From PLNDP and JOIN TOGETHER

A PHYSICIAN'S GUIDE ON HOW TO ADVOCATE FOR MORE EFFECTIVE NATIONAL AND STATE DRUG POLICIES

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 that 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 that 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 economic terms. We shall also encourage our respective professional organizations to endorse and implement these policies.

(see inside back cover for list of supporting organizations)

JOIN LEADING PHYSICIANS IN ADVOCATING FOR BETTER NATIONAL DRUG POLICIES

Drug addiction is a chronic illness that impairs health, elicits harmful behaviors, and creates major economic and social burdens. Substance abuse is an epidemic in America, and no racial, cultural, or social group is immune; it particularly threatens our young people. Fortunately, there are effective medical and public health approaches to address the problem. Doctors are using these treatments and are witnessing lasting benefits for their patients. National drug policy, however, remains behind the times.

Nearly four years ago, a group of distinguished, dedicated physicians came together to form Physician Leadership on National Drug Policy (PLNDP), the first all-physician group of its kind to address the issue of national drug policy. The group developed a consensus statement (see inside front cover of this guide) stressing the need for a medical and public health approach to national drug policy. The 37 non-partisan founding members of PLNDP include many former high-ranking health or drug policy advisors under the Reagan, Bush and Clinton administrations. David C. Lewis, MD, is the Project Director and the founder of the Center for Alcohol and Addiction Studies at Brown University. PLNDP members include: Dr. Louis W. Sullivan, former U.S. Secretary of Health and Human Services; David Kessler, MD, immediate past Commissioner of the Food and Drug Administration; Edward Brandt, MD and Philip Lee, MD, who were Assistant Secretaries of Health and Human Services under Presidents Reagan and Clinton, respectively; Antonia Novello, MD, former U.S. Surgeon General under the Bush administration and current Health Commissioner of New York; Frederick Robbins,MD, Nobel Laureate; the editor of the Journal of the American Medical Association,and a former editor of both the New England Journal of Medicine and Science. Together, they share a firm commitment to improving the way addiction treatment is perceived and delivered in our country. The Robert Wood Johnson Foundation and the John D. and Catherine T. MacArthur Foundation provide primary support for this project.

The basic premise of PLNDP is that drug addiction is a chronic, relapsing disease,like diabetes, coronary heart disease, or hypertension. Unfortunately, the stigma associated with addiction—as well as the general ignorance about its ability to be successfully treated—have relegated it to the domain of law enforcement, with insufficient focus on medical intervention. Despite the best intentions of public officials, the emphasis on the criminal justice approach alone is not solving drug problems in this country.

Moreover, comprehensive drug treatment is cost-effective. The outdated thinking on drug abuse needs to be replaced with medically sound policies for treatment, prevention, and research. *As a physician, you can play a critical role in achieving this goal.*

PLNDP involves physicians from around the country – many of whom have already lent their credible and influential voices to this national movement. If you have not already become a PLNDP Associate, we invite you to join. This guide provides basic information about PLNDP, background material on the issues, and resources for getting involved. If you have already become a PLNDP Associate, this guide will help you determine what action steps you want to take and provides tips and resources to help you take these steps.

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ABOUT PLNDP AND JOIN TOGETHER

Word about Physician Leadership on National Drug Policy has spread rapidly throughout the medical community. More than 6,000 medical practitioners from across the country have already become Associates. Many of them have become involved in efforts to change policies, educate the media and public and formed alliances with local groups working to change drug policies. PLNDP welcomes physicians and medical students to serve as PLNDP Associates. Once you become an Associate, PLNDP will keep you informed as policy recommendations are developed.

Join Together, a national resource for community-based groups fighting substance abuse located at the Boston University School of Public Health, is one of PLNDP's Outreach Partners. Join Together can put you in touch with groups in your community who are already working to improve drug policy and would welcome your support and participation. To get information about groups in your community, call Join Together at 617-437-1500 or send an email to plndp@jointogether.org.

Become a PLNDP Associate to Get the Resources and Support You Need

Go to our web site, or mail in the enclosed postcard.

