TESTIMONY

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AMERICA'S INSATIABLE DEMAND FOR DRUGS

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"Un-Marketing Illicit Drugs"

Mr. Chairman and Members of the Committee:

I'm privileged to appear before you this morning to testify about the hard-won successes to decrease use of legal addictive substances and how we might apply those "lessons learned" to illicit drugs here in the United States.

My name is Dr. Cheryl Healton and I am Dean of the College of Global Public Health at New York University (NYU). Prior to my appointment at NYU, I worked for 14 years at the American Legacy Foundation, a national 501 (c) (3) nonprofit public charity established out of the 1998 Master Settlement Agreement between 46 State Attorneys General and the U.S. tobacco industry. The organization has a respected history of producing game-changing public health initiatives proven to reduce tobacco use among young people and adults.

Best known for its bold counter-marketing campaign for youth, truth® - now in its 16th year - the campaign has been a major part of comprehensive national, state and local tobacco control strategies. Together, these measures have resulted in remarkable declines in youth tobacco prevalence rates from 23% in 2000 to a current rate of below 7% (Monitoring the Future 2016). Indeed, youth smoking has plummeted since its peak of 38 percent in 1996 to 7 percent today and is thus a true public health success story (Monitoring the Future 2015).

I have also served on the Board of Directors of the Betty Ford Institute and now serve on the board of Phoenix House, a nonprofit drug and alcohol rehabilitation organization operating in ten states with 150 programs. Phoenix House programs serve individuals, families and communities affected by substance abuse and dependency. Over the course of my career, I have also published over 100 peer-reviewed papers and special reports on a variety of public health related topics including HIV AIDS, public health education, health policy, substance abuse and tobacco.

My testimony today will examine how we might consider "un-marketing" illicit drugs to youth before they start using them and how we can work to curb adult demand for drugs.

If we are to use tobacco as a case study, it is important to understand what it took to prompt the dramatic social norm change that has occurred over the past several decades here in the U.S. that resulted in these remarkably positive shifts in knowledge, attitudes and behavior. Public health experts know that four factors figure prominently in prompting and maintaining dramatic declines in tobacco consumption:

1. **Bold and highly targeted counter-marketing/public education campaigns;**
2. **Ever-increasing excise taxes on products at the state and federal levels to prompt cessation among price-sensitive youth and adults;**
3. **Policy initiatives that restrict access to the drug and safeguarding the public from secondhand exposure to it and access to cessation services for those addicted to tobacco products. (The Health Consequences of Smoking – 50 Years of Progress – A Report of the Surgeon General, 2014).**

While cumulatively, these measures combine to change social norms and save lives as a result, it is perhaps the unspoken fourth leg of this stool that is most critical: mustering the political will to enact what we know works even though it might ruffle feathers and annoy special interests (Healton 2001). The sad fact remains that public health all too often loses out to corporate profit motives and the associated political influence, so we fail to do what we know must be done to achieve the life-extending results we desire.

While today's discussion focuses on those who peddle illicit drugs to our vulnerable youth and the adults they soon become, the business models they employ are not that dissimilar. Those who are motivated to profit from drug sales to risk-seeking and troubled teens, do so to make long-term customers of them. They care very little about their health and more about highly lucrative sales. The strategy is the same: attract young customers when their developing

brains are most vulnerable to risk taking and addiction and then reap the profits as they age and remain addicted.

It has been said that the definition of insanity is doing the same thing over and over again and expecting a different outcome. Efforts at controlling the illicit drug trade in the U.S. have by many accounts failed to produce measurable positive change, but we continue the same failed policies, hoping for a different result. Naturally, there are vested interests that profit from these failed policies, blocking needed reforms that might spark real progress and save lives. These are the bold reforms I hope the Committee will consider today.

A case in point might be the small nation of Portugal, where 15 years ago "they decriminalized low-level possession and use of all illicit drugs." According to the February 2015 study, *Drug Decriminalization in Portugal: A Health-Centered Approach*, which I have submitted today for the record, "results of the Portuguese experience demonstrate that drug decriminalization – alongside a serious investment in treatment and harm-reduction services – can significantly improve public safety and health."

Drug use and possession in Portugal remain illegal, albeit no longer triggering criminal sanctions. Drug trafficking offenses also remain illegal and continue to be processed through the criminal justice system.

Independent research confirms dramatic results including no significant increases in drug use, reduced problematic and adolescent drug use, fewer people arrested and jailed for drugs, more people receiving treatment, reduced incidents of HIV AIDS, fewer drug-related deaths and reduced social costs of drug misuse. This program, and others like it, prompted the Global Commission on Drug Policy (2011) -- and such respected public health institutions as Johns Hopkins University and The Lancet just last month (Csete 2016) to conclude that decriminalization is a path to saving lives, reducing infectious diseases and increasing access to much-needed substance abuse treatment.

The U.S. cannot be safe from drug-related criminal activity without first reframing the relationship between drug use and crime, and secondly, identifying ways to sharply reduce our apparently insatiable appetite for illicit drugs. This can be accomplished through the prevention of youth initiation, de-glamorizing use via disruptive and innovative mass media campaigns aimed at "unselling" use and inducing those addicted or teetering on the verge to seek prompt treatment. It goes without saying that drug treatment needs to be available and covered by insurance plans.

