

NATIONAL PRESS CLUB LUNCHEON WITH DIRECTOR GIL KERLIKOWSKE

SUBJECT: DRUG POLICY REFORM

MODERATOR: MYRON BELKIND, VICE PRESIDENT OF THE NATIONAL PRESS CLUB

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MYRON BELKIND: (Sounds gavel.) Good afternoon, and welcome to the National Press Club. My name is Myron Belkind, an adjunct professor at George Washington University and Vice President of the National Press Club. We are the world's leading professional organization for journalists committed to our profession's future through our programming with events such as this while fostering a free press worldwide. For more information about the National Press Club, please visit our website at www.press.org. To donate to programs offered to the public through our National Press Club Journalism Institute, please visit www.press.org/institute.

On behalf of our members worldwide, I'd like to welcome our speaker and those of you attending today's event. Our head table includes guests of our speaker as well as working journalists who are members. And if you hear applause in our audience, I'd like to note that members of the general public are attending so it is not necessarily evidence of a lack of journalistic objectivity if you hear applause.

I'd like to welcome our C-SPAN and Public Radio audiences. Our luncheons are also featured on our member-produced weekly Podcast from the National Press Club available on iTunes. You can follow the action today on Twitter using the hashtag NPClunch. After our guest's speech concludes, we'll have a question and answer period. I will ask as many questions as time permits. Now it's time to introduce our head table guests. I'd like each of you here to stand briefly as your name is announced.

From your right, Joe Sparks, freelance journalist; Robert MacPherson, reporter *Agence France-Presse*; Devin Fox, Young People in Recovery; General Arthur Dean,

Chairman and CEO of the Community Anti-Drug Coalitions of America. I've had the pleasure of talking to General Dean, and I'd like to give a shout out to his guests here at one of their tables. And he really told me an inspiring story of the work that his organization does in combating the problems that our Director Kerlikowske is discussing today. Thank you for being here. Alison Fitzgerald, Project Manager for Financial and State News of the Center for Public Integrity and Speakers Committee chair.

Skipping over the speaker for a moment, Bob Weiner, President of Weiner Public News, national columnist and former public affairs director for the Office of National Drug Control Policy; Dr. Kelly Clark, a member of the board of directors of the American Society of Addiction Medicine.

From the moment he took office, Gil Kerlikowske, the nation's drug czar, rejected the term 'war on drugs.' "No government," he often says, "can arrest its way out of drug use, addiction and trafficking. The issue is so much more complex," he says. "We are not at war with people and the war metaphor is so inapplicable to the drug issue," he told the Australian newspaper in November. Despite 37 years of law enforcement experience including nine years as Seattle's chief of police, Mr. Kerlikowske who became Director of the White House Office of National Drug Control Policy in 2009, says he favors a public health approach where the balance tips towards prevention and treatment over incarceration.

Still, illicit drug use in America is on the rise. In 2011, more than 22.5 million Americans 12 or older, nearly 9 percent of the population, said that they used an illicit drug or had abused a prescription medicine in the past month, up from 8.3 percent in 2002. The most commonly abused drug is marijuana. Mr. Kerlikowske has repeatedly clashed with advocates of marijuana legalization and has opposed state measures to decriminalize the drug. He says legalizing marijuana won't solve the nation's drug problems.

Teens already think smoking marijuana isn't risky, and initiatives to legalize and regulate marijuana send a message that marijuana is medicine, he says. "I think they are getting a bad message on marijuana," Mr. Kerlikowske told *USA Today* in October. "I think that the message that it is medicine and should be legalized is a bad message." Mr. Kerlikowske has also focused the administration's efforts on the growing abuse of powerful prescription painkillers. He pushed for controversial legislation to require doctors to undergo special training before being allowed to prescribe drugs such as oxycodone and hydrocodone.

In the Obama Administration's plan to curb prescription drug abuse it produced in 2011, Mr. Kerlikowske called on every state to create a prescription drug monitoring program. Now, 48 states have such programs in place or have passed legislation to establish them. Mr. Kerlikowske, a graduate of the University of South Florida and an Army veteran, began his law enforcement career in 1972 as a police officer in St. Petersburg, Florida. He has served as chief of police in Fort Pierce, Florida, Port St. Lucie, Florida, and as police commissioner for Buffalo, New York. His peers have twice

elected him president of the Major Cities Chiefs. When Mr. Kerlikowske left his job as Seattle's police chief, crime had reached its lowest point in that city in 40 years. We are honored to have you today. Please join me in welcoming drug policy control director, Gil Kerlikowske. (Applause)

DIRECTOR KERLIKOWSKE: Well, good afternoon everybody. It's a great pleasure and it's a great honor to be with all of you. First, let me thank so many people for being here today, and thank you for that wonderful introduction and the information. I'm so glad you had a chance to spend some time with General Dean who's somebody I'm going to talk about a lot in a few minutes, along with a couple other people up here also that I've been so impressed with.

