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Office of National Drug Control Policy

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Contact ONDCP at:
<http://www.ondcp.gov/utilities/contact.html>

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To share a story on our "Of Substance" blog about how your community works to reduce substance abuse, please visit
www.ofsubstance.gov/stories.aspx

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

Study Shows Illicit Drug Use Costs U.S. Economy More Than \$193 Billion

Illicit drug use in the United States is estimated to have cost the U.S. economy more than \$193 billion in 2007, according to a new study by the National Drug Intelligence Center (NDIC).

The Economic Impact of Illicit Drug Use on American Society, released May 26, estimates the economic impact of illicit drugs for 2007, the most recent year for which data are available.

"The study's finding that the economic cost of illicit drug abuse totaled \$193 billion reveals that this Nation's drug problem is on par with other health problems," said NDIC Director Michael F. Walther.

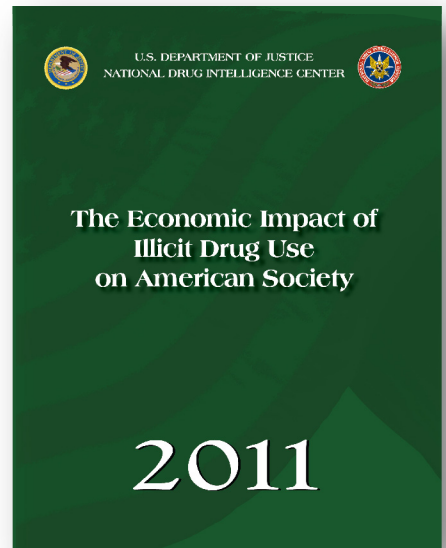
A 2008 study by the National Institute of Diabetes and Digestive and Kidney Diseases found that diabetes costs the United States more than \$174 billion each year. The Centers for Disease Control and Prevention report that from 1995 to 1999, smoking accounted for at least \$157 billion annually in health-related economic costs.

The NDIC study is the first comprehensive assessment of costs associated with drug use in almost a decade. The statistical findings presented in the study integrate economic costs in three principal areas:

- ❖ **Crime:** Criminal justice costs, crime victim costs, and other Federal costs for activities including intelligence production, interdiction, source nation assistance, and research and development.
- ❖ **Health:** Specialty treatment costs, hospital and emergency room costs for non-homicide and homicide cases, insurance administration costs, and other health costs.
- ❖ **Productivity:** Labor participation costs (for those who are employed but are not as productive as they might be due to illicit drug use) and incapacitation

costs attributable to specialty treatment, hospitalization, incarceration, premature mortality (non-homicide-related), and premature mortality (homicide-related).

The National Drug Intelligence Center's mission is to provide strategic drug-related intelligence, document and computer exploitation support, and training assistance to the drug control, public health, law enforcement, and intelligence



communities of the United States in order to reduce the adverse effects of drug trafficking, drug abuse, and other drug-related criminal activity.

Additional information about NDIC, a component of the Department of Justice, can be found at:
<http://www.justice.gov/ndic/>

A complete copy of the NDIC study is available online at:
<http://www.justice.gov/ndic/pubs44/44731/44731p.pdf>

Specialized Care for Military Veterans and Their Families

According to the Department of Veterans Affairs (VA), there are approximately 107,000 homeless military veterans in the United States. These men and women served in our Nation's conflicts overseas: World War II, the Korean War, and wars in Vietnam, Lebanon, Afghanistan, Iraq, and elsewhere.



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Ben Tucker, ONDCP's Deputy Director for State, Local, and Tribal Affairs, entertains children (and vice versa) on a recent visit to a Second Genesis facility for women and children in Upper Marlboro, Maryland.

Today, many of these veterans live with the effects of post-traumatic stress disorder (PTSD) and substance abuse. As a result, they require a coordinated, comprehensive continuum of care.

Fortunately, a number of organizations around the country offer the kinds of specialized treatment and other services these veterans need. One such group is Second Genesis, a program based in Silver Spring, Maryland, that provides substance abuse rehabilitative services for veterans and boasts a 75 percent program completion rate.

In November 2010, Second Genesis joined with the VA to provide therapeutic care and rehabilitative services for up to 25 veterans per day at its facility in Crownsville, Maryland. These veterans, said the program's president and CEO, retired Lt. General Jack W. Klimp, benefit from a model of therapeutic care that is designed to treat the whole person, not just the addiction, and provides continuing support for continued recovery.

