

Report by

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For

**National Alliance for
Model State Drug Laws**

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**STATE AND LOCAL
LAW ENFORCEMENT
OFFER INSIGHT**

**TO ADDRESS THE DRUG PROBLEM
IN THE UNITED STATES**

2009

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Nominated by President Bush and unanimously confirmed, twice, by the United States Senate to serve as Deputy Director for State, Local & Tribal Affairs and Deputy Director (Deputy Drug Czar) at the White House Office of National Drug Control Policy from 2002 to 2009. Point person for several national initiatives and programs (HIDTA, Student Drug Testing, National Methamphetamine Initiative, National Marijuana Initiative, Access to Recovery Treatment Program, Native American Initiative, and National Media Campaign, among others). From 2004 to 2009, upon appointment by the President, simultaneously served as the Sports Minister of the United States and elected to represent the 40 nations of North, Central and South America on the World Anti-Doping Executive Committee; thereafter selected by Sports Ministers (180 countries in attendance) to chair the Minister's conference in Athens, Greece; and most recently, selected by International Olympic Committee and WADA to oversee Independent Observers Program (to ensure fairness of Olympic Games) at 2010 Winter Olympics in Vancouver, B.C., Canada. Testified before House and Senate Committees on numerous occasions; worked closely with major non-governmental organizations (National Alliance for Model State Drug Laws, Fraternal Order of Police, International Association of Chiefs of Police, National Drug Courts, National Congress of American Indians, National Sheriffs Association, National District Attorneys Association, National Association of Attorneys General, American Medical Association and many more); recipient of numerous awards; and represented the United States at United Nations conferences, as well as international meetings around the world, securing international cooperation in the control of drugs from source countries. Prior to serving at the White House, elected County Attorney and Prosecutor for 16 years in Iron County, Utah.

FOREWARD

The National Alliance for Model State Drug Laws has, for years, been a vital resource for federal, state, local and tribal law enforcement officers and elected officials in their individual and combined efforts to reduce illicit drug use in the United States. In addition to researching and drafting model drug and alcohol laws, NAMSDL has been recognized as the leading national organization in the facilitation of working relationships among thousands of officials, officers and public and private organizations charged with preventing drug addiction, expanding treatment for those suffering from the disease of addiction, reducing the supply from source countries and implementing policies and strategies on a national level and, as important, in individual states and tribal areas referred to collectively as Indian Country.

To assist NAMSDL in its continued mission to assess the current status of illicit drug use in the United States, and predict future trends and challenges in 2009 and 2010, this report is based upon the opinions and statements of hundreds of state, local, and tribal law enforcement officials and officers (Governors, state Attorneys General, Chiefs of Police, Sheriffs, representatives of major non-government organizations, Tribal Leaders and many front-line, in the field, law enforcement officers). In order to ensure candor, and in an attempt to provide NAMSDL with current information (a task that would take several months if interviewees were required to be named and quoted) this report will not contain specific identities of those who provided information; in fact, the majority of those surveyed are current law enforcement officers and would be precluded from providing information without authorization from agency executives and public affairs offices which would defeat the very purpose of the report, to wit: provide NAMSDL with an honest, real time, assessment of the current status of illicit drug challenges and attempt to predict what is “on the horizon” in order to assist policy makers and law enforcement agencies and officers prepare for the future.

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EXECUTIVE SUMMARY

The questions posed, and summary responses, are as follows:

A. Describe existing drug problems officials are attempting to address:

Methamphetamine and Prescription Drug Abuse.

B. What are the emerging drug problems?:

Prescription Drug Abuse.

C. Are state laws addressing the existing problems and, if not, how can officials correct the problem?:

State laws targeting Methamphetamine are adequate, but model legislation addressing the scheduling of pseudoephedrine, real time Methamphetamine tracking, mandatory electronic reporting by retailers and Prescription Drug Monitoring Programs would be helpful.