PLNDP on the Web

Explore PLNDP in more depth by visiting the web site at www.plndp.org. where you will be able to:

- *Join PLNDP as a Physician or Medical Student Associate (free of charge)*
- *Order Free Videos*
- *Download PLNDP Position Paper on Drug Policy*
- *Download PLNDP Policy Reports*
- *Download Research Reports*
- *Access Action Kits such as this guide and others*

THE MEDIA NEEDS YOUR EXPERTISE

Coverage by the media influences public opinion. Public opinion and the media influence politicians who make our public policies. Therefore, working with the media is an excellent way for physicians to advocate for drug policy and treatment. Your influence as a physician lends credibility to any medical story, and your advice is valued not only by the general public but also by decision makers who follow these stories and craft public policy. Reporters are eager to identify knowledgeable medical experts who can improve their coverage of public health issues, but sometimes they have difficulty finding the right experts, and their stories suffer as a result. By increasing your involvement with the media, you can help ensure the accuracy of news reporting and generate more attention to key issues related to drug treatment.

Consider the following examples of oversights in media coverage:

These present an opportunity to offer medical expertise and redirect the attention where it needs to be.

- An article focusing on criminal sentencing for drug abusers fails to address the cost savings of rehabilitation.
- A TV exposé on managed care neglects to discuss parity for addiction treatment.
- A talk radio conversation reinforces the stigma associated with alcoholism, discouraging listeners from seeking help.

The following are some steps you can take, in conjunction with physicians who specialize in addiction medicine and local anti-drug coalitions to work with the media on this issue. More in-depth information on media relations is available on the PLNDP Web site at www.plndp.org

1 *Write an Op-Ed or a Letter to the Editor.* The next time a drug-related article or TV news coverage attracts your interest, follow up by writing a response. An "op-ed", or opinion editorial, is a signed article that asserts an opinion or urges the reader—perhaps an elected official or other decision maker—to take a particular course of action. Op-eds are usually written by people who are not staff writers for the newspaper—including syndicated columnists, academics, politicians, or concerned citizens. A letter to the editor is generally a shorter piece written in response to an article about which the writer has a conflicting viewpoint or can offer additional supporting information. You'll find several sample op-eds and letters to the editor, as well as a step-by-step approach for crafting and submitting them, on the PLNDP web site. They can be submitted by several co-signers, giving you an opportunity to include leaders of community anti-drug groups and addiction specialists.

2 *Offer Yourself as a Resource.* When you read an article or see a report on a topic where you have expertise, drop a note to the reporter, acknowledging that you saw the reporter's coverage and could be a good resource on similar stories in the future. If you read about a breaking story in the morning paper, it will likely be covered on the evening TV news or on talk radio programs. Call, fax or e-mail the news assignment desk at the TV or radio station;mention the news story and your expertise; and offer yourself as a resource or guest.

3 *Use coverage for additional leverage.* Once you have published an op-ed, you may want use it to seek additional coverage on the topic. Send a copy of the op-ed to a TV assignment editor, a specific reporter, or a radio producer, with a note suggesting that they cover this critical issue and volunteering to serve as a resource or guest. You can also send copies of editorials to legislators (see below for suggestions on policy advocacy).

4 *Come prepared for interviews.* Try to get as much information about the story from the reporter before the interview so you can prepare. Know the limitations of your expertise and clarify these with the reporter before the interview begins. Most importantly, in the age of the sound bite, communicate your main points succinctly and stay focused on the key message. Collaborate with physicians in your area that specialize in addictions (American Society of Addiction Medicine, ASAM) and various community organizations that support similar perspectives.

5 *Use available resources.* Physician Leadership on National Drug Policy offers numerous reports and resources to help you locate statistics,create talking points, and prepare for media interviews. Start with the PLNDP Web site at www.plndp.org, or contact the PLNDP National Office (email: plndp@brown.edu, 401-444-1817). Be sure to let PLNDP know about successful media contacts you make. Dissemination of sample articles, Op Eds and Letters to the Editors motivate others to get similarly involved and continue to participate in the movement!

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SAMPLE LETTER TO THE EDITOR

Dear Editor:

I am writing in response to your article about drug abuse (or insert better description of the article you're writing in response to) entitled "[title of article]", [date of article].

