

Highlights of Meeting Notes

Location: White House's Office of National Drug Control Policy (ONDCP) 5th floor

Address: 750 17th Street NW, Washington D.C.

Date: August 26, 2009

Time: 10:00am - 11:30am

Meeting Title:

Demand Reduction Consultation Meeting on the 2010 National Drug Control Strategy (NDCS)

Welcome: Martha Gagne, Acting Deputy Director ONDCP

Overview: Gil Kerlikowske, Director, ONDCP

Brief Remarks: Tom McLellan, Deputy Director, ONDCP

Moderated Discussion: Martha Gagne, ONDCP

Closing: Gil Kerlikowske, Director, ONDCP

Dr. McLellan holds a B.A. from Colgate University and his M.S. and Ph.D. from Bryn Mawr College. He received postgraduate training in psychology at Oxford University in England.

Dr. McLellan brings 35 years of addiction treatment research to the position, most recently at the Treatment Research Institute, a non-profit organization that he co-founded in 1992 to transform the way science is used to understand substance abuse. Dr. McLellan's contributions to the advancement of substance abuse research and the application of these findings to treatment systems and public policy have changed the landscape of addiction science.

Director Gil Kerlikowske holds a Colt 1911 ACP with a high capacity magazine. (His joke not mine) Kerlikowske also holds a B.A. and M.A. in criminal justice from the University of South Florida in Tampa, and is a graduate of the F.B.I. National Executive Institute in Quantico, Virginia. The Director said, "My people carry guns. Tom's people carry books."

Director Kerlikowske brings 37 years of law enforcement and drug policy experience to the position. He most recently served 9 years as the Chief of Police for Seattle, Washington. When he left, crime was at its lowest point in 40 years. Previously, he was Deputy Director for the U.S. Department of Justice, Office of Community Oriented Policing Services, where he was responsible for over 6 billion dollars in Federal assets. Mr. Kerlikowske was also Police Commissioner of *Buffalo, New York*. The majority of his law enforcement career was in Florida where he served in the *St. Petersburg* Police Department and later as Chief of Police in *Port St. Lucie and Fort Pierce*.

Moderated Discussion Highlights:

AMA: The American Medical Association (AMA) spoke first. They admitted that they have only concentrated on alcohol and tobacco policy. They welcomed Dir. Kerlikowske and thanked ONDCP staff for the invitation. They self-recognized their group as the largest physicians organization in America.

AOA: No representative present.

ASAM: The American Society of Addiction Medicine (ASAM) spoke second. Lou Baxter, MD, FASAM, president of ASAM clearly said that addiction medicine needs to be mandatory in U.S. Medical Schools but ASAM faculty were not in positions of influence and he hoped ONDCP would pressure educators. Dr. Baxter offered no plan or roll out of mandatory addiction medicine

Teen Challenge: Mr. Dennis Griffith, director, Teen Challenge of Southern California, explained,

"It is the mission of Teen Challenge to provide youth, adults and children an effective and comprehensive faith-based solution to drug and alcohol addiction. Teen Challenge is committed to enabling and equipping those we serve to find freedom from addictive behavior, to become socially and emotionally healthy, physically well and spiritually alive. Teen Challenge reaches out to the urban poor, women and ethnic minorities. Teen Challenge is a non-profit organization that offers services at no cost to the individual."

Mr. Griffith was looking for ONDCP to issue a position on marijuana.

Dr. McLellan said, ONDCP and President Obama have no desire to develop a new position and the current ONDCP and President Obama position is *"Marijuana will not be legalized."* Director Kerlikowske agreed and added that was pretty much written in stone.