D. Will existing laws address emerging problems and, if not, what laws need to be modified or what new laws need to be enacted?:

Existing laws are not adequate to address Prescription Drug Abuse. Respondents would appreciate model legislation with respect to drug take-back programs, driving under the influence of drugs, mandatory training in medical school and continuing medical education, the regulation of drug company representatives, drug advertising, rescheduling opiates, outlawing “pill mills” and the regulation of on-line pharmacies.

E. How can federal agencies and officials, and Congress, enhance state and local efforts (in a non-financial manner) to address existing and emerging drug threats?:

State and local officials would like to see Congress solve a number of current and emerging issues as opposed to the long and arduous process of “one state at a time”. Suggestions include national efforts to schedule or ban pseudoephedrine products; amend Combat Meth Act to require real time tracking systems and require electronic reporting in a timely fashion;

continue pressure on the border; continue support of the INCB in regulating foreign shipments; begin discussions with the FTC regarding Prescription Drug Advertising; reschedule hydrocodone (to schedule II); implement a national Prescription Drug take back program; new laws regulating drug company representatives; and resolve (either through legislation or federal legal action) the “conflict of law” issue that exists between a number of states and the federal government.

F. What technical assistance would be beneficial to state and local Law Enforcement in 2009 and 2010?:

In addition to the model legislation suggestions set forth above, state and local law enforcement desperately need NAMSDL to continue its efforts to facilitate working relationships among state and community leaders and drug professionals by coordinating meetings, summits and conferences.

REPORT & RECOMMENDATIONS

This report sets forth the current opinions and assessment of federal, state, local and tribal law enforcement officials regarding illicit drug use, and attendant policies and strategies, in an effort to assist NAMSDL in its legislative and policy efforts in 2009 and 2010. Information was obtained pursuant to telephone surveys and other outreach efforts. In addition to providing real time information, those interviewed were also asked to provide recommendations to NAMSDL regarding what technical assistance would be most helpful.

As stated herein, the underlying questions for this report were:

- A. Describe existing drug problems officials are attempting to address;
- B. What are emerging drug problems?
- C. Are state laws addressing the existing problem and, if not, how can officials correct the problem?
- D. Will existing laws address emerging problems and, if not, what laws need to be modified or what new laws need to be enacted?;
- E. How can federal agencies and officials, and Congress, enhance state and local efforts (in a non-financial manner) to address existing and emerging drug threats?; and
- F. What technical assistance would be beneficial to state and local

law enforcement in 2009 and 2010?

The following sets forth, in greater detail, the analysis and attendant recommendations of state and local officials and officers:

A. DESCRIBE EXISTING DRUG PROBLEMS

As one would expect, the “existing drug problems” described by those surveyed varied somewhat based upon geographical location within the United States. However, from the first survey to the last, there was a consistent theme and a consistent response: **Methamphetamine and Prescription Drugs**.

The respondents would, consistently, preface their response to this question with statements like: “well, marijuana has always been a problem and will continue to be a focus, but...”; “cocaine and gangs are a serious problem in my city, but...”; “heroin deaths are up in my area, but...”; “with eradication success, we are seeing more indoor grows, but...”; “we have had a crack cocaine problem in the inner city for years, in the rural parts of the state the biggest challenge has always been marijuana, but...”; we have huffing, marijuana and cocaine on the reservation, and it’s a problem, but...”; “clearly the violence on the border is our main focus right now, and smuggling is always an issue, but...”. In almost every single interview, the “but” was: “...our biggest problem and our biggest concern are **Methamphetamine and Prescription Drugs**”.

I cannot emphasize enough how consistent this response was by those interviewed. The final response was almost always preceded by an articulate and insightful description and assessment of all illicit drug issues being addressed because the majority of respondents are seasoned, frontline drug investigators. However, it was amazing how the final response to this question became almost routine: **Methamphetamine and Prescription Drugs**.