I am a Physician Associate of the Physician Leadership on National Drug Policy (PLNDP) which was formed by 37 of the nation's leading physicians including many former high-ranking health or drug policy advisors under the Reagan, Bush and Clinton administrations. David C. Lewis, MD, is the Project Director and the founder of the Center for Alcohol and Addiction Studies at Brown University. PLNDP members include: Dr. Louis W. Sullivan, former U.S. Secretary of Health and Human Services; David Kessler, MD, immediate past Commissioner of the Food and Drug Administration; Edward Brandt, MD and Philip Lee, MD, who were Assistant Secretaries of Health and Human Services under Presidents Reagan and Clinton, respectively; Antonia Novello, MD, former U.S. Surgeon General under the Bush administration and current Health Commissioner of New York; Frederick Robbins, MD, Nobel Laureate; the editor of the Journal of the American Medical Association, and a former editor of the New England Journal of Medicine and Science. Your article strengthened my resolve to fight for more effective drug prevention and treatment programs.

We need a new drug control policy in this country that recognizes that drug abuse is not only a criminal justice problem but also a medical and public health problem. Our national drug policy should focus on educating the public and in particular our youth about the devastating consequences of using drugs and the need to provide adequate treatment programs for those already addicted. Law enforcement and addiction treatment must be linked effectively so that no one falls between the cracks.

States should be encouraged to adopt legislation to provide insurance coverage for substance abuse equal to other chronic diseases. Currently, an estimated five million individuals are in need of treatment for drug abuse, yet less than one-third receive it.

Medical schools need to add addiction-related courses to their curricula so that the next generation of doctors better understands how to screen for, diagnose, and refer patients with drug and alcohol addiction. Recent data show that 20% of medical students receive no substance abuse training while 56% indicate receiving a small amount of training (Journal of Addictive Diseases, Volume 19, Number 3, 2000).

More than 20 million Americans are addicted to drugs and alcohol, and about 130,000 Americans die each year from those addictions alone. However, substance abuse has even wider-ranging medical and social effects since it often occurs in conjunction with and complicates the treatment of many other medical and psychiatric disorders.

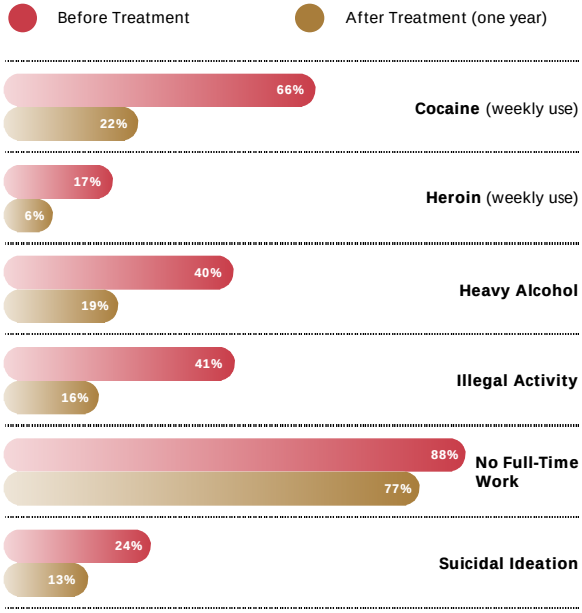
My work with PLNDP has convinced me that every neighborhood, every ethnic group, every family can be affected by drug addiction. We must care enough about the lives of our children and our communities to support drug policies that treat addiction as a public health problem and not merely a criminal one.

Sincerely,

In San Jose, CA, Dr. David Breithaupt, PLNDP Physician Associate asked the editor of his local paper to support the inclusion of addiction treatment in state legislation requiring parity for mental health benefits. When the editor declined, Breithaupt wrote an op-ed laying out the medical and economic benefits of parity for addiction treatment. The editor published the op-ed, and even wrote his own article concurring with Breithaupt's pro-parity stance. Both editorials were published during the state legislature's deliberation of parity legislation.

