

**Statement of R. Gil Kerlikowske**  
**Director, National Drug Control Policy**  
***2009 International Association of Chiefs of Police Annual Conference***  
Denver, Colorado  
October 6, 2009

Thank you to Chief Russell Laine for that kind introduction. It is such a pleasure to be here at IACP. It is great to see so many friends, and I look forward to catching up with many of you.

I know I don't need to tell you that law enforcement has no bigger champions than President Obama and Vice President Biden. My first visit to the White House in my capacity as Director of ONDCP was during my second week on the job. It was to participate in a Rose Garden ceremony with the President in observance of Police Memorial Week. This ceremony – the first held in the White House in 8 years – paid tribute to law enforcement personnel for acts of heroism. And the Administration's partnership with law enforcement continues.

Some of you may know that I am the first ONDCP Director from a law enforcement background since former IACP President Lee Brown in 1992. The Obama Administration, and those of us in law enforcement, knows the importance of a balanced approach to reducing drug use in this country. Law enforcement plays a critical role in realizing this balanced approach.

Before accepting President Obama's offer for this position earlier this year, I'd spent my entire professional career as a police officer. In 1971, one year before I began my law enforcement career, then-President Nixon held a press conference declaring drugs "public enemy number one." That statement marked the beginning of a government-led "War on Drugs" that would last most of the next four decades.

Over the course of my career, from St. Petersburg to Seattle, I learned a lot about the damage drug abuse does to the fabric of our society – and about the terrible toll it takes on individuals, families and communities across this country. I'll never forget the rage and despair I felt when I worked undercover and I saw a drug dealer take a hit of marijuana – and then blow the smoke in the face of his toddler.

But law enforcement didn't teach me everything there was to know about drugs, because ten years ago, if you'd asked me what was wrong with drug addicts, I'd have told you, 'They need to get a spine.' I thought, like a lot of people do, that drug addiction was primarily a moral failing, and that the cure was a simple matter of willpower; of addicts finding the resolve to stop using drugs.

It was over the years in Seattle that my thinking about drug addiction began to change. Not overnight, but gradually, as I listened to researchers and physicians steeped in the latest science, I began to learn about addiction as a disease. It's a process of education that continues to this day – for all of us. So what *do* we know about drug addiction?

We know that addiction is a disease. And like a lot of other diseases, it's often chronic and recurring. Close to 7 million Americans exhibit the diagnostic criteria for illicit drug abuse or dependence.

We know that prevention works, because just like with high blood pressure, the best way to beat addiction is to never get it at all. We know that addiction strikes the young hardest – people are most susceptible between the ages of 12 to 20, and we know that if you aren't an addict by the time you celebrate your 21<sup>st</sup> birthday, you will likely never become one.

Finally, we know that this disease is treatable, even with the most addictive drugs. Methamphetamine addiction was once thought to be incurable – but we now know that recovery rates for methamphetamine users who enter treatment are comparable to those for users of other drugs.

As we've gained a better understanding of addiction as a disease, it's become increasingly clear that the metaphor and philosophy of a "War on Drugs" is flawed. It's been said that if the only tool on your belt is a hammer, then every problem begins to look like a nail – and today, 38 years after President Nixon talked about a war on drugs, it's time to adopt a different approach.

(One of the nice things about being drug czar is that you can do that – you can just get up on stage and declare that the war on drugs is over.)

Now comes the hard part, and here are a few reasons why:

- Deaths from drug overdoses nationally, including overdoses of prescription drugs, recently surpassed gunshot wounds as the number two cause of accidental deaths. The number one cause is motor vehicle crashes. In sixteen states, according to the CDC, drug-related deaths outnumber those from motor vehicle crashes. This is from 2007 data. I believe that number is even higher today.
- A recent national roadside survey by the National Highway Traffic Safety Administration for the first time measured the prevalence of drugged driving. The study found that among nighttime weekend drivers, more than 16 percent tested positive for illegal or prescription drugs or over-the-counter medications. Of this group, more than 14 percent were found to have consumed drugs within four hours of being tested. More than 8 percent tested positive for marijuana.

It's time to rethink our strategy. We must be smarter about our Nation's drug problem. It's time to recognize drug abuse and addiction for what it is – not just a law enforcement and criminal justice issue, but also a very complex and dynamic public health challenge, one that demands a systematic, comprehensive, and evidence-based approach if we are going to be equal to the task.