The drug policy issue, the drug policy problems, are really complex and they're really difficult. And that's why I'm so appreciative of this forum to be able to talk a little bit more at length about it and then certainly to answer the questions. Let me also mention the act that Donna Leinwand Leger from the *USA Today* is a person that has written extensively also about the drug problems in this country and I know as was mentioned in the introduction earlier, she is in Boston right now with so many other journalists covering that real tragedy in that. And I know as my wife and I have sent our thoughts and prayers to those people, I know you very much feel the same way.

Let me recognize several other people that are here, and I'd love to recognize-- I'd spend the entire hour and then I wouldn't have to answer a single question-- by recognizing everybody in the audience. But Bob Weiner, who's sitting to my right, he was the chief spokesperson at OMDCP during the Clinton Administration and Bob not only helped with others to certainly organize this, but his continued energy and commitment to the drug issue over the years has really made this possible and I appreciate everything he does. (Applause)

I think it's probably most appropriate that I start off with what's probably consumed the media quite a bit over the last several years. Let me talk about marijuana. I know that was something that I may get a question about later on, I'm just supposing. As you know, possession of small amounts of marijuana by an adult became legal in two states: Colorado and Washington. Those are both proposition or initiatives states, and it was on their ballot. Those initiatives, and there are differences, by the way, between the two states and what they passed, they really present all of this, healthcare professionals, school administrators, so many others, elected officials, law enforcement, they really present us with a set of complex questions. And above all, though, I have to repeat that the Justice Department, our federal United States Department of Justice, has the responsibility to enforce the Controlled Substances Act, and that remains unchanged. No state, no executive, can nullify a statute that's been passed by Congress.

As the Department of Justice has noted, though, federal drug enforcement resources just like I did as a police chief, we prioritize and target the serious crimes, serious crimes of drug dealing, violent crime and trafficking. And let's be clear that law enforcement officials take an oath of office to uphold federal law and they're going to

continue to pursue drug traffickers and drug dealers and transnational criminal organizations, all of which weaken our communities and they pose very serious threats to our nation.

And too often, discussions about marijuana, though, dwell on this issue of legalization and whether making the drug more widely and easily available, which it would be when it becomes legal in those there as it is now, would make the problem go away if it was only legal. And the legal status of marijuana including the enforcement of the existing laws is a matter for the Department of Justice. The Department of Justice enforcement of the Controlled Substances Act, the federal law, remain unchanged.

We shouldn't lose sight of the fundamental fact, though, that using marijuana as public health consequences and the most responsible public policy is one that restricts its availability and discourages its use. I recognize that the marijuana debate has taken up quite a bit of media space, but I want to turn to something that affects most Americans and the subject that the Obama Administration has really been focused on for these past four years and we're going to remain focused in this area for the next four years. And that's achieving real evidence-based drug policy reform to both reduce drug use, but also the consequences.

And more and more the debate about drug policy in America has become extremely polarized. One side advocates in believing that legalization is the only path to drug policy reform. Legalization is described as solving Mexico's organized crime and violence problems, as creating a windfall for state and local coffers here in the United States, and along with many other benefits that are all talked about around legalization.

Then you have the other hand. On the other hand, we have the tough on crime, the enforcement-centric war on drugs that was mentioned in my introduction and that approach. And that's one that treats addiction primarily as a criminal justice problem despite this ever-growing body of scientific knowledge and evidence that this approach is counterproductive and it's not effective. But slogans and sound bites don't really make responsible public policy, and neither of these extreme positions presents a 21st century approach to this complicated, very complicated, drug policy issue.

In fact, if you can fit an answer to our drug problems in this country on a bumper sticker, I think you can be assured of one thing, and that is that it's wrong. So if we oppose both drug legalization and we oppose a war on drugs, what shape should drug policy reform take us? Well, I think the answer, actually, is right here in this room here at the dais, but it's also certainly in the audience. You know, I've invited several pioneers-- I guess I could say that General Dean, you're a pioneer. Devin may be a little young yet to be a pioneer, but he's on his way. But I've invited these pioneers who have dedicated their lives to mitigating the harm that substance use does to the nation, but also particularly to our youth.

And these people stand in the vanguard of what really is, what really truly is, drug policy reform. What they're doing doesn't look much like a war and it doesn't look much

like legalization. And their work often goes unrecognized. And that's why it's so important at this forum to be able to bring a voice and information about what they do because it often doesn't make the headlines. And giving them a voice in this national debate I think is extremely important.

Well, a key aspect of drug policy reform involves the healthcare profession. Nurses, nurse practitioners, physicians, psychologists, psychiatrists, these professionals work to safeguard and improve our health in so many areas and it makes sense that they should play a role in preventing a chronic disease that has touched almost every American in some way. And, of course, that disease is the disease of addiction. In reality, we can't arrest our way or incarcerate our way out of this drug problem. Well, the average individual actually meets with a healthcare professional about once a year, and we know that addictive disorders, or progressive diseases, well doesn't it make sense then to bring this intervention into the primary care focus, an opportunity to talk about substance use at the time that that person is meeting with and talking to a healthcare professional?