As related to **Methamphetamine**, it was reported (from respondents across the United States) that they are seeing an increase in “smurfing”, and not just by those who are actually cooking the meth. Many reported that, with a box of pseudo going for as much as \$75 per box in some areas, professional smurfers (either using a large number of friends or family members or using

multiple fake ID's) are obtaining pseudo products for the sole purpose of resale. Obviously, this trend is an attempt to thwart the "Combat Meth Act" and the "Pseudo Tracking" systems in place in many states. The majority of respondents are extremely concerned that this trend will continue to increase, and spread across the country, unless addressed. The obvious outcome will be a serious increase in methamphetamine labs and an increase in abuse as the product becomes easier to produce, cheaper and more available.

The **Prescription Drug** issue evoked more disparate responses with respect to the nature of the problem. Nearly all respondents stated that prescription abuse is up and rising in their jurisdiction, but offered a number of opinions with respect to the root of the problem:

- success in shutting down the supply of meth and cocaine and increased costs for both drugs;
- societal acceptance in that it comes from a doctor and a pharmacy; bombardment of television advertisements normalizing and even encouraging use;
- failure by the medical community to appreciate the severity of the problem, fueled by lack of training in medical school and reluctance to include as a topic in continuing medical education course requirements;
- pill mills;
- doctor shopping;
- reluctance of "adults" to throw away unused or outdated pills, ignorant of the fact that "young adults" are increasingly stealing pills from the medicine cabinet at home;
- and any number of increasing trends, including fraudulent reports re theft of oxycontin so prescription can be immediately refilled;
- thefts from medicine cabinets in "open house" real estate showings;
- gaining access to homes of friends, relatives or neighbors—need to use your bathroom—resulting in theft;
- burglarizing, during the funeral, the home of the chronic pain or cancer patient that died; and the list goes on).

Whatever the "cause", it cannot be debated that the abuse, addiction and resulting deaths from prescription drug abuse is emergent and chronic and rising.

B. WHAT ARE EMERGING DRUG PROBLEMS?

The vast majority of those surveyed identified Methamphetamine and Prescription Drug abuse as the most problematic illicit drug categories they are currently facing. In excess of 90% of respondents, when asked: “what are the emerging drug problems in your jurisdiction, in your state, and what do you see on the horizon as something we, as a nation, need to prepare for?” simply said: **Prescription Drugs...the pills.**

From Maine to California, and every village and hamlet in between, Sheriffs and Chiefs of Police, Governors and Attorneys General, frontline officers and treatment providers all said **Prescription Drugs...the pills.** There may be some difference of opinion about which prescription categories are most problematic (Oxycontin or Lortab or Methadone or Soma) and individual preferences or trends may differ in different parts of the country. The bottom line is the fact that they are all Prescription Drugs and abuse is rising dramatically.

Studies can, and should, be commissioned and existing studies and surveys should be reviewed regarding Prescription Drugs:

- what is the overall increase in sales of Oxycontin, Lortab, Vicodin, Soma, Percocet, Methadone, etc;
- what does the “Monitoring the Future” survey show;
- what does the “National Survey on Drug Use and Health” show;
- we should closely analyze “ADAM” (drug tests of arrestees), “DAWN” (SAMHSA’s Drug Abuse Warning Network located in medical settings) and “QUEST” (drug tests in the workplace) data.

These are all valid tools to assess rates of use and addiction, but the men and women in the trenches are saying that in 2010 and beyond, the biggest drug problem we will face as a nation is **Prescription Drugs...the pills.**

I would like to report that there are competing opinions with respect to this issue (a resurgence of heroin due to increased prescription drug abuse?; fentanyl spike?; ecstasy will make a comeback via Middle East/Canadian supply routes; marijuana abuse will skyrocket because of predicted relaxation of policies under current administration) but the truth is every

cop, deputy, treatment provider, task force leader, attorney general, and State Drug Coordinator surveyed said the only emerging drug issue that they anticipate having to deal with on a grander scale, in the future, is **Prescription Drugs**.

