

ALAN BJERGA: Good morning, everyone. My name is Alan Bjerga. I'm the President of the National Press Club and welcome to this morning's Speakers Press Conference, featuring the White House drug czar, Gil Kerlikowske. The National Press Club is the world's leading professional organization for journalists and are committed to our profession's future through our programming and by fostering a free press worldwide. For more information about the Press Club, please visit our website at www.press.org. To donate to our programs, please visit www.press.org/library. On behalf of our members worldwide, I'd like to welcome our speaker and attendees at today's event. I'd also like to welcome our C-SPAN and Public Radio audiences.

After the speech concludes, I will ask as many questions from the journalists in attendance as time permits. But first, a bit about our speaker. R. Gil Kerlikowske is Director of the White House Office of National Drug Control Policy, better known as the drug czar. Mr. Kerlikowske is here to discuss the 2010 national drug control strategy that the White House released yesterday. President Obama calls the plan "a balanced approach to confronting the complex challenge of drug use and its consequences," emphasizing the public health aspects of drug abuse and addiction, along with expanded law enforcement.

The five-year goals of the study include reducing by 15 percent each the rate of youth drug use, the number of chronic drug users, and the number of drug related deaths. Mr. Kerlikowske sought input for the plan during meetings nationwide with police, medical and treatment professionals, parents, faith leaders and people who are in recovery.

During the listening tour that he did for this initiative, Mr. Kerlikowske could lend a sympathetic ear to law enforcement officials. Before being confirmed as drug czar last May, he spent nine years as Seattle's Chief of Police, bringing crime in the city to its lowest point in 40 years. Prior to that, he was Deputy Director for the Department of

Justice's Office of Community Oriented Policing Services. He also has been Police Commissioner in Buffalo, and Chief of Police in Florida, in two different cities.

Before taking his current position, he has been a national leader among law enforcement officials, serving twice as President of the Major Cities Chiefs, and he's also been President of the Police Executive Research Forum, and served as Chairman of the Board of the Directors of Fight Crime, Invest in Kids. He earned a B.A. and M.A. in criminal justice from the University of South Florida, and is also graduate of the FBI National Executive Institute in Quantico, Virginia. Thank you very much for speaking here today.

R. GIL KERLIKOWSKE: Thank you very much. It's a great pleasure to be at the Press Club today, and to be able to talk about the 2010 National Drug Control Strategy. Earlier this week, I met with President Obama in the Oval Office. We talked about the administration's inaugural drug control strategy. He had given me direction early on when I assumed this position to get as many voices as possible in the strategy. And Alan mentioned the fact that we have been all over the country. There was quite a bit of travel involved.

The strategy that's the result of all of this input is comprehensive, it's balanced, it will help to reduce illicit drug use and its harmful consequences. And it's a strategy that encompasses law enforcement, prevention, treatment, recovery and certainly the international partnerships.

You know, regardless of where you live or how much money you make, and regardless of your race or gender, the odds are quite high that substance abuse and its consequences affect you or someone you know. In fact, my travels I could not find anyone who had not been affected because of a friend, a colleague, a coworker, a family member, a neighbor as a result of drug problems. And that use affects the lives of millions of people. It's a part of many of the other challenges facing our nation. When I think about the public

health issues and reduction of the costs of healthcare, I think about who's going to be in the military, I think about who is, as the economy gets better, who's going to be that prepared workforce in the future, I think about the southwest border and our foreign relations, the drug problem is part of all of that. By reducing drug use and its consequences, we can have a healthier workforce and a stronger fighting force, and quite frankly, kids who are ready to learn.

I want to share a few statistics with you. Nationally, overdose deaths have surpassed gunshot wounds as the number two cause of injury death. When I was going through confirmation last year as a police chief, I thought I knew the data very well. When they said, "Do you know that more people die from drugs than gunshot wounds?" I was actually surprised. I went out and asked a number of my colleagues across the country. They weren't aware of that, either. So that's something that's been there, it's been below the surface and it needs to be discussed.

In 16 states, drug-induced deaths have surpassed car crashes to become the leading cause of injury death. So to think about having more people dying from drugs than from gunshot wounds, more people in at least 16 states, and I would venture to say it's probably more than that, that are dying from drugs than from car crashes, is quite startling.

Illicit drug use, including prescription drug abuse, is reported by about one in eight active duty military personnel. Women on active duty are over four times as likely as civilian women to report abuse of prescription drugs. Twenty-nine percent decline in drug use among youth that began in 1997 has ended. Multiple surveys show that young people's attitudes towards drugs are softening, and that's often a precursor to an uptick in drug use. And young adults between the ages of 18 and 25 have the highest rates of current drug use, nearly 20 percent. Each day an estimated 4,000 young people between the ages of 12

through 17 initiate drug use for the first time. In a recent national roadside survey found that among nighttime weekend drivers, one in six tested positive for an illicit substance.

