Deputy Director of Operations Anthony Williams: Good morning, everyone. We start by welcoming all of your to the first of this spring's DEA Museum series on the subject of the heroin epidemic. This lecture is being simulcast at the museum website at www.deamuseum.org. After this lecture, we will take questions from both the audience here as well as questions from the web audience. If you are viewing this web cast, you can submit questions to the right of the viewing screen. As always, as a reminder, please silence your cell phones during the duration of this program. We are honored to have two very special presenters today who are internationally, recognized as international experts in the area of drugs.

The first speaker, and I must add, they have very extensive bios and I'm going to shorten it because I noticed you prefer to hear from them than me. The first speaker is Dr. Peter Bensinger, I'm sorry, Mr. Peter Bensinger, senior consultant at BDA, our new Chapelle and founder of Bensinger, DuPont and Associates. He is nationally recognized expert on the issue of drugs and alcohol in the workplace. Mr. Bensinger also served as administrator for United States Drug Enforcement Administration. He was appointed in January of 1976 by then president Gerald Ford. He was confirmed by the senate and served approximately five and a half years under president Ford, Carter and Reagan.

During his tenure as administrator, heroin overdose deaths decreased by over 50%. He was also instrumental in the passage and implementation of asset forfeiture law. He is a graduate of Yale University. Mr. Bensinger has appeared as a guest on many media outlets, to include Face the Nation, Meet the Press, Good Morning, America, even the Oprah Show, the O'Reilly Factor, Nightline and other national and international media. Thank you for being here, sir.

I would like to introduce also, if I could, the second presenter is Dr. Robert DuPont. He is a board certified practicing psychiatrist and clinical professor of psychiatry at Georgetown University Medical School. Dr. DuPont specialized at the preventino and treatment of addiction with a focus on workplace and in the treatment of anxiety disorders. He has been a principle investigator on more than 200 clinical trials of psychiatry medicine and studied the problems of non-medical use of prescribed controlled substances.

Dr. DuPont has written for publication more than 300 professional articles and 18 recognized books in the field of medicine, drug abuse and mental health. The Institute for Behavior and Health of which Dr. DuPont is president is a nonprofit organization created in 1978 to conduct studies and develop policies to encourage health behaviors. If you all welcome first our first speaker, Dr. Peter Bensinger. I keep saying Dr.

Peter Bensinger: We'll need that.

Anthony Williams: All right. Thank you, sir.

Peter Bensinger: Thank you very much. It's an honor for me to be here with Bob DuPont. I look at

this audience and think back 40 years ago when I was administrator of DEA. Started in January of 1976. The people, some of them in this room were here at that time. What I'm going to talk about is not about me but about you. It's about DEA. It's about the agents and staff that turned around a heroin crisis from 1976 to the early 1980's very effectively. The lessons that I think we learned and put in place are worth revisiting. I got to DEA and I arrived in the White House that put out a white paper on heroin, NIC, National Intelligence Unit. I got my signals clearly that this was what we needed to address.

Before we started to figure out just what were the priorities, I asked myself, "How are measure success?" Took a group of the senior leadership to a place I'm sure not many of you have ever visited. It's the Smithsonian Institute, not the air and space museum across the river, this is the one that's in Belmont, Elkridge, Maryland. Dan Casey and Phil Smith and Chuck Ruff and Bill Link and Bill [Alavati 06:24] and a group of other leaders, we went there for a Friday and a Saturday and I said, "How do you measure the success of this effort?" The answer I got was increase the price and reduce the purity of heroin.

That's what you need to look at. That was what our goal was. Not the number of arrests but getting the price of heroin up and getting the purity down. People were dying at the rate of at least eight or nine a day. Today, they're dying at the rate of 25 a day. DEA had in 1976 in January been subject to criticism from a congressional committee by Scoop Jackson. There'd been a raid in Collinsville that drew a lot of attention. The media wasn't on DEA's side. There was a senator, Mike Mansfield, that didn't want us to be operating overseas. This is the environment that we were in. I concluded, "I've got to get friends in the congress."