Sean Clarkin, Executive Vice President for Research and External Relations at the Partnership for Drug Free America (now the Partnership for Drug Free Kids), has summarized the most important factors in combatting youth demand as follows:

- **"Educate parents on the vulnerability of teens (90% of addictions begin in adolescence), and on the risk factors that make some kids MUCH more vulnerable than others (mental health issues, family history, traumatic events);**
- **Focus youth prevention efforts not just on the risks of use, but on the importance of protective factors: positive adult relationships; positive peer relationships; supervised activities - especially after school; parental communication and monitoring;**
- **Help kids see drug and alcohol use as one of a number of negative influences that make them less than they could be (the essence of the "Above the Influence" program: peer pressure to fit in rather than be themselves, to sit back rather than try, to push others around rather than be kind and inclusive);**
- **Insist that parents, educators and clinicians pay much greater attention to early use -- understanding that it has to be taken seriously, especially when risk factors are present, and that interrupting progression to harmful use has to be built into our mainstream healthcare system."**

For many complex reasons, the impact evaluations of the public education campaign on youth drug use by The Office of National Drug Control Policy (ONDCP) did not result in a strong positive effect (Hornik 2008).

The "Above the Influence" Campaign did find positive effects but they were weaker than a similar campaign executed as a randomized trial (Slater 2011). The drug of focus there was marijuana, one with fewer adverse health outcomes than most others. Researchers did find that among eighth grade girls, greater exposure to the campaign was associated with lower use of marijuana (Carpenter 2011).

I have provided the committee with a number of key studies which demonstrate that well-designed and executed paid mass media campaigns can change youth knowledge, attitudes and behavior with regard to smoking. In response to a well-funded, major public education campaign, knowledge, attitudes and behavior quickly shifted both in response to a statewide Florida campaign (Bauer 2000) and a subsequent larger national campaign. In the first four years alone of the national campaign, 450,000 youth did not initiate smoking as a direct result of the campaign. The campaign-attributable decline represented at least 22 percent of the over-all decline in youth smoking during the period evaluated. (Farrelly 2002; Farrelly 2005; Farrelly 2009).

Researchers at Johns Hopkins and Columbia Universities concluded that in four years alone, the campaign averted $1.9 billion in future medical care costs. (Holtgrave, 2009).

These are key lessons for the primary prevention of illicit drug use, which is defined as stopping illicit substance abuse before it begins or becomes habitual and addictive. These lessons should be applied as a basis for new program efforts at the national level. The same impact on initiation may be achieved in large part by powerfully hard-hitting, youth-focused communications, especially designed for youth at the highest risk of drug use. Messages must be designed -- as they were for the truth® campaign -- to reach those most likely to initiate

drug use with compelling reasons to avoid initiation, including the fact that those profiting from their potential drug use are using them even if that person is a low-level dealer they consider to be their "friend".

The nation's long-standing, ONDCP-supported, Partnership for a Drug-Free America campaign's paid advertising effort was sharply curtailed after a decade of persistent budget cuts. It is urgently important to bring it back, and in doing so, to restructure it so that it is truly independent of the kinds of oversight that can undermine a public education campaign's ability to succeed. This specifically means that the creative development must include:

- **Paid advertising at market rates to ensure the work is done by the hardest hitting, best team possible;**
- **Youth market research, appropriately targeted and designed for sub-sets at high risk, which will likely result in the bold ads being exceptionally unpalatable to adults and government agency staff;**
- **A focus on the drugs associated with the greatest harm and free of "approval" processes which interfere with the potential for campaign success due to conflicts of interest and adult sensitivities with respect to content and taste;**
- **Vigorous evaluation, in real time, to decommission ads that are not resonating with intended audiences and being nimble enough to quickly replace them with those that do. This is especially critical given that ads can have boomerang effects that are difficult to predict with certainty. (Fishbein 2002).**

If public education efforts are also intended to reach adults to curb their drug consumption, a similar, laser-like focus on the actual communication target population must also be employed. For example, the current adult target includes those addicted to or habitual users of alcohol, prescription medication, black market opioids, cocaine and heroin. Each represents a niche

communication market and a comprehensive public education campaign can speak to each group with well-designed messages and action steps.