In Second Genesis, veterans are provided safe and secure housing, psychiatric services, integrated co-occurring treatment plans (addiction and mental health), and 37 hours per week of clinical programming, said Klimp, adding that veterans and their families also receive supportive counseling.

Before a veteran leaves the program, Klimp explained, Second Genesis provides case management services that ensure a "warm hand off" to the VA and assist veterans with application for eligible benefits. Graduating veterans have an appointment already scheduled with an aftercare worker and receive assistance in obtaining sober housing. All aspects of reentry and recovery are covered in advance, Klimp said.

Second Genesis supports the *National Drug Control Strategy* and reflects ONDCP's commitment to providing support for veterans and military families, said Klimp. "We are honored to serve those who have done so much for our Nation."

New Data Highlight Need for Expanding Drug Treatment for Incarcerated Adults

On June 15, ONDCP Director Kerlikowske released the 2010 *Arrestee Drug Abuse Monitoring Annual Report (ADAM II)*. The report reveals that in the 10 participating sites, more than half of study participants tested positive for at least one illicit drug or medication, ranging from 52 percent in Washington, DC, to 83 percent in Chicago, Illinois. The results illustrate the link between drug use and crime and highlight the importance of Obama Administration drug policies designed to break the cycle of drug use, arrest, and incarceration.

ADAM II is a Federal data collection program that shows drug use patterns among male arrestees through voluntary interviews and drug tests (not including alcohol) conducted within 48 hours of arrest.

"These findings illustrate why we must approach our Nation's drug problem as a public health and safety problem," said Director Kerlikowske. "Drug addiction is too often the root of crime in our communities. Supporting innovative initiatives that divert non-violent offenders into treatment instead of jail and expand treatment access for incarcerated individuals can help break the vicious cycle of drug use and crime, reduce recidivism, and make our communities healthier and safer."

Some key findings of the report:

- ❖ Fewer adult male arrestees are testing positive for cocaine. Nine of ten sites showed a significant decrease in 2010, compared to 2007.
- ❖ Sacramento (33 percent) and

Portland (20 percent) showed the highest rates of adult males testing positive for meth in 2010.

- ❖ An increasing number of arrestees are testing positive for marijuana in Charlotte, New York City, and Sacramento in 2010, compared to 2009.
- ❖ Four of ten cities surveyed (Charlotte, Indianapolis, Portland, and Sacramento) showed significant increases in the percentage of arrestees testing positive for opiates in 2010, compared to 2008, while Chicago dropped by nearly half over the same period. Two of these cities (Indianapolis and Portland) also showed significant increases in oxycodone/hydrocodone positive rates.

Veterans Treatment Courts: Restoring Honor to Those Who Served

By Christopher Deutsch and Brian Clubb
National Association of Drug Court Professionals

The Nation's first Veterans Treatment Court was created in 2008 by Judge Robert Russell, presiding judge of the Buffalo Drug Court and Buffalo Mental Health Court in New York State. This specialized veterans-only docket was designed to address the growing number of veterans appearing in court who were addicted to drugs and alcohol and/or suffering from a mental health disorder or traumatic brain injury stemming from combat.

Immediately following the launch of the Buffalo Veterans Treatment Court, Judge Russell and his team were inundated with questions from other jurisdictions seeing similar increases in veteran involvement in the criminal justice system. Today, communities around the country are looking to Veterans Treatment Courts as a way to help justice-involved veterans with substance abuse and/or mental health issues. There are now 75 operational Veterans Treatment Courts in the United States, and dozens more are in the planning stages.



**Judge
Robert
Russell**

Why Veterans Treatment Courts?

This year marks the tenth straight year of American military engagement abroad. The number of military veterans in the United States currently exceeds 23 million, including 2.1 million from the wars in Iraq and Afghanistan.

The United States military has long instilled a sense of honor, duty, and respect in those who serve. This tradition is evident in the millions of veterans who have returned home to their communities as productive citizens, strengthened by their military experience. These men and women shoulder the burden of safeguarding our freedom.

Americans are grateful for their service, and it is important that we extend this gratitude to *all* veterans. We must not forget that one in eight active duty military personnel reported current illicit drug use, including non-medical use of prescription drugs. This underscores the need to improve treatment for active duty service members and ensure we have mechanisms in place to address these problems among our veterans.

Research draws a link between substance abuse and combat-related mental illness, and unprecedented numbers of veterans are appearing in our courts to face charges stemming directly from these issues. The Justice Department's most recent survey of prison inmates found that an estimated 60 percent of the 140,000 veterans in Federal and state prisons were struggling with a substance use disorder, while approximately

25 percent reported being under the influence of drugs at the time of their offense.