In the year since my confirmation, I visited 42 different cities in 22 states and 10 foreign countries and I've held roundtable discussions, as Alan mentioned with just a host of different people; police roll calls in Fresno or Nashville or midtown Manhattan and Boston, going to treatment centers, people in recovery and talking to drug court judges, people that run prevention programs, and talking also, or listening mostly, to a lot of youth across the country.

My office wrote this document, but this is clearly the voice of the American people. And that extensive consultation process really helped to highlight an important truth, that the public safety issue isn't the only single piece of the drug use problem. This is an extremely complex problem, it's dynamic, and quite clearly it is as much a public health problem as it is a public safety problem. And we need to meet this challenge head on.

I can report to you, as I did to President Obama, about the direction that we're taking, and I think that direction is very clear. The strategy will help build on the hard-won knowledge we have which incorporates new information, new tools that have been provided to us by research and science. And we know that seven million Americans, nearly one out of every forty people in this country exhibit the diagnostic criteria for illicit drug abuse or dependence. But not everyone, of course, who uses a drug is an addict. There is a great deal of personal responsibility involved in here, and personal responsibility for not using an illicit drug. For seeking treatment if we have a drug problem and for sticking with recovery if we are in the recovery mode. And our approach starts with prevention, because no matter who you are, good decisions are the best way to avoid a bad outcome.

And that's why the administration's drug strategy lays the foundation for a national community based prevention system to protect adolescents. The system will build on the success of many existing efforts, our Drug Free Communities Coalition Movement, which has seen a major expansion over the last 12 years. And we have a goal to build a community-based prevention system because drug use and its consequences affect different places in different ways.

People often talk about our national drug problem. We actually don't have a national drug problem, we have a series of regional drug problems. A wide variety of the drug problems that exist are closely tied to the makeup, the economy, and the geography and culture of a particular community. And I have heard that over and over again. We must combine that localized knowledge with a true prevention system, because too many dedicated, caring prevention providers who work as hard as they possibly can say that it never is enough.

So what are we going to do, or what can we do differently? And the last decade has given us some real advances into science of prevention. We've learned that people are most likely to develop a substance abuse problem between the ages of 12 and 20. That if you don't use drugs by the time you reach your 21st birthday, the odds are very high that you never will.

We discovered that substance abuse shares common risk factors with a whole variety of other problems from bullying, social rejection and school failure to depression and teenage pregnancy. The most effective prevention programs reach kids across a range of settings from home to school to work sites, faith communities and the social media platform where today's kids spend so much of their time.

A coordinated prevention system is what we need, one that's designed to reach young people when they're the most vulnerable, recognizes what signs to look for and knows

where to intervene and how to intervene. Building this kind of system will require federal and state governments to work together and to help communities and their members become prevention prepared. Instead of promoting scattered and unconnected prevention programs, we'll build on the success of existing federal grant programs that provide incentives to community stakeholders to work together in targeting the common risk factors behind a range of adolescent problems.

The result will be kids better prepared to make good decisions about their health, their safety and their future. And in a modern media environment filled with pro-drug messages, ONDCP's national youth anti-drug media campaign is a critical resource. It delivers anti-drug messages to America's youth and the adults influential in their lives. It's been dramatically retooled to respond to a fast changing media environment. The campaign will increase its emphasis on teen-centric television, print and digital media, and it will place more relevant content on the websites that are popular with teens. And it will also be tailored to high risk youth populations, including Native Americans, who suffer disproportionately from drug problems.

But not even the best prevention programs can prevent every young person from using drugs. And here's where we can apply a lesson learned from the public health crises. When prevention falls short, the next priority must be early intervention. And when the goal is to contain a crisis responding at the first sign of trouble is essential. One way to insure we better recognize and act early on the signs of drug abuse is to encourage healthcare professionals to identify at risk individuals and to intervene before the problems worsen.

A majority of Americans see a healthcare provider at least once a year, and these visits are critical opportunities to detect substance abuse problems. Recognizing early health-related trouble signs of drug abuse is a valuable tool and it can save lives. And because unchecked, addiction usually results in a huge healthcare cost.

Early intervention can also save us money. The federal government has a pilot program for this kind of early intervention and treatment and the Obama Administration 2011 budget proposal includes \$25 million to add qualified and trained behavioral health counselors and other addiction specialists to federally supported community health centers including Indian health centers.