Law enforcement has a vital role in combating the illegal production, transport, sale and abuse of drugs, but our efforts will come to nothing if we don't match them with a robust public health response. We've acquired many more effective tools than we once had, and it's time we made full use of them as well.

As police chiefs, you've enlisted the support of your entire communities to reduce crime. Our Nation, cities, and communities are far safer for it. And the police enjoy greater respect and trust as a result of your openness and willingness to approach crime as a community problem, not just a law enforcement or criminal justice problem. I plan to lead the Office of National Drug Control Policy by employing a similar approach.

As part of my office's role to set and coordinate all aspects of national drug control policy, we coordinate budgets with the 15 different Federal agencies that have drug control as part of their mission, from prevention and treatment initiatives within the Department of Health and Human Services, to domestic law enforcement efforts within the Department of Justice, to border and international security with the Department of Homeland Security and the Department of Defense.

But it is not news to you that one of the biggest challenges the Federal government has had in the past – and one of the biggest opportunities this Administration is seizing – is collaborating with our counterparts at the state and local levels. President Obama, Vice President Biden, Secretary Napolitano, Attorney General Holder, and I all recognize the tremendous expertise resident in local police departments, large and small.

We know that our work at the Federal level on the drug issue can be more efficient and more effective if we collaborate across jurisdictions. We are committed to sharing information, leveraging resources, and breaking down silos.

But I must underscore how important your help on this issue is – on the streets, within the criminal justice system, and in the court of public opinion. Recently, Peter Moskos and Stanford Franklin, members of a group called "Law Enforcement Against Prohibition," published an op-ed in the *Washington Post* calling for the legalization of drugs. They claimed that legalization would increase officer safety.

Chief Laine, as President of IACP, responded with a letter to the editor. The *Washington Post* did not print it. This letter, which I am holding in my hand, should have been printed. As Russ appropriately put it, "The simple truth is that legalizing narcotics will not make life better for our citizens, ease the level of crime and violence in our communities or reduce the threat faced by law enforcement officers. To suggest otherwise ignores reality."

All of us in this room are far too familiar with the lost promise of a child and the spiraling tragedies resulting from addiction. We owe it to the people we serve to speak out about the unintended consequences legalization would have and the toll it would take on the health and safety of our communities. Thank you, IACP, for taking a stand on this important issue even when it doesn't get published. I encourage you as an organization, and you as individual, trusted leaders of your communities, to continue to do so.

In order to make sure you're more clearly heard on drug policy, I would like to announce a newly created fellowship opportunity with the Office of National Drug Control Policy. We are looking for experienced law enforcement professionals who can provide first hand knowledge

about drug problems. Our Web site, [WhiteHouseDrugPolicy.gov](http://WhiteHouseDrugPolicy.gov), will have the official notice for applications within the next month.

Now, as serious as the drug problem continues to be in this country, the good news is that we already know the most effective points at which to apply pressure. Our youth are the group most vulnerable, so our first order of business has to be doing whatever we can to prevent young people's initiation into drug use.

Our National Youth Anti-Drug Media Campaign is a critical resource in the current media environment, where kids are bombarded with pro-drug messages. Our campaign uses paid advertising and public communications outreach to deliver anti-drug messages to America's youth, their parents, and other people and groups that are important influences in teens' lives.

The campaign's Web site for adults – **The AntiDrug.com** – has a wealth of information and resources for anyone interested in keeping legal and illegal drugs out of the lives of the young people they care about.

Our media campaign not only raises awareness of the drug problem, it helps reduce the demand for drugs. Research shows that teens exposed to the media campaign's messages, in addition to in-school prevention programs, are significantly less likely to smoke marijuana.

The importance of drug-prevention programs has long been recognized, and there is no shortage of prevention programs, on a small-scale.

I've met countless people who run these programs, and they are wonderful, caring, and dedicated. But they would tell you what I will tell you: It never feels like enough, and it doesn't seem well-organized.

A large body of research shows that if we could align and coordinate more of the individual, short-term prevention programs, we could create more powerful and effective "continuing prevention" systems. These prevention systems would provide repeated and targeted interventions throughout the at-risk years between the ages of 12 and 20. They should also bring to bear multiple sources of influence on adolescents, including parents, schools, police, faith communities, healthcare providers, peers, and other members of the community.