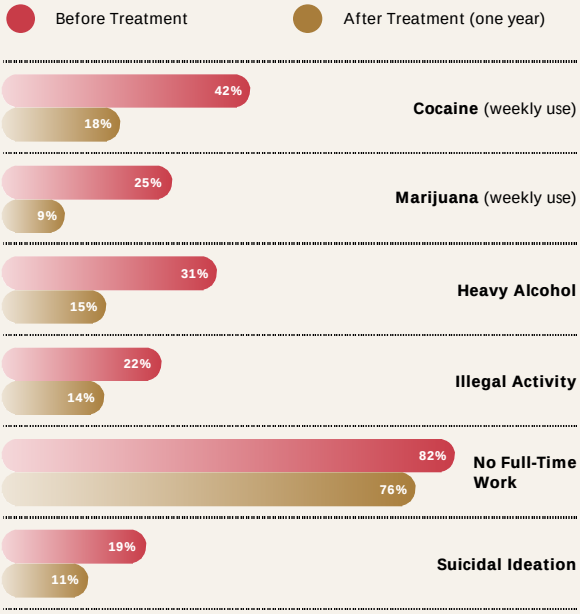
While some physicians remain cautious about political involvement, this trend is changing. The medical community has been instrumental in passing policies on tobacco, child safety seats, bicycle helmets and domestic violence intervention. Now your help is needed in fashioning a more effective drug policy. As physicians, you see the devastating effects of substance abuse every day. No profession is better able to advocate for a better solution to the problem.

Effects of Long-Term Residential Treatment



Long-Term Residential (LTR) Treatment Programs, DATOS Sample (N=676). Note the significant changes in alcohol and drug use and illegal activity. SOURCE: Hubbard R, Craddock S, Flynn P, Anderson J, Etheridge R, Overview of First Year Follow-up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS), Psychology of Addictive Behaviors 11(4): 261-278 (1997); Simpson DD, Joe G, Broome K, Hiller M, Knight K, Rowan-Szal G, Program Diversity and Treatment Retention Rates in the Drug Abuse Treatment Outcome Study, Psychology of Addictive Behaviors 11(4): 279-293 (1997). Data analyzed by D. Dwayne Simpson, PhD and Kevin Knight, PhD.

Effects of Outpatient Drug-Free Treatment



Outpatient Drug-Free (ODF) Treatment Programs, DATOS Sample (N=764). Admitted patients on average had less severe drug use histories and criminal activity than those admitted to LTR programs. Pretreatment rates for weekly cocaine use dropped in the year following ODF treatment; comparable reductions were found for weekly marijuana use and heavy drinking. Longer time in treatment was related to significantly better follow-up outcomes on a variety of behavioral criteria SOURCES: Hubbard R, Craddock S, Flynn P, Anderson J, Etheridge R, Overview of First Year Follow-up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS), Psychology of Addictive Behaviors 11(4): 261-278 (1997); Simpson DD, Joe G, Broome K, Hiller M, Knight K, Rowan-Szal G, Program Diversity and Treatment Retention Rates in the Drug Abuse Treatment Outcome Study, Psychology of Addictive Behaviors 11(4): 279-293 (1997). Data analyzed by D. Dwayne Simpson, PhD and Kevin Knight, PhD.

Federal and state policies must move beyond judicial remedies to ensure adequate funding for treatment and prevention. Currently, more than two-thirds of the federal drug control budget goes to enforcement, with less than one-third left for treatment, prevention and research.

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A major 1994 RAND Corp. study that was commissioned by the US Army, found that law enforcement costs 15 times more than drug treatment to achieve the same degree of benefit in reduced cocaine consumption, reduced crime,and reduced violence.

Substance abuse treatment and prevention must become more of a priority, and more of a possibility.

PLNDP's public policy goals include the following:

1. Reallocate resources toward drug treatment and prevention
2. Ensure parity with other chronic illnesses in access to care, treatment benefits, and clinical outcomes
3. Reduce the disabling regulation of addiction treatment programs
4. Use effective criminal justice procedures to reduce supply and demand
5. Expand investments in research and training
6. Eliminate the stigma associated with diagnosis and treatment of drug problems
7. Train physicians and students to be clinically competent in diagnosing and treating drug problems

As a busy physician, you have time constraints for getting involved in each of the policy areas mentioned below. Even so, consider making one goal a priority and work in partnership with PLNDP and colleagues in your state and community. Your efforts can make a profound difference, simply by virtue of your expertise and your status in the eyes of local, state,and federal policymakers.