Unfortunately, when prevention and early intervention don't work, people with drug abuse problems frequently become involved with the criminal justice system. And this strategy recognizes the important role that drug courts continue to play and it identifies way to leverage the criminal justice system in keeping society safe while also addressing the underlying substance abuse problems for drug involved defenders.

Problem solving courts, reentry courts, innovative community corrections programs for drug offenders are smart approaches. In addition, comprehensive family based treatment, which allows the families to remain intact during drug treatment not only reduces drug use, but it also helps break the tragic cycle of intergenerational substance abuse. And I heard that over and over and over again from young people whose parents were addicted, whose brothers and sisters were addicted, on and on.

Another example of innovation is Hawaii's Hope Project, and I had an opportunity this morning to meet once again with Judge Alm from Honolulu. Participants in the program lowered their rate of positive drug tests by 83 percent when they were regularly tested and they faced swift and certain, but modest, sanctions for using drugs. Initiatives like this can help to reduce drug use, crime and probation violations all at a lower cost. And it can also determine who needs drug treatment and whose behavior can be changed in other ways. And, they help keep the community safe.

All of these types of programs are an important step between breaking the connection between drug use and crime. We must reach the people in need of help for substance problems, no matter where they are. There's no magic bullet in the treatment of addiction. Much work remains to be done. This is a great success, though, of the Obama Administration. The new regulations and healthcare reform will require private group health insurance programs to offer benefits for substance abuse disorders that are comparable to the benefits for other illnesses. This parity requirement will help remove a barrier for treatment for millions of Americans.

Despite all the changes that I've laid out today, law enforcement plays an extremely vital role. Law enforcement efforts coupled with prevention and treatment can make a difference in drug use and its consequences, both domestically and internationally. Drug trafficking and related crime and violence pose a national security threat. Therefore, we will pursue an integrated plan to disrupt and dismantle transnational drug trafficking organizations with particular emphasis on those that operate along the U.S./Mexico border.

Attacking drug trafficking organizations profits, assets and money laundering operations is critical to the strategy. We recognize that preventing illicit proceeds and weapons from reaching the hands of the violent drug traffickers is vital to stopping the flow of dangerous drugs into our communities. The administration is working to improve our capabilities at the southbound interdiction, aided considerably by increasingly effective intelligence exchanges at the federal, state, local and international levels.

The strategy recognizes that the United States is the most lucrative market for illegal drugs on Earth. But international drug traffickers don't respect the borders, so we have to collaborate with our international partners to reduce the global drug trade and strengthening international partnerships is a key element.

Building on the success of the partnerships in Mexico, Colombia and Peru, we will pursue strategic two-way information sharing, collaboration and joint planning with our international partners. And as more countries grapple with growing rates of drug addiction, we'll work with them on reducing the demand for drugs within their own borders. And we'll also conduct joint counter drug operations with international partners, strengthen counter drug institutions in the western hemisphere and coordinate with global partners like Russia to prevent synthetic drug production and the diversion of chemicals used to produce methamphetamine and other drugs.

And before concluding, I'd like to highlight a couple of the challenges that we must be prepared to meet in the near term. These are areas where we must work together and draw at the federal, state and local level from the lessons that we have already learned. And collaborate in devising practical solutions to new problems.

The first challenge is prescription drug abuse, the country's fastest growing drug problem. A recent national survey of high school students reported that among twelfth graders surveyed, seven of the ten top abused substances are pharmaceuticals. We must educate physicians about taking extra care in prescribing opiate painkillers. In addition, we can collaborate with medical groups, providers and pharmacies to expand and improve prescription drug monitoring programs.

And at the local level, it's important to educate parents and grandparents about the importance of securing medications. In addition, communities can take prescription drugs back to allow people to safely dispose of unused pharmaceuticals. These take-back events that are conducted properly and in compliance with law enforcement guidelines, can be effective ways to keep pharmaceuticals out of the hands of those who might abuse them.

We can also work to share information across federal, state and local agencies and programs to crack down on pill mills, supposed health service operations that have been

set up for the sole purpose of distributing prescription medication without proper precautions.

Drugged driving is another serious problem that I had mentioned earlier in my remarks. We need a response to drugged driving that is on par with the decades-long and highly successful efforts to reduce alcohol impaired driving. More needs to certainly be done with alcohol impaired driving, but drugged driving has not gotten the attention that it should.

We have to educate government agencies, parents, schools, faith communities, nongovernmental organizations, and medical professionals about the very real dangers of drugged driving. We need to work towards per se laws, per se standards for drugged driving at the federal, and on the federal level we must conduct more research into the technologies to identify the presence of drugs in the system.