For veterans, contact with the criminal justice system is the single best predictor of future homelessness. Of the roughly 107,000 veterans who are currently homeless, 70 percent suffer from a substance abuse and/or mental illness condition.

The Model

Veterans Treatment Courts, modeled after Drug Courts and Mental Health Courts, combine rigorous treatment and accountability for veterans facing incarceration due to charges stemming from substance abuse.

The courts promote sobriety, recovery, and stability through a coordinated response and the understanding that the bonds of military service run deep. Veterans Treatment Courts not only allow veterans to go through the treatment court process with others who are similarly situated and have common past experiences, they also link veterans with services through the Department of Veterans Affairs (VA) that are designed for the unique needs that arise from those experiences.

Veterans Treatment Courts expedite access to veteran-specific resources (including benefits and treatment earned through military service) by involving VA healthcare networks, the Veterans Benefits Administration, individual state and local departments of veterans affairs, volunteer veteran mentors, and veterans family support organizations.

Looking to the Future

As Veterans Treatment Courts continue to spread, it is increasingly important that our military veterans have access to appropriate training and resources.

Last October, the National Drug Court Institute, a professional services branch of the National Association of Drug Court Professionals, held the first-ever Veterans Treatment Court Planning Initiative training program in Buffalo, New York, with funding from the Department of Justice.

Eleven prospective Veterans Treatment Court teams from around the Nation participated in the training, which provided attendees with the knowledge, skills, and tools to open their court within six months of completing the course.

A second training session was held in early February, with ten Veterans Treatment Court teams participating. This training is critical to ensuring Veterans Treatment Courts are created with a comprehensive understanding of the issues justice-involved veterans face and the specific treatment services they need.

On January 24, President Barack Obama, First Lady Michelle Obama, and Dr. Jill Biden announced the release of "Strengthening Our Military Families: Meeting America's Commitments," a Presidential Study Directive outlining commitments by Federal agencies to establish a coordinated and comprehensive government-wide approach to supporting military families. The report listed Veterans Treatment Courts as critical to ensuring justice-involved veterans receive opportunities for treatment and restoration.

For more information, visit the website for the National Clearinghouse for Veterans Treatment Courts, at www.JusticeforVets.org.

DEA's Second Take-Back Day Yields More Than 188 Tons of Unused Prescription Drugs

Americans participating in the U.S. Drug Enforcement Administration's (DEA's) second National Prescription Drug Take-Back event on April 30 turned in more than 188 tons of unwanted, unused, or expired medications for safe and proper disposal at the 5,361 take-back sites that were available in all 50 states. This was 55 percent more than the 121 tons the public brought in during the first national Take-Back Day on September 25, 2010.

Four days after the first Take-Back Day, Congress passed legislation amending the Controlled Substances Act to allow the DEA to develop a process for people to safely dispose of their prescription drugs. DEA immediately began developing this process after President Obama signed the Safe and Secure Drug Disposal Act on October 12, 2010.

"Responding to our Nation's prescription drug abuse epidemic requires a sustained effort from government, the private sector, the medical community, as well as families and individuals," said Director Kerlikowske. "The unprecedented amount of prescription drugs turned in by citizens will keep dangerous, addictive drugs from being abused."

Medicines that languish in home cabinets are highly susceptible to diversion, misuse, and abuse. Rates of prescription drug abuse in the U.S. are alarmingly high. The number of Americans age 12 and older currently abusing prescription drugs is second only to the number using marijuana, according to the 2009 National Survey on Drug Use and Health.



Photo courtesy of DEA

A motorist drops off prescription drugs at a collection site in Glendale, California, during the DEA's Take-Back Day on April 30. The Los Angeles County police and fire departments joined forces with the DEA to provide information about proper disposal of unused medications.

The DEA's prescription drug disposal events are a significant piece of the Administration's prescription drug abuse prevention plan, released by ONDCP in April. Purging America's home medicine cabinets of neglected drugs is one of the four key strategies for reducing prescription drug abuse and diversion laid out in the plan, entitled *Epidemic: Responding to America's Prescription Drug Abuse Crisis*.

ONDCP and more than a dozen national organizations joined the DEA and its state and local partners in organizing the recent Take-Back Day.

In Oregon, 'Real-Life Superheroes' on Military Helpline Help Save Lives

For soldiers coming home from conflicts overseas, adjusting to life in American society can be overwhelming. The strain of long and repeated deployments, injuries sustained in battle, uncertainty about the future, and difficulty finding needed services can lead to frustration and hopelessness. Some seek an escape through substance abuse, while others, tragically, turn to suicide.