That annual meeting can be a key intervention point for stopping substance use disorder from progressing. But for that to happen, healthcare professionals have to have the tools to intervene early and they have to refer an individual to treatment if necessary. And they have to help that individual in the process of recovery and sustaining their recovery.

And from this perspective, the American Society of Addiction Medicine is a key partner in our efforts to reform drug policy. And that's why I've asked Dr. Kelly Clark who's here who sits on the American Society of Addiction Medicine's board of directors. That's why she's here today. Well, Dr. Clark has devoted her career to public health. She's now helping steer that organization that pioneers the study of addiction, the science of understanding addictive disorders, the most effective methods of preventing and treating substance use disorders.

ASAM's core purpose is to improve care and the treatment of people with the disease of addiction and advance the practice of addiction medicine. And the group recently developed a course to train physicians in proper opioid prescribing through the Food and Drug Administration's what's called risk evaluation mitigation strategy. I'm going to talk a little bit more about the prescription drug issue and give you a little more context around it. But I think it also emphasizes how all of us working together, federal government, local and state government, but also the professional treatment providers, and those with real expertise like Dr. Clark, can make a difference.

That program, it's called REMS, risk evaluation and mitigation, will make sure prescribers understand addiction, proper prescribing practices, pain management. Physicians play an important role in these efforts that we have taken to reform drug policy. And by first and foremost making sure that society recognizes drug abuse as the public health issue it is. And ideally, we would like every prescriber to take this course. Well, we're not there yet but ASAM is taking an important first step by making their

program available to its members and other prescribers. I think we're somewhere around over 30,000 prescribers that have actually taken this online course.

And as a result of the work by Dr. Clark's team and many others, the administration has taken unprecedented actions to treat substance use disorders as a public health issue, not just a criminal justice one. And already we spend more on drug treatment and prevention than we do on U.S. domestic drug law enforcement and incarceration. And just last week, the President's budget contained a request for Congress to increase funding for treatment by \$1.4 billion over fiscal year 2012. This is the largest such request for an increase in treatment in two decades. (Applause)

We're also expanding under-recognized programs such as screening, brief intervention, referral to treatment. We have acronyms, by the way, in federal government for all of these. But it trains doctors and other healthcare professionals to identify the signs of problematic substance use early and before it becomes a chronic disorder or a criminal justice problem. And when a person gets that early intervention, it's often, one, more effective; and two, it's far less costly to the taxpayer.

While our country is dealing with what the Centers for Disease Control and Prevention have called an epidemic of prescription drug abuse and Dr. Frieden as the head of the CDCP does not actually take that word lightly at all. It's hard to believe, but more people die in this country from prescription drug overdoses than from both cocaine and heroin overdoses combined. In 2010, there were 40,000 drug induced deaths in America and more than 22,000 of those involved prescription drugs. And about 16,000 involved those opioid prescription painkillers that I mentioned earlier.

But we're really making some headway on this epidemic. We have taken this on over these last four years. And actually thanks to a lot of the work of journalists who have really put it on the front pages, we are making some progress, and thanks to a lot of other hard work by lots of other people.

Young adult usage is the lowest in a decade. While far too many people continue to lose their lives as a result of prescription drugs, but I believe I'm very optimistic we're going to begin to reverse this trend. The Obama Administration's committed to supporting progressive evidence-based programs that can make a real difference right away. And for the first time, we're supporting and working to expand the use of naloxone, a life saving overdose reversal drug so that first responders are prepared to safely handle individuals who are experiencing these life threatening opioid overdoses and this will help to prevent more deaths that are associated with the nation's prescription drug abuse epidemic.

In 2010, changing the subject for a minute, in 2010 President Obama eliminated mandatory minimum sentence for simple possession of crack cocaine. We know that the disparity in sentencing particularly the impact that it had in the African American community, could be quite devastating. Well, this is the first time, or that was the first time in 40 years, that a mandatory drug sentence had been repealed. And that was done,

by the way, in a bipartisan manner. And for the first time ever, we're institutionalizing a public health approach to drug policy through the Affordable Care Act. I think people have another name at times for the Affordable Care Act, but we call it the Affordable Care Act and it's going to make a big difference in this field particularly.

It's going to require insurance companies to treat substance use disorders like any other disease. This is revolutionary because the treatment of drug problems has often been isolated or siloed. It needs to be part of our primary healthcare system. And we estimate that with ACA, 62.5 million people are going to receive health insurance benefits covering expanded substance abuse and mental health treatment services by 2020 with 32.1 million people gaining those benefits for the first time.

