

*EXECUTIVE OFFICE OF THE PRESIDENT
Office of National Drug Control Policy*

June 11, 2012

*Remarks of Director Gil Kerlikowske – As Prepared for Delivery
Betty Ford Center
Rancho Mirage, CA
June 11, 2012*

As Prepared for Delivery –

Thank you, Mary, for that warm introduction, and for your dedicated work in treatment, recovery, and the fight against prescription drug abuse.

I'd like to recognize a distinguished guest, UNODC Goodwill Ambassador Chris Kennedy Lawford. Thank you, Chris, for your tireless and inspiring advocacy on behalf of the treatment and recovery communities.

I also want to thank John Schwarzlose and his staff for the invitation to speak today.

I'd like to begin by affirming the Obama Administration's unequivocal support of the treatment and recovery communities. Today, I will show you that we have undergone a paradigm shift at the White House in how we think about, talk about, and approach recovery.

Not so long ago, the word "recovery" was absent from our vocabulary in Washington. It was an afterthought—the term was relegated to the shadows—and when drug policy was developed inside the Beltway, recovery's enormous value—and the enormous strength of it—was overlooked.

But, the history of the recovery community is rich, and spirit of your community is strong, and you were not deterred.

Communities of recovery didn't wait on Washington; they led the way. In 2006, here at the Betty Ford Institute, experts convened to define recovery in order to spur much-needed research in the field—research that is key to policy making.

You carved out a path forward, and I'm here to report that over the past few years, much has changed in Washington.

When President Obama asked me to take this job, he was clear that those of us crafting the Administration's national drug policy must consult with a wide array of Americans who are affected by substance use.

This was our first, monumental step toward a new paradigm in drug policy. It meant moving beyond discussions with inside-the-Beltway advocates and experts. It meant talking to real people who live with the challenge of substance use each day, and with people – like you – who are working across the country to reduce drug use and its consequences.

As part of this paradigm shift, we have made an unprecedented effort to listen to people who have personally suffered from addiction and have overcome what is one of those most challenging public health problems of our time.

For us, listening to the recovery community is vital. While we know that there are millions of Americans who suffer from substance use disorders, we also know that there are millions of Americans in recovery from this disease. These people, and those they work with, offer a wealth of knowledge about what it's like to be in recovery, what works in recovery and what doesn't—and their voices should ring clear through drug policy from the highest levels of government on down.

People like you have brought recovery to the center of national drug policy. The changes you've helped enact are nothing short of historic.

One of the first things we did at the White House drug policy office three years ago was create a branch dedicated solely to recovery. It's the first branch of its kind ever established in the drug policy office, and it exists to ensure that Americans in recovery have a voice. It took a long time to get to this point, but now we are listening. Your voice matters.

Since then, year after year, our policies have expanded the recovery focus by setting forth clear, recovery-oriented goals, aimed at improving the lives of Americans who are in recovery today from drug and alcohol addiction.

I'll discuss our work in more detail in a minute, but first I want to take a moment to tell you that one, overarching motivation drives this work: Lifting the stigma surrounding those who suffer from addiction.

We know from scientific research conducted by some of the world's leading neuroscientists that drug addiction is not a moral failing on the part of the individual, but a chronic disease of the brain that can be treated. This is not my opinion or a political statement open to debate – it is a clear and unequivocal fact borne out by decades of study and research. And it is a fact that neither government nor the public can ignore.

For too long, the debate about drug control has lurched between two extremes—between those who argue that drug legalization is a straightforward solution, and those who believe we can arrest our way to a drug-free society. Lost in this debate, unfortunately, is the immense value of a policy guided by science and the tenets of mental and behavioral health care.

All too often, the national conversation about drug policy misses the point that millions of real people—every day—are in successful

treatment and lasting recovery, and that our policies should support them.

The millions of people in recovery are not strangers. They are our neighbors. They are our co-workers. They serve in our Armed Forces. And they are our friends and our family.

That is why we've made it our goal to take away the stigma that can be associated with recovery. We believe that by raising awareness—and by celebrating those who are doing the hard but rewarding work of freeing themselves from addiction—we can help move the needle on public perception of addiction, treatment, and recovery.

In short, the more we talk openly about substance abuse, the better we can actually treat it. The best way to understand a person is to hear his story. Because in the lives of others, we hear echoes of ourselves. The power of the human voice to tear down walls cannot be overstated—and the power of the voice of recovery is gathering.

That's why I'm calling on the recovery community to continue to tell your stories. The more we in Washington see ourselves in those in recovery, the more likely we will be to pursue the policies necessary to support treatment and recovery.

I read an inspirational story in the Los Angeles Times last week about a man, Michael Baynard, who has struggled with drug addiction most of his life. After bouts of homelessness, unemployment, and a criminal record driven by an underlying substance abuse problem, Michael was facing a mandatory 25-year prison sentence.

Then he met federal Judge Spencer Letts, who was in charge of the final sentence appeal. Judge Letts did something highly unusual—he not only reversed Michael's sentence, but he invited him into his chambers to talk. Here were two men whom fate couldn't have made more different,

but, through the simple act of listening, found they had more in common than either could have imagined.