The problem is particularly acute in the Oregon National Guard. Since 2009, the Oregon Guard's suicide rate has increased 82 percent. It has risen 450 percent since 2004 and now exceeds the rate for active-duty soldiers.

The Oregon Partnership, a statewide crisis-intervention organization, has operated a telephone crisis line for the past 20 years, offering support and information for callers with drug and alcohol problems. Over time, the group became increasingly aware of the need for specialized services tailored to members of the military.

The Partnership teamed up with the Oregon National Guard and, in April 2010, launched the Military Helpline, which provides free, confidential support for veterans and their families suffering from substance abuse disorders, depression, and other mental health challenges.

Today, more than 100 trained volunteers staff the Military Helpline, including a number of mental health professionals who are veterans themselves and trained in military culture. These men and women understand the issues veterans face because they also served in the Armed Forces and may share many of the same experiences.

The Military Helpline receives an average of 100 calls per month, said Supervisor Josh Groesz, adding it is the only crisis line that is available 24 hours a day, seven days a week, to active-duty personnel, veterans, and their families from all branches of the military.

Soldiers and veterans are often reluctant to acknowledge a mental health problem, and this reluctance can be an obstacle to seeking help. Callers to the Military Helpline are assured their information is confidential.

Besides providing information about substance abuse, post traumatic stress disorder, and suicide, the Helpline connects veterans, military personnel, and their families with resources for health, employment, and other services.

Helpline staff are frequently praised for their understanding and ability to get callers "out of crisis mode and into action mode," said Groesz. "I consider the crisis workers real-life superheroes, because they save lives every day."

The number to call for the Military Helpline is 888-HLP-4-VET (888-457-4838). Information is also available online at <http://militaryhelpline.org/>.

Virginia Coalition Brings ‘Invisible’ Drug Problem To Light, Then Rallies the Community to Combat It

Chesterfield County, Virginia, located just south of Richmond, is what you might call a model community – good schools, thriving local economy, family-friendly environment. Three years in a row, it was selected by America’s Promise Alliance as one of the Nation’s 100 Best Communities for Young People.

But Chesterfield had a problem – an “invisible” problem, undetected and unsuspected by virtually everyone, from parents to teachers, police, and youth-serving professionals.

How the problem came to light, and how the community rallied to address it, illustrate the power of communities to push back against a rising tide of substance abuse.

For years, Chesterfield residents were aware their young people were using alcohol, marijuana, and possibly other drugs. But they had no hard data, only suspicions, general impressions, and anecdotal evidence.

Members of a local coalition called Substance Abuse Free Environment (SAFE), a grant recipient in ONDCP’s Drug Free Communities Support Program, were concerned this lack of information made it impossible to gauge the scope of substance abuse in the county. SAFE advocated for a survey to assess attitudes and behaviors among young people and eventually, after performing a needs assessment, convinced the school board that the community favored the idea.

‘Invisible’ problem revealed

In November 2005, SAFE sent out questionnaires to a sample of 8th, 10th, and 12th grade students in Chesterfield County Public Schools.

The picture that emerged took everyone by surprise.

While use rates for alcohol, tobacco, marijuana, and other drugs were as expected, the survey showed alarmingly high rates for inhalants, or substances that produce chemical vapors that can be sniffed or inhaled for mind-altering effects. Chronic use of inhalants can cause irreversible damage to the brain, kidneys, and lungs, as well as death.

“We had no clue. When the data came in, people were scratching their heads and saying, ‘What’s inhalant abuse?’ ”

– **Wayne Frith**, Executive Director, Substance Abuse Free Environment (SAFE), Chesterfield County, VA

The data revealed that Chesterfield’s inhalant problem was particularly severe among 8th graders, whose past-month use rate of 8.2 percent was nearly double the national average of 4.2 percent, as determined by the Monitoring the Future (MTF) Study.

In focus groups conducted by SAFE, students indicated that among the products used for inhaling were highlighters, gasoline, nail polish remover, and computer dusters.

The problem was not only invisible, it was virtually unknown. “We had no clue,” recalled Wayne Frith, SAFE’s Executive Director. “When the data came in, people were scratching their heads and saying, ‘What’s inhalant abuse?’”

Taking action

In early 2006, SAFE formed an Inhalant Task Force consisting of local health professionals, police, school administrators, and others. The group’s research yielded almost nothing about a community approach to inhalant abuse. So they decided to craft their own plan, based on the coalition’s mission to engage multiple sectors of the community and drawing on principles from the New England Inhalant Abuse Prevention Coalition.

