastern Kentucky particularly hard, and Karen Kelly has seen the consequences affect members of her own family. Inspired by her personal experience, Karen has taken action, serving as President/CEO of Operation UNITE (Unlawful Narcotics Investigations, Treatment, and Education) since it was launched in 2003 by Congressman Hal Rogers. Under her leadership, UNITE has taken a holistic approach to reducing prescription drug abuse across southern and eastern Kentucky, spearheading many successful initiatives aimed at youth and community education; providing assistance for individuals seeking treatment and recovery for an addiction; and coordinating multi-jurisdictional law enforcement responses to drug trafficking and diversion. UNITE organized the first National Rx Drug Abuse Summit in 2012, during which stakeholders discussed prescription drug problems in their communities and came together with a focus on ways to make an impact through holistic collaboration.

Pillar 2: Monitoring

Expand Prescription Drug Monitoring Programs and Promote Links among State Systems and to Electronic Health Records

Prescription Drug Monitoring Programs (PDMPs) are state-administered databases that contain information on the prescribing and dispensing of controlled substances. Information contained in the PDMP may be used by prescribers and pharmacists to identify patients who may be doctor shopping (seeing multiple doctors to obtain prescriptions), need substance abuse treatment, or are at risk for overdose. In accordance with state laws, PDMP information may also be used by state regulatory and law enforcement

officials to pursue cases involving prescribers or pharmacists operating outside the bounds of proper practice, "pill mills," and other sources of diversion. In 2006, only 20 states had PDMPs. Today, 49 states have laws authorizing PDMPs, and 42 states have operational programs.[125] Missouri and Washington, DC, have yet to authorize PDMPs.

All states should have operational PDMPs with the ability to share data across state lines. With support from BJA and leadership from the National Association of Boards of Pharmacy, there are currently 11 states able to share data with other states, with several more pending as a result of the recently adopted Prescription Monitoring Information Exchange (PMIX) Architecture. The PMIX Architecture is a formal set of technical requirements that existing and future interstate data hubs must comply with to enable state-to-state data sharing. Additionally, health care providers should have easy access to information from these databases within their health information systems to promote more regular and consistent use of PDMP data as a standard part of patient care. The Administration is working with state health care and law enforcement officials to streamline and improve PDMP operations, expand state-to-state data sharing, and to increase prescriber and dispenser adoption of these databases as a part of their regular workflow.

ONDCP is working with the Office of the National Coordinator for Health Information Technology (ONC) at HHS, SAMHSA, and CDC to explore connecting PDMPs with health information technology systems and state Health Information Exchanges. This work will enable providers and pharmacists to have ready access to PDMP data when treating patients in ambulatory practices and emergency departments. The first phase of the *Enhancing Access to PDMPs through Use of Health IT* project concluded in September 2012 and resulted in evaluations of pilot sites in six states, including Indiana, Michigan, Nebraska, North Dakota, Ohio, and Washington. The pilots tested the ease and effectiveness of establishing new connections with PDMPs so that PDMP data could be available to prescribers and dispensers at the point-of-care. The pilot designs explored a range of provider and pharmacy workflows with respect to access to PDMP data. The pilots had varying complexity and health IT connectivity configurations. Overall, the pilot studies successfully demonstrated the ability to enhance access to PDMPs using health IT as well as the associated benefits to health care providers and dispensers. The project is currently in its second phase, which is scheduled to conclude in March 2013.

SAMHSA has funded nine states under its *Prescription Drug Monitoring Program (PDMP) Electronic Health Record (EHR) Integration and Interoperability Expansion* project. The purpose of this program is to: 1) improve real-time access to PDMP data by integrating PDMPs into existing technologies, like EHRs, in order to improve the ability of state PDMPs to reduce the nature, scope, and extent of prescription drug abuse; and 2) strengthen state PDMPs that are currently operational by providing resources to make the changes necessary to increase their interoperability. Grant funds will enable states to integrate their PDMPs into EHR and other health information technology systems to expand utilization by increasing the production and distribution of unsolicited reports and alerts to prescribers and dispensers of prescription data. Grant funds will also be used by states for modification of their systems to expand interoperability. This grant program will be complemented by an evaluation program conducted by the CDC.