C. ARE STATE LAWS ADDRESSING THE EXISTING PROBLEMS AND, IF NOT, HOW CAN OFFICIALS CORRECT THE PROBLEM?

It was interesting that, when posed with this question, in excess of 50% of the respondents said, in sum and substance: “it’s not so much a matter of state laws, it’s a matter of state funding. State legislators need to understand the severity of the problem and, if not increasing, at least not cutting enforcement and treatment budgets”. It is clear, as most everyone is aware, that the national economic situation has also impacted states and, often, enforcement and treatment programs are the first to be reduced or eliminated. Many of those interviewed expressed concerns about recent or imminent cuts in personnel (from cops on the street to prosecutors to treatment specialists) and requested whatever help NAMSDL could provide in helping lawmakers understand that if the cuts are too deep, the consequences could be serious.

The vast majority of respondents said state laws are adequate, but officials could (on a state and perhaps national level) correct current gaps related to **Methamphetamine and Prescription Drugs** by:

- following the Oregon model and scheduling pseudoephedrine (schedule III in Oregon);
- investing in “real time” Prescription Drug Monitoring Programs (PDMPS) similar to the Utah model and tighten reporting requirements, manner of collection, and dissemination by statute;
- enacting Prescription Drug Monitoring Program legislation in the 12 states that have yet to pass a law;
- as an alternative to scheduling pseudoephedrine, enacting laws regarding pseudo tracking systems or incorporate pseudo tracking into existing Prescription Drug Monitoring Programs; and
- enacting legislation requiring participation in regional Prescription Drug Monitoring Programs.

D. WILL EXISTING LAWS ADDRESS EMERGING PROBLEMS AND, IF NOT, WHAT LAWS NEED TO BE MODIFIED OR WHAT NEW LAWS NEED TO BE ENACTED?

Most of those interviewed believe that existing state laws are adequate, and that increased resources to enforce those laws already in place should be the primary focus of attention. However, many identified areas where states could better address Prescription Drug Abuse.

As stated herein, Prescription Drug Abuse was cited by nearly all respondents as the “emerging drug threat” in the United States. Some of the most common suggestions regarding new legislation on Prescription Drug Abuse and Methamphetamine included:

- ideas regarding scheduling pseudoephedrine;
- enacting Prescription Drug Monitoring Programs in the remaining 12 states;
- legislation to require and fund “real time” PDMPs;
- legislation requiring pseudo tracking systems (either as a stand-alone or in conjunction with a state’s PDMP); and
- legislation addressing regional participation in PDMPs and pseudo tracking systems.

In addition to the recommendations set forth above, some respondents believe legislators should also address:

- the drug “take back” issue;
- per se “driving while under the influence of drugs” statutes;
- feasibility of requiring state licensing boards to require physicians and nurse practitioners to attend mandatory training regarding prescribing protocols (especially as related to opiate drugs);
- advertising restrictions regarding prescription drugs; and
- the practices of drug sales representatives.

While most respondents would prefer that these “fixes” take place at a national level, most realize that many of the remedies can only take place in

the respective states. Physicians, physician's assistants and nurse practitioners are all licensed, monitored and regulated by their respective states and to change this to a "national system" would necessitate a massive overhaul of the entire medical practice regulation system.

A few states are launching pilot programs regarding "drug take back" in an effort to educate citizens and reduce availability and diversion. However, many believe this should be a national issue, should involve a change in DEA regulations, and will require that pharmacies play a major role in this effort.

As prescription drug abuse has increased in this country, clearly so have the number of drivers on our highways that are operating motor vehicles while under the influence of a drug (some estimates are as high as one-in-every three drivers). Many states have "per se" drug driving laws or the ability to restrict drivers who are under the influence of a properly prescribed drug, if the use of that drug renders one unable to safely operate a motor vehicle. This is definitely an issue that should be studied and state legislation could be enacted in those states that have not addressed this issue.