Uncoordinated prevention efforts are not the fault of those who provide prevention services. The Federal prevention funding process itself is uncoordinated, and frankly baffling in its complexity. One of my priorities will be promoting blended funding streams among Federal agencies to encourage communities to prepare for and adopt comprehensive prevention programs like those I've just described, and like those funded through our Drug Free Communities Program.

But as effective as prevention programs can be, they won't prevent every young person from abusing drugs. And all too often, youthful experimentation becomes that first step down the path of addiction. Here's where we can apply a lesson learned from other public health crises – that when prevention falls short, the next priority must be early intervention. When the goal is to contain a crisis, responding at the first sign of trouble is absolutely essential.

As law enforcement executives you have been long-time supporters of the 2,300 drug courts in the United States. I was in Las Vegas recently, and spent some time with an adult drug court judge named Jennifer Elliot as she heard cases.

I can't tell you how impressed I was by what I saw. It wasn't just the people who'd successfully completed their mandatory treatment programs coming down the courtroom aisle to receive their certificates, some of them in tears. It wasn't just the men and women who thanked Judge Elliot and all of the drug court staff for saving their lives before leaving her court with their backs straighter, their eyes clearer, and their lives brighter than when they entered her court.

I was just as impressed by the rigorous reporting regimen required of drug court attendees. For those whose drug test came back positive – no matter how close to completing their treatment program – the judge ordered stricter sanctions.

Programs like this are an absolute must if we are going to have a fairer and more equitable justice system. The Obama Administration has requested \$58.9 million to expand the capacity of existing drug courts to provide treatment, and another \$59 million to expand the number of drug, mental health and problem-solving courts in its Fiscal Year 2010 Budget.

Prescription Drug Monitoring Programs is another important tool for interrupting drug abuse. Let me be clear – I am not talking at all about tracking pseudoephedrine non-prescription cold and allergy medications. By tracking the sale and distribution of addictive prescription drugs with high potential for abuse, these programs can prevent legal pharmaceutical drugs from being diverted out of legitimate channels and then sold on the illicit market.

There are some areas of the country where this problem is especially acute. The Florida Office of Drug Control reports that the rate of deaths caused by prescription drugs there is more than three times that of deaths caused by all illicit drugs combined. The increase in the number of pain clinics in places like Broward County – where there are 89 such clinics in a single county, poses some serious challenges.

But Florida, to its great credit, also recently became the 38th state to pass PDMP legislation. We encourage the development and implementation of similar Bureau of Justice Assistance funded programs in every state.

Let me talk for a moment about the most problematic group of drug users. A study from a few years ago found about one-fifth of all the cocaine users in the United States accounted for roughly two-thirds of this country's total cocaine consumption. Couple that fact with this one: less than 10 percent of all diagnosed cases of addiction receive treatment.

Just as we know that a small percentage of criminals are responsible for a much larger percentage of crime, a small group, but one extremely active in their drug consumption, lies at the heart of our country's drug problem, but receives almost no treatment for their addictions. If we're going to effectively deal with the drug problem, we must find effective ways to reach these people and change their behavior. We know there are many effective treatments for addiction,

and we know that treatment offers the best hope of changing the behavior of people with addiction.

We know that jail is not a solution - since all of us have made multiple arrests over our careers of the same drug-addicted person for a variety of crimes.

What's needed is a true treatment system, one that makes use of evidence-based clinical practices and is well-integrated with the larger healthcare system.

The more than 9 million people who are either behind bars in U.S. prisons and jails or in community corrections (including parole, probation, pre-trial release or pre-sentencing release) are another underserved population when it comes to addiction treatment.

At least half of this group has significant substance abuse problems which contributed to their original crimes and could lead to their rapid re-offense and re-incarceration. Given the lack of treatment available behind bars, it's not surprising that more than 50 percent of the estimated 700,000 people who re-enter society each year from state and Federal prisons meet the criteria for addiction.

We have to be smarter about addressing drug use and addiction within the criminal justice system by making treatment available to the incarcerated. Smarter does not mean softer or weaker; people who break the law should be punished. Being smart about drugs means working to treat people who go to jail with a drug problem so when they get out and return to the communities you protect, you will be less likely to re-arrest them.

The Obama Administration's Budget requests \$30 million to ensure state prisoners have adequate treatment services to help them overcome their addictions and begin the process to recovery. The Budget also calls for \$23.2 million for Prisoner Reentry programs, and \$30 million for the Second Chance Act, a program begun in the last Administration, which emphasizes rehabilitation rather than parole.