In partnership with BJA, the Indian Health Service (IHS) has actively pursued integration with existing state PDMPs since October 2008. IHS has worked with state program administrators and leadership to fully implement Memoranda of Understanding (MOUs) to enable proper IHS data sharing with these

programs and has overcome barriers resulting from lack of funding, privacy act provisions, and differences among state PDMPs. BJA and IHS continue to address ongoing issues to ensure data privacy and reporting requirements to ensure that PDMPs and prescribing data can be used to address prescription drug abuse among tribal communities.

The DOD prescription data repository, the Pharmacy Data Transaction Service (PDTS), conducts online, real-time prospective drug utilization review against a patient's complete medication history for each new or refilled prescription before it is dispensed to the patient. Currently, the DOD shares prescription data with state PDMPs through the TRICARE Mail Order Pharmacy and Retail Network Pharmacies. The DOD is assessing various technical approaches and levels of effort to determine the best solution for military treatment facility pharmacies to share data with state PMDPs.

The Administration worked with the Congress to secure language in the FY 2012 Consolidated Appropriations Act to allow VA to share prescription drug data with state PDMPs, an important development to ensure safe prescribing and patient safety for our veterans. Publication of an interim final rule on February 11, 2013 amended VA's regulations concerning the sharing of certain patient information in order to implement VA's authority to participate in state PDMPs. VA is developing the informatics solution for each VA medical center to submit prescription data. Other Federal PDMP databases will move toward integration with state PDMPs.

Pillar 3: Disposal

Increase Prescription Return/Take-Back and Disposal Programs

Research shows that over 70 percent of people using prescription pain relievers nonmedically report getting them from a friend or relative the last time they used the drugs.[126] Safe and proper disposal programs allow individuals to dispose of unneeded or expired medications in a safe, timely, and environmentally responsible manner. DEA has partnered with hundreds of state and local entities to coordinate several National Prescription Drug Take Back Days in communities across the country. Through these events, DEA has collected and safely disposed of over two million pounds (1,018 tons) of unneeded or expired medications, many of which were sitting in drawers and medicine cabinets, vulnerable to misuse.[127] These "Take Back Days" were a critical first step in safely collecting, disposing, and preventing diversion of these medications.

The passage of the Secure and Responsible Drug Disposal Act in October 2010 was a critical step forward in expanding prescription drug disposal nationwide. The DEA Notice of Proposed Rulemaking for the Disposal of Controlled Substances, published on December 21, 2012, outlines the Administration's proposal to make safe disposal of prescription drugs more convenient and accessible for all Americans. To help ensure a reduction in the amount of prescription drugs available for diversion and abuse, a drug disposal program needs to be easily accessible to the public, environmentally friendly, and cost-effective. The proposed rule would allow authorized pharmacies and other authorized DEA-registered entities to host permanent collection receptacles, administer mail-back programs, and make easy, safe disposal of these medications a reality for communities nationwide. DOD has actively promoted DEA's National Prescription Drug Take Back Days among the military population, and, with final regulations implementing the Disposal Act on the horizon, all persons (civilian and military) will be able to more readily remove unwanted controlled substances from their households.

Pillar 4: Enforcement

Assist States to Address Doctor Shopping and Pill Mills

Doctor shopping and pill mill operations have presented significant challenges for law enforcement agencies in a number of states. Innovative enforcement strategies and collaboration among Federal, state, and local law enforcement agencies and criminal justice leaders are helping many communities shut down these illegal operations. Florida is a great example of this success. According to DEA, 90 of the top 100 oxycodone purchasing physicians in the Nation were located in the State in 2010. While not all of these doctors were operating unethically or illegally, many were, and the State took steps to shut them down. State leaders passed laws that stopped doctors operating at these pain clinics from being able to dispense controlled substances. These state actions, combined with a number of significant enforcement actions led by DEA and state and local agencies, have resulted in a decreased number of rogue pain clinics. As a result, oxycodone purchases by doctors in Florida have dropped dramatically. In fact, according to DEA, there was a 97 percent decrease in oxycodone purchases by doctors in Florida in 2011 compared to 2010, and the number of Florida doctors appearing on the list of the top 100 oxycodone-purchasing physicians dropped from 90 in 2010 to only 13 in 2011.

