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Robert G. Petersdorf, MD. P. Preston Reynolds, MD, PhD. Frederick C. Robbins, MD. Allan
Rosenfield, MD. Stephen C. Scheiber, MD. Seymour I. Schwartz, MD. Harold Sox, MD. Robert
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PHYSICIAN LEADERSHIP ON NATIONAL DRUG POLICY

HIGHLIGHTS REPORT

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1997-2004

PLNDP LEADERS



First Row Seated (l to r)

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Catherine D. DeAngelis, MD

Kenneth Shine, MD
(invited facilitator)

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David S. Greer, MD

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Allan Tasman, MD

Harold Sox, MD

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Third Row (l to r)

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H. Jack Geiger, MD

Allan Rosenfield, MD

Errol R. Alden, MD

Alfred Gellhorn, MD

Jerome P. Kassirer, MD

Donald D. Trunkey, MD

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Seymour I. Schwartz, MD

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Not pictured: James E. Dalen, MD • Spencer Foreman, MD • Willard Gaylin, MD • David A. Kessler, MD
Philip R. Lee, MD • Joseph B. Martin, MD, PhD • Claude H. Organ, Jr, MD

PHYSICIAN LEADERSHIP ON NATIONAL DRUG POLICY

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Victoria Patterson, Administrative Coordinator

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Ariel Zodiates, Student Researcher
Shana Jalbert, Student Researcher
Mary Kaufmann, Volunteer

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Jane Fronck, Research Assistant
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Mary Nicholson, Administrative Coordinator
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Ann Boonn, Student Researcher
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Flavio Casoy, Student Researcher
Rodrick Echols, Student Researcher
Angela Feraco, Student Researcher
Adam Hollander, Student Researcher
Jennie Leszkiewicz, Student Researcher
Maya Rayo, Student Researcher
Animesh Sabnis, Student Researcher
Mark Shen, Student Researcher
Nicole Slowman, Student Researcher

Kirsten Spalding, Student Researcher
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Jessica Wurwarg, Student Researcher

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November 2003

Dear Colleagues,

We are pleased to share with you this summary publication highlighting the activities of the *Physician Leadership on National Drug Policy* (PLNDP) from 1997 to the present. When the project began 6 years ago, we envisioned PLNDP as a two-year project. However we soon realized that we were filling a glaring void by providing policy makers with reliable, non-partisan science that could serve as the sound basis for national and state drug policy. As a result, when PLNDP ends (as it is currently defined) during the spring of 2004, our project will have lasted for more than seven years. As we approach the end of this project, it seems important to articulate and pass on the strategies that have helped elevate PLNDP as a leading organization for the promotion of effective, evidence-based substance abuse policy. These strategies include:

- 1) Carefully recruiting members who had both leadership experience and national recognition. We did this by recruiting members as *individuals*, not requiring their participation as representatives of their organizations. This helped garner support from key leaders in the public health field and positioned PLNDP as a powerful player in substance abuse. In addition, we deliberately recruited medical leaders not as physicians who are experts in substance abuse, but rather for their broad experience and vision in medicine, public health, and policy.
- 2) Reaching a relatively concise and focused consensus based on one or two issues allowed for a unified voice that represented the group's views and assisted in the selection of the group's activities throughout the project.
- 3) Developing a group that balanced a variety of political and social backgrounds ensured that the group's opinions and statements were bipartisan, appealed to a large audience, and did not promote any one ideology.
- 4) Working to overcome stigma as a most pervasive issue in order to allow policies and attitudes necessary to support treatment and prevention rather than relying primarily on criminal justice approaches.
- 5) Including many national professional organizations, who endorsed our consensus, and could work within their own societies and through their state chapters.
- 6) Creating user-friendly and accessible educational reports, action kits and videos that allowed us to translate science into tools and reference materials that were both understandable and useful for policy makers.

In addition to creating this final report, we have been organizing two "spin-off" activities to carry on the work outlined in our initial consensus. The first spin-off activity is the formation of a new organization that combines leaders from law and medicine to create an organizational structure with a new consensus and new policies. We are very excited by the initial interest in the potential value of combining medicine and law to confront the interdisciplinary and challenging drug and alcohol policy concerns we still face.

