

**Opening Statement of the Government of the United States of America
Before the 53rd UN Commission on Narcotic Drugs**

**Delivered by R. Gil Kerlikowske
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Thank you Mr. Chairman. It is my great pleasure to be with you here today to represent the United States. In my remarks, I hope to share some information about the new direction in U.S. drug policy under President Obama's leadership and to highlight areas where international exchanges and collaboration may be enhanced. The Administration's commitment to reducing drug use and its consequences in the United States and around the world is exemplified in the President's FY 2011 Budget request, which proposes a half a billion dollar increase to the overall drug control budget. This will provide much needed resources in our efforts to curb both the demand and supply of drugs in the United States and around the world.

Throughout my 37-year career in law enforcement, I saw first-hand the terrible toll drugs take on individuals, families, and communities. Tragically, drug use leads individuals to do terrible things, often to the people who love them the most. Drugs are a huge threat to our society; one that demands a comprehensive and effective response.

This urgent need to focus our resources on the best, research-tested practices is one reason I am so pleased that the U.S. Senate confirmed Dr. Tom McClellan as ONDCP's Deputy Director. Tom, who is well-known to many of the delegates here today, will be addressing the plenary during the thematic debate and is one of our country's preeminent experts in the field of drug treatment. He has dedicated his career to researching and reducing substance abuse and the disease of addiction. He is passionate about the need to invest in prevention, treatment, and recovery support, but also appreciates the vital role the criminal justice system, through supervised treatment or other interventions, plays in ensuring the addicted get the help they need. This balanced approach requires the coordinated and complementary efforts of prevention, treatment, and law enforcement professionals. With this perspective in mind, our forthcoming *National Drug Control Strategy* emphasizes evidence-based programs, balance, and collaboration.

The U.S. *Strategy*, which will be released soon, will emphasize and focus on our commitment to reduce U.S. drug consumption. We have increased our investment in vital demand-side programs, while maintaining the long-term commitment to disrupting drug trafficking organizations at home and abroad. Key themes of our *Strategy*, reflected in President Obama's Fiscal Year 2011 Budget request, will be:

Community-Based Prevention: Preventing drug use before it begins is a cost-effective, commonsense way to build safe and healthy communities. Research on adolescent brain development shows there is an at-risk period for the development of substance use disorders; people who reach the age of 21 without developing a substance abuse problem, in most cases, will never do so. For this reason, the largest percentage increase in anti-drug funding in the Obama Administration budget - over 13% - is for prevention.

Early Intervention: Substance abuse costs over \$50 billion in health care spending annually, with most of these funds expended on avoidable, catastrophic consequences of addiction, such as emergency room visits, rather than its treatment. It is time to integrate care for substance use disorders into the rest of the health care system. This includes an expansion of screening and brief intervention and referral to treatment programs in an array of settings. Screening programs have repeatedly proven to be extremely cost-effective by interrupting drug-use patterns before severe addiction develops.

Treatment and Recovery: Addiction treatment should be readily available and of high quality. We must integrate addiction treatment into mainstream medicine, and we must ensure care is guided by the best scientific evidence. Treatment must also offer the continuing support required to provide a reliable pathway not only to short-term stabilization, but also to sustained recovery – meaning a full, healthy, and responsible life for persons who once struggled with addiction. It is also important to focus on vulnerable populations, such as addicted women who have dependent children. In these cases, family-based treatment programs can accommodate the needs of both mothers and children.

Drugs and Crime: Drug use is often interwoven with criminal behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. The criminal justice system plays an important role, therefore, in reducing drug use and its consequences. The results from long-standing initiatives, such as drug courts, and newer alternatives to incarceration, including “smart” programs which incorporate swift, certain, but modest sanctions, have been extremely encouraging. We must now expand such initiatives so all those for whom diversion from prison is appropriate, can participate. These innovative programs break the cycle of drug use, arrest, release and re-arrest and are much more cost-effective than long-term incarceration.

Domestic Enforcement: Drug trafficking organizations (DTOs) move large quantities of illicit drugs world-wide. Indeed, they are transnational criminal enterprises that perpetrate extreme acts of violence and intimidation, foster corruption, and destabilize democratic institutions and the rule of law. The activities of these DTOs affect the national security of all Member States. These same groups often work through street and prison gangs, and frequently employ local criminal networks. It is important to seize drugs, money, and weapons from DTOs, but it is even more important to use seizures to increase our understanding of how these groups operate, so they can be disrupted and dismantled.

International Partnerships: We recognize that U.S. drug consumption directly affects many countries around the world by supporting illicit drug markets, production, and trafficking. Thus, our efforts to provide law enforcement and interdiction assistance to many partners around the world will continue. Our multilateral collaboration will also include an increased emphasis on prevention, treatment, and recovery support to assist nations who have developed a worsening drug consumption problem due often primarily due to their role as a transit nation. As noted by a U.N. Security Council Statement in late 2009, West African nations in particular have experienced the negative consequences of drug trafficking related crime and violence even though the drugs and illicit proceeds that transit this region are destined for elsewhere. All of us have a responsibility to assist our fellow nations, but we recognize that major consuming nations such as the U.S. have a special obligation to do so.