I think everyone that has studied the Prescription Drug abuse issue would agree that those actually prescribing the drugs (physicians, physician's assistants and nurse practitioners) must be a part of any plan to reduce the problem. Most medical schools do not address this issue and most states' "Continuing Medical Education" programs do not address this issue. Too often the only information physicians receive is from Drug Company representatives. Many of the respondents believe that proper medical education is a crucial component of any strategy to confront the problem.

Finally, it is apparent that state, local and tribal officials and officers surveyed have a good grasp of the problem, understand that it has many "moving parts", and appreciate the complexity of confronting the issues. With that said, nearly everyone agrees that a "media campaign" (both nationally and in individual states) will be a major piece of any attempt to stop the increase of Prescription Drug Abuse. If, in fact, some 70% of all pills obtained by young people (between the ages of 12 and 18) come from the medicine cabinet at home or from a friend or relative, educating and encouraging Americans to take control of their Prescription Drugs is paramount. Educating Americans to discard outdated or unwanted pills and hide or keep close control of personal prescriptions, especially those most

sought after like opiates or drugs that have potential mind or mood altering side affects, is critical. However, if the Drug Companies continue to saturate all forms of media (television, print, radio, billboards, and the internet) with ads encouraging and normalizing the increase of use and reliance upon prescription drugs, the anti-use media campaign becomes much more difficult.

E. HOW CAN FEDERAL AGENCIES AND OFFICIALS, AND CONGRESS, ENHANCE STATE AND LOCAL EFFORTS (IN A NON-FINANCIAL MANNER) TO ADDRESS EXISTING AND EMERGING DRUG THREATS?

In that this is a survey of key state and local officials, law enforcement leaders and officers in the field, it would be expected that many respondents believe there are a number of things Congress and federal agencies can (and should) do to address existing and emerging drug threats. Keeping in mind that the question emphasizes “In a Non-Financial Manner”, this question evoked a wide range of responses, and perhaps the easiest way to report this is to address by drug category, to wit:

Methamphetamine:

A number of those surveyed believe that we should, like Mexico and on a national level, either ban pseudoephedrine products or schedule all drugs containing pseudoephedrine consistent with the Oregon model. While the Combat Meth Act was a good try, if “smurfers” are already circumventing the legislation and numbers of labs are going up, more drastic measures are required. It was also suggested that Congress could require that all retail distributors of pseudoephedrine products provide “Combat Meth” reporting information electronically, within a prescribed timeframe (perhaps no longer than 30 days) to the appropriate state Prescription Drug Monitoring Program or Pseudo Tracking Program in their respective states. Obviously, many state efforts are frustrated by the fact that a number of retailers (especially some large national chains) continue to submit “log book information” in an untimely fashion. While technically their submissions are in compliance with the law, the information is basically useless. Many respondents, in general terms, also called upon Congress and Federal Agencies to:

- continue working with Mexico;
- continue focusing on our borders;
- continue supporting and working with our international partners (the International Narcotics Control Board (INCB) in particular) to track and monitor the flow of ephedrine worldwide; and
- not lose sight of the fact that any successes we have seen in the past few years could turn around overnight.

Prescription Drug Abuse:

As has been reported in various sections of this report, respondents believe that the federal government, and Congress, could do several things to reverse the upward trend of Prescription Drug Abuse. The First Amendment to the Constitution, and particularly case law supporting Commercial Speech, makes commercial advertising difficult to regulate. Despite this, older Americans will remember the “Marlboro Man” and a host of commercials peddling hard liquor that were banned from television, radio and other forms of advertising. If the Prescription Drug problem is to be taken seriously, there is a consensus that Congress is going to have to restrict the bombardment of drug commercials.

Another positive step would be to “reschedule” certain drugs that are exceptionally problematic (make pseudoephedrine a schedule III drug and move hydrocodone and soma to Schedule II) and look at better ways of regulating oxycontin and methadone. Clearly, the first attempt to reschedule should occur at a national level, but the issue is important enough to take on “state by state” (we all remember the pseudo behind the counter battle) if the federal government is unable to make progress, especially in light of the power and influence of the Drug Companies.