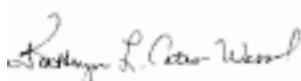
PLNDP's second spin-off activity concentrates on PLNDP's interest in health care professional education, and brings together physicians, nurses, physician assistants and osteopaths from graduate programs throughout the country to advocate for an expanded role for health professionals in the screening, diagnosis, intervention and referral of individuals with alcohol and other drug problems. These students are creating their own website which will provide access to curricular information and other resources that they feel they should be learning in substance abuse within their own programs. Each student will also develop their own advocacy project for promoting the inclusion of substance abuse education within their respective health professional schools over the next year. This project has been organized with the support of the Hanley Family Foundation and the Josiah Macy, Jr. Foundation. PLNDP plans to include students from the fields of social work and psychology in the near future.

In closing, we appreciate the remarkable cooperation that we received from the 37 core members of PLNDP. We are encouraged by the interest of our several thousand physician associates, the several hundred medical students, and the many national professional organizations that have joined with us and endorsed our consensus. We have been able to participate in the discussion and become a moving force in the transition of an initial focus among the public and policy makers on incarceration for non-violent addicts and toward the promotion for increased treatment and prevention.

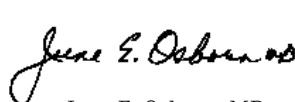
During the course of seven years, we believe that the *Physician Leadership on National Drug Policy* has been extremely effective. We hope that PLNDP can serve as a valuable model for addressing public health issues of national reach and scope.



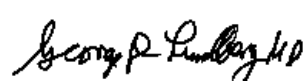
David C. Lewis, MD
Project Director, PLNDP



Kathryn L. Cates-Wessell
Associate Director, PLNDP



June E. Osborn, MD
Chair, PLNDP



George D. Lundberg, MD
Vice Chair, PLNDP

CONSENSUS STATEMENT

Physician Leadership on National Drug Policy July 9, 1997

Addiction to illegal drugs is a major national problem that creates impaired health, harmful behaviors, and major economic and social burdens. Addiction to illegal drugs is a chronic illness. Addiction treatment requires continuity of care, including acute and follow-up care strategies, management of any relapses, and satisfactory outcome measurements.

We are impressed by the growing body of evidence that enhanced medical and public health approaches are the most effective method of reducing harmful use of illegal drugs. These approaches offer great opportunities to decrease the burden on individuals and communities, particularly when they are integrated into multidisciplinary and collaborative approaches. The current emphasis – on use of the

criminal justice system and interdiction to reduce illegal drug use and the harmful effects of illegal drugs – is not adequate to address these problems.

The abuse of tobacco and alcohol is also a critically important national problem. We strongly support efforts to reduce tobacco use, including changes in the regulatory environment and tax policy. Abuse of alcohol causes a substantial burden of disease and antisocial behavior which requires vigorous, widely accessible treatment and prevention programs. Despite the gravity of problems caused by tobacco and alcohol, we are focusing our attention on illicit drugs because of the need for a fundamental shift in policy.

As physicians we believe that:

- It is time for a new emphasis in our national drug policy by substantially refocusing our investment in the prevention and treatment of harmful drug use. This requires reallocating resources toward drug treatment and prevention, utilizing criminal justice procedures which are shown to be effective in reducing supply and demand, and reducing the disabling regulation of addiction treatment programs.
- Concerted efforts to eliminate the stigma associated with the diagnosis and treatment of drug problems are essential. Substance abuse should be accorded parity with other chronic, relapsing conditions insofar as access to care, treatment benefits, and clinical outcomes are concerned.
- Physicians and all other health professionals have a major responsibility to train themselves and their students to be clinically competent in this area.
- Community-based health partnerships are essential to solve these problems.
- New research opportunities produced by advances in the understanding of the biological and behavioral aspects of drugs and addiction, as well as research on the outcomes of prevention and treatment programs, should be exploited by expanding investments in research and training.

Physician Leadership on National Drug Policy will review the evidence to identify and recommend medical and public health approaches that are likely to be more cost-effective, in both human and economical terms, we shall also encourage our respective professional organizations to endorse and implement these policies.



INTRODUCTION

Kenneth Shine, MD (Invited Facilitator)- First meeting of PLNDP, NY Academy of Medicine, July 1997.

In July of 1997, thirty-seven of the nation's distinguished physicians came together out of concern about the direction of United States' drug policy and the basis for redefining that direction. These physicians – among them editors of prestigious medical journals, senior level federal officials, and nationally acclaimed clinicians, researchers and academics – together forged a Consensus Statement that stressed the need for a medical and public health approach to national drug policy that is evidence-based, and which has served as the underlying framework for all of PLNDP's subsequent activities. PLNDP's Consensus Statement makes the following assertions:

- It is time to create a new national drug policy that supports reallocating resources toward drug treatment and prevention;
- It is important to eliminate the stigmas associated with addiction;
- Physicians and other health professionals have a major responsibility to train themselves and their students for clinical competency in treating drug and alcohol addiction;
- Community-based partnerships with health care organizations are an essential part of the solution to substance abuse problems; and
- Investments in further research to develop an advanced understanding of drugs, treatment and addiction are important.