Using tools and technical assistance provided by the Drug Free Communities program and integrating concepts learned through the Community Anti-Drug Coalitions of America’s National Coalition Institute (www.CADCA.org),

See SAFE, page 6



When a survey exposed an inhalants abuse problem in Chesterfield County, Virginia, members of the Substance Abuse Free Environment (SAFE) coalition spurred the community to take action. Members of SAFE include, from left, Anne Hill Trask, Evelyn Waring, Sharyl Adams, Mary Lib Morgan, and Patrick Slifka.

SAFE, continued from page 5

SAFE developed strategies tailored to the unique conditions in the community.

Rather than address young people directly, SAFE's Inhalant Abuse Prevention Initiative would focus on adults who work with or influence youth. The idea was to approach the problem not as a substance abuse issue, but mostly as a health and safety issue, emphasizing the risk of inhalants in the context of poisons, toxic substances, and fire hazards.

Members of SAFE developed materials and set up training sessions for mental health specialists, health department staff, school counselors, child safety officers, police, fire fighters, juvenile probation officers, and other youth-serving professionals.

To reach a broader audience, SAFE launched a community-wide media campaign in March 2007, blanketing the area with educational ads in newspapers, on the radio, and on TV about the danger of inhalants.

The youth surveys are now handled by the county school system. Results of the past two surveys show inhalant abuse in Chesterfield has dropped considerably since the problem was identified, with the most striking declines among 8th graders.

In 2007, past-month use of inhalants among Chesterfield 8th graders fell by half, to 4.6 percent. By 2010, the rate had dropped to 3.0 percent, which is below the MTF national rate of 3.6 percent. Similarly, lifetime inhalant use by 8th graders plunged from 19.8 percent in 2005 to 10.9 percent in 2010, below the MTF rate of 14.5 percent.

The inhalants initiative "launched SAFE to a new level of connectivity and influence," said Frith. "It was magical what it did for the community and the organization. We were perceived as an organization to leverage change."

Locking out the threat

Just recently, the SAFE coalition learned that young people in the area were opening the service valves on residential air-conditioning units and sniffing the refrigerant to get high. The refrigerant contains toxic chemicals that, when inhaled, can cause serious

Dear Customer:
The refrigerant in your air conditioning unit can be deadly when abused. Loss of refrigerant can be costly.

PROTECT YOUR INVESTMENT AND OUR KIDS

Ask your HVAC technician to install these inexpensive locking caps that seal the service value to prevent leaks and unauthorized access.



This initiative is a community partnership between SAFE, a substance abuse prevention coalition in Chesterfield County, and HVAC companies.
www.chesterfieldsafe.org • 804-796-7100

What is inhalant abuse?

Inhalant abuse, or huffing, is the deliberate concentration and breathing of fumes or vapors from solvents, aerosols or gases to get high. It is extremely dangerous. Huffing can result in sudden death, even the first time. It also causes significant damage to the brain and other organs.

Unsecured refrigerant is an attractive hazard to persons looking for a free high. It is most commonly abused by young adolescents.

Learn more about inhalant abuse at www.chesterfieldsafe.org

If you think someone is huffing, contact the Poison Help Line at 1-800-222-1222.



SAFE is a nonprofit organization in Chesterfield County whose mission is to engage our community in preventing substance abuse.
www.chesterfieldsafe.org
804-796-7100



Police in Chesterfield County, Virginia, have agreed to distribute this card advising residents to have locking caps installed on air-conditioning units to prevent unauthorized access. Many HVAC companies in the area provide the service for free.

damage to the brain, other organs, and the nervous system.

Members of SAFE contacted heating, ventilation, and air-conditioning (HVAC) companies in the area with a plea for help. Two of the companies, Dominion Service Company and James River Air Conditioning Company, immediately offered to install locking caps free of charge for two months for anyone who needed them – even non-customers.

Seeing the potential for a broader initiative, SAFE sent a letter to 100 HVAC companies throughout the county asking for a similar commitment. The letter included a personal message

from Chase Tunnell, president of Dominion Service Company, challenging his counterparts to join in a project "that for about 4 bucks" would not only be good for business, but "could potentially save a life." (The names of participating companies are posted on SAFE's website: <http://chesterfieldsafe.org>.)

Buoyed by the show of support and encouraged by the declines in inhalant abuse in Chesterfield County, Frith is a firm believer in the power of local action. Other communities struggling against substance use should not lose hope, he said. "You *can* do something. And it works."