WAYS YOU CAN GET INVOLVED

- Write letters to federal and state lawmakers
- Meet personally with policymakers or their staff
- Form or serve on a policy committee for a medical association to which you belong and place the drug treatment issue on the agenda
- Use your influence in academia to explore enhancements in substance abuse training for medical students
- Share your personal and professional experiences with the dangers of drug and alcohol abuse, and your trials and successes in dealing with these problems.
- Become involved in community-based partnerships and advocate for policy change.

To help physicians get more involved, PLNDP offers educational resources to increase their understanding of this issue at www.plndp.org. At this website you can access the PLNDP Physician Paper, research reports, news articles,the PLNDP Action Kit, as well as information about our free videos.

The Importance of Personal Contact Physicians interested in changing drug policies should work with others who are already working to change policy. It is important to know who all the stakeholders are, opponents as well as supporters. Knowledge is power. At a minimum,find out which groups are already engaged in changing drug policies and how they are trying to influence policy. (Join Together can help you identify groups in your community.

Contact Join Together by calling 617-437-1500 or sending an email to plndp@jointogether.org and request a list of local groups in your area). Coalitions of people from different groups working in harmony usually have the best chance of effecting positive change. Understanding the perspective of opponents is important in order to prepared to respond effectively to the arguments against changing policy.

In deciding which legislators to ask to be the lead sponsors of legislation, it is critically important to assess and choose the leaders in both branches who will be most likely to champion the cause and will also have strong influence on the legislative leadership. Asking the wrong person to carry a bill can be the "kiss of death". Obviously, the best possible sponsor would be the chairman of the committee that will most likely decide the fate of the bill.

The key to educating legislators and persuading them to become actively involved in your cause is meeting with them in person and developing a relationship that is mutually respectful and trusting. Don't underestimate the value of meetings and good relations with legislator's key staff. Legislators rely on their staff for information, analysis and advice.

Aides often act as gatekeepers, deciding who their legislators should bother to meet with. Educating key legislative staff and cultivating good working relationships with them will be most helpful.

It is not necessary to go to the capitol to meet with legislators. In fact, most legislators will have more time and attention for their constituents in their district office or another setting outside the capitol (where there are many people and events competing for the policymakers attention). Good working relationships often begin in social settings.

Legislators, like physicians, are busy people. Always come to a meeting prepared to give your message concisely. Leave a fact sheet with the critical information such as the talking points below. Even more than statistics, what often moves policymakers are personal stories that illustrate the negative effects of the policy on the lives of real people.

Testify at Public Hearings Public hearings offer important opportunities to influence members of the legislative committee that will decide whether or not to advance the policy proposal. In most state legislatures anyone can testify at a public hearing. Plan to ask your colleagues to testify in person if possible and to write letters to be delivered on or before the day of the hearing. Encourage your patients or their family members, who have been the victims of existing drug policy, to also testify and write letters. Often their stories are what move the legislators the most to become supporters of the needed change in law and policy.

In California, Dr. Gary Jaeger, PLNDP Physician Associate and a family medicine specialist, convinced the California Society of Addiction Medicine to create a policy committee to promote state policies supporting addiction treatment. Overcoming misgivings about physician activity in the political realm, the newly formed committee worked with physician colleagues and advocacy groups to build support for addiction treatment parity legislation. Dr. Jaeger met with key legislators and staff to ensure the proposed legislation incorporated essential information. He and his panel provide ongoing input on addiction policy to the California Medical Association as the efforts to adopt parity legislation continue.

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TALKING POINTS FOR WORKING WITH MEDIA OR LEGISLATORS

The following are talking points you can use when contacting legislators or the media.