Since its formation and the adoption of its Consensus Statement, the Physician Leadership on National Drug Policy (PLNDP) has grown from a bi-partisan group of physicians committed to influencing national drug policy to a network of physicians, students and policy leaders that has both elevated and helped shape the agenda for research, public policy and public debate on the prevention and treatment of substance abuse in the United States. It has impacted policy at the federal, state, and municipal level, which led to changes and innovations in criminal justice, medical education, and treatment policy.

Now in its final year, PLNDP has laid the groundwork for research, more comprehensive medical education, and advocacy in the area of substance abuse policy and funding, and has left as its legacy a series of reports, policy changes, and educational initiatives that pave the way for more evidence-based treatment and prevention of substance abuse problems.

This report summarizes PLNDP's activities and contributions in five areas: public health and medical research, policy, public debate, medical education, and coalition building and organizing.

June Osborn, MD, PLNDP Chair and David Lewis, MD, PLNDP Project Director, NY Academy of Medicine, July 1997.



PLNDP members Drs. Louis W. Sullivan and Robert Sparks with Dr. David Lewis, PLNDP Project Director, NY Academy of Medicine, July 1997.



PLNDP has emerged as a leading voice in a wide range of arenas promoting research on evidence-based, medical and public health approaches to the prevention and treatment of addiction and substance abuse problems.

Using research reports, videos and position papers as distribution vehicles, PLNDP has delivered a fresh perspective to the substance abuse research agenda and has shown that:

Health, Addiction Treatment and the Criminal Justice System evaluates United States drug courts and the treatment of adult and teen substance abusers who enter the criminal justice system (Nov. 1998)."

Medical Student Attitudes Toward Drug Policy, published in the *Journal of Addictive Diseases*, provides results from a national survey of medical students and shows that over 80% of students support

PLNDP'S IMPACT ON THE RESEARCH AGENDA



- Drug addiction is a chronic health problem that can be treated just like other chronic diseases (i.e hypertension, diabetes and asthma);
- Substance abuse treatment does in fact work and is a more cost-effective approach (through reductions in the incidence of associated medical conditions and decreases in crime) than incarceration;
- Medical students support evidence-based treatment of addiction as opposed to punishment, and support an increase in funding for treatment services;
- Drug courts offer an alternative to incarceration for substance abusers who intersect with the criminal justice system; and
- Adolescent substance abuse is a national public health problem that requires national attention. Although effective solutions for the prevention and treatment of adolescent substance abuse exist, adolescents are not receiving needed treatment. Further research into adolescent substance abuse could serve as models for evidence-based prevention and treatment programs.

The following reports and articles have documented PLNDP's research findings:

Addiction and Addiction Treatment details the prevalence and cost of addiction in relation to other chronic diseases and suggests that treatment offers a cost-effective alternative to criminal justice system approaches (March 1998).

increased funding for substance abuse treatment services (Hoffman NG, Chang AJ and DC Lewis, "Medical Student Attitudes Toward Drug Policy." *Journal of Addictive Diseases* 19(3): 2000).

Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance and Outcomes Evaluation, in the *Journal of the American Medical Association*, examines evidence showing that drug dependence is a chronic medical illness that should be insured, evaluated and treated like any other medical illness. (McLellan A.Thomas, Lewis DC and O'Brien CP et al. "Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance and Outcomes Evaluation." *JAMA* 4 October 2000 284(13): 1689-95).

Effective Medical Treatment of Heroin Addiction in Office-Based Practices with a Focus on Methadone Maintenance provides clinical demonstrations and research on methadone treatment programs offered in office-based practices (November 2000).

Physician Leadership on National Drug Policy Position Paper on Drug Policy promotes PLNDP's consensus statement and provides recommendations for action toward a more public health-based and medically oriented approach for treating substance abuse (January 2000).

Best Practices Initiative: State-level Issues for Medicaid/Welfare and Substance Abuse Treatment outlines the positive effects of increasing access to, and improving the quality of, substance abuse treatment for individuals served by welfare and Medicaid programs (May 2002).

Adolescent Substance Abuse: A Public Health Priority provides evidence-based policy recommendations for treating and preventing adolescent substance abuse. In addition, it details the causes and prevalence of adolescent substance abuse in the United States (October 2002).