This information can help enforce existing drugged driving laws and increase the number of states with effective laws on the books. As I told the President, the wind is at our backs. We have the benefit of science, we have the right tools at our disposal to make a difference and to decrease drug abuse and its consequences. I saw that as a police chief. This country has done remarkably well in the last decade in reducing crime through some very innovative partnerships and collaborations. We have never applied that same level of cooperation and innovation when it comes to dealing with the drug problem. And I am firmly convinced that if we apply those lessons learned, we can have the same successful outcomes on drugs that we have had on crime in this country. Thank you, Alan, ready to answer any questions.

MR. BJERGA: And thank you again for your time today. And a reminder, if you have questions please pass them forward towards here. We'll ask as many as we can.

Coming from yesterday's announcement, one of the numbers that was very quickly reported was the goal to reduce drug use among youth by 15 percent. Why the 15 percent goal over 5 years, when in Barry McCaffrey's last three years we had a decline of 34 percent?

MR. KERLIKOWSKE: We've seen some significant changes in the survey instruments that are out there showing that the last ten years, in fact in particular, things that had been moving in the right direction are not moving in the right direction. The other part is when we look at trying to use one year goals, that hasn't been particularly effective. It's kind of like measuring crime year to year to year. So when we looked at all of the goals and the fact that one of the things that was most focused upon in previous administrations, was youth and drug use, we also saw that some of the most important things were not recognized. Drugged driving, and, of course, this dramatic significant increase in the number of people dying from drugs.

So trying to balance all of that together and look at where we could focus time and attention seemed to be, based upon all of the advice and information we received, seemed to be one of the best ways to deal with it.

MR. BJERGA: You mention in the formulation and sharing of the plan that you met with the President in the Oval Office privately. Why was this not the first drug strategy that was not publicly announced in an open, public speech by the President of the United States? And how can the White House give more attention publicly to the drug problem?

MR. KERLIKOWSKE: Well, one, let me be really clear about this. This issue has come up and was reported and the issue was also reported when I assumed the position and it was no longer included in the cabinet. Secretary Bennett, Bill Bennett, had mentioned to me that when he was the drug czar, he was not a cabinet member. He had been, of course, as Secretary of Education. He said, "You know, it's not that exclusive a

club.” But he said the important thing is do you have the President’s ear? Do you have the Vice President’s ear? And I can assure you, and I can assure the American public that I absolutely do.

The person that helped design the entire ONDCP structure and strategy was the Vice President of the United States. So, I could not ask for either a more knowledgeable or a more supportive partner than the Vice President. I will also tell you this: it is not for lack of engagement or concern that President Obama did not do a public announcement on this. As you might guess, whether it’s this week or the week before or the week before that, the President was highly engaged in many, many, many subjects. But, after the briefings and the time that I have had with him on several occasions, the multiple time that I've had with the Vice President, I can assure you that you will be hearing more from the President of the United States about the drug issues.

MR. BJERGA: And, of course, along with having the ear of the President, there's also getting the attention of the public, which can be challenging when there's so much media attention in various ways. You have mentioned that the decline in youth drug use has ended. But funding for programs, TV ads, campaigns, to combat youth drug use has also declined. Would you be an advocate for going back to the \$200 million level of funding that we once saw in anti-drug campaigns as a way to getting this 15 percent reduction?

MR. KERLIKOWSKE: The anti drug youth media campaign has been the subject of a lot of controversy. And I think the second week that I was in office, I was informed that the budget request of the President’s had been rejected in Congress in the markup. And I spent a great deal of time going up and meeting with not just members of Congress, but also with staff members. Kids today are exposed to huge, huge amounts of media directed at them that are basically pro-drug messages. I will also be the first to tell you that I wanted to completely retool and reshape the media campaign.

Partnership for a Drug Free America is a great partner on this issue. We all know how difficult fundraising is. I'm very supportive of the President's \$66 million request for the campaign, but I'm also very focused on making sure that this campaign is the right campaign and is delivering the right messages to the right people. That's why the amount of pre-testing, et cetera, is so important. So I am supportive of the increase, and let's take a look at the results. But I've looked at them, I've seen a lot of the work, I've seen a lot of the testing, and pretty excited about this campaign.

MR. BJERGA: You made reference to pro-drug messages that you are seeing. Could you describe what you are seeing in terms of pro-drug messages from mass media, and how can mass media change its portrayal to further goals of reducing teen drug use?

MR. KERLIKOWSKE: One, the messages that are most concerning to me are the messages that show drug use with no consequences. I was on a commercial airline flight the other day coming back from the west coast. And on the TV, and this is a late afternoon flight, it wasn't a red eye, and on the television screen was an older woman and a younger man obviously smoking marijuana on the screen. And I talked to the purser about that on the way out, and mentioned my concern. If you look at being exposed to some of the different artists that kids listen to, pro-drug messages about things such as oxycontin or the prescription drugs, all of this, of course, shows very few consequences.