The Prescription Drug Act’s requirement of at least one “face to face” encounter between a physician and patient before prescribing was a good start to addressing “pill mills” and inappropriate and unlawful access via “internet pharmacies”. However, some areas of the country are already seeing abuse. Fraudulent doctors simply line up hundreds of people they will be prescribing to, run them through a 30 second appointment and then prescribe away. While the “one on one” will certainly help, unless the most abused prescription drugs are made schedule II, the abuse will continue.

A national “Drug Take Back” program, which would require federal changes if pharmacies are to be the primary recipient of returned prescription drugs, would also be extremely helpful.

Congress and federal agencies could provide support to the states’ efforts to better train and regulate prescribing physicians, physician’s assistants and nurse practitioners. Finally, they could look at implementing regulations directed at Drug Company Representatives which, unfortunately, are the key point of contact and information for those prescribing drugs in the United States. One need only look at the material disseminated by drug companies to physicians and the general public (what symptoms to convey to be prescribed a certain drug, propaganda regarding new drugs) and the culture of providing benefits (gifts, dinners, trips) to prescribing physicians.

Marijuana:

If the White House Office of National Drug Control Policy’s numbers are anywhere near correct, some 60% of the 21 million Americans illicitly using drugs singularly or co-use marijuana. The reduction of marijuana use, especially among young people, must be a key component to any national drug control strategy.

Congress and federal agencies must decide how to address marijuana. A couple of things that Congress and federal agencies could do, that would help immensely, would be to either “legalize marijuana” (which neither this author nor any of the respondents support), or bring the issue of states’ attempts to legalize “medical marijuana” to a close. The confusion of ballot initiatives in cities and states and federal law enforcement’s efforts to fill the void (California dispensaries are a great example) should end. If marijuana is legalized, everyone’s job becomes easier. As long as it is illegal under federal law, as long as the FDA and scientific studies refuse to recognize marijuana as a medicine, and as long as federal law enforcement officials (and state officials in at least 38 states) are charged with enforcing the law, then the law should be enforced.

It has been recommended that the Department of Justice file suit and enjoin the 12 or 13 states that claim to have “legalized” medical marijuana. It has been recommended that Congress take steps to punish those states that attempt to frustrate federal marijuana laws (similar to withholding transportation funding if a state refuses to implement seatbelt standards or

restrict certain forms of tinted windows). It has been recommended that federal law enforcement and treatment grants be withheld from states that continue to pass laws in direct conflict with federal law. The suggestion is to send HIDTA, Byrne, COPS, Treatment grants and monies from other funding streams to those states that are in compliance and are working to reduce addiction and drug abuse, and allow the “medical marijuana states” to either comply or deal with their problem with their own funding. While it is not likely that many of these recommendations would ever be implemented, it is important to have a discussion.

Finally, a key factor relating to what can be expected in the months and years to come will depend on the program priorities and policy decisions made by the new administration and the new Drug Czar and staff at the White House Office of National Drug Control Policy. If there is a “lax” approach to marijuana, it will set the standard and send a clear message to Americans that marijuana will no longer be a key aspect of the national drug control policy. If that happens, expect to see an immediate rise in marijuana use and addiction numbers. We will also send a message to our neighbors in Mexico who are engaged in a war right now, with marijuana serving as a cash crop that fuels violent cartels.

Cocaine, Heroin, Ecstasy:

In that Cocaine, Heroin and Ecstasy are, almost exclusively, produced outside of the United States the key is securing the borders and continued efforts to prevent smuggling by all of its forms. Law enforcement officials in a number of major cities across the country (at one point 38 major cities) have reported a sustained trend of lowering purity of cocaine and increasing prices, clearly a result of tighter controls on the border and increased efforts to prevent these drugs from entering our borders. While heroin and ecstasy flows are also down, these advances could be reversed if we as a nation do not remain vigilante. Congress and federal government officials can assist, in a non-financial manner, by increasing awareness of the drug/terror nexus and making certain that those trained and funded to prevent a terrorist attack also have the training and ability to interdict narcotics being shipped into the United States from foreign countries.