Before I was confirmed, I did talk to three leaders in the house as well as the chairman and ranking member of the senate judiciary committee, Lester Wolf, Charlie Randall and Ben Gilman. Since heroin was so prevalent throughout the United States and there junkies on the streets of New York and Chicago and Los Angeles, we got a van in New York and took three of the congressmen to see what was going on and then they agreed to form a select committee on narcotics, chaired by Lester Wolf, Ben Gilman was the ranking member, Charlie Randall was on it. We had a member from every major house committee on that select committee. I had someone from the State Department, Foreign Affairs, from Agriculture, Treasury, from Justice, from Appropriations, from the Defense Review Committee in congress and that was very helpful to DEA.

We also had a oversight committee in the senate chaired by Sam Nun. Mansfield was making noises about what we were doing overseas and Ed Levi was the attorney general and he was getting guidelines for the FBI because the FBI had to have some problems. I didn't want the Justice Department to write guidelines for us. I got two US attorney, assistant US attorneys from Chicago, John Simon and Chuck [Curas 09:18] to go overseas and study our operations and write a report. We were able to resist having the Mansfield amendment put into effect and limiting what DEA agents could do overseas. They were able to keep their weapons.

They weren't going to put the collar on anybody, make any arrests but they were able to go with the foreign police departments on operations.

White House support is essential to reduce heroin. Fortunately, we had the support of Gerald Ford. This is a briefing. You'll see Bob DuPont is to my right. You cannot see him in the picture. Nelson Rockefeller to my left then president Ford and attorney general Levi and at the end of the table, Sheldon Vance. Some of you may recall Vernon Acree was commissioner of Customs. He's sitting there. Dick Parsons and Jim Cannon gave the presentation. But I was able to see President Ford four times on behalf of DEA in the first year, get his support for a continuation of a aerial eradication program in Mexico. This is essential. If there's anything from my comments this morning that I want to emphasize, it's the value of supply reduction and enforcement and incarceration.

I don't buy this harm reduction idea of letting people out of prison and not having emphasis on what DEA does best. In Mexico, we had a diplomat of 35 agents full time and then 35 TDY agents too. The Mexican Judicial Police had helicopters flown by Evergreen pilots that had been in Vietnam. We had spotted the poppy fields through aerial surveillance. They went about destroying the source of heroin, opium poppies. Over the course of four years, 80,000 of them. I met regularly with attorney general Ojeda Paullada. One of the benefits of that meeting was to hear him express a desire to get a Learjet aircraft for his own use as AG. I was interested in getting these poppy fields done. He ended up and attorney general Levi approved this, we got the Mexican government a jet for the attorney general and we got them helicopters and spray equipment to destroy the fields and we had very good results.

I was able to talk with the International Association of Chief of Police. This is a picture of the president of Mexico, Ojeda Paullada, who I met on behalf of DEA and the IACP, presented him with the plaque saying thank you for your commitment to this program. State Department gave Mexico $15 million a year. Our budget in those days from INL was about 40 million. It was a big part of it. There was a problem during the Carter administration with the ambassador in Mexico. He was a Wisconsin former governor named Lacey and he wasn't too keen on what we were doing. I got word Ed [Heat 12:54] and we decided to invite the congressional select committee on narcotics to have a hearing in the embassy in Mexico. After that hearing, we got full support from the ambassador, "Don't mess with DEA in a foreign country."

That was the result of the work that we'd done and the relationships that DEA had overseas with foreign law enforcement. It wasn't so much my friendship as it was good work of the office of congressional affairs, people like Bob [Stutman 13:32] and Dave [Malesic 13:33] and Gus Fastler and Jim Milford. We had narcotic conferences with the major city chiefs in the United States. We invited Daryl Gates and Don Pomerleau down to Mexico to see what was going on. We had support for our Mexican effort from the major city chiefs, from the State Department, from the White House, from congress.