And if you noticed, one of the people that gave testimony and has been speaking out recently has been the father of Amy Winehouse on this issue. The other part is, there are a number of young, very, very significant actors and media stars in the industry that are actually anti-drug, and we hear them all the time. I heard one of the most stirring speeches from Toby Maguire when he spoke to the National Association of Drug Court Professionals and talked about his own prior issues with marijuana. I could not be more supportive of those folks speaking out on this. But I am concerned about the amount of information that goes to young people. And the fact that there seem to be very few

consequences as a result of this. And we all know that there are consequences for abuse, whatever the substance is.

MR. BJERGA: We have several questions, of course, dealing with border security and drug flows into the United States. My first question simply is who's running Ciudad Juarez nowadays?

MR. KERLIKOWSKE: You know, I have not made a visit to Juarez. I've made three trips to Mexico, the most recent with Secretary Gates and Secretary Clinton. And I've made four visits to the southwest border. I'm very encouraged by what President Calderon has done, and of course as many of you know there has been a change in the authority for policing in Juarez from the Sedania, from the army, to the SSP to the Federals. And having met with Garcia Luna, the head of the SSP and visited their training facilities, their equipment, their focus on providing public safety, I'm very encouraged that the SSP, being a police force rather than a military force, will have some gains in Juarez. I think everyone recognizes on either side of the border that Juarez is the epicenter of what needs to be changed and controlled, and I hope that we can make some significant differences in our support of President Calderon and his administration.

MR. BJERGA: In terms of the major factors you could see that would be reducing drug use in the U.S., where would securing the border with Mexico rank, and why?

MR. KERLIKOWSKE: Well, I hear all the time, and I did when we drafted a policy, or a white paper, for the Major Cities Chiefs Associations, it's a group of police chiefs of the 56 largest police and sheriff's departments in the country, many of whom from San Diego all the way through Texas, those chiefs and sheriffs are members. And we drafted a paper that has been well publicized in our positions regarding immigration issues, and also about securing the borders. I also know that an incredible amount of resources have been poured into attempts to secure the border.

I think one of the most important things that we have to recognize is part of securing the border is also reducing our own demand for drugs within the United States. If we weren't quite such a large consumer nation, the profit motive to struggle drugs across the border would not be so high.

The other part is I've been very encouraged in the southwest border strategy implementation that was released by Attorney General Holder, Secretary Napolitano and myself last June along the border, I've been very encouraged by the amount of work being done to reduce the number of firearms and the amount of bulk cash that flows back as a result of this.

I think that more can be done, but I also having spent some time and listened to my colleagues who have policed the border and been chiefs and sheriffs in El Paso, for instance, in particular, how incredibly difficult 1,960 miles southern border is to actually secure. But, I'm encouraged about the progress that's been made.

MR. BJERGA: You have mentioned that on portion of the border where a fence has been built, 90 percent of both illegal immigration and drugs have been stopped. Given that, why not a fence for the full border?

MR. KERLIKOWSKE: Did I mention that?

MR. BJERGA: It's what the question says.

MR. KERLIKOWSKE: You know, actually I don't remember mentioning any of that, but I'm not denying that I might have. I think that there are issues depending on the terrain. I'm not certainly the border expert, but we are a coordinator for the border policy. But I know that I have also been to places along the border where whether it was a car, a

vehicle stop system or some other type of fence that people have looked at ways of crossing that. You certainly are familiar with the ultralights that have been used most recently. There have been ramps that have been built. I think this is a holistic effort. It's good intelligence information between two countries, it's having police forces that are above corruption. It is reducing our own demand and there is no silver bullet to securing the border.

MR. BJERGA: I think on that last question with the attribution, I mistook a period for a comma. So just to clarify on that. Of course, Mexico isn't the only international source of drugs. There's always Afghanistan as a concern. There has been a de-emphasis of eradication efforts in Afghanistan in recent years. Part of both hearts and minds and a rebuilding of the local economy, as well as just a direction of U.S. resources. Yet, that's a very big contrast with what you've seen in Colombia, where you've seen the U.S. partnering towards eradication efforts and such. Given the security of the American people and the need to reduce drug use, what should be the government's priority in terms of support in Afghanistan for eradication efforts, given that a lot of those drugs end up on the streets here?

MR. KERLIKOWSKE: Well, let me just take a moment. Only a very, very small percentage of Afghan heroin ever comes to the United States. The majority of Afghan heroin goes to Europe, to Russia and to other countries. It's not that we don't have our own heroin problem, it is just that the vast majority of our heroin problem does not come from Afghanistan.