- Drug abuse treatment has a marked economic impact. A 1997 study, published in the Journal of Quantitative Criminology found that drug treatment saves $19,000 per patient in crime-related costs in the year following treatment. Compared with the much lower costs of treatment for addiction—$2,828 for methadone maintenance,$8,920 for residential treatment,and $2,908 for outpatient drug-free treatment, drug treatment can offer immense savings.
- More than 20 million Americans are addicted to drugs and alcohol, and 130,000 die from those addictions each year.
- Currently only one-third of those who need treatment for drug abuse receive it.
- Addiction is a chronic, relapsing illness, similar to coronary heart disease,asthma, and high blood pressure. With proper medical intervention, it is manageable and treatable.
- Medical experts are seeking increased federal spending on drug treatment programs so that all those who seek treatment can obtain it.
- Incarcerating drug addicts has not reduced,let alone controlled,the national drug problem. It has only led to an increase in the size of the prison population.
- More than two-thirds of national drug control spending goes to law enforcement, with less than one-third going to prevention, treatment and research combined.
- Insurance costs for drug treatment is inexpensive.A recent study by the Rand Corporation concluded that the cost for large corporations and HMOs to provide complete substance abuse benefits would be $5.11 annually per employee.

Dr. Ken Roy, PLNDP Physician Associate and a Los Angeles based physician, scheduled a meeting with his first-term U.S. Representative to discuss the PLNDP Consensus Statement and the positive impact on the community when addiction treatment is accessible to anyone who needs it. Dr. Roy asked the Congressman to support federal parity legislation, and assured him that he would make himself available whenever the Congressman or his staff needed information on addiction treatment issues. Consequently the Congressman and staff have a medical expert to turn to for information and advice as drug treatment and other medical issues are raised in the discussion and debated surrounding federal legislation.

Health plans and third-party payers typically provide less insurance coverage for substance abuse treatment than for other medical conditions. Many insurance companies still provide no support for treatment benefits and programs for substance abuse. Offering equitable medical coverage would give substance abuse "parity" with other chronic conditions, making treatment more widely accessible, with significant overall savings from improved health and increased productivity. The 1996 Mental Health Parity Act passed by Congress achieved this objective for mental health benefits. Unfortunately substance abuse remains excluded from federal parity laws. However, as of January, 2001 health insurance plans for the more than 9 million federal employees and their dependents include parity for substance abuse treatment.

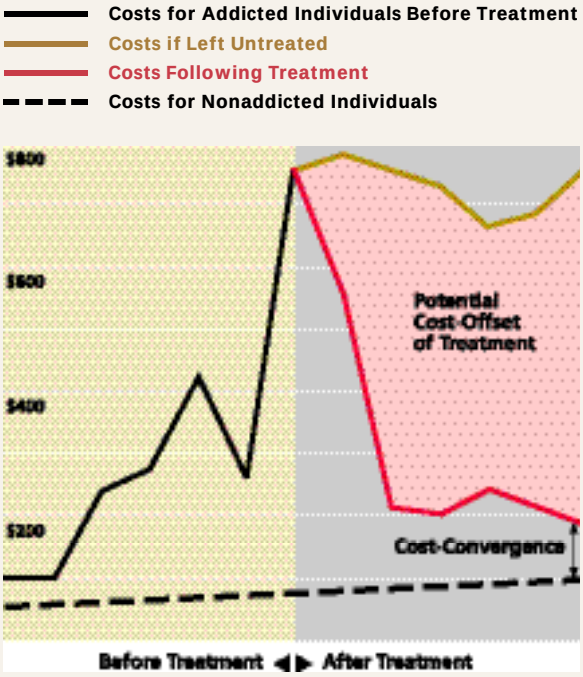
To develop parity for substance abuse treatment across the nation, PLNDP endorses:

- Development of a model state substance abuse parity act, with endorsement from major organizations in the field of addiction treatment
- Federal legislation to require parity for substance abuse with other chronic diseases in service limits, limits on outpatient care, cost sharing, and deductibles
- Increasing the number of states with parity legislation
- Increasing the proportion of health plans providing parity for addiction treatment

One of the main obstacles to substance abuse parity is the misperception that treatment costs too much.

However, studies show that full parity for substance abuse treatment would increase insurance premiums by *as little as 0.2 percent or $5.11 yearly per insured individual.* Meanwhile, the potential cost offset from treatment is significant.