We also, with Dan Casey's suggestion, set up target cities where most of the heroin was distributed. These key cities, we identified as places we would put maximum enforcement activity, Chicago, Los Angeles, San Diego, San Antonio, Phoenix, Detroit, New York and Houston. We started a program that was really a roundup that ended up in October of '76, Operation Heroin B, brown heroin. This operation began in the spring. We investigated 57 different trafficking organizations. Ended up, we had a full page in the Time Magazine when these arrests went down. It was lead by Irv Swank. Some of you remember Irv and Howie Safir. We ended up arresting 309 people within two days in 35 different cities. We took a lot of people off the streets, not that were doing the day to day selling, but were the trafficking kingpins of those operations.

Heroin became a little scarce after that. We went after the kind of cases that DEA has always gone after, the major traffickers, Nicky Barnes in New York. This is a picture of Nicky Barnes. The agents that made that case and queue as Luis Diaz, they made that case and Barnes was arrested and convicted and sent to prison for life without parole. Jaime Herrera was the Chapo Guzman of our day and eventually arrested. He was headquartered in Sinaloa and Durango. Alberto Cicilia Falcon, Danny Dale was one of the case agents on that. We would take some of the agents up to the hill to testify in front of the various committees about just how widespread the trafficking organizations' control were from Mexico, Baja California into Los Angeles and San Diego.

The Leslie Atkinson case which was a case that started in Saigon. Heroin came from Southeast Asia as well. This was a case from Chuck Lutz and Lionel Stewart. They got the attorney general's award for this where servicemen were coming back from the United States, goes to North Carolina, other destinations in the US with heroin. It was being widely distributed. We had some major cases that focused on the key heroin distributors. We also went after the money. This is a photo of $3 million in the senate at [Gobden 17:17] operations. Looking at this picture, you'll see senator Lawton Chiles on the right, Sam Nun, the chairman and the senator from Georgia, Bill Cole, and Republican senator from Maine and commissioner Chasen of Customs with $3 million.

I was trying to demonstrate that we needed to get the money and not just automobiles or cars and boats that would be seized in conjunction with the drug arrests but the assets behind them, hotels, real estate, investments and 881 at CDS, the forfeiture law was passed during this period of time. We also used GDAP. We evaluated agents arrests and offices in each of the DEA offices by class 1, 2, class 3 and class 4 arrests. The more class 1 arrests you made, the better you did in the eyes of the administrator and the deputy administrator and the head of enforcement. We wanted big cases and we wanted class 1 violators.

But we got outside help from Nancy Reagan, the Just Say No program. She was tremendously important in changing the attitudes of drugs in the United States. The Pope, Tom Angioletti was over in Rome and said, "I'd like to see the Pope." We

brought Lester Wolf there and the ICP president, Joe [Dominelli 19:01]. We get to the Pope's office and it wasn't just a receiving line, he received us in his office. I looked at him and I thought maybe we'll get a blessing. He looked at me and said, "What would you like me to do?" That's a perfect question. I said, "We need every Catholic priests to speak about the hazards of drug abuse all over the world and particularly in Latin America." He said, "We can make that happen." He did. He set up a treatment program for drug addicts for treatment outside of Rome near Castel Gandolfo. His voice was very important.

We had help from Bob DuPont who you will hear from in a few minutes who is head of NIDA and NIDA and treatment and research and prevention was an ally of DEA. I used to meet with Bob and the commissioner of FDA every six months in a formal fashion so we could address collectively the issues and drugs that were the most troublesome. We had parent groups. Buddy Gleason and [Keith Suchart 20:14] from Georgia come up and talk about how parents needed to take action. They established an organization called Pride. It eventually had a meeting of 10,000 people in Atlanta, Georgia one year. Families in Action, Sue Rusche, and the Partnership for a Drug-Free America which put on some spots even at the Super Bowl.

The result was from 2,000 overdose deaths a year, we went down to about 800 by 1980. Heroin purity went from 6.5% retail to 3.5%. The estimated tonnage of heroin from Mexico went from over six tons to about 3 and a half. That was the result of DEA's effort. That was the result of the cooperation of state and local, foreign law enforcement, congress, the White House, the State Department. I was fortunate to be a member of that team. But it was the people in the field that did this work. The American public benefited. These are the lessons learned. This is my last slide and comment.