PLNDP's IMPACT ON POLICY AND POLICYMAKERS

From meetings with Congressional leaders on Capitol Hill to discussions with representatives from state offices, it is clear that PLNDP serves as a valuable resource for data and research related to substance abuse policy for lawmakers, both Republican and Democratic, both local and national.

PLNDP has led a concerted effort to influence substance abuse policy at both the state and federal levels of government through meetings with influential health and judicial lawmakers, widespread distribution of PLNDP reports and position papers, testimonies at hearings on Capitol Hill, and panel discussions regarding substance abuse treatment and state-level issues for welfare and Medicaid reform. The following timeline documents PLNDP's successes:



- May–December 1997: PLNDP initiated a series of meetings with key members of Congress. PLNDP Project Director David Lewis, M.D., met with Senators Frist, Kennedy, Rockefeller, Biden and Jeffords, Representatives Greenwood and Portman, and staff members from the offices of Representative Gingrich to provide an overview of PLNDP and to relay its importance to policymakers.
- July 28, 1998: At the request of U.S. Senator Jim Jeffords (with whom PLNDP met in 1997), David Lewis, M.D., Project Director, testified on insurance parity for substance abuse treatment before the Senate Labor and Human Resources Committee.
- October–November 2000: PLNDP members – June E. Osborn, MD, A. Thomas McLellan, PhD, Floyd E. Bloom, MD, Edward N. Brandt, Jr., MD, PhD – and Judge Peggy Hora held Capitol Hill briefings to outline the recommendations provided in PLNDP's Position Paper on Drug Policy.
- February 2001: PLNDP member Edward Brandt, Jr., MD, PhD, led a panel discussion at the Hall of States, in conjunction with the National Governors Association (NGA) and the National Conference of State Legislatures (NCSL).
- September 2001: Dr. Brandt chaired a meeting of researchers, policymakers and representatives from model state programs to discuss best practices initiatives and state-level issues for welfare and Medicaid reform.
- May 2002: As a follow-up to the September 2001 meeting, PLNDP held a subsequent briefing at the Hall of States to define best practices, identify model programs, underscore the barriers to providing services, and review evidence-based data on substance abuse prevention and treatment at the state level.

(l) *Thomas McLellan, PHD*, Research presentation, Congressional Briefing, Washington, DC, November 2000. (r) PLNDP member *Floyd Bloom, MD*, PLNDP member, Congressional Briefing, Washington, DC, November 2000.

- September–December 2002: On behalf of PLNDP, Governor John Rowland of Connecticut distributed a letter to every Governor, supporting the adolescent report. Additionally, PLNDP distributed a similar letter from PLNDP leaders Edward Brandt, Jr., MD, PhD, and Philip Lee, MD, to every member of Congress.
- February 2003: PLNDP Associate Director, Kathryn Cates-Wessel, staff, undergraduates and medical students walked the halls of Congress to hand-deliver the adolescent report to every Congressional office. PLNDP Project Director, David Lewis, MD, met with Senator Reed, Congressman Langevin and staff from the offices of Senator Chafee and Congressman Kennedy to discuss the report and to share news of PLNDP's efforts.
- May 2003: PLNDP members David Lewis, MD, and Lonnie Bristow, MD along with representatives Hoover Adger, MD, and Doreen Cavanaugh, PhD, participated in a panel discussion at the Hall of States to provide an overview of adolescent substance abuse and discuss the financing of substance abuse prevention and treatment.

PLNDP's efforts to reach lawmakers have been highly successful, and have resulted in letters of support from several influential policy makers, including former White House Drug Czar Barry McCaffrey and current United States Surgeon General Richard Carmona, MD.

PLNDP has been instrumental in moving public debate on substance abuse research away from a sole criminal justice system approach and toward a more public health-based and medically oriented approach through its widespread dissemination efforts. PLNDP's messages and research findings have been widely publicized on popular news programs such as ABC Nightline with Ted Koppel, CNN, National Public Radio and the Associated Press. In addition to placement in more than 75 newspapers, newsletters and trade publications that have appeared throughout the country, PLNDP's press coverage has included:

- Journal of the American Medical Association (JAMA) article, "Physician Leadership on National Drug Policy Finds Addiction Treatment Works," by Charles Marwick, April 15, 1998.
- USA Today article, "Doctors Push Care, Not Prison, for Drug Addicts," by Steve Sternberg, March 19, 1998;
- An editorial in The Atlanta Constitution, "Treat Drug Addiction as an Illness," by Drs. Louis W. Sullivan and David Lewis, November 16, 1998.



Washington Post (David Lewis and J. Osborn) and the New York Times, 2002

PLNDP's IMPACT ON THE

- A review of the adolescent report's findings and PLNDP's efforts to deliver the report to Congress aired as a three-minute segment on CNN Headline News.