Monthly Healthcare Costs for Treated vs. Untreated Substance Abuse



Treatment Cost Offset. SOURCE: Langenbucher J, Offsets Are Not Add-Ons: The Place of Addictions Treatment in American Health Care Reform, Journal of Substance Abuse 6: 117-122 (1994).

Currently, only six states have passed comprehensive substance abuse parity laws,largely as a result of physician and advocacy group involvement.

RESOURCES

Note: most of these materials are all available free of charge and can be downloaded from the PLNDP website www.plndp.org

Drug addiction as a chronic medical problem is the subject of a new *JAMA* article co-authored by PLNDP Project Director Dr. David Lewis. The article reviews the research literature and finds that drug dependence has characteristics similar to chronic illnesses such as diabetes, hypertension,and asthma, and should be treated using long-term care strategies shown to produce lasting benefits.A. Thomas McLellan, PhD; David C. Lewis, MD; Charles P. O'Brien, MD, PhD; Herbert D. Kleber, MD. *Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation. JAMA. 2000;284:1689-1695.*

ACTION KIT

PLNDP Action Kit includes colorful charts and graphs which illustrate the facts about substance abuse and treatment which are also available as teaching slides for presentations.

RESEARCH REPORTS

January 2000: PLNDP Position Paper on Drug Policy

November 1998 Research Report:"Health, Addiction Treatment, and the Criminal Justice System"

March 1998 Research Report: "Addiction and Addiction Treatment"

VIDEOS

Trial, Treatment, and Transformation
This 18-minute video profiles two graduates of Richmond, Virginia's drug court who chose the drug court as an alternative to prison and the effects the drug court has had on their lives. The video presents evidence on the effectiveness of treatment programs as compared to incarceration, and examines alternative approaches to combating juvenile drug use and relapse.

Drug Addiction: The Promise of Treatment
This videotape is a powerful instrument for decreasing stigma and increasing access to treatment. It can be used by health and other professionals, community coalitions, and all others interested in drug policy.

STAY INFORMED WITH

PLNDP DIRECT

A new online partnership between Join Together Online and Physician Leadership on National Drug Policy (PLNDP) provides PLNDP Associates with an easy way to keep up with the latest news, research findings and policy developments affecting their efforts.

PLNDP Direct, a free email newsletter available in daily or weekly editions, features announcements and special highlights from the PNLDP office alongside a custom news feed from Join Together Online's award-winning website for communities working to reduce substance abuse. PLNDP Direct subscribers will also have access to an archive of over 30,000 articles, resource materials, facts and web links.

Sign up for a free PLNDP Direct subscription at www.plndp.org or return the enclosed postcard. Hundreds of PNLDP Associates have already subscribed to this customized newsletter.

Don't wait to join them - sign up today!

ORGANIZATIONS THAT HAVE ENDORSED THE PLNDP CONSENSUS STATEMENT AS OF MARCH, 2001

Professional Organizations

American Academy of Addiction Psychiatry (AAAP)

American Association of Community Psychiatrists (AACP)

American College of Obstetrics and Gynecology

American Medical Association (AMA)

American Medical Student Association (AMSA)

American Academy of Pediatrics (AAP)

American Psychiatric Association (APA)

American Society of Addiction Medicine (ASAM)

American College of Surgeons (ACS)

State Medical Associations

California Medical Association

Connecticut Medical Association

Medical Society of the District of Columbia

Medical Association of Georgia

Iowa Medical Society

Kentucky Medical Association

Maine Medical Association

MedChi, The Maryland State Medical Society

Minnesota Medical Association

Nebraska Medical Association

New Hampshire Medical Society

Medical Society of New Jersey

North Carolina Medical Society

Ohio State Medical Association

Oklahoma State Medical Association

Oregon Medical Association

Rhode Island Medical Society

South Dakota State Medical Association

Tennessee Medical Association

State Medical Society of Wisconsin

County Medical Societies

Pima County Medical Society, AZ

Sacramento-El Dorado Medical Society, CA

Part of PLNDP'S educational campaign is seeking endorsements of the Consensus Statement by national professional societies and state medical societies. If you belong to a professional society/organization that has not endorsed our consensus statement please contact us for ways you can help (email: plndp@brown.edu).

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