Supply reduction works. Aerial eradication worked in Mexico. It's been abandoned. I would urge this administration or any administration to talk to Mexico at the highest level, the president, the attorney general, you have got a source of supply that is killing people at the rate one an hour in the United States. That heroin is coming across our border and it's being produced through opium in the fields of Mexico, no question about it. The supply reduction program of the '70s, which used aerial eradication had a dramatic impact in reducing overdose deaths and addiction. In fact, the number of high school seniors, Bob DuPont may talk about this, was cut in half of their use of heroin over four years.

Targeting major cartels and having a major roundup, not doing one every two or three months but doing all of them at once which we did in October of '76, had a dramatic impact on both the public and the availability of heroin in the United States. State Department commitment is essential. We need the secretary of state in whatever administration to be concerned with drugs overseas, source of supply as a major issue in the source countries. That's going to be something on the ambassador's desk that's very high up, number one or number two, not down at the bottom. We need bipartisan congressional support. We need bipartisan

congressional support. I'm amazed that the silence in congress today particularly with the marijuana issue but with drug control in general.

We need White House support. We need the White House to back the need to put the bad guys in prison. We need the White House support to emphasize to the foreign leaders in Mexico and elsewhere that drug control is important to the US interest, it's vital to the US interest and their cooperation is essential. Our aid is dependent upon that cooperation and that commitment. We need the public support, not misleading information that can set up a needle exchange for people to go shoot up heroin safely or that just giving treatment is the answer, Naloxone is going to stop someone maybe from dying but they've already had an overdose. Once they get their breath back, they'll probably go back out and get more. That's too late. We need to stop the drugs at the source and on their way in and the traffickers while they're dealing it and selling it.

We need to work closely with all elements of the drug control issue, research, prevention, schools, with parents, treatment for addicts and enforcement. Those are the lessons learned. That's the work that was done by those in the audience that made this happen. I wondered if agents and staff members that were present at DEA in the 1970's and early 1980's would please stand up and let me join the audience in recognizing them for the accomplishments that I've shown on the screen. Gentlemen please. I see a few of these wizards.

Now, I'm going to turn the microphone and this commentary period to a very esteemed colleague of mine who's wise and well respected and one day younger than I am, Bob DuPont.

Robert DuPont: Thank you, Peter. That was a very moving presentation and I'm very proud to be here with all of you today. I have some very nice slides. Let's see if we ... what we got here. Here's my name. Here's my introduction. I wouldn't however talk extemporaneously and I may go back to these slides but I want to start off by saying I have three things I want you to ... I want to be able to tell you. Number one is how proud I am of my relationship with Peter Bensinger. I have known all the previous heads of DEA, all the heads of NIDA, of course, all the White House drug czars. I think I maybe the only person who's known all of them from the beginning, the modern era. Peter Bensinger stands out as absolutely top of the line in terms of everything that's happened, the drug policy in this country and his leadership continues. I'm extremely proud to be here with Peter Bensinger. That's point one.

Point two. The common way of thinking about drug policy today is to think about do you believe in treatment or do you believe in prison? That kind of a stand in for the idea of demand reduction and supply reduction or medical and law enforcement. The idea is that somehow those are antithetical. They are polls where you're expected to choose between them. I want to say to you, I am a physician, a medical doctor. My life has been committed to public health. What DEA does is essential to the public health. To separate things like that is to misunderstand the nature of the problem entirely. DEA's actions in terms of supply reduction, in terms

of arresting people, drug addicts and getting them into treatment is absolutely essential to the public health. What you're doing is a major public health contribution. That's the second point I want to make.

The third point, I want to be sure you heard is that we are in a very difficult time in drug policy in this country. There's a kind of confluence of opinions that are hostile to a sound drug abuse policy. Let me articulate these clearly to you. One is as a result of the success in previous generation with the crime rate going down, we've got an idea that this big problem we have in this country is to get people out of prison, as if that is a solution to our problems. The reality is that crime in the country is very serious including drug crimes. We absolutely need aggressive law enforcement including the use of prison to protect the public health and the public safety. That is the reality.