United States Priorities for 2010 CND:

Let me now turn to our delegation's objectives for this week at the CND. Protecting the next generation from the tragedy of drug addiction is central to addressing the drug problem. To encourage increased support for substance abuse prevention globally, and a more robust exchange of information on effective prevention approaches, the United States has proposed a resolution on prevention. We ask for your support of this resolution.

Another important issue is the illegal diversion and abuse of pharmaceutical drugs. This subject is central to the UN Drug Treaties and the work of the CND. Prevention of the diversion and abuse of these powerful drugs, while at the same time ensuring safe access to those who need them for medical reasons, are both vital goals. We have heard and must respond to the pleas of developing nations to gain greater access to these drugs – especially narcotic analgesics. Yet, our Nation is struggling with the terrible consequences of prescription drug abuse, to include many thousands of accidental overdose deaths. Our difficult experience highlights the need to facilitate greater access to needed medicines, while simultaneously expanding the capacity to monitor and dispense them under sound medical supervision. Prescription drug abuse is affecting all sectors of our society, and is a particular threat to the thousands of youth who abuse these drugs each year. To help ensure a balanced international approach to these important issues, the U.S. has proposed a resolution this year that we ask your delegations to review and support.

In addition, we hope to foster productive discussions this week about the emerging public safety threat of drugged driving, which adversely effects judgment, reaction time, motor skills, and memory. In our Nation, we are increasingly seeing the terrible consequences of drug use in the form of automobile accidents. Far too many people are using drugs and then getting behind the wheel, with deadly results. According to a study conducted by the U.S. National Highway Traffic Safety Administration, more than 12 percent of weekend nighttime drivers tested positive for illicit drugs. Five percent of weekend nighttime drivers had prescription or other pharmaceutical drugs in their systems.

We are particularly interested in hearing about cost effective strategies to reduce drugged driving and how to generate accurate and up to date data on the scale of this problem among public and commercial truck drivers. To exchange information on this subject my delegation has organized a side event on drugged driving this Wednesday at 2:00 with ONDCP Deputy Director Tom McLellan and other speakers. The United States also will request the issue be added to the thematic agenda for the CND in 2011.

Marijuana

As I have already mentioned, one of the hallmarks of the Obama Administration is collaboration. We recognize that we cannot all agree on everything, but all of us, as signatories of the UN Conventions must seek common ground and avoid getting side-tracked in ideological debates when there is so much vital work to do.

I want to be clear about our Administration's views on marijuana. In our country, we have seen significant consequences of marijuana use. For example, more and more people are dependent on the drug and treatment and call-in centers cite marijuana as a major reason people are presenting for help. We in the Obama Administration are

opposed to legalizing marijuana or any other illicit drug. Research and experience have shown that by widening availability, we increase the acceptance and use of these drugs and the harmful consequences that go with them. We also believe medicine should be determined by science, not popular vote. Currently, in line with international protocols, there are numerous research projects underway which will soon provide more insight into the drug and its many components.

“Harm Reduction”

The United States supports many specific interventions, such as medically-assisted drug treatment, syringe exchange programs as part of a comprehensive HIV/AIDS strategy leading to recovery, and the use of detoxification and treatment services tailored to the needs of those suffering from the disease of addiction. However, we do not use the phrase “harm reduction” to describe our policies because we believe it creates unnecessary confusion and is too often misused to further policies and ideologies which promote drug use. We support evaluating individual programs and policies on their own merit, not on whether they do or do not fall under any particular ideological label.

As part of the collaborative approach we have described, we are working to promote linkages between U.S. Government programs, such as those designed to support HIV/AIDS and Hepatitis prevention, treatment, and care, with our efforts to combat drug use, in order to ensure we maximize the positive impact of our public health approach. In the international context, through the U.S. President’s Emergency Plan for AIDS Relief we are committed to supporting partner nations in reaching out to marginalized populations, including injecting drug users, to improve their access to HIV prevention, treatment, and care.

INCB and Precursor Chemical Control

On behalf of the United States, I thank the UNODC and the International Narcotics Control Board (INCB) for their critical work in meeting the threats posed by methamphetamine and the diversion of precursor chemicals from legitimate commerce. This Commission has been an important partner on this issue, and the resolutions that have been passed by this body have provided a significant boost to global precursor chemical control efforts. In 2006, the Commission adopted a resolution that requested all members to provide estimates of licit commercial needs for methamphetamine chemical precursors, including pharmaceutical preparations, to the INCB. This work remains vital, as methamphetamine producers continue to seek to evade national laws to identify and divert precursors. Of course, as highlighted by proposed CND resolutions this week, precursor chemical control is also a vital tool for disrupting the production of heroin, cocaine, and MDMA/Ecstasy. This is yet another area where we can only achieve results if we exchange information and collaborate closely with each other.

The Road Ahead

Mr. Chairman, I would like to close by emphasizing how important and beneficial the work of this Commission is to protecting citizens of all nations from the terrible consequences of drug use. It is clear that our efforts to combat drug production, trafficking, and use, in isolation or unilaterally, are destined to fail. Progress is only possible when all nations work together. The Obama Administration is committed to fulfilling our responsibilities both to address our own drug use at home, and to partnering with the many countries around the world grappling with the threats posed by illicit drugs. Thank you for the opportunity to address you today.