That being said, the eradication decision is a decision that's made by independent sovereign countries. The United States is happy to support those countries and those decisions whether it's in Colombia, whether it's in Mexico or certainly whether it's in Afghanistan. Those are all important decisions. Ambassador Holbrook very patiently spent a great deal of time with me explaining, because I had just come into office,

explaining that direction, explaining the problems that have occurred when eradication of essentially very poor farmers opium crop is conducted in Afghanistan. And, in fact, turns them toward the Taliban. I think that changing the direction of going after traffickers and going after financiers, and I could not be more encouraged by the relationship that has been established within not quite even a year between Russia and the United States on this issue.

MR. BJERGA: Could you elaborate a bit on that further? Because while your point is taken about the lack of drugs that actually make it onto U.S. streets, I think a large point here is that a lot of this funding from the drug operations end up going to al-Qaeda and the Taliban. So, given that, how is the U.S. effort in the broader strategic standpoint necessary in order to deal with those financial aspects of the funding that is going back and forth? And is eradication a key part of that strategy?

MR. KERLIKOWSKE: So I've seen a variety of different analyses of how much funding the Taliban gets from either foreign countries from charities as a result of drug trafficking. So I think the information is somewhat mixed. I think that the focus of going after heroin processing labs, the precursor chemicals that are needed to make heroin, going after financiers and going after traffickers would by far have a better effect in also reducing the money that could flow back to the Taliban as a result of that.

So I think this strategy is certainly one that makes sense. It's a strategy that we are watching very carefully. But it's a strategy that I think we should continue on until we see anything different.

MR. BJERGA: So your concern here isn't the Afghan farmer who's growing poppy, it's further up the supply chain to try to choke off the flows at that point. Turning back to domestic issues, you made reference in your speech to how there's not really a national problem, there's a series of regional problems. I'd be interested in knowing a little bit of

the description of some of those different regions and their problem areas, ranging from the Mexican border to Appalachia to your old stomping grounds in the Pacific northwest?

MR. KERLIKOWSKE: When I left Seattle as police chief, crime was down 40 percent, if you want to make a note of that. It's actually also good to know when to leave. Methamphetamine is probably the best example in the issue. Methamphetamine was not particularly well recognized or talked about within the beltway. Or, frankly, within ONDCP. As methamphetamine really became a significant problem in the west, even though, by the way, methamphetamine in overall numbers is not as high as other problems as we have in the United States, you could see Congress becoming quite agitated. If you were a member of Congress whose district was being ravaged by methamphetamine, you really didn't care what the numbers said nationally, you really cared about what was happening in Tacoma, Washington, or the Portland, Oregon area, or some other place. So we have to be aware of these things as they begin to crop up. And we've seen methamphetamine cut across the midwest.

For a long time in the Pacific northwest, we also had the issue of BC bud being transported across the Canadian border and into the United States. As that border has tightened up, that is not as much of a problem as it was in the past. We've also seen, as people no longer can obtain at times prescription drugs, the opioid painkillers, that they have turned to heroin, which is actually much less expensive. And that has been a significant concern also. And Appalachia, recently over 500 arrests that were led by HIDA, our high intensity drug trafficking group, who had been purchasing the painkillers from the pain killers in Broward County, Florida, and then bringing them back for sale in West Virginia, Tennessee, Kentucky, et cetera. That is a significant problem. So we do have these series of different drug problems.

MR. BJERGA: On the topic of prescription drug abuse, states like Virginia have banned giving out, for example, pseudoephedrine, cold medicines, without prescriptions,

chemicals that may be used as precursors for drug manufacturing, or for the manufacturing of methamphetamine. In Virginia, there's been some success with these laws in terms of reducing abuse and use. What would be the feasibility of a national approach to these sorts of chemical bans?

MR. KERLIKOWSKE: So, as the methamphetamine problem progressed across the United States and the federal government actually did not take what Congress thought should have been the actions, a number of members, particularly from those areas, formed the Meth Caucus. They were able to pass the Combat Methamphetamine Act, Combat Meth Act, and they were able to take pseudoephedrine, over the counter medications, and essentially put them behind the counter, requiring that you show some form of I.D. in order to purchase them, because those are used in making methamphetamine. That worked for a while, it isn't working now and we are seeing a resurgence of methamphetamine production in the country, a resurgence of methamphetamine labs, albeit it small laboratories. The success stories that I tout are certainly Oregon. Four years ago, Oregon took those pseudoephedrine medications and made them prescription only. And so you can't buy them whether or not you have I.D. You have to have a prescription.