F. WHAT TECHNICAL ASSISTANCE WOULD BE BENEFICIAL TO STATE AND LOCAL LAW ENFORCEMENT IN 2009 AND 2010?

In that Methamphetamine and Prescription Drug Abuse were identified as the most pernicious existing drugs of abuse, and Prescription Drugs were identified as the emerging threat that must be confronted, the majority of respondents would like to see technical assistance on these issues. As has been stated herein, there are a number of things that state, local and tribal officials and officers believe will assist them, with the most common responses set forth as follows, to wit:

****Continue to provide technical support to the remaining 12 states that have yet to pass Prescription Drug Monitoring Program legislation; moreover, continue to provide leadership in encouraging states to improve (real time, electronic systems) their PDMP efforts.**

****Conduct a survey of states that have, and states that do not have, statutes prohibiting driving motor vehicles under the influence of illicit drugs or under the influence of prescribed drugs if one is rendered incapable of safely operating a motor vehicle; thereafter, engage in a concerted effort to encourage states to study and pass “model legislation” that could be provided through the technical support and expertise of NAMSDL.**

****Survey what the various states are doing, if anything, with respect to “pharmaceutical take back programs” and, if possible, draft model legislation if there are best practices in one or more states.**

****Conduct a study of Oregon’s experience with respect to scheduling pseudoephedrine and draft model legislation to be considered by other states experiencing an increase in methamphetamine labs and circumvention of the Combat Meth Act by smurfers.**

****NAMSDL is encouraged to continue to provide leadership in efforts to enact legislation and implement “pseudo tracking” systems in the various states and to provide model legislation if requested.**

****Facilitate communication by and between key state and local leaders and federal officials to determine depth of nationwide support for a number of possible steps to confront Prescription Drug Abuse (rescheduling certain opiates, a national drug take back program, Prescription Drug Advertising).**

****NAMSDL should continue to plan and host relevant conferences or summits to bring key state and local leaders together to discuss current and emerging drug threats and assist in coordinating a national strategy and action plan.**

ANALYSIS & RECOMMENDATIONS

First of all, I am pleased to report that NAMSDL's reputation for excellence in assisting state, local and tribal law enforcement officials and officers is of the highest caliber. I was honored to inform those I contacted for this report that I was associated with, and working for, NAMSDL. The Board of Directors, CEO and employees should be proud, as praise and respect from the law enforcement community in the United States is something that has to be earned.

As is set forth in the body of this report, it is obvious that Methamphetamine and Prescription Drug abuse are the current and emerging categories of concern. While we cannot decrease efforts with respect to other drugs of abuse (cocaine, heroin, ecstasy and marijuana) it is clear that NAMSDL, with its limited budget, should concentrate its resources to support state and local efforts. The challenges with respect to Methamphetamine are fairly straightforward: better regulate or cut off the supply of pseudoephedrine and encourage ONDCP, DEA, DHS, DoD and other federal agencies to continue efforts on the border and in the international community to limit pseudo smuggling into the United States from foreign sources.

The underlying issues, and possible solutions, regarding Prescription Drug abuse are much more complex than Methamphetamine. As stated, almost everyone surveyed believes that the Prescription Drug abuse problem (and attendant addiction and deaths) will continue to rise if not confronted with all of the tools available to federal, state, local and tribal officials. Moreover, this issue is extremely problematic in that there are many moving parts to confront. These include, but are not limited to:

- doctor shopping,

- the internet,
- pill mills,
- national drug advertising promoting more use,
- ignorance of prescribers due to lack of training,
- failure of all states to establish a PDMP,
- failure of all states to make tracking real time,
- reluctance of some in the law enforcement community to take this issue seriously,
- lack of a comprehensive and well funded anti-use campaign,
- lack of a solution to disposal of unused or expired prescriptions,
- lack of coordination with Veterans Administration, Indian Health Care and Department of Defense drug programs.