Data Sources: Center for Substance Abuse Treatment 1997 National Treatment Improvement Evaluation Study (NTIES) (Rockville, MD: CSAT, 1997); Federal Bureau of Prisons. Data prepared by the Physician Leadership on National Drug Policy National Project Office.

- Interview of Lonnie Bristow, M.D., PLNDP Vice Chair, on national radio broadcast by Fairness and Accuracy in Reporting (F.A.I.R.);
- Knight-Ridder Newspaper article, "The Nation's Current Emphasis on Punishment Rather than Treatment is Fundamentally Flawed and a Costly Mistake," Washington Bureau.
- Interviews of June Osborn, M.D., Lonnie Bristow, M.D. and David Lewis, M.D. on "Close to Home," Bill Moyer's series about addiction, which ran on PBS; Washington Post op-ed, "A Waste of Lives and Money," by David Lewis, MD, and June Osborn, MD, July 20, 1998;
- Interviews of David Kessler, M.D. and David Lewis, M.D. on National Public Radio's "Public Interest."

Additionally, PLNDP has created short videos that have provided an opportunity to initiate conversation and debate about PLNDP's research and messages in a multitude of settings and among judges, physicians, policymakers, police, community groups and professional organizations. With nationwide distribution, nearly

10,000 copies of the video are being used by these disciplines to educate their constituencies about the current research on substance abuse and addiction problems and the need for more evidence-based treatment and prevention. PLNDP's first video, Drug Addiction: The Promise of Treatment, produced in March 1998, highlights the benefits of supporting a national drug policy that takes a medical and public health approach to addiction treatment as opposed to a criminal justice approach. The video emphasizes many of PLNDP's overarching themes and messages by promoting insurance parity and providing medically-based evidence on the nature of addiction and the effectiveness of treatment.

Its second video, Trial, Treatment and Transformation, produced in December 1998, presents evidence on the effectiveness of treatment programs and includes comments from experts and graduates of drug court programs. From Hopelessness to Healing, produced in 1999, combines footage from previous videos, and with the help of physician associates has been aired on cable access stations throughout the United States, including: LaJolla, CA, San Antonio, TX, New Haven, CT, Toledo, OH, and Grand Rapids, MI. To expand



USA Today, 1998



PUBLIC DEBATE

upon the success of PLNDP's videos and news programs, in May, 1999, PLNDP created an action kit specifically designed to encourage and assist physicians in educating their colleagues, students, medical and professional societies, lawmakers, and the general public about PLNDP's key messages, including the nature of addiction, the role of stigma, and the current research that supports that treatment works. This kit contains copies of major editorials written and published by PLNDP members to raise public awareness about the group's activities, annotated graphics from PLNDP research reports, and a set of teaching slides that offers an overview of PLNDP and presents findings of its research reports. PLNDP's final video, Adolescent Substance Abuse: A Public Health Priority, produced in October 2002, brings PLNDP's report of the same title to life by interviewing a practicing lawyer whose adolescent son was affected by substance abuse and health care professionals who discuss the mental health problems in addiction, the unique needs of adolescents, and the benefits of prevention and treatment of substance abuse during adolescence.

Doctors group says drug policy flawed

The Globe, 1997



From Hopelessness to Healing video

In addition to PLNDP's efforts to change the way that researchers, lawmakers and the general public think about substance abuse, PLNDP has continuously emphasized the role that the medical community plays in elevating change. PLNDP has demonstrated that physicians have a major responsibility to train themselves and their students to be clinically competent in screening, diagnosing, referring and treating patients with substance abuse problems. PLNDP's efforts in the medical education arena have included:

- Dr. George Lundberg's editorial in the Journal of the American Medical Association titled, "New Winds Blowing for American Drug Policies," which introduces PLNDP to the medical community

- A survey, developed in conjunction with the leadership of the American Medical Student Association (AMSA) and researchers at the Brown University Center for Alcohol and Addiction Studies, which assesses medical student perceptions of how their mentors handle drug abuse and alcohol problems in clinical settings. PLNDP presented the survey's findings at AMSA's national conference in 2001.

Recently, PLNDP actively sought and acquired grants from the Hanley Family Foundation and the Josiah Macy Jr. Foundation. These grants will support a project that emphasizes the need to significantly expand the role of health professionals in the screening,

PLNDP's IMPACT ON MEDICAL EDUCATION



JAMA, 2000

and highlights the consensus statement from PLNDP's first meeting (September 1997).