Oregon had single digits for drug labs last year, methamphetamine labs. In my own state of Washington next door, there were almost 200 similar incidents because you could still purchase it with just some form of I.D. Governor Haley Barber just signed the legislation in the state of Mississippi to make pseudoephedrine a prescription only, and I would remind you that in the 1970s, pseudoephedrine was a prescription only. So, I am unbelievably supportive of making this a prescription only.

MR. BJERGA: What are some examples of some state initiatives that the federal government can learn from and then apply?

MR. KERLIKOWSKE: I would be the first to tell you after all my experience, which is not inside the beltway, that the good programs and the good ideas aren't developed inside the beltway. They really are developed at the grass roots level. And when they are combined with the energy and enthusiasm of local people, and they use best practices or evidence-based programs, I think that makes sense. For instance, the prevention programs that combine a host of messages from trusted givers, such as parents, teachers, faith leaders, et cetera, when they give those messages about good choices, staying away from drugs, not drinking under age, healthy choices when it comes to nutrition, when kids get those messages consistently and repeatedly, we see that those kinds of things actually make a difference.

That's why I'm very excited about this community preparedness initiative, prevention prepared communities, which is the President's 2011 budget request. It brings some resources from the federal government, but it also gives those state and local people who know their own territory the best and can put these things into practice, the opportunity to do this.

MR. BJERGA: On abuse of pharmaceuticals, you can hear the argument made that part of the reason why these drugs are attractive to youth and to users is the fact that because they are a prescription drug, they are in some form legal, they may be perceived as more safe. I would be interested if you agree that that may be a motivation? And if so, what does that imply for medical marijuana initiatives and efforts to show that other drugs may have medicinal uses?

MR. KERLIKOWSKE: So, I can tell you what I think the research says on the one hand about prescription drugs. And I've actually sat in some focus groups and listened to seventh grade girls talk about pharm parties, p-h-a-r-m. Young people, because these are prescriptions, because they're in medicine cabinets, because they're not sold in a piece of tin foil from behind a gas station, they do think that they are safe. In fact, many times

they don't even realize what it is they are taking or what it is they are abusing. So I would absolutely agree with that.

I don't have the science, and I don't have the research to tell me this about the medical marijuana. But I will tell you from my point of view on the issue of this continuing discussion of marijuana as medicine, that it is not a helpful message to young people in any way, shape or form. Science should dictate what is medicine. The last time I checked, we have a wonderful system in this country to determine medicines and their efficacy and their safety. Popular vote is not one of them, inhaling medication in which the dosage and the strength, and on and on, is not known, is not anything that I have ever heard medical professionals tell me is a particularly good thing. All of that being said, science as it continues to look at the properties of marijuana and whether there are parts of marijuana that can be helpful is good.

But let go back and just make that point one more time. I don't think the continuing discussion of linking marijuana as medicine in the popular press in front of advertisements, seeing people outside of stores, the same places that you see somebody with a sign and they're holding it out in front and saying, "Mattresses for sale," right down the street as I walked Venice Beach, is a person with a sign that says, "Marijuana, medical marijuana." I think that's a huge mistake and a wrong message to young people in this country.

MR. BJERGA: It does, of course, lead into the debate that you're very well familiar with, which is the legalize and tax and regulate argument. Is there any scenario in which you could see more of a governmental approach toward controlled substances? Can such a system work in the United States as it has worked in some other countries?

MR. KERLIKOWSKE: Sure. I would tell you that when we talk about has it worked in other countries, I met with the Minister of Health from The Netherlands, Ab Klink. As

you've noticed that The Netherlands, which are widely touted with their marijuana cafes, are now in the process of literally closing hundreds of marijuana cafes because of problems associated. Legalization is a non-starter, it's a non-discussion in the Obama Administration. I have read thoroughly the ballot proposition in California. I think I once got an email that told me I'd won the Irish Sweepstakes, and I think that actually had more truth in it than the ballot initiative, or proposition that says tax, regulate and control.

And let me just give you two examples. One is, we already have taxed, regulated and controlled substances now, and they are pharmaceuticals. We are not capable of keeping those pharmaceuticals out of the hands of young people. We are not capable of preventing so far the number of drug-induced deaths as a result of those pharmaceuticals. Why in heaven's name would anyone think that we can tax, regulate and control marijuana?

The second thing is as the Rand economist stated in her testimony in California, that the assumptions of how much tax dollars could be raised as a result of legalization were, and I am not quoting her, but essentially paraphrasing in which she said those assumptions are somewhat faulty and certainly somewhat misleading. And you can read that testimony.

