

# 'Prevention, Treatment and Science in the Obama Administration's National Drug Control Policy' - Professor Tom McLellan

The following are the notes I took at a public lecture on 8<sup>th</sup> March 2010 given by Professor Tom McLellan, Deputy Director from the White House Office of National Drug Control Policy at the Institute of Psychiatry in London.

Professor McLellan started by outlining the strategy that the administration is putting into place:

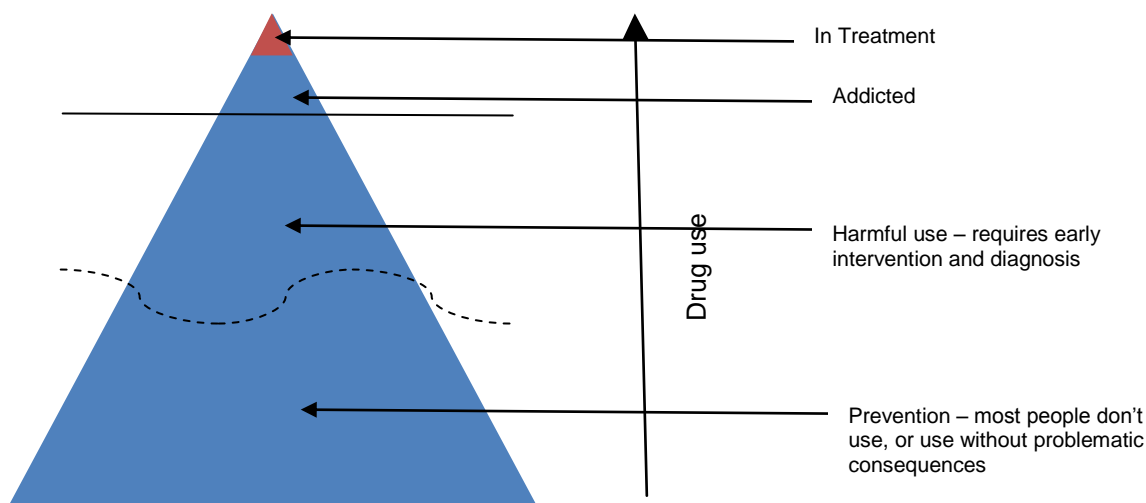
- Introducing a national prevention system
- Ensuring primary care's role in early intervention
- Closing the gap between those that need treatment and those currently in receipt of treatment
- Special consideration for those who are involved in the criminal justice system
- Better data



Tom McLellan, Deputy Director from the White House Office of National Drug Control Policy

My notes are primarily focused on the first point in this strategy.

Professor McLellan set out the way the administration sees the issue of drug use in the US and argued that not enough was being done to reach those with harmful use early enough in their drug using career. It was clear that he included alcohol as a substance of concern for the administration, and that their strategy would not be split between legal and illegal drugs.



He argued that the administration needed to develop different policies to fit the needs of different groups, and that policy had to be tied to where science pointed to effective interventions.

- Prevention – increasing evidence of where how and who will become substance users
- Treatment – new interventions are now available with a proven track record
- Enforcement – identifying and supporting those most likely to re-offend through sanctions and monitoring.

## Prevention

Professor McLellan said that it was increasingly clear in the US that the period that people were most at risk of developing substance misuse problems was during adolescence and that if a young person can get to 21 without using drugs they are essentially “safe”.

## ***“Think sun block not band aid”***

*Professor Tom McLellan*

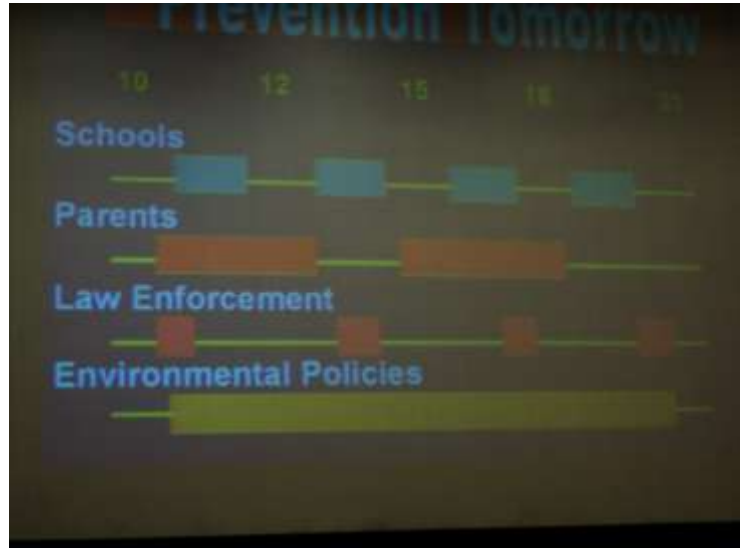
He argued that it is inadequate to provide a single prevention intervention at any single point during adolescence, whether that's a school based programme for 13 or 14 year olds, a single parenting intervention, or enforcement activity aimed at young people's drinking and the night time economy.

He argued that by having a comprehensive prevention programme which focused on the risks to young people communities would see multiple benefits – in other words running a school based programme alongside a parenting programme alongside community programmes improves the chances of the interventions working.

He explained that at the moment there were 164 different prevention interventions receiving funding from the federal government, the administration is proposing to reduce this number, demand the ones that are funded are combined in order to achieve maximum benefit and to ensure that prevention is stretched across the period of risk – i.e. until young people turn 21.

McLellan set out some questions that the strategy he and the administration are proposing has to answer:

- Can communities come together to develop comprehensive packages?
- Will they be able to identify the risks and match interventions to those risks?
- Will they do it beyond the point that government provides funding for?



**Prevention Tomorrow – covering the whole period of adolescence**

He argued that government has strong levers to ensure positive answers to these questions, pointing out that government purchases 70 to 90% of prevention activities. He argued that government has to get smarter at purchasing and pointed out that currently there are 9 government agencies who put money up for drug prevention activities, and that they don't necessarily collaborate to drive up effect and drive down bureaucracy.

He said this was changing with 3 agencies now working together as a single purchaser, and used the argument that by working this way the agencies could see their purchasing power multiplied – as for every dollar they spend they see 2 further dollars contributed by the other agencies.

## **Prevention Prepared Communities**

In order to ensure that prevention money is well spent the government is requiring that communities put together a business plan of how they intend to carry out their prevention work, and who are prepared to be accountable for the results (by measuring them).

However, Professor McLellan was clear that even with this process prevention should not be expected to stop all cases of drug use, which is why their strategy included a bigger role for primary care professionals in providing early intervention at appropriate points in people's lives. And where that doesn't work purchasing treatment that 'works'.

Andrew Brown

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