While Florida's progress is promising, these combined actions may be causing doctor shoppers and others seeking diverted prescription drugs for abuse to turn to other states in the region. There have been notable increases in prescribers purchasing oxycodone in Georgia and Tennessee. Among oxycodone-purchasing prescribers, 21 located in Georgia and 11 in Tennessee are now among the top 100. In order to prevent pill mill operators and improper prescribers from simply migrating to other areas of the country, the Administration is working with state and local leaders to learn from Florida's experience and explore enforcement, regulatory, and legislative options to prevent diversion and its consequences.

The Administration remains committed to coordinated Federal, state, and local efforts. DEA's Tactical Diversion Squads, multiagency HIDTA Task Forces, and other collaborative enforcement groups will continue to shut down pill mills, build cases against improper prescribers, and stop flows of diverted prescription medications. In FY 2012, the National Institute of Justice awarded three new grants to promote research on illegal prescription drug market interventions: Identifying High Risk Prescribers Using PDMP Data: A Tool for Law Enforcement; Non-Medical Use of Prescription Drugs: Policy Change, Law Enforcement Activity, and Diversion Tactics; and Optimizing Prescription Drug Monitoring Programs to Support Law Enforcement Activities.

Drive Illegal Internet Pharmacies Out of Business

The Administration has taken steps to reduce the role of illegal Internet pharmacies in pharmaceutical diversion. The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 requires all Internet pharmacies to obtain a special DEA registration and report monthly to DEA; to disclose detailed information on their home page; and to provide no pharmaceuticals to individuals who have not had at least one face-to-face evaluation by a prescribing medical practitioner. The law allows DEA to better monitor unlawful internet pharmacy operations and reduces the number of Internet pharmacies distributing controlled substances illegally. DEA will continue to focus on online operations illegally diverting these medications and will continue to partner with international, state, and local law enforcement agencies to further suppress illegal online sources of prescription drug diversion.

Crack Down on Rogue Pain Clinics that Do Not Follow Appropriate Prescription Practices

The Administration is focused on improving law enforcement capabilities to address prescription drug diversion from "pill mills" and rogue prescribers. The National Methamphetamine and Pharmaceuticals Initiative (NMPI), funded through ONDCP's HIDTA program, has provided critical training on pharmaceutical crime investigations to law enforcement agencies across the country. In FY 2011 alone, NMPI helped provide training in pharmaceutical crime investigations and prosecutions to over 2,500 law enforcement and criminal justice professionals. These efforts continue to disseminate critical knowledge and skills to the enforcement professionals that enable them to address pill mills operating in their jurisdictions.

Overdose Prevention and Intervention

As noted previously, approximately 100 Americans died from drug overdose every day in 2010, with a majority of those overdose deaths involving prescription drugs.[128] Drug overdose deaths now even outnumber deaths from gunshot wounds or from motor vehicle crashes.[129] Opioid overdoses persist as a major cause of preventable death in the United States. In response to this public health emergency, the Administration established a goal of reducing drug-induced deaths by 15 percent by 2015. To meet this goal, the Administration is seeking to address the full range of individuals at risk for overdose and collaborate with a diverse range of partners to promote education and intervention.