And my example is we already tax quite highly alcohol. People pay high taxes on alcohol and yet alcohol taxes do not begin to cover the costs of social, healthcare and criminal justice costs as a result of alcohol problems. Now with a substance like marijuana that can be easily grown, it is a weed, why in heaven's name is somebody going to assume that they are going to pay a high amount of taxes on marijuana when it can be grown? I just don't see that happening. People pay high taxes on nicotine products and they pay high taxes on alcohol. I don't see many people with the ability to either distill spirits or to grow tobacco and to make their own so they're willing to pay those taxes.

So I think if you just barely scratch the surface of all of these arguments, they don't seem to hold up, in my estimation. Thank you all very much. I'm sorry, I'm supposed to quit, am I?

MR. BJERGA: We are allotted for one hour, actually, and we have about ten minutes left.

MR. KERLIKOWSKE: Oh, we are? Okay. So we have a few more questions.

MR. BJERGA: Just a few more questions. First question here, getting back to the strategy itself, there are a few minor tweaks in the strategy's funding, but the enforcement to treatment and prevention ratio remains about two-thirds to one-third. The treatment gap of people who need but do not get treatment has remained essentially the same for decades, about 20 million according to HHS. Why would you not ask for increased treatment funding to reduce that treatment gap?

MR. KERLIKOWSKE: I think the fact that the President has asked for slightly less than 4 percent increase in treatment funding and a 13 percent increase in prevention funding speaks volumes. The second thing-- boy, I was hoping to avoid that question. Maybe that's why I wanted to leave.

The second thing that I want to mention on that is essentially this. And that is, when we talk about the number of people that clearly can be in treatment many of the times, many of the reasons behind, is not a lack of availability of treatment, it is the fact that they don't recognize they have a substance abuse problem. And our program called SBIRT, screening, brief intervention referral to treatment, is one that is particularly helpful. And that is teaching healthcare professionals to ask just a few pointed questions regardless of what you see that healthcare professional for. Just a few questions about whether or not they have-- what they're using for substances, asking about alcohol and asking about

drugs. That healthcare professional, who is a trusted individual, can actually help to do the early intervention and get that person in the right place.

The last thing I'll mention on that is as complex and difficult, and we've spent an entire hour, seems like three, if we spent an entire hour on this subject and people that want to put this into this one little, tiny box and say, "Substance abuse, demand reduction over here, substance abuse, supply reduction over here, and this is where all the money is, out of \$15 billion," it becomes such a kind of a false choice and a false argument. Police officers who are the supply reduction side are also in schools, helping schools and school administrators talk about prevention. And yet it's kind of looked at over here.

So I would actually love for us to treat with the complexity it deserves the drug problem, instead of saying, "Well, let me look at how the numbers place." Thanks.

MR. BJERGA: We'll have one more question, final question here, and then we're going to have to give you our traditional National Press Club mug and move along our way. But here's the question. Why has the administration been virtually silent on the role of sports in drugs when nearly a million youth abuse steroids, use professional athletes as role models and suffer the mental and physical health consequences as a result of the drug abuse?

MR. KERLIKOWSKE: That is a good question, and actually it's one of the things and probably the first week that I was in office that I met with parents of young people who had been involved in high school athletics, and in fact one of whom had died regarding steroid use. So, a couple of important things. One is that in our office, in the United States government, we pay a large amount of dues to WADA, the World Anti Doping Association. We also pay and participate very heavily in all the meetings of a group called USADA, the United States Anti Doping Agency. And so those issues are particularly important.

We have talked with and will continue to talk with sports groups and sports figures, because they can be wonderful, wonderful messengers on this issue. And I think you're absolutely right, we should be doing more and more could be done on this particular issue. I'm glad you brought it up.

MR. BJERGA: And thank you very much for your time today. And take this token of appreciation from the National Press Club. Thank you very much time for your time as you take more for your busy day.

MR. KERLIKOWSKE: Thank you very much, I appreciate it. Thank you all.

MR. BJERGA: Thank you very much. And now just a few announcements before we leave for today. I would like to remind our audience and guests of future speakers. On May 14th, we have Thomas Donohue, the President and CEO of the U.S. Chamber of Commerce who will address the state of world trade. The Honorable Tim Kaine, Chair of the Democratic National Committee, will discuss his party's prospects in the 2000 elections on May 19th. And on May 21st, we have Ted Leonsis, owner of the Washington Capitols, who will be speaking to a luncheon.

Thank you all for coming today. We'd also like to thank the National Press Club staff including its library and broadcast operation center for organizing today's event. For more information about joining the Press Club and on how to acquire a copy of today's program, please go to our website at www.press.org. Thank you very much for your attendance today.

END