We have an estimated 22 million people in need of treatment who currently aren't getting it. And having that availability is going to be important. And you may ask why a number of those people don't get the treatment that they need now, and it's oftentimes because of the stigma that's associated around drug abuse. And we're going to talk about that I just a second.

So the things that I've just outlined to you all around public health, you notice almost the first third of this presentation has little to do, or almost nothing to do, with the criminal justice system or law enforcement. This is what drug policy reform looks like. Well, it looks like a doctor, looks like a nurse, looks like another healthcare professional. And it looks like local community members who come together to address these issues. Looks, in fact, kind of like General Dean, but it mostly looks like CADCA, the Community Anti-Drug Coalitions of America. We have had the joy and the opportunity to work with General Dean and his outstanding staff not only throughout the country, but also in many other countries because the drug problem doesn't just belong to the United States.

Well, General Dean, I thank you for being here today. He has been the chairman and CEO of CADCA for 15 years and following a distinguished military career. And CADCA operates on the knowledge that substance abuse prevention is the best and most cost effective way to deal with this. We can reduce drug use and stop addictive disorders from developing among young people.

You remember, some of you are old enough to remember, Just Say No. I won't look at anyone in particular. Or, you remember your Brain on Drugs. But you know what? That's not effective messaging today. And today, we know so much more about what works and what doesn't work and helping young people make healthy decisions about their futures. Well CADCA is practicing true drug policy reform by promoting innovative evidence-based prevention programs that have tailored solution messages. CADCA trains community organizers at the local and grass roots levels, and it's proving every day that we can successfully empower young people to make healthy decisions about their future.

And through the White House and the support of Congress, we fund hundreds of coalitions. Each of these coalitions leverages federal funds to create tailor made local solutions. Prevention makes sense. It helps young people grow healthier and smarter and empowering them is a way of the future through prevention. Emphasizing prevention over incarceration, that's what drug policy reform looks like today.

True drug policy reform also involves people speaking up. As an individual in recovery they want to see that these people are successful and that they have overcome the disease of addiction. And last year, I spoke to a group of leaders in the recovery community at the Betty Ford Center, one of the country's longest-running and best known treatment facilities. I was inspired by those in long-term recovery who I met, and I asked everyone in recovery to speak out, to share their stories because by celebrating recovery, we can lift the stigma that unfortunately still surrounds addictive disorders.

And some leaders in America's recovery community have taken up the important task of speaking out about recovery. And I have been so impressed by their commitment to raising awareness and lifting the stigma. And one of those leaders joins us today, and that's Devin Fox, the executive director of a growing organization called Young People in Recovery. And Devin has shared his story with others, but I want to tell you a little bit about it also.

He started using drugs as a freshman in college at 18, and soon his binge drinking and marijuana use progressed to methamphetamine when he was 20. He didn't ask to become afflicted with the disease of addiction, but today Devin is in long-term recovery from drugs and alcohol and he is giving back to the community, and particularly the recovery community, every single day. He graduated with a master's in social work. He's working with New Jersey's Division of Mental Health and Addiction Services as a recovery advocate and he's demonstrating that people who suffer with substance abuse disorders deserve a chance to get better. And that Americans living with this disease can really reach their maximum potential, just like he has.

But his story isn't that unique. He's just one of 23 million Americans in recovery and a part of the growing movement to lift the stigma associated with this disease. And it's because of people like Devin that we've established for the first time ever in our office a recovery branch. It sounds like a huge organization, it's actually two people. But they are the two hardest working people that I have ever seen. And for us to actually put emphasis and understand the differences between treatment and recovery, I think, is a good step in the right direction for us. And I want to thank Devin for all of the work on behalf of the recovery community. And Devin, I want to thank you for joining us here today. Thank you. (Applause)

Well, Devin's work reminds us that addiction is a disease that does not discriminate by age, it doesn't discriminate, by the way, by gender, race or socioeconomic status. But the more we're able to bring the discussion of addictive disorders into the light of day, the more readily we can understand and treat them. And unfortunately, we have to remember that people charged with drug related crimes are often ill. They're afflicted

with an underlying substance use disorder. And many of these people don't need jail time, they need treatment, and they deserve a chance to recover and change lives. And we're seeing this all across the country.

And that's why the administration is working to expand innovative programs like Drug Court and divert the nonviolent offenders into treatment instead of prison. And in the Drug Court program, drug offenders are provided with treatment services and monitored closely by a judge who holds them accountable. And there are several judges here that just do that splendidly and that either it rewards them for staying clean or it sanctions them for not holding up their end of the bargain with the criminal justice system. And by giving nonviolent drug offenders a chance to reclaim their lives through treatment rather than wasting away in jail, we can begin to break that cycle of drug use, crime and incarceration. And this kind of reform not only saves lives, it saves taxpayer dollars as well. And it reduces the incarceration rates in this country.