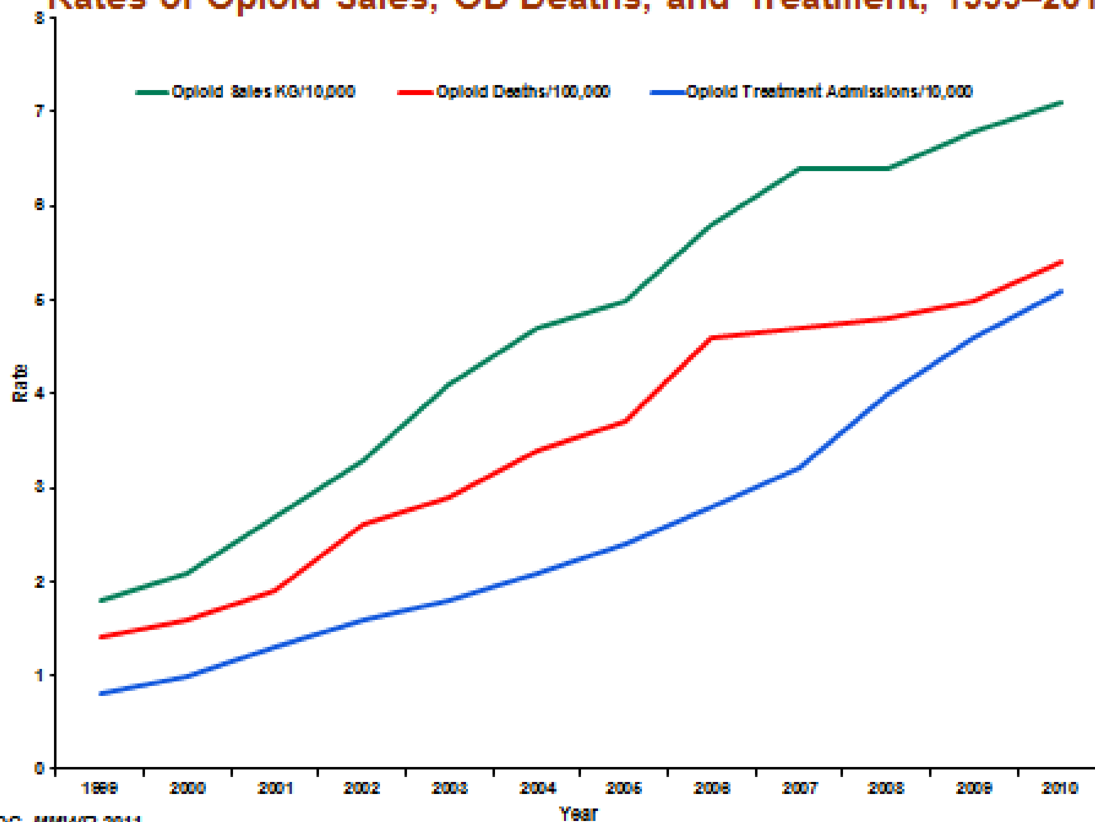
The current resurgent heroin epidemic sweeping our country is in substantial part the result of opioid addiction in young people (aged 20-34) who initially became addicted to prescription opioid medication used for pain or recreationally. Once unable to obtain the drugs through providers, many turned to lower cost street alternatives such as heroin.

According to Dr. Andrew Kolodny, the most important control approaches for the overall opioid epidemic include "preventing new cases of opioid addiction, treatment for people who are already addicted with safer alternatives and reducing the supply from pill mills and the black market."

Kolodny and colleagues have demonstrated that treatment with Buprenorphine saves lives from overdose and other opioid use complications. (Kolodny 2015). Buprenorphine was introduced in France in the mid 1990s, released without any of the limits imposed in the US and prescribed widely. Within six years, opioid overdose deaths decreased by a dramatic 79% (Auriacombe 2010).

Opioid addiction has increased 900 percent from 1997 to 2011. It is noteworthy that the bulk of the opioid epidemic is caused by too liberal use of painkillers which in turn leads to addiction. The solution rests in the hands of policy makers, the pharmaceutical industry and physicians.

The figure below depicts the surge in opioid sales, opioid deaths per 100,000 and opioid treatment admissions per 10,000. In addition to the opioid deaths included in these numbers, among those turning to heroin, an upswing in HIV and Hepatitis C infections is occurring. Public health secondary prevention strategies such as needle exchange programs, antiretroviral treatment and condom access are needed to control the spread of HIV.



CDC (Cent. Dis. Control Prev.). 2011. Vital signs: overdoses of prescription opioid pain relievers—United States, 1999–2008. MMWR 60: 1487–92.

Also urgently needed is the expansion of Naloxone and Narcan availability for law enforcement and others in close proximity of those at risk of overdose.

If we persist in using a "moralistic," criminal justice model for those addicted and at risk, we will miss a critical opportunity to turn the tide on an epidemic in which National Institutes of Health data suggest we have been achieving some success. Especially with regard to youth, “despite the ongoing opioid overdose epidemic, past year use of opioids other than heroin has decreased significantly each year over the past 5 years among the nation’s teens and is at the lowest rate since the survey began.” And for heroin use, 10th and 12th grade use "did have an annual prevalence above 1 percent at the beginning of the 2000s, so their rates of heroin use have now fallen by more than half." (Monitoring the Future 2015). We must continue this trend, inoculating today’s teens against future opioid use.

In closing, there are proven ways to reach these young impressionable audiences with successful messaging. Thirty years ago, our nation's youth were challenged to "Just Say No" to drugs. In 2016, to truly stop the insatiable desire for illicit drugs in the US, it will take much more disruptive and innovative efforts, supported by the political will to "Just Do It."

This requires the abandonment of past failed policies for game-changing new ones.

Thank you.

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