Over the course of years, Judge Letts became, in Michael's words, the father he never had. But the judge gained something extraordinary, too. Of Michael said, "He has been one of the biggest influences in my life. He was the one who showed me that my gut feeling was right, that people are basically the same, with the same basic goodness if you just give them the chance."

By talking about addiction in the light of day—and by celebrating recovery out loud—we can help correct the misinformation and stigma that become obstacles for people who want to live healthy, productive lives. By sharing stories like Michael's, we can prove that recovery is possible, that treatment for addiction works, and that the distance between the recovery community and the policymakers in DC—like the distance between a federal judge and a man once addicted to cocaine—are not so long after all.

We also believe that the simple but revolutionary act of speaking openly about addiction and recovery will encourage those who think they might benefit from treatment to seek it out.

It's fitting, then, that I'm speaking here at the Betty Ford Center. Nearly a year after the passing of that inspirational woman who brought this place into being, we honor her as a recovery champion unafraid to break taboos and speak about issues that affect the lives of millions who need attention but are too often kept in the shadows.

It was Betty Ford who said, "I think I was born to be outspoken. Hopefully, it's been of benefit to others." In that spirit of frank discussion, we are energized to work with partners like the Betty Ford Center to celebrate recovery from addiction.

The Obama Administration is building upon Betty Ford's important work by taking unprecedented action to support those who are in recovery. As I mentioned, the 2010 National Drug Control Strategy brought recovery to the center of America's drug control policy for the first time. This is significant because it also brought a new perspective to the way the government responds to the drug problem.

But there is more we must accomplish. Currently, we are supporting recovery in three concrete ways:

First, we're working to expand access to treatment. According to estimates from the National Survey on Drug Use and Health, 8 percent of Americans age 12 or older –about 21 million people – needed but did not receive substance abuse treatment at a specialty facility in 2010.

That is why we are working to expand The Access to Recovery program, which provides people suffering from substance use disorders with vouchers they can use to pay for treatment and recovery services.

What's extraordinary about this program is that it touches all aspects of participants' lives. They can use these vouchers to receive treatment and counseling, but they can also use them to overcome obstacles that have traditionally kept them from re-entry into the workforce and stable housing.

Because these are key factors to successful recovery, this program enables people to use vouchers for child care, access to mutual help group meetings, transportation, transitional housing, and work-appropriate clothing and shoes. This flexibility empowers participants to seek the services they need to sustain recovery, in keeping with AA co-founder Bill Wilson's simple, truthful words: "The roads to recovery are many."

We're serious about providing support to public health solutions like these. That's why over the past three years, we have spent more than

\$30 billion to support drug prevention and treatment programs. It is worth noting that this is more than what we spend on U.S. Federal law enforcement and incarceration.

So, first, we're expanding access to treatment. **Second, we are taking a close look at laws meant to deter drug use that unintentionally hurt people on the path to recovery.** Research from the National Institute of Justice found over 38,000 statutes that impose additional penalties on people convicted of crimes—including drug-related crimes.

These laws burden people who have already served their sentences, and we must modify or repeal laws that keep a qualified person in recovery from getting the basics they need to rejoin society.

When housing, employment, or student loans—even something as basic as a driver's license—are out of reach for someone in recovery, the government is only making it more difficult for him or her to succeed.

Third, we are strengthening community-based health and recovery programs. Successful recovery is almost always anchored in a unique community and culture, and it transforms the lives of individuals, their families, and the people around them. We understand that peers are important mentors in the recovery process, and we believe that autonomous, peer-led services are an indispensable component of a treatment and recovery system.

So we are working to expand programs like recovery schools, which educate high school and college students in an atmosphere that supports students' recovery. We also are fostering the expansion of peer-led programs, mutual help groups, and recovery support centers.

Just recently we observed National Drug Court Month, and I'm proud to say that these 2,600 specialized courts divert about 120,000 non-violent drug offenders away from prison and into treatment every year. Our policies also support programs geared to keep addiction from developing

in the first place – programs such as Screening, Brief Intervention, and Referral to Treatment, which helps healthcare professionals recognize the early signs and symptoms of substance use disorders.

We're also working to shift the focus from “sick care” to health care—valuing overall health and wellness. This shift is buoyed by revolutionary federal healthcare reform. In 1993, Mrs. Ford and former First Lady Rosalynn Carter worked to persuade Congress and the White House to include coverage for substance abuse treatment in healthcare legislation. Seventeen years later, President Obama signed the Affordable Care Act into law, making coverage for substance abuse treatment mandatory for the first time.

The paradigm shift set in motion by this Administration has begun to ensure the early efforts of visionaries like Betty Ford are carried into the 21st century.

When it comes to recovery, dialogue is essential. What I mean is this: we believe that by openly evaluating the government's role in supporting recovery, and by hearing about the successes of people in recovery, we can bring national attention to this critical issue.

The federal government should increase access to such a drug-free life, not diminish it. By maintaining an open dialogue with the recovery community, and spreading the good news of recovery, we can turn our mutual goals into reality.

So, I need your help. My office, and this Administration, wants to reduce the stigma associated with those suffering from the disease of addiction, and we need the recovery community's support to do it. This country needs to hear your stories—your setbacks, your stumbles, your hopes, your victories—not just to know how to support you, but to understand that the differences between us are nothing compared to bonds of humanity that link us together.

Thank you again, John, for inviting me here today, and I look forward to working with you and your team...