The other is about the nature of the drug problem itself. The idea is, as Peter was talking about, Naloxone for example, or needle exchanges, there is a wind blowing through the society about ... called harm reduction. Every single harm reduction idea has at its core tolerance of continued drug use. That's what it's all about. That's what the Naloxone is about. That's what the needle exchanges are about. That view that somehow we want to normalize the drug use is absolutely contrary to the public interest. This idea is now going through the treatment field. It's going through the society generally.

The most dramatic example of it is the solution of solving the drug problem by legalizing drugs, starting with marijuana, but that argument, you see it now, increasingly to deal with all drugs, the idea of tax and regulate becomes the mantra. People who support this do not understand the nature of the drug problem. That bad timing, because somebody said to me that my remarks here sounds like the slides look gloomy, well, I am gloomy in terms of the development of those ideas, the harm reduction, legalization movement has taken deep root in the United States and it is a serious health to the public health and the public safety.

But there is a contrary force that is huge, that is going to bring back, I think, a much better drug policy in the future. That is the tragic heroin epidemic that we have now. I want to go into this in a little bit of detail in a moment. But I think that in this tragedy, and remember Peter was talking about the 10,000 addicts dying and reducing that to 8,000 and now it's 30,000 dying a year. The epidemic is still building right now. That epidemic and the public reaction to it is field with opportunity for an improved drug policy in this country.

But I want to go back, as I said, I was talking earlier with a young man who's an intern here at the DEA Museum about his career choice and how he's talking about things. Go back to the time that I got started, when I was finishing my medical training, I had worked one day a week in a prison in Massachusetts. I was very interested in the people who were in prison and trying to do something that would be helpful to them with my medical training. I went to work at the District of

Columbia Department of Corrections in 1968 after finished at Harvard Medical School and it's NIH for my training. There, I discovered that was driving the crime rate at the District of Columbia, Richard Nixon had a campaign in '68 calling Washington the crime capital of the nation was a heroin epidemic.

My career, if we go back to Brian and his career choice, my career choice had to do with wanting to do something to help people who were in prison. That was the vision. When I started that in 1968, I discovered that the crime was being driven by the heroin problem. All of my career since has come from that experience and following that out for all these decades since that time. Heroin is how I got started. Heroin is where I am now.

Now, let's talk about first of all the drug issue. What's going on with drugs? Why is there a drug problem? Why is it so tenacious? Why is it so difficult? The part that is missing in the public discussion is the biology of addiction. Again, NIDA, I was the first director of NIDA. This is the centerpiece of the NIDA research, is to understand the brain. The reality is that drugs are chemicals that hijack the brain's reward system. It's in the brain. It's not because people are poor. It's not because they're rich. It's not because they're young or they're old. All the mammalian brains are vulnerable to these drugs. That is the reality.

The example I use is so clear, is that you can see this with animals. You take a rat in the laboratory and you get the rat used to using drugs. The typical one to use is cocaine but you could use any other drugs. Once the rat learns to use the drugs, it understands what this is, then you put the rat in the cage and you put between the rat and the reward, an electrified grid that the rat has to walk to walk over. Now, it doesn't kill the rat but rats don't like shock. If you have food over here, the rat will stay here and die before it will walk across that. If you have a sex partner over here, it will stay here and it won't walk across. But if the rat is trained to use drugs, it will across that like there's nothing there.

That's biology. That's what we're talking about. What's happened is human beings have discovered a group of chemicals that produce this brain effect in different ways and that's what we're dealing with, that we've got a series of substances, endless series of substances that have this effect on the brain. What's most striking about addicts and this is all addicts is not that they cannot stop because every addicts stops many times. The problem is staying stopped. The problem is the relapse because the brain is changed and it never comes back to where it was before because of the memory of that brain reward. The problem in addiction is not stopping, it's staying stopped. That's where the future is of what we want to do about this.