- "Substance Abuse: Innovations in Primary Care," a special issue to the Society of General Internal Medicine's Journal of General Internal Medicine, which discusses the underlying strategies for treating and preventing substance abuse, the methods of diagnosing addictive disorders, and current health policy on substance abuse.

- "Illicit Drug Abuse and Dependence in Women," a health professionals training module developed in conjunction with the American College of Obstetricians and Gynecologists (ACOG), which shows that drug dependence is a chronic, relapsing medical illness that can be effectively treated with proper medication and long-term care strategies.

- Project Vital Sign, PLNDP's national clinical demonstration plan to markedly increase the screening, diagnosis, intervention and referral of individuals with alcohol, tobacco and other drug problems. This project had three primary components: an annotated review of literature and program reports, a key informant study and a meeting to discuss recommendations for implementation. The results of this review can be found on www.plndp.org.

- An editorial from Harold C. Sox, FACP, in the American College of Physicians' Observer titled "The National War on Drugs: Build Clinics, Not Prisons." This editorial challenges internists to "adapt their practice to new realities of treatment drug addiction and to become leaders in seeking changes in public policy." (June 1998)

diagnosis, intervention and referral of individuals with alcohol and other drug problems through revitalized training of health professionals. As part of this work, PLNDP has created a committee of student coordinators representing medicine, nursing and physician assistant programs at healthcare professional schools throughout the nation. These student leaders will collectively develop a website that will provide resources for training and education for substance abuse, and will coordinate educational and advocacy activities on their respective campuses. The website created through this initiative will also link to other websites which provide training, curriculum and additional resources to assist other students in health fields in advocating for more and better training within their institutions.



Health Professional Students for Substance Abuse Training (HPSSAT) planning meeting to develop a national web site for health care students. This meeting was facilitated by **George Lundberg, MD**, PLNDP Vice Chair with other participants including: **David Lewis, MD**, PLNDP Project Director, **Kathryn Cates-Wessel**, Associate Director PLNDP, **Richard Brown, MD, MPH**, and **Christine Heenan**, Clarendon Group, and members from the Hanley Family Foundation - **Jack Hanley** and **Mike Hanley**, Atlanta, GA, September 2003.

PLNDP's COALITION BUILDING AND ORGANIZING EFFORTS

Although PLNDP only represents 37 nationally recognized physicians, it has approximately 6,000 physician associates nationwide, 200 medical student associates, and more than 30 state medical associations and national professional organizations who endorse their consensus, with many carrying forth a unified message emphasizing a public health approach through their work.

PLNDP has enhanced its ability to facilitate collaboration and to organize and build coalitions through two important means – its website, www.plndp.org, and its electronic newsletter, *PLNDP Direct*. In the fall of 2000, PLNDP streamlined and restructured its website to provide a more efficient, comprehensive and user-friendly way of accessing news and information related to the organization's activities. Additionally, PLNDP's electronic newsletter delivers weekly substance abuse news and PLNDP activities free of charge to nearly 1000 e-mail subscribers. *PLNDP Direct* is created in conjunction with Join Together, a like-minded organization based at Boston University's School of Public Health, which focuses on community coalitions.

PLNDP has formed outreach partnerships with: the American Academy of Addiction Psychiatry (AAAP), the American Academy of Pediatrics (AAP), the American Medical Student Association (AMSA), the American College of Obstetrics and Gynecology (ACOG), the American Society of Addiction Medicine (ASAM), the



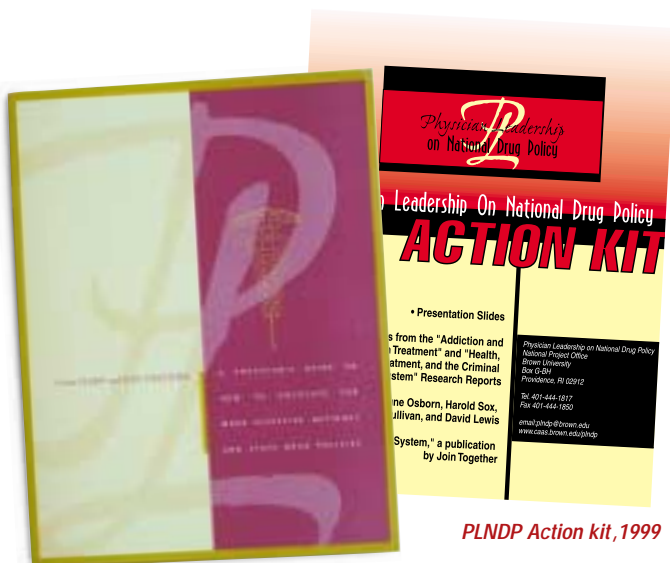
Aspen Institute Colloquium Aspen, CO, July 1999

Society of General Internal Medicine (SGIM), the Society for Teachers of Family Medicine, Join Together, the American Society of Addiction Medicine, and the National Council on Alcoholism and Other Drug Dependence.