Naloxone (brand name Narcan™) is an opioid antagonist that has long been used as an emergency intervention to reverse the potentially fatal respiratory depressant effects of an opioid overdose (opioids include licit drugs such as morphine, codeine, oxycodone, methadone, and hydrocodone as well as Schedule I illicit drugs such as heroin). Naloxone can be given by injection into a muscle or with a nasal spray device into the nose. When administered to an individual who has taken opioids, it is believed naloxone dislodges the opioids from the opioid receptors in the brain. This can reverse the effects of an overdose and help restore breathing that may have slowed or stopped during the overdose episode.[130] As death typically does not occur until several hours after an opioid overdose, there is a window of opportunity to intervene by calling 911, giving rescue breathing, and by the administration of naloxone by a trained lay person.[131,132]

The Administration is also examining legal impediments that might discourage individuals from calling 911 in the event of an overdose. Several states, including California, Illinois, Massachusetts, and New Mexico have passed Good Samaritan laws, which provide immunity from drug possession prosecutions for overdose victims and witnesses who seek medical aid. As these laws are implemented, the Administration will carefully monitor the impacts on public health and public safety.

Research has shown that naloxone is an important and cost-effective tool to prevent overdoses and ultimately reduce drug use and its consequences.[133] The Administration has taken a number of steps to educate the public, law enforcement professionals, health care providers, and others about overdose prevention. ONDCP, CDC, and SAMHSA are working with first responders to identify and address any gaps in training, access, and use of naloxone by first responders. In early 2012, various HHS components (FDA, Office of the Assistant Secretary for Health, NIDA, and CDC) held a public workshop examining the importance of naloxone in reducing overdose deaths and examining regulatory avenues for the use of naloxone by non-medical personnel. At the meeting, FDA described pathways to approve alternative non-injectable formulations of naloxone and over-the-counter approval of the drug.

Conclusion

As the Administration enters a second term—and the *Strategy* enters its fourth year—we have reason to be optimistic about the future of our efforts to reduce drug use and its consequences in the United States. We are working at every level and in every setting to help prevent drug use before it starts. Screening and brief intervention services are expanding in the health care system, and the full implementation of the Affordable Care Act will increase access, quality, and innovation in substance abuse treatment. We have made an unprecedented commitment to support individuals in recovery and will continue to support their cause and celebrate their success. We have brought increased attention to the issues of maternal addiction and neonatal abstinence syndrome. Through the Prescription Drug Abuse Prevention Plan and overdose prevention efforts, we are making progress against one of the most significant public health epidemics of our time.

The Administration has also taken action through legislation, research, and policy reform to create a more fair and equitable criminal justice system—one that is better equipped to address the needs of substance-involved offenders while also protecting the safety of our communities. Early indications are emerging that our efforts to strengthen public safety on our roadways by reducing the prevalence of drugged driving are working. In the area of domestic law enforcement, artificial "silos" continue to be reduced through increased coordination not only among law enforcement agencies but also between the law enforcement and public health sectors. And in the international environment, we have brought a renewed focus to the immediate drug-related threats we face in the Western Hemisphere—while also taking important steps to promote human rights and evidence-based public safety and public health approaches around the world.

This progress is not irreversible, however. We must continue to support the public health and public safety programs that have proven effective in reducing drug use and its consequences. And we must continue to get the facts out about the health risks of drug use. In a debate that is often dominated by the two extremes of legalization on one hand or a "war on drugs" on the other, we are charting a balanced "third way" approach to drug policy. This approach is supported by science and is exemplified by the Advocates for Action profiled throughout this *Strategy*. Their stories of dedication, leadership, and purpose remind us that the American experience is one of constant progress toward a better tomorrow.