So today, I am proud to announce that our office is awarding a \$1.4 million grant to the National Association of Drug Court Professionals. Their executive director, Wes Huddleston, is here along with a number of their board members. This is the country's leading drug court organization. It trains drug court professionals who work to divert nonviolent drug offenders, again, into treatment instead of jail. And already because of the work of NADCP, thousands of nonviolent offenders are diverted into treatment instead of prison through the now more than 2,700-- I have that right?-- 2,700 drug courts in this country. And when several of us worked for Attorney General Janet Reno several decades ago, there was just one drug court, in Miami with Judge Goldstein. And so to see the expansion of an evidence-based program that actually works, I think, is truly heartening.

We hope this new grant will continue the work and the progress that you all have done, and we're proud to stand with you and proud to be supporters of Drug Court. And this is also what drug policy reform looks like.

Well, Dr. Clark, General Dean, Devin Fox, they represent just some of the innovations of drug policy that are being achieved today. And it's a shift to prevention, to treatment, to recovery services and toward criminal justice reform. It is a shift to science and towards evidence-based programs that strengthen public health and safety. And drug policy reform is not easy and there is no quick fix solution. What I've outlined today doesn't lend itself to a slogan that you'll see on a bumper sticker and it doesn't make, unfortunately for the journalists, it doesn't make a lot of catchy headlines.

But this approach works. Each year, we're diverting more than 100,000 people into drug treatment instead of prison because of drug courts. And for the first time in decades, our U.S. prison population is declining. And guess what? Our use of drugs in many places and in many types of drugs is also declining. Let me give you a couple of examples. Cocaine use is dropping, as are the deaths of overdose from that drug. And the most recent data from 2011 showed that the number of users of methamphetamine is down about 40 percent since 2006. So when someone says to you we can't really make

progress on this, well we actually can make progress. It's just very difficult, sometimes, to get that message out there and certainly the people I've identified here on the dais know.

But we're beginning to turn the corner also on the nation's prescription drug abuse epidemic. And increasingly law enforcement and the public health community are working together. They're getting smarter about how to reduce drug use, and its consequences in America. I should note that the strong partnership between law enforcement and the public health community isn't unique now just to drug policy. We also see that partnership in the debate about gun violence. And that is why when President Obama announced 23 executive actions to reduce gun violence in America, he also included actions to address the role that mental health plays in reducing this challenge. And there are commonsense steps supported not only by law enforcement but they're commonsense steps that he has proposed that are also supported by the public health community.

Let me close by telling you further what drug policy reform looks like from my perspective. It's about helping women with substance use disorders get access to prenatal care so that their children get a healthy start in life. It's about showing teenagers that a healthy plan to adulthood so that they can succeed as productive members of society with the skills they need to compete in a 21st century workplace be given to them. And it's about giving that person who struggles with addiction an opportunity to go to treatment and receive support in their recovery.

And drug policy reform should be rooted in neuroscience, not political science. And that's what a 21st century approach to drug policy looks like. And it's part of the President's broader plan to build an America to last, one where workers are skilled to compete in a global marketplace, where those who need mental health or substance use treatment are going to receive it, one where children feel safe because we have done everything in our power to keep weapons out of the hands of criminals and the mentally ill. I thank all of you for coming, and I'm happy to take your questions. (Applause)

MR. BELKIND: Thank you very much, Director. Some have said that the President was silent on the recent legalization referenda during the election because even though the administration's policy is against them, the voters for them were overwhelmingly Democratic and the White House didn't want to lose those votes. True or false and any comment?

DIRECTOR KERLIKOWSKE: Well, I would tell you two things. One is that I think if you look at the election and how much of the effort around the presidential election was around jobs and the economy, and then it reverted back to talking about the economy and jobs, the President has been on the record quite a bit opposing legalization and the decriminalization of our drug laws. But he is very much on the record of saying that a public health approach would be most effective.

So I looked at both candidates. I could not certainly be more supportive of not only the person that I work for, but the support that he has given me and given this office in reforming the policies that I talked to you about a minute ago.

MR. BELKIND: How would you characterize the pharmaceutical companies' responses to the abuse of prescription narcotics? I know you touched on prescriptions, but we do have a question wondering if you could expand?

DIRECTOR KERLIKOWSKE: And there has been some progress by the pharmaceutical industry on this. First of all, as you know from some of the new releases yesterday from the Food and Drug Administration, the abuse deterrent formulas of these very powerful prescription drug Oxycontin is not going to become a generic that could be easily abused. In other words, in order for people to abuse them, they need to either crush them or use them in a syringe and the FDA is not going to allow generics that don't meet that abuse-resistant formula.

But we've also received some good support in our discussions with the pharmaceutical industry about the importance of them being more forward leaning on the education part. And that's why the REMS that I talked about earlier, the National Institute of Drug Abuse also has on its website some training courses for professionals in the healthcare industry. So I think the pharmaceutical industry can do more; frankly, I think they should do more in this area. But we're making some progress.

