

Cross-cutting issues in addressing and countering the world drug problem: evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances, in conformity with the three international drug control conventions and other relevant international instruments

U.S. Contribution

Emerging challenges such as new psychoactive substances (NPS) require the international community to share information, experiences, and best practices to understand the scope of the issue and more effectively respond. These efforts represent good progress, and it remains critical that these efforts are sustained. Of note, the international community should continue collecting and disseminating information on NPS, particularly through the existing UN Office on Drugs and Crime (UNODC) and International Narcotics Control Board (INCB) initiatives, to assist in their identification and investigation. The international community should also continue to focus on the prioritization of NPS for international scheduling and continue discussions at the UN Commission on Narcotic Drugs (CND) to update and accelerate such processes.

Specific contributions from the United States follow:

- The United States provides funding to support UNODC's Global Synthetics: Monitoring, Analyses, Reporting, and Trends (SMART) program to strengthen the capacity of law enforcement and public health officials in the western hemisphere to work together to identify and detect the presence of NPS in the region.
- The United States also continues to fund the Global SMART's Early Warning System to advance the ability to detect the presence of NPS at the national and regional levels.
- The United States provides funding to INCB's Project ION to enhance operational cooperation on NPS.

- The United States contributes funding support and information to the Pre-Export Notification (PEN) Online system and the Precursors Incident Communication System (PICS) to work to prevent the diversion of precursor chemicals.
- The United States supported the INCB's international conferences in 2013, 2015, and the upcoming one in February 2017 on precursor chemicals and new psychoactive substances to further cooperation and information sharing.
- Domestically, the U.S. Drug Enforcement Administration (DEA) has developed an online reporting tool for the public to report tips related to synthetic drugs. This tool can be found on the "Submit a Tip" section of the DEA Office of Diversion website. This tip line went live on October 23, 2015 and has generated 45 tips. Tips are forwarded to the appropriate DEA Field Office for investigation.
- DEA's efforts to reach out to retail outlets selling NPS has been recognized by the INCB as a best practice and shared with all Project ION participants. The communication that was sent out is at the end of this document.
- The DEA works to facilitate information sharing and raise awareness on NPS through presentations to state and local law enforcement and participation in international meetings on NPS to report on the latest U.S. trends and to find out what NPS may potentially enter the United States.
- DEA has used the U.S. Analogue Act extensively to combat NPS and control these substances domestically. This act allows us to pursue justice against those trafficking in substances that act just like another controlled substance. This is one way in which we are trying domestically to address the rapidity with which the chemical composition of a controlled synthetic substance can be altered to evade control or "jam up" scheduling processes. Since 2011, there have been over 700 prosecutions using the Analogue Act.

- The U.S. Department of Health and Human Services funds a national network of Poison Help lines as part of a Poison Control Program. This program provides information over the phone about risks before an emergency. The Program supports the enhancement and improvement of poison education, prevention, and treatment; partnership development with other Federal agencies and national organizations to advance poison prevention awareness; the development of uniform patient management guidelines so that poison centers can provide uniform poison treatment recommendations; the improvement of data collection systems and toxic exposure surveillance for enhanced capability to capture national poisoning data; and multilingual interpreter service in 161 languages to anyone who calls the confidential toll free number. More information on the Poison Control Program and the Poison Help lines can be found at <http://poisonhelp.hrsa.gov/index.html>
- When used by providers and pharmacists, Prescription Drug Monitoring Programs (PDMPs) can be highly effective tools for reducing prescription drug misuse and diversion. PDMPs are electronic databases that collect, store, and electronically transmit dispensing data on many controlled substances submitted by pharmacies and dispensing practitioners. While PDMPs generally do not analyze data, the prescribers and pharmacists can consult PDMPs in the course of clinical decision making to understand the patient's prescription history and avoid medication errors and understand controlled substance use histories that may indicate drug misuse or diversion.
- The data sometimes are used to support states' efforts in education, research, enforcement and prevention. PDMPs are managed under the auspices of a state, district, commonwealth, or territory of the United States. States recognize the medical need for controlled substances; therefore, PDMPs should not interfere with appropriate, medical use. Prescription data is provided only to entities authorized by state law to access the program, such as health care practitioners, pharmacists, regulatory boards and in certain circumstances, law enforcement agencies.

