



17th St. & Constitution Avenue N.W.
Washington, D.C. 20006
United States of America

**INTER-AMERICAN DRUG ABUSE
CONTROL COMMISSION**

CICAD

Organization of American States

P. 202.458.3000
www.oas.org

Secretariat for Multidimensional Security

**FIFTY-FIRST REGULAR SESSION
May 9 - 11, 2012
Washington, D.C.**

**OEA/Ser.L/XIV.2.51
CICAD/doc.1956/12
10 May 2012
Original: English**

**STATEMENT OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA
R. GIL KERLIKOWSKE
DIRECTOR OF NATIONAL DRUG CONTROL POLICY**

**Statement of the Government of the United States of America
before the 51st Regular Session of the
Inter-American Drug Abuse Control Commission**

**Delivered by R. Gil Kerlikowske
Director of National Drug Control Policy, United States of America**

May 9, 2012

Thank you, Mr. Chairman. It is my great pleasure to be with you here today to represent the United States. This is an important meeting of CICAD, coming on the heels of the previous session in Buenos Aires, where member states commemorated the organization's 25th anniversary and discussed the way ahead for drug policy in the Hemisphere. These discussions will certainly continue this week—and with a solid record of accomplishment, a new *Hemispheric Drug Strategy* and *Plan of Action*, and an evaluation system looked at as a model around the world, we have a strong foundation on which to build.

In the United States, the Obama Administration recently released the 2012 *National Drug Control Strategy*. Our *Strategy* is focused on reducing American drug use and its consequences. We recognize how seriously drugs affect the health and safety of citizens throughout the Hemisphere and we are committed to doing our part to reduce demand by treating this problem as a public health issue, not just a criminal justice one.

Our *Strategy* marks an historic shift towards an evidence-based approach to break the cycle of drug use, crime and incarceration. There is a new commitment by our public health and public safety officials to work together to direct drug users to the services or programs they need to recover. When I visit treatment centers I hear from people in recovery and am reminded again and again that people can be treated and recover from the disease of addiction.

There is much more to be done, especially with regard to the abuse of prescription drugs, but we are moving forward.

When I travel outside the United States, many people ask me if our country will ever reduce its demand for drugs. The answer is yes. In fact, American drug use has already declined by one third since its peak in the late 1970s. This progress is particularly evident with regard to cocaine. According to the *National Survey on Drug Use and Health*, cocaine use in the United States has declined by 40 percent during the past 5 years. This unprecedented reduction in overall cocaine use has been accompanied by lower rates of cocaine use among young people; significant declines in the number of arrestees testing positive for cocaine in many U.S. cities; and historic reductions in the rates of adults testing positive for cocaine in the workplace. These reductions in use translate into decreased harm to our citizens from cocaine. In fact, new data from the Centers for Disease Control and Prevention show that there has been a 41 percent reduction in the number of cocaine overdoses in the United States since 2006.

In addition, the use of methamphetamine is also down by 50 percent during the past 5 years. This progress is the result of efforts in the United States and in other countries throughout the Hemisphere.

Of course, even if the United States continues to reduce its consumption as we intend, there will still be significant global demand for drugs such as cocaine. The 2011 *World Drug Report* found that as the U.S. market for cocaine is declining, the amount of cocaine consumed in Europe has doubled in the last decade. This report showed that the volume and value of the West and Central European cocaine market—\$33 billion—is approaching parity with the U.S. market—\$37 billion.

Every country in our Hemisphere is challenged by drug use and drug trafficking. As all of you know from your own experiences, despite claims made by some, there is no “silver bullet” solution to the world drug problem.

Prior to this job, I spent my entire career working in law enforcement. I saw first-hand the threat that criminal organizations and violent gangs pose to our society. I also recognized—as most law enforcement professionals in the United States do—that we simply cannot arrest our way out of the drug problem. In my work then—and in my work now—I have seen the value in dealing with crime intelligently and strategically.

That is why I was pleased to see the discussion about drug policies during the Summit of the Americas in Cartagena last month. In particular, I want to highlight something very important President Santos said during the Summit. He said:

We have the obligation to see if we're doing the best that we can do, or are there other alternatives that can be much more efficient? ...One side can be all the consumers go to jail. On the other extreme is legalization. On the middle ground, we may have more practical policies.

We could not agree more with this “Third Way,” or middle-ground, approach to drug policy in the Americas. When implementing drug policies we must rely on science, not dogma. We must rely on research, not ideology. That is why the President’s *National Drug Control Strategy*, released three weeks ago, outlines specific alternatives and actions that are compassionate, effective, and—most importantly—grounded in science.

Let me provide you with a few examples. In the Obama Administration, we understand it is important to make a clear distinction between criminals who are driven by an underlying substance use disorder—even if they are involved in drug sales—and hardened, professional criminals. To break the cycle of drug use and crime, it is our policy that the first group be directed into supervised treatment so the underlying health disorder can be addressed. Each year, in fact, we divert about 120,000 people into treatment instead of incarceration through drug courts in the United States.