In addition, it goes without saying that the Drug Companies (estimated to have 5 lobbyists for every member of Congress...just in Washington, D.C.) will push back on every front if actions limit their distribution and profits as hundreds of millions of dollars are at stake. I believe it goes without saying that, in order to properly address this issue, a number of key stakeholders must be represented and involved: AMA, state physician regulatory officials, Drug Company officials, national Pharmacy representatives, SAMHSA, DEA, DHS, DoD, National Congress of American Indians, Veterans Administration, HHS, federal, state and local officials, National District Attorneys, Chiefs and Sheriffs and local law enforcement officers.

The only entities that I am aware of, that have the insight and capacity to coordinate such an effort, are ONDCP and NAMSDL. I believe that ONDCP is a crucial player because of funding resources and the clout of the White House. NAMSDL must be in a leadership position because of its respect, technical expertise and history of proven success in facilitating the resolution of complex issues involving many competing interests.

The easiest aspect of this report is to set forth the “current” and “emerging” drug issues in the United States and, almost as easy, to convey what many state and local officers and officials believe are the solutions. The difficult task is to distill that information and make recommendations to NAMSDL that (a) are realistic and within budget constraints, (b) concentrate on the most acute and emergent issues and (c) set forth a plan of action. It is tempting to recommend a number of efforts (I could list a hundred specific tasks and program priorities that NAMSDL is well suited to address) as I

would avoid criticism by those that believe I have “overlooked or omitted” some aspect of the problem.

Based upon the foregoing, I would recommend that NAMSDL engage in the following activities in 2009 and 2010, to wit:

- 1. Continue efforts to establish a PDMP in all 50 states, with particular emphasis on Florida as it is a major source of distribution to surrounding states and many areas of the United States;**
- 2. Continue to provide leadership in efforts to establish pseudo tracking systems in all 50 states and, in addition, efforts to mandate electronic and real time information sharing by major distribution companies (Wal-Mart, CVS, Walgreens, etc);**
- 3. Convene, with the assistance of ONDCP if possible, one National Summit (recommend a minimum of 3 days) with top-level representatives from each state (ideally one from law enforcement and one from treatment/prevention) to address current and emerging drug problems in the United States. This Summit will confirm the findings of this report (or not), give ONDCP and NAMSDL insight and assurance that their focus and efforts are appropriate, and provide legitimacy to any action plan or program policies being considered. As important, such a Summit will foster “buy-in”, inclusion and cooperation from crucial state leaders.**
- 4. Convene, with the assistance of ONDCP if possible, four (4) Regional Conferences. These conferences would address Methamphetamine and Prescription Drug issues exclusively, would be by invitation only and attendees would represent all interests related to these issues (law enforcement, elected officials, physicians, pharmacists, drug companies, treatment providers, media experts, Congressional staff, and subject matter experts). I would recommend that NAMSDL follow its “tried and true” conference model of panel presentations, subject matter break-out sessions and recommendation/action plan process; and**
- 5. If funding and resources allow, assist states that request model legislation regarding the scheduling of pseudoephedrine (Oregon model); driving under the influence of drugs; and rescheduling**

hydrocodone in the absence of federal legislation or regulatory action by DEA and FDA.

CONCLUSION

While this report was prepared for NAMSDL, in an attempt to discern the current and emerging drug problems facing the United States and to provide recommendations, please know that I am more than willing to discuss any aspect of this report in the event NAMSDL submits a request or provides authorization. I am also willing to disclose recommendations of individual officials and law enforcement officers, if requested, but only after obtaining permission so as to not jeopardize anyone's employment, especially those in subordinate positions.