List of Abbreviations

ARIDE	Advanced Roadside Impaired Driving Enforcement
ATI	Above the Influence
ATR	Access to Recovery
BEST	Border Enforcement Security Task Force
BJA	Bureau of Justice Assistance
BOP	Federal Bureau of Prisons
CADCA	Community Anti-Drug Coalitions of America
CARSI	Central America Regional Security Initiative
CBP	U.S. Customs and Border Protection
CBSI	Caribbean Basin Security Initiative
CCDB	Consolidated Counterdrug Data Base
CDC	Centers for Disease Control and Prevention
CME	Continuing Medical Education
CMS	Centers for Medicare & Medicaid Services
CNWG	Counternarcotics Working Group
CPOT	Consolidated Priority Organizational Target
DASIS	Drug and Alcohol Services Information System
DAWN	Drug Abuse Warning Network
DEA	Drug Enforcement Administration
DEC	Drug Endangered Children
DFC	Drug Free Communities
DICE	DEA Internet Connectivity Endeavor
DMI	Drug Market Intervention
DOD	U.S. Department of Defense
DOT	U.S. Department of Transportation
EPIC	El Paso Intelligence Center
ER	Emergency Room
ER/LA	Extended-Release/Long-Acting

ESP	Epic System Portal
FAFSA	Free Application for Federal Student Aid
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FDSS	Federal-wide Drug Seizure System
HIDTA	High Intensity Drug Trafficking Area
HIV	Human Immunodeficiency Virus
HOPE	Hawaii's Opportunity Probation with Enforcement or Honest Opportunity Probation with Enforcement
HSI	Homeland Security Investigations
HSIN	Homeland Security Information Network
HUD	U.S. Department of Housing and Urban Development
ICE	U.S. Immigration and Customs Enforcement
IDEC	International Drug Enforcement Conference
INL	Bureau of International Narcotics and Law Enforcement Affairs
ISC	Investigative Support Center
I-SATS	Inventory of Substance Abuse Treatment Services
JIATF	Joint Interagency Task Force
MADD	Mothers Against Drunk Driving
MAT	Medication-Assisted Treatment
MATTICCE	Medication Assisted Treatment in Community Corrections Environment
NAS	Neonatal Abstinence Syndrome
NFLIS	National Forensic Laboratory Information System
NHTSA	National Highway Traffic Safety Administration
NICCC	National Inventory of Collateral Consequences of Conviction
NIDA	National Institute on Drug Abuse
NIJ	National Institute of Justice
NMPI	National Methamphetamine and Pharmaceuticals Initiative
NSDUH	National Survey on Drug Use and Health
NSS	National Seizure System

OAS/CICAD	Organization of American States/Inter-American Drug Abuse Control Commission
OCDETF	Organized Crime Drug Enforcement Task Forces
OFC	OCDETF Fusion Center
ODNI	Office of the Director of National Intelligence
OJJDP	Office of Juvenile Justice and Delinquency Prevention
ONDCP	Office of National Drug Control Policy
PACT	Police and Communities Together
PDMP	Prescription Drug Monitoring Program
PEPFAR	President's Emergency Plan for AIDS Relief
PHA	Public Housing Authority
PRS	Performance Reporting System
RDAP	Residential Drug Abuse Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SIU	Sensitive Investigative Unit
SPSS	Self-Propelled Semi-Submersible
TEDS	Treatment Episode Data Set
TASC	Treatment Alternatives for Safe Communities
TSA	Transportation Security Administration
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
UPU	Universal Postal Union
USAID	United States Agency for International Development
USCG	U.S. Coast Guard
VA	U.S. Department of Veterans Affairs
VIDA	Vulnerability Issues in Drug Abuse program

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    Part 2: http://www.youtube.com/watch?v=oCIp6skzv9I.

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51. Participating agencies include the Departments of Justice, Education, Labor, Housing and Urban Development, Health and Human Services, and the White House Office of Faith-based and Neighborhood Partnerships, ONDCP, and the Domestic Policy Council.

52. The original six Forum cities are Boston, MA; Chicago, IL; Detroit, MI; Memphis, TN; Salinas, CA; and San Jose, CA.

53. Clackamas County, OR; Essex County, MA; Saline County AR; Tarrant County, TX.

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63. The grantees include Aurora, CO; Connecticut Judicial Branch; County of San Diego; Minnesota Department of Corrections; Montana Department of Corrections; Oregon Department of Corrections; South Carolina Department of Probation, Parole and Pardon Services; Travis County Adult Probation; and Wisconsin Department of Corrections.

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