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Protect, Prevent, Live Well

October 9, 2009

R. Gil Kerlikowske, Director
Office of National Drug Control Policy (ONDCP)
750 17th Street, NW
Washington, D.C. 20503

Dear Director Kerlikowske:

On behalf of the American Public Health Association (APHA), the oldest and most diverse organization of public health professionals and advocates in the world and its Alcohol Tobacco and Other Drug (ATOD) Section, thank you for the opportunity to respond to the Office of National Drug Control Policy (ONDCP) 2010 National Drug Control Strategy. APHA values the opportunity to partner with ONDCP to work toward providing evidenced-based solutions to the prevention, treatment and recovery of drug problems.

APHA's four priorities for a drug control strategy are:

- Substance abuse as a chronic disease model;
- Expanding the adolescent treatment system as a developmentally-focused intervention and treatment model;
- Expanding Screening, Brief Intervention and Referral to Treatment models within the primary care system; and
- Inclusion of Underage Drinking and Environmental Policy Practices for Translational to Illicit Prescription Drugs.

1) Substance Abuse as a Chronic Disease Model. Focus the strategy on the evidence-based science of substance abuse prevention and treatment within the context of the chronic disease model. This is well-referenced and researched via McLellan, Scott and others. The chronic disease model provided the basis of the Healthy People 2010 objectives and commentary. Given the focus of evidence based practice within the context of health reform it provides the opportunity to highlight the successes of evidence based practice and the chronic disease practice models by providers and states which use these practices.

Potential Partners: APHA's ATOD Section, Substance Abuse and Mental Health Services Administration (SAMHSA), National Association of State Alcohol and Drug Abuse Directors (NASADAD), National Association of Chronic Disease Directors (NACDD), and Center for Disease Control and Prevention (CDC), National Center of Chronic Disease Prevention and Health Promotion.

APHA-ATOD 2009 Annual Session: # 4077, "Preventing Chronic Disease: Comparing major policy and environmental intervention for alcohol, tobacco and other risk factors."

- 2) Adolescent Treatment System. The adolescent treatment system is modeled primarily within the context of the adult developmental (psychology) model. As a result, the intervention and treatment systems are unable to intersect the systems of care with adolescents developmental needs. Some progress has been made via the development of screening tools such as the GAIN, and some states have progressed in terms of modifying and focusing adolescents treatment systems to better meet adolescents needs via the SAMHSA Adolescent Treatment Grants. Translation and dissemination of adolescent models could be built based on the evidence-based practice models of chronic care systems of diabetes via state models of CDC.

Potential Partners: NACDD, SAMHSA, NIDA Science to Service, American Academy of Pediatrics adolescent health and substance abuse committees.

APHA- ATOD 2009 Annual Meeting Session: #4236.0, "Prevention and Other Critical Issues of Importance."

- 3) Expansion of the Screening, Brief Intervention and Referral to Treatment (SBIRT) Model. With the expectation of health reform, the SBIRT primary care model is an increasingly important model of best practices for substance abuse screening and intervention. This model was first tested and spearheaded via the World Health Organization by Thomas Babor. This model has since been replicated extensively in the U.S. Best practice interventions such a motivational interviewing and cognitive behavioral therapy provide the clinical basis of SBIRT evidence-based intervention. As a comprehensive integrated public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those at risk to developing these disorders. Primary care centers, including Community Health Centers (CHC's), hospital emergency departments and trauma centers are the settings for early intervention with at-risk substance users before the development of more severe outcomes and sequela. In response to this growing public health practice, APHA has developed a manual entitled, *Alcohol Screening and Brief Intervention*.

Potential Partners: APHA-ATOD, SAMHSA, Health Resources and Services Administration (HRSA), National Association of Community Health Centers, NACDD, and CDC.

APHA-ATOD Sessions: #3190.0," Screening, Brief Intervention and Referral to Treatment (SBIRT): Cross-site evaluation of a SAMHSA program;" and # 4241.0, "Screening and Brief Interventions."

- 4) Underage Drinking and the Practice of Environmental Policy Inclusion and Expansion of Environmental Policy to Illicit Prescription Drug Use. Successfully demonstrated by Mosher and Jernigan and extensively replicated in the field of alcohol and tobacco control, environmental policy development seeks to influence availability via structural changes in the community environment. As a result of these policies, consumption of alcohol and tobacco has been reduced via limiting access associated with price sensitivities and opportunity to purchase community policies. Other examples include: advertising, more specifically, whether or not the advertising of alcohol and tobacco is permitted surrounding local schools, and, if so, at what distance in proximity to the school; marketing restrictions to underage populations; increased excise tax levels are associated with diminishing ability of tobacco and alcohol purchase for underage and young (legal) purchasing ability due to well-researched price sensitivity associated with age; sales restrictions of alcoholic

beverages at recreational and entertainment events, limiting access to alcohol via the number of days and hours alcohol can be purchased at stores, bars and restaurants. From a public health, population-based perspective these policies also serve to reinforce and build upon simultaneous strategies at the community level such as public awareness and community coalitions. The continued success of environmental policy development, application and translation coupled remains a central public health practice to achieve more robust outcomes and benefits. Potential exists to test environmental policy strategies to address the skyrocketing illicit prescription drug use by adolescents and young adults.

Potential Partners: APHA- ATOD, National Cancer Institute (NCI), National Institute of Alcohol Abuse and Alcoholism (NIAAA) , National Institute of Drug Abuse (NIDA), and the Robert Wood Johnson Foundation.

APHA- ATOD 2009 Annual Meeting Sessions: #3290.0 "Bridging environmental policy assessment and design: Firearms, alcohol, tobacco, and obesity;" #3192.0 "Taking a Model Program from Research to Practice: Implementation of communities mobilizing for change on alcohol;" and # 3397.0 "FDA Regulation of Tobacco Products: What it means for policy, practice and research."

Thank you again for the opportunity to provide comments on the proposed Office of National Drug Control Policy (ONDCP) 2010 National Drug Control Strategy. APHA looks forward to any opportunities to partner with ONDCP in future efforts to provide evidenced-based solutions to the prevention, treatment and recovery of drug problems.

Sincerely,

A handwritten signature in black ink, reading "Georges C. Benjamin". The signature is fluid and cursive, with the first name "Georges" being the most prominent.

Georges C. Benjamin, MD, FACP, FACEP (Emeritus)
Executive Director