Now, despite all of the changes I've laid out today, there's a crucial truth that we cannot forget, and that's that in any serious effort to deal with this country's drug problem, law enforcement must play a vital role. Nothing that I've described should be taken as diminishing that role's importance. Instead, we need to make sure we aren't asking law enforcement to shoulder the entire burden alone. Not only because that burden is so great, but also because, let's face it, the brave men and women of this Nation who wear the badge have plenty of responsibilities already.

The best way for us to honor their service is to make use of it wisely, and one of the ways we can do that is by promoting more effective collaboration between state, local and Federal law enforcement agencies.

The nature of the drug cartels that provide the raw material of the drug trade demands this kind of cooperation. These violent but incredibly savvy organizations operate throughout the United States, transporting and distributing their contraband through local communities. They've built a national network of stash houses, they have organizational cells specializing in drugs, guns and

money, and they deploy a virtual army of couriers in vehicles, with advanced communications and logistics technology.

They are a fearsome enemy, but state and local law enforcement agencies have the kind of detailed, localized knowledge that is can disrupt these networks.

Federal agencies have a responsibility to foster an improved, faster exchange of information with state and local agencies. A two-way exchange. Task forces like those supported by HIDTA can help empower state and local agencies to improve the safety and security of their communities.

I pledge to you that I will use my position to ensure that Federal law enforcement is acting as an equal partner with you in these efforts. I know from my meeting with the Attorney General, Secretary Napolitano, and the heads of the Federal law enforcement components that they feel the same.

I want to mention that I consider our neighbor to the south, Mexico, an invaluable partner in our efforts to reducing drug use in the United States. I've taken two trips to Mexico since being confirmed in May, and I've seen first-hand evidence of the courageous stand President Calderon has taken against the cartels' operations within Mexico's borders. ONDCP is working closely with DHS and the DOJ to implement a balanced strategy to help Mexico.

We are supporting demand reduction in Mexico through treatment programs and drug courts. I am chairing an interagency group with DHS and DOJ that will focus on reducing drug profit repatriation and arms into Mexico across our southwest border. We work with Mexico every day to combat illegal drugs and cartel violence, and we look forward to continuing that cooperation.

When President Obama asked me to serve as Director of ONDCP, he explained that one of my first duties would be to craft his first National Drug Control Strategy, an annual planning document focused on the nature and scope of the challenges we are facing, as well as the policies and programs that will have the most meaningful and measurable impact.

His instruction to me was, "I want you to go around the country and sit down with people on this issue to listen to their ideas on what the National Drug Control Strategy should look like."

And that's what I've been doing. In these first months on the job, I've traveled across the country to meet with experts and practitioners in law enforcement, the prevention and treatment communities, as well as with those in substance abuse treatment, their families, and people in recovery.

This type of outreach has been incredibly helpful, and I want it to continue today. I'd like to invite anyone who would like to offer their suggestions directly to ONDCP as we develop our National Drug Control Strategy to visit our booth, where we've set up a suggestion box to collect your ideas and input. Our booth is number 1156, in the Exhibition Hall, and we welcome your submissions.

I want to thank the IACP, Dan Rosenblatt, and Jim McMahon for surveying many members on recommendations for the 2010 National Drug Control Strategy. Your recommendations regarding long-term funding assistance, collaboration between education, prevention, enforcement and treatment, and information sharing are heard loud and clear.

Your frustrations with inadequate rehabilitation services, underfunded re-entry programs, border issues and the dysfunctional juvenile justice system will not be overlooked. The IACP's guidance is well-taken and much appreciated.

Our National Drug Control Strategy will be a balanced one that recognizes and supports law enforcement and the criminal justice system. I don't need to tell you all the reasons we need to develop a holistic approach. In these tough economic times when there are limited resources, this approach will leverage dollars and result in long-term cost savings.

Recycling the same people through the system, the default approach in place now, is not working. But let me be clear: A balanced and more effective approach does not mean legalization. It does mean being smarter about drug policy, as I've laid out.

In closing, you are the best advocates for changing the way we talk and think about the drug trade and drug abuse. You have done this in reducing crime; I remember when many said police don't matter in reducing crime rates. You have done this in lowering alcohol-impaired driving to record lows. Now, I want to challenge you to do this in our approach to drugs. Collaborate with prevention, treatment, recovery, and education. With your continued support and partnership, this new approach will result in a safer and healthier Nation.

Thank you for your time.