Various collaborative activities have been developed through these partnerships. PLNDP teamed up with Join Together to release "A Physician's Guide on How to Advocate for More Effective National and State Drug Policy." This document details strategies for the medical community to consider when working with the media and lawmakers to educate the public about the effectiveness of treatment programs. The guide includes sample press releases, sample letters to the editor and other means of relaying messages to the media.

PLNDP has also initiated and encouraged collaboration among many groups and organizations dedicated to PLNDP's public health approach. These efforts have included:

- Health, Addiction Treatment, and the Criminal Justice System, a conference in Washington, D.C. to examine trends among substance abusing individuals in prisons and drug courts. Representatives from many organizations, including the American Bar Association, the National Institute of Justice, the Legal Action Center and the Center for Substance Abuse Treatment attended the conference.
- Colloquia at the Aspen Institute to facilitate conversation and collaboration among the various disciplines affected by national drug policies. Guests have included individuals from the fields of law, criminal justice, addiction medicine, business, health care policy and treatment.



PLNDP Action kit, 1999

PLNDP and Join Together Advocacy Guide for Physicians, 2000

- Strategic planning committee meetings to decentralize PLNDP's outreach efforts. Participants have included representatives from PLNDP's nine outreach partners: Join Together, ASAM, AMSA, ACOG, AAP, SGIM, the Society for Teachers of Family Medicine, AAAP and the National Council on Alcoholism and Drug Dependence.
- A meeting of clinicians and researchers at the New York Academy of Medicine to discuss the effective medical treatment of heroin addiction in office-based practices, with a focus on methadone maintenance.
- A Rhode Island-based educational campaign to encourage multidisciplinary collaboration among the various groups that often encounter adolescent substance abuse and mental health problems, and to promote the need for screening for these problems in a range of settings (schools, health care, juvenile justice system) throughout a child's life. This campaign culminated in a day long meeting of more than 200 physicians, judges, school nurses, social workers and educators in Rhode Island.

At the beginning, PLNDP leaders recognized that a persistent stigma surrounding abuse and addiction stood as a significant barrier to more enlightened public policy and more attention to training and

research. Turning that notion on its head, one PLNDP strategy was to use published research as a tool in combating stigma sidestepping debates about values or social policy and focusing squarely on what the data shows works. This approach, which uses science as the basis of policy formation, has proven to be effective in dispelling some of the myths about who the addict is and why addiction is a difficult disease to manage, and has indicated that treatment should be applied to addiction like it is for any other chronic disease.

Through its systematic collaborations, its research and its influence on the public and public policy debate, PLNDP has been able to reach and affect a wide range of disciplines. PLNDP's efforts have effectively shown that: a new national drug policy that supports reallocating resources toward drug treatment and prevention is needed and may in fact happen; that stigmas associated with addiction can and should be eliminated; that physicians and other health professionals have opportunities to train themselves and their students for clinical competency in treating drug and alcohol addiction; that community-based partnerships with health care institutions are an essential part of the solution to substance abuse problems; and that investments in further research do, in fact, develop a clearer understanding of drugs, treatment, addiction, and the role of stigma.



Aspen Institute
July 2001



Project Vital Sign
2002



Aspen Institute,
July 1999



Leaders from law, policy, ethics, public health, and medicine sharing ideas about effective drug policies and the need for future collaborations, NY, July 1999

THE CONCLUSION OF PLNDP AND THE FUTURE

From the outset, PLNDP's founders felt that for the organization to be successful, it needed to be focused, bi-partisan, and time-limited. Their view: we need to weigh in on vitally important issues related to substance abuse policy, make our case based on research, analysis, and data, and then eventually step aside to allow others to stand on the shoulders of what PLNDP accomplished.

And after just six years, PLNDP will end having not only accomplished its original goals, but also having served up a novel, viable, and highly effective model for action and influence in the public policy arena.

Their formula? Leverage the talents and reach of an esteemed set of time-pressed professionals by organizing first around a shared consensus, second around national and international public health research, and finally around an agenda focused on action. From the halls of Congress to the set of Nightline, PLNDP was heard, and more importantly, its message was listened to. While not all substance abuse and mental health policy emerging from state capitals or Capitol Hill today is on target, many of the more enlightened approaches to everything from Medicaid financing to juvenile justice procedures can be traced back to the recommendations of PLNDP.