MR. BELKIND: I have two questions related to your role in the government and they're almost-- different questions, but very similar. Do you feel your role has been reduced? You are no longer in the cabinet and your office budget has dropped by over 25 percent. Does this reflect the administration's declining interest in drug control?

DIRECTOR KERLIKOWSKE: One of the positions the drug czar has held a cabinet level status, but that's not always been true. In fact, when Secretary Bennett from Education became the first drug czar, it was not considered a cabinet level position. And I've met with all of the drug czars and when I met with Secretary Bennett he said, "Look, as long as you feel that you have the ability to talk with the people in the administration and have their ear and have their support," he said, "I've been in the cabinet. It's not all that exciting." And our budget, by the way, just as with everyone in fiscal hard times, continues to take about the same amount of reduction of many other components and we just have to figure out smart ways to work through it.

MR. BELKIND: Thank you. Staying on budgetary matters, why did you only request \$25 million for the youth anti-drug media advertising campaign and not complain more loudly when Congress dropped it further to zero when in past years, it was \$150 million?

DIRECTOR KERLIKOWSKE: So the youth anti-drug media program is the one that I had mentioned earlier when you talked about this is your brain on drugs and different commercials. And at one time, it actually was \$190 million. Some of the

research showed, or it was very difficult to show, that those kinds of commercials were actually making a difference in preventing drug use. And so the first week that I assumed office in 2009, Congress had already zeroed out that budget, which was a smaller amount. I went up and asked if Congress would reinstate that money and that I would, in fact revamp the media campaign, which we've been able to do. The media campaign is largely run through social media today, which, of course, not only resonates better with young people, but certainly is far less expensive than some of the costs of other more traditional advertising. Both years, last year and this year, the President has asked for money for the media campaign. Both years, Congress has not shown a willingness to do that. j

Kids, frankly, get plenty of pro-drug messages. I think they need a small amount of money to give them a solid evidence-based anti-drug message. But we continue to work with private partners also to keep this program alive. It's called Above the Influence. You can see some of the commercials on our website. Don't call me and say I don't get it because it's actually not for your age. (Laughter)

MR. BELKIND: Would you agree with your former counterpart in the United Kingdom, Professor David Nutt, when he said in a London newspaper interview over the weekend that cocaine use in the banking industry was a factor behind the global financial crisis?

DIRECTOR KERLIKOWSKE: You know, I actually had not read that and I can tell you that the cocaine issue, especially the powder cocaine, was often seen at a higher socioeconomic abuse level. But frankly, I think the information that has gotten out about the dangers of cocaine and the problems are helping to show that the decrease in consumption in this country. But I'm not so sure that the banking crisis can be attributed to cocaine, but that's his opinion, obviously.

MR. BELKIND: Why isn't there more drug treatment in prisons when two-thirds of arrestees test positive for illegal drugs and experts say treatment could stop recidivism by as much as half?

DIRECTOR KERLIKOWSKE: We've really been strong proponents of treatment behind the walls, as it's called, and that's very important. We do a program where we test people, we sponsor the program, where people are tested. They go into jails that are arrested throughout the country; people arrested for everything from shoplifting to breaking into a house, et cetera. About 50 percent of the people arrested, regardless of the crime, have some type of substance use problem. And so as a police chief, it really made a lot of sense to me to figure out that we should be dealing with their substance use problem. And if we don't, when they get out that recidivism is going to occur and we're just going to be continuing to recycle people through the system.

I could not be more proud of the Federal Bureau of Prisons and in the leadership in the Department of Justice for the Federal Bureau of Prisons where they've actually hired and are bringing on board additional drug treatment professionals. But I've also

been very proud of the fact that even some of the most conservative governors in this country have looked at treatment behind the walls and actually taken some of their very tight state budgets, realizing that they need to invest in that.

And I think if you look at the work of reforming criminal justice policy that the Pew Center has led, I think that's one of the hallmarks. So I think we're making progress. I think we need to do more, and I think we need to be able to convince people that treatment works. And that's one of those issues that we need to continue to voice.

MR. BELKIND: Please share a comment on any potential impact of sequestration actions on your vision for drug policy reform?

DIRECTOR KERLIKOWSKE: Well, I certainly would tell you that we're very concerned about sequestration when it comes to making the reforms that are needed. First from my old hat of the law enforcement community, it means that we will have furloughs and other types of reductions go through, we would actually have less federal law enforcement agents, whether it's in the border patrol or others, there would be less available hours. And I think given the important work that they do in so many ways, not just stopping drugs coming across the border, but the important issues around human trafficking and other types of crimes that we don't want to lose those valuable and needed resources. Yet, sequestration will have an impact on them.

The other part that's very concerning is the amount of drug treatment beds. If you've read some of the articles that came out today and went online last night about the importance of having drug treatment available, quality drug treatment programs, that's going to be very concerning because so much of the drug treatment programs are paid for with federal block grant dollars. And with those dollars being reduced, we actually have the potential to lose literally tens of thousands of vitally needed treatment beds, treatment beds that will make a difference.