We have also worked to further programs like Screening, Brief Intervention, and Referral to Treatment, which work to “medicalize” our approach to the drug problem by helping health care professionals recognize the signs and symptoms of drug addiction early—to get help to those in need of drug treatment before the problem becomes chronic.

The Affordable Care Act is also revolutionary because, for the first time, it makes drug treatment a required benefit for all Americans who suffer from substance use disorders—nothing short of a revolution in how we deal with substance use in the United States.

But we cannot stop there. We are also looking toward the future of drug policy reform by supporting new and innovative programs that show promise in reducing drug use and crime. For example, the HOPE probation program in Hawaii combined close supervision with drug testing and swift, certain, but brief sanctions for violations to achieve an 86 percent reduction in positive drug tests among probationers. It has been proven effective in reducing incarceration rates, and, as part of the *National Drug Control Strategy*, we are now working to expand this model to communities across the United States.

I believe the same approach can be applied at the international level. For the first group—people with substance use disorders needing treatment—the United States is assisting partners in the Hemisphere through exchanges of best practices, technical assistance programs, professional meetings, and direct assistance for demand reduction.

To this end, the United States continues to be the single largest donor to the technical assistance and capacity building activities of CICAD. These efforts serve as an important force multiplier, reinforcing bilateral assistance and that provided by other international organizations in the Hemisphere. At the same time, I could not be more proud that my Deputy Director for Demand Reduction, David Mineta, is chairing CICAD's Demand Reduction Experts Group and working with the first-rate experts in the Hemisphere and the talented staff at CICAD on an ambitious working group agenda.

The second group—major criminals and transnational criminal organizations that wreak havoc throughout the Hemisphere—requires a different type of attention. As we work to emphasize public health solutions, we recognize that we must continue to bring to justice those who threaten public safety and our democratic institutions. Transnational criminal organizations pose a significant challenge—they prey on our citizens not only through drug distribution but also through human trafficking, contraband smuggling, financial fraud, and extortion wherever they operate.

The United States takes very seriously our responsibility to disrupt and dismantle major drug trafficking groups operating within our borders. Last year, U.S. law enforcement agencies disrupted or dismantled 612 drug trafficking organizations linked to the Attorney General's Consolidated Priority Organization Target list, which focuses on the major drug trafficking and violent criminal organizations operating within the United States.

We have task forces operating in every part of our country to identify and disrupt major drug distribution networks within the United States.

We welcome a dialogue on the best tactics to address the threat posed by transnational criminal organizations. We recognize that it is appropriate to examine what works best. But we also recognize that transnational criminal networks would not disappear if drugs were made legal.

Why? Because transnational criminal organizations do not derive all their revenue from drugs. And they would not disband if drugs were legalized. They are diversified businesses, profiting from human trafficking, kidnapping, extortion, intellectual property theft, and other crime. And any potential tax revenue from legalization would never come close to offsetting the costs to society imposed by the increases in drug use that would result. Our experiences with legal substances are instructive in this regard. For example, U.S. Federal excise taxes collected on alcohol in 2007 totaled around \$9 billion, and states collected around \$5.6 billion. Taken together, this is less than 10 percent of the more than \$185 billion in alcohol-related social costs such as healthcare, lost productivity, and criminal justice system expenses.

There is, unfortunately, no simple solution here. But there is a path forward. The details of this path should be debated, discussed, and evaluated. The United States will be an active partner in this discussion. But as we move forward, there are some core principles that are important to my government and are also already integrated into the 2010 OAS *Hemispheric Drug Strategy* and the *Plan of Action* that CICAD approved last year:

- Criminal justice institutions must be strengthened. This includes not just police, but prosecutors, the judiciary, prisons, and probation services.
- The tools of information collection, analysis, protection, and exchange—including the use of informants and wiretaps—are vital for successful investigations, prosecutions, and disruptions.

- Extradition can help relieve the short-term difficulties in managing cases against major drug kingpins.
- The seizure of illicit assets, control of chemical precursors, alternative development programs, eradication, and interdiction can help weaken criminal groups and reduce drug availability.
- There must be shared responsibility with developed countries financing relevant technical expertise, training, and assistance.

We should examine our successes and failures honestly, and we should adjust our approach as necessary—but there is no need to open the three UN drug control Conventions. These treaties remain the globally agreed framework for international cooperation to protect our citizens from drugs; to pursue drug traffickers; to further alternative development and the elimination of illicit drug crops; and, to ensure the availability of narcotic drugs for scientific and medical purposes. They also provide sufficient flexibility for Member States to implement new, evidence-based, and modern approaches to reducing drug use and its consequences in the 21st century. The international community reaffirmed these treaties through the Political Declaration and Action Plan adopted at the 2009 UN Commission on Narcotic Drugs, and they also serve as the foundation of our new *Hemispheric Drug Strategy* and *Plan of Action*.

Of course, I recognize that responding to the threat posed by transnational criminal organizations is a difficult challenge. The United States is committed to a close partnership with all of you as we confront this threat. And we are equally committed to closely collaborating to help people all those who struggle with addiction and hope for recovery.

Thank you the opportunity to speak to you today. I will be here at the meeting for a while longer and look forward to discussing how we can work together to protect the health and safety of our citizens.