AOAAM: William Morrone, DO, MS, ACOFP, ASAM, board member of AOAAM stated the following:

There is no greater sign of failure in any national drug control policy than death and/or death by overdose. Death is a worthy opponent but we cannot measure death without **"single public unified overdose death log"** the current coroner and medical examiner system is fractured, incomplete, nobody cooperates and CDC computer searches are years behind with meaningless data. A **"single public unified overdose death log"** would benefit providers, health departments, physicians, addictionologists, law enforcement, mental health workers and public health and policy bureaucrats. *You cannot improve what you cannot measure.*

Dr. Morrone continued, #1. we have serious problems that are one of two categories (provider education and/or patient education), #2. we are frustrated at local, state and federal levels with these issues. In Michigan, the governor's advisory committee on pain and symptom management (ACPSM) developed guidelines in pain/addiction education for the medical schools in 2002. (Wayne St., Michigan and Michigan St.) we now have 7 years of lip service and no core pain/addiction curriculum. We at ACPSM are sponsored by the Bureau of Licensing. We will now consider an unfunded mandate to medical schools, internships and residencies of passing an exam after a CSAT style "live" course or lecture on the Internet with a set of questions.....**or no license.** (because the medical schools did nothing sincerely about a pain/addiction curriculum).

Why does it sound so harsh? Because physicians must bear the responsibility. It is the right thing to do. Physicians are the largest portal and vector of prescriptions for non-medical use into the general public and this form of substance abuse has exploded exponentially and fast enough to eclipse illegal drug abuse. We recognize that up to 70% of nonmedical prescription drug abuse is in non-patients but the *gateway for these drugs has been physicians*. The silence from medical schools and training programs on this issue is deafening. I thanked Dr. Baxter for opening the door and I offered (to ONDCP) the Michigan ACPSPM model to crack down and link the DEA license to CSAT style training in all new physicians. The unfunded mandate is real and we don't care how the schools do it but their 4th year medical students, intern and residents will be responsible for the information and tested or no license.

Dr. Morrone continued, ONDCP should develop or contract for development CSAT style module for cannabis evaluation/abuse and cocaine abuse (just like the opiate guidelines from CSAT) and that a "cannabis summit" and a "cocaine summit" modeled after the buprenorphine summit to aid providers. At national meetings, currently, lectures about cannabis and cocaine end up being a senseless collection of public health facts mixed with in inaccurate science and politics. Nobody is offering **Evidenced Based Medicine** clinical facts and treatment algorithms. A cannabis assessment and treatment summit would be timely based on the fact that many states will have to act with up and coming medical marijuana laws. *(Later, in private discussion with Dr. McLellan, I was able to point to a 2008 position paper from American College of Physicians (ACP) that was riddled with fundamental errors and problems in cannabis facts because it was written by internal medicine physicians with no training in pain or addiction.)*

Dr. Malandro will be responsible for his comments.

The remaining mélange of groups highlighted the need for parity and support of the Wellstone Bill and beyond. These included but were not limited to the following

National Education Assn (NEA)

American Public Health Assn (APHA)

NHPCO

ABMS

National Assn of Attorney Generals (NAAG)

Kaiser

Partnership for a Drug Free America (PDFA)

Lyon's Club International

National Asian and Pacific-Islander Assn and families against substance abuse (NAPA/fASA)

ACGME

The American Trial Lawyer's Assn (ATLA)

Robert Wood Johnson Foundation

the group in charge of CAAC credentialing, I don't remember their name

All together there may have been 30-35 people (representing groups) seated in a circle.

Some guy from prisoner re-entry programs....etc

ONDCP demand reduction, ONDCP supply reduction, ONDCP policy analysts and ONDCP legal made up another 10-15 people.

NAPA/fASA wanted to highlight the disproportionate substance abuse in the native peoples.....especially the youth.

Director Kerikowske re-emphasized the position of ONDCP and President Obama on marijuana.

Dr. McLellan made a general call to the group to submit data to ONDCP from countries that have de-criminalized marijuana with an emphasis on pre and post issues like health care costs, fatal motor vehicle accidents, crime and other trends in public health that would be meaningful.

There was some ONDCP recognition of the " very well funded money" and broad internet blog support for the advancement and legalization of marijuana. No names were mentioned. I know who he means.

Respectfully Submitted,

William Morrone, D.O.