MR. BELKIND: The questioner asks, "Why have you personally been silent on drugs by major sports figures despite Lance Armstrong and other high profile cases?"

DIRECTOR KERLIKOWSKE: I think the part about the doping in sports has been an important part of the discussion. Our office has membership, although we certainly don't control, our office has membership and provides dues to two groups, WADA and USADA, WADA being the World Anti-Doping Association, and USADA being the United States. And rather than criticize and hold any one individual up, I think that it's important that we share our membership in that organization with not only doing the work that has to be done to prevent athletes from using those substances, but also supporting the science that goes along with developing the tests that will uncover it. So essentially as our President often says, everybody should play from a level playing field.

MR. BELKIND: Someone observes that you use the term substance use rather than abuse. Why is that, and is that a correct observation?

DIRECTOR KERLIKOWSKE: I didn't notice. But, you know, I think it's important that you also recognize that we speak out quite often on underage alcohol issues. If you talk to presidents of colleges and others, you talk to people whose kids are in college, the alcohol binge drinking, underage use, can be quite dangerous and quite concerning. And so looking at all of these substances and not trying to silo them but saying that prevention and early intervention are key components is important to me.

MR. BELKIND: I thank everyone, and I'm sure the speaker does, for the growing number of questions and I'll try to deal-- I like how you answer direct and don't go on and we'll keep firing away.

DIRECTOR KERLIKOWSKE: I haven't learned that enough yet.

MR. BELKIND: What is the administration doing to address discriminatory barriers facing people in recovery with a criminal justice history?

DIRECTOR KERLIKOWSKE: That's a huge issue, and I actually could go on and on about that one. It's the stigma. It is just-- I don't know anyone in this room, and I don't know anyone that I have met traveling on behalf of the President now for four years that has not been personally impacted by addiction. It's a friend, it's a coworker, it's themselves, it's a neighbor. And it's so important that we remove that stigma. Because when I went back-- and if you remember, I mentioned the 22 million people who could actually use some type of substance use treatment or intervention, many of them don't get treatment because of the stigma and they feel that they don't have a problem.

The more people like Devin, the more people that actually speak out about their particular problem-- and I would just shout out to faces and voices of recovery-- the more people that talk about this, I think the more that the problem will kind of come out from behind the shadows. And we want to remove that stigma. I couldn't be more proud of Attorney General Eric Holder and the work that he is doing to help people who are being released from prison sometimes because of a drug offense to get back into mainstream, whether it's housing through the work that Sean Donovan has done, or a number of other programs.

So the more we kind of move this from the shadows to the fact that every one of us has been impacted by these problems and know that people can get treatment and can recover and can be incredibly successful with our support and those after care services, and also recognizing from having met so many people that it's a hard job every day of the week. And my hat's off to them.

MR. BELKIND: There are many nontraditional drug treatment centers out there, those that obviously charge fees from addicts and offer yoga, health food and no actual medical care according to the questioner. Does your office deal with these practices or institutions?

DIRECTOR KERLIKOWSKE: We actually don't. We recommend evidence-based and science-based treatment programs. And if you take, for example, the drug courts across the country and the treatment programs that they refer people to, those have been evaluated, oftentimes rigorously evaluated, and continue to be reviewed. So those are the kinds of programs that are important. But I also think it's important to recognize that there can be a number of paths to recovery whether it's 12 step programs or abstinence programs or medication assisted therapy. There can be a number of ways that people can overcome the disease of addiction and we want to be supportive of those.

MR. BELKIND: Are there any programs targeted specifically for the Native American community?

DIRECTOR KERLIKOWSKE: Well, I think anyone that's familiar with our tribal lands and has seen the difficult issues that these sovereign locales, the people in these sovereign locales face regarding substance abuse should recognize that we need to give them a special message. And so for example on methamphetamine, our Deputy Director who's here, Ben Tucker, has done some real outreach to a number of the tribal lands to give a unique message. Our old messaging campaign, by the way, we would have kind of one spokesperson.

And, you know, frankly, when it was a kid from the Bronx, his voice or her voice really didn't resonate well with the tribal land in Nebraska or at the Tohono O'odham Nation in Arizona. So what we've really tried to do is to bring this down to a grass roots level, whether it's through the messaging or the media campaign, or through the drug-free communities that many of you are familiar with and the 600-plus that we fund with a small amount of money to each of them.

So tribal lands need their own message and we spend a considerable amount of time trying to make sure that we're doing our part along with the tribal leadership to make a difference in those locales.

MR. BELKIND: Thank you. When we think of drugs, we think urban. But can you address the scale of drug abuse in rural America; i.e., meth?