Although the Physician Leadership on National Drug Policy project will officially come to an end in May 2004, PLNDP's name and much

of its original mission – will carry on through the Professional Leadership for National Drug Policy, "A Public Health Partnership Between Law and Medicine with the following mission:

- align policy, practice and public understanding with the scientific evidence that addiction is a preventable and treatable disease;
- support the use of evidence-based, cost-effective approaches toward prevention and treatment; and
- enable lawyers and physicians to provide effective and sustained leadership in this effort.

This partnership, drawing leaders from law, medicine, public health and ethics, will seek to develop a sustainable organization and presence in order to build support for its mission from individuals and national organizations, and to work with other organizations in law and medicine to improve clinical practices and policy.

For more information about Professional Leadership for National Drug Policy, contact Kathryn Cates-Wessel at (401) 444-1816 or email plndp@brown.edu. For copies of reports, videos, or resource materials produced by Physician Leadership on National Drug Policy, visit WWW.PLNDP.ORG.



Thank You

We would like to thank Dr. David C. Lewis for his vision and direction throughout the PLNDP project.

PLNDP Consensus Statement Endorsements As of April 2003

Professional Organizations

American Academy of Addiction Psychiatry (AAAP)
American Academy of Family Physicians (AAFP)
American Academy of Pediatrics (AAP)
American Association of Community Psychiatrists (AACCP)
American College of Obstetricians and Gynecologists (ACOG)
American College of Surgeons (ACS)
American Medical Association (AMA)
American Medical Student Association (AMSA)
American Psychiatric Association (APA)
American Society of Addiction Medicine (ASAM)
Society of General Internal Medicine (SGIM)
Society of Teachers of Family Medicine (STFM)

State Medical Associations

Arizona — Arizona Medical Association
California — California Medical Association
Connecticut — Connecticut State Medical Society
Colorado — Colorado Medical Society
DC — Medical Society of the District of Columbia
Georgia — Medical Association of Georgia
Iowa — Iowa Medical Society
Kentucky — Kentucky Medical Association
Maine — Maine Medical Association
Maryland — MedChi, The Maryland State Medical Society
Minnesota — Minnesota Medical Association
Nebraska — Nebraska Medical Association
New Hampshire — New Hampshire Medical Society
New Jersey — Medical Society of New Jersey
North Carolina — North Carolina Medical Society
Ohio — Ohio State Medical Association
Oklahoma — Oklahoma State Medical Association
Oregon — Oregon Medical Association
Rhode Island — Rhode Island Medical Society
South Dakota — South Dakota State Medical Association
Tennessee — Tennessee Medical Association
Wisconsin — State Medical Society of Wisconsin

County Medical Societies

Pima County Medical Society, AZ
Sacramento — El Dorado Medical Society, CA

Coalition for Treatment of Alcoholism and Other Drug Dependencies Parity Working Group

Organizations Represented

American Academy of Addiction Psychiatry
American Bar Association, Standing Committee on Substance Abuse
American Managed Behavioral Healthcare Association
American Society of Addiction Medicine
Association for Medical Education in Research and Substance Abuse
California Society of Addiction Medicine
Capitol Decisions, Inc.
Carnevale Associates, LLC
Center for Substance Abuse Treatment
Drug and Alcohol Service Providers of Pennsylvania
Harvard University Medical School
Indiana Criminal Justice Institute
Join Together
Kaiser Permanente Chemical Dependence Recovery Program
Legal Action Center
Loma Linda Univ. Behavioral Medicine Ctr.
National Alliance for Model State Drug Laws
National Association of Addiction Treatment Providers
National Association on Alcohol, Drugs and Disability
National Association of Alcoholism and Drug Abuse Counselors
National Association of State Alcohol and Drug Abuse Directors
National Council on Alcoholism and Drug Dependence
National Council on Alcoholism and Drug Dependence —
Maryland
National Council on Alcoholism and Drug Dependence —
New Jersey
National Conference of State Legislatures
National Mental Health Association
New Futures of New Hampshire
New York Association of Alcoholism and Substance Abuse
Providers, Inc.
Office of Alcohol and Other Drug Abuse
Office of National Drug Control Policy
Physician Leadership on National Drug Policy
Robert Wood Johnson Foundation
St. Louis National Council on Alcohol and Drug Abuse
Substance Abuse Services Center
United States Senate
United States House of Representatives
United States Conference of Mayors
University of Texas, Health Sciences Center
Vermont Association for Mental Health
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