- PDMPs are proactive in safeguarding public health and safety while supporting the legitimate use of controlled substances. PDMPs do not infringe on the legitimate prescribing of a controlled substance by a practitioner acting in good faith and in the course of a professional practice. More information regarding PDMP programs can be found at: <http://www.pdmpassist.org/>
- To address the challenges associated with misuse of controlled medications, the Bureau of Justice Assistance (BJA), the Centers for Disease Control and Prevention's (CDC) Unintentional Injury Center, and the Food and Drug Administration's (FDA) Safe Use Initiative have collaborated with the Prescription Drug Monitoring Program (PDMP) Training and Technical Assistance Center (TTAC) at Brandeis University to undertake the Prescription Behavior Surveillance System (PBSS) project. The main goal of PBSS is to create an early warning surveillance and evaluation tool based on de-identified, longitudinal data from state PDMPs. This tool is intended to measure trends in controlled substance prescribing and dispensing as well as indicators of medical use and possible non-medical prescription drug misuse and diversion. A second goal of the project is to inventory, assess the evidence base for, and evaluate prescriber educational initiatives that aim to enable safer prescribing of controlled substances, using the PBSS database when feasible to assess the effectiveness of selected prescriber initiatives. More information on the Prescription Behavior Surveillance System (PBSS) project can be found at <http://www.pdmpassist.org/content/prescription-behavior-surveillance-system>
- Research and data analysis are critical to science-based policy decisions and progress in any area of government activity. U.S. Federal Government agencies collect statistics and data on their programmatic execution, in part, to support drug policy decision-making. Multiple data sets are required by policymakers to understand activities related to drug use and trafficking. These need to be routinely and consistently reported in a timely manner to

be useful for informing policymakers. Early warning systems that include community-level surveillance of drug use through analysis of available quantitative and qualitative data that track trends are particularly valuable. The United States has several surveys and databases that provide a picture of drug use and the production, trafficking and distribution. Databases used in the United States include:

- The Substance Abuse and Mental Health Administration's (SAMHSA) Drug Abuse Warning Network (DAWN) provided national and local-area estimates of drug-related emergency department (ED) visits until its termination in 2011. To replace DAWN, SAMHSA developed a revised drug surveillance system known as SAMHSA's Emergency Department Surveillance System (SEDSS). SEDSS is being implemented through a partnership with CDC's National Center for Health Statistics (NCHS) to collect data on drug-related emergency department visits as part of NCHS's new National Hospital Care Survey (NHCS). SAMHSA will use the data on drug-related emergency department visits to provide products similar to those provided by legacy DAWN. SAMHSA continues to work with NCHS on issues of hospital recruitment to ensure availability of data for 2016, and estimates that reports based on 2015 SEDSS data will be available in 2017.
(<http://www.samhsa.gov/data/emergency-department-data-dawn>)
- The National Survey on Drug Use and Health (NSDUH) provides policymakers with the most detailed picture of drug use and related issues among the U.S. population 12 years and older. NSDUH data are used by the government to assess the country's progress in achieving the goals of the Strategy and the Prescription Drug Abuse Prevention Plan. It is also used by researchers to study such issues as medical marijuana, drug-related risk and protective factors, the prescription drug abuse epidemic to include better characterizing the non-medical use of prescription drugs, and to provide estimates of the use of synthetic drugs.
(<https://nsduhweb.rti.org/respweb/homepage.cfm>)

- The National Drug Early Warning System (NDEWS) is a complementary community indicators effort funded by the National Institute on Drug Abuse and initiated in 2014. NDEWS plans to establish a system of harmonized community indicators for tracking drug trends and emerging drugs nationally, using both traditional data collection strategies as well as social media and web scans. NDEWS will serve as a coordinating center to generate information about emerging drug concerns and their public health consequences so that rapid, informed, and effective public health responses can be developed. (<https://www.drugabuse.gov/related-topics/trends-statistics/national-drug-early-warning-system-ndews>)
- The Drug and Alcohol Services Information System (DASIS) is composed of three data sets: (1) the Treatment Episode Date Set (TEDS), containing data on substance abuse treatment admissions, by state; (2) the National Survey of Substance Abuse Treatment Services (N-SSATS), containing administrative data on the Nation's treatment providers (these data are used to populate SAMHSA's Substance Abuse Treatment Locator); and (3) the Inventory of Substance Abuse Treatment Services (I-SATS), a listing of the Nation's treatment providers. These data sets provide policymakers and the public with critical information regarding the Nation's treatment system, including the name, location, and specialty of providers (I-SATS); characteristics (e.g., source of payment, staffing, number of clients) of the providers (N-SSATS); and the number and characteristics of clients in treatment (TEDS). (<http://www.dasis.samhsa.gov/dasis2/index.htm>)
- Tabulation of drug seizures is the foundation for reporting statistics on the trends, activities, and patterns related to drug supply reduction policy. It also can help inform about potential increases in certain types of drug use to aid in effective treatment responses. The National Seizure System (NSS) expanded the seizure collection by

eliminating weight thresholds and integrating state and local law enforcement data.

- The Consolidated Counterdrug Database (CCDB) documents cocaine and other illicit drug and drug precursor chemicals movement events.
- The National Forensic Laboratory Information systems (NFLIS) centralizes collection of local, state, and Federal forensic laboratory data to provide the following benefits: estimating national and regional trends in drug use and trafficking, identifying emergent substances such as synthetic cannabinoids, and deducing geographic differences in drug availability measured.