DIRECTOR KERLIKOWSKE: You know, we're often asked what's our nation's drug problem. And we always say that we don't have a national drug problem, we have a series of regional drug problems. Methamphetamine in places in the south certainly where I was in the Pacific Northwest, the Midwest can be a significant problem. But if you talk about every part of this country being impacted by the drug problem, I'll give you the best example. I've spent a number of days now, but I also spent an extended four-day visit to Eastern Kentucky and also to West Virginia. The poorest parts of Appalachia and people who had been severely significantly impacted by prescription drugs, people who had lost sons and daughters and brothers and sisters as a result of the overdoses, the most fearful individuals were pharmacists afraid of being held up for those kinds of drugs. That's a human tragedy and that's a loss of life in a very poor area that didn't get much attention, but fortunately a number, Fox Television and others, followed

us for those several days so that we could bring that to the attention-- so that people recognize our drug problem isn't just an inner city problem or a big city problem. And I think that's important.

The other part you should recognize, too, though, is that this is about jobs and the economy. We met with a number of employers in that area that had jobs, good jobs, living wage jobs with benefits that they could not fill because they could not get people who were testing clean from a drug test. And as you know, many jobs do require drug testing. And I would point you to Governor Tomblin in West Virginia who I'm incredibly impressed with, the work that he's doing. But he has billboards now on the side of the road that essentially say, "Get high, don't get hired." And what he was seeing is that they put people through career counseling and new job skill training, they would graduate with the job skill but they wouldn't be able to pass the drug test.

And now he's doing the testing first, he's making sure that people that need treatment or need help can get it and so that we can fill the jobs that are needed in the future. So you should really-- I think it's just such a myth when we think about the drug problem as only being an urban or a big city problem. It's really throughout this country.

MR. BELKIND: What are you doing to reduce drugged driving?

DIRECTOR KERLIKOWSKE: And drugged driving is something that I knew not a lot about, but I think my first week in office, Dr. DuPont, who is sitting in the front row, called me and said, "Look, you need to take a hard look at a report that the Department of Transportation conducted in 2007 but which had not been made public." We did look at the report, I met with Secretary LaHood. The report became public in 2009 and essentially what it shows is that people behind the wheel with substances, marijuana, prescription drugs, et cetera, are incredibly prevalent on our nation's highways and create a real danger. And you've started to see more and more, whether it's celebrity cases that are getting attention, or others.

So there's some really good programs that can be done. We have formed a partnership with Mothers Against Drugged Driving, Drunk Driving, and if you think about the success-- not that more does not have to be done-- but if you think about the success in reducing alcohol impaired driving through technology, through sanctions, through education, through engineering, we can do the same thing about drugged driving. But the most important thing that we had to do first was to bring it to the attention of the public and I think that's what we've done. Thank you, Bob.

MR. BELKIND: We are almost out of time, but before asking the last question, we have a couple of housekeeping matters to take care of. First of all, I'd like to remind you about our upcoming luncheon events. On April 19th, Patrick Donahoe, Postmaster General, USPS, will discuss challenges of meeting the evolving demands of the nation's postal system. On May 7th, Chris Evert, tennis legend and publisher, *Tennis* magazine, and on June 3rd we will host the annual presentation of the Gerald R. Ford Journalism Awards.

Second, I would with great feeling, in view of how you've covered your topic and you've generated so many questions-- wow, I don't know if we keep track of a record and for handling them so well-- I'd like to present you with the traditional NPC mug.

DIRECTOR KERLIKOWSKE: Thank you very much. (Applause)

MR. BELKIND: The script I have says, "How about a round of applause for our speaker," but I think you did it spontaneously. That's better than me asking.

For the last question, sir, we began the luncheon today with a reference to the tragedy at the Boston Marathon. And I'd like to conclude with going outside of your current field, but going to your former field as nearly four decades as a law enforcement officer. Wearing that hat, without having all the knowledge or facts, what is your outlook for the agencies finding the perpetrators of this tragedy?

DIRECTOR KERLIKOWSKE: As many of you, I have an aunt and uncle just outside of Boston, many friends and have spent a lot of time in the Boston area. And so I know how all of this country feels about what has occurred. But I also know those law enforcement professionals, one of the programs we fund is a HIDTA, the high intensity drug trafficking area, that is headquartered in the Boston, the New England area. When I look at the cooperation and the sharing of information and the lack of concern that people have in my old field about turf and knowing many of the people that are involved in this investigation, I feel as the President said, this country will get to the bottom of this. They'll find out who's involved, and they will bring that person or persons to justice. Thank you. (Applause)

MR. BELKIND: Thank you all for coming today and generating, I think, a very lively news event. And my thanks again to the Director. I'd also like to thank National Press Club staff including the Journalism Institute and Broadcast Center for organizing today's event. Finally, here's a reminder that you can find more information about the National Press Club on our website. Also, if you'd like to get a copy of today's program, please check out our website at www.press.org. Thank you, we're adjourned. (Sounds gavel.)

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