I want to quickly cover our background of our heroin episode. This is the third time the United States has had a heroin epidemic. The first one was at the end of the 19th century, in the beginning of the 20th century. That ended with the Harrison Narcotics Act in 1914 which did a brilliant thing, it separated medical use from non-medical use. It said medical use would be strictly limited to physicians and

pharmacies and that would be tolerated and be perfectly encouraged, never mind permitted and non-medical use was subject to criminal penalties. Sale and use non-medically was a criminal offense. That was the concept. That worked very well until the modern drug epidemic began in the 1960's and then it was swamped by huge numbers of people coming in at that point.

Then we had another experience that Peter has talked about so brilliantly here. There was a tremendous reaction to that, a national reaction DEA was created in 1973, NIDA was created in 1973. The first White House drug office was created in '71. This was a presidential priority. All the way through Henry Kissinger lead the charge for Richard Nixon internationally. It was very high profile and bipartisan. The first White House drug office passed the senate, the congress, both senate and house, without a descending vote. Can you imagine that now? That was the kind of commitment that existed at that time.

Now, what about this heroin epidemic? We just say something about this and what's going on right now. First of all, the conventional wisdom is that the reason we have a heroin addict, addiction, epidemic is because of prescription opiate, over prescribing of opiates for pain. That is wrong. That is wrong. That is not what's driving this epidemic. That is a serious medical problem. I'm a very glad the Center for Disease Control has come out and dealing with that. That's really important what CDC has just done. It is a serious problem in the country. There is no question about it. Prescription opiates are a serious problem in terms of overdoses, all of that is true. But that's not what the heroin epidemic is about.

You think about this, how can a medical patient, somebody who has not had any experience with drugs and starts using a pain medicine and has trouble stopping or cannot get it, what would they do? Would they go to a drug dealer? Give me a break. That is not what medical patients do. It doesn't make any sense. They have lots of access to do all kinds of others things other than that. The people who are using heroin now, are people who long before ... if you say, "Did they first use a prescription opiate, non-medical?" Yes. 80% of them did. That looks like, well, that's what it comes from. But you don't ask the question what happened before that?

What happened before that is all the difference because what happened before that, the people who are long term drug abusers, who are used to going to drug dealers, who started in their adolescence, yes, when they become patients of prescription opiates, they can in fact go out to dealers and do. If you look at the heroin users in this, the heroin users have a history of early use, often in the early teenage years of marijuana, alcohol and other drugs, and a history of drug use going on from that. Those are the people who are going in to the heroin epidemic. But that's the people side.

The supply side is even more important to get it straight. The heroin supply now is different from anything that's happened before. It has been industrialized, as in globalized. It has had technology built into it. That when I was started in the District

of Columbia, to get heroin, you had to go downtown into the crime infested areas. You had to deal with people with guns. You took your life in your hands to get heroin. That was what the heroin distribution was like. It was quite limited. It was inner city. It was crime, criminal addicts were the focus of the heroin epidemic, no question about that.

Now, it's not like that. Now, the heroin comes to you. It's delivered anonymously to your door. No guns involved. It's done in entirely new ways. It's as new as Uber, what's going on with heroin distribution right now. It's become part of the experience in rural areas and in suburban areas. The demography is completely changed. The consequences are devastating. I'll say one more thing about this and then I want to come to an end here. The important thing to think about about in this is that those people who are doing that, that is on the back of a longstanding, multiple drug dependent experience.

To deal with heroin problem in terms of the demand side, the people side, you have to deal with drug abuse itself. The history of it going all the way back to adolescence because that is the fertile ground in which this heroin epidemic is flourishing. It isn't just about heroin. It's about recreational pharmacology. It's about integrating the stimulation of brain reward into your lifestyle. That's where the problem is. We're going to focus on that.

I want to say a word about treatment because my life is in drug treatment. No drug addict has ever been fixed by treatment. The idea that referral to treatment is a solution to a drug dependent's problem is ludicrous. The problem is all treatments are short term. Typical drug-free program would be 30 days, extensively, 90 days. What about medication? What about Buprenorphine? What about Suboxone? What about Methadone? What about Naltrexone? Medication substitution for opiate. How long do you think the patients stay in those programs? Most of them are short term. A few months. It's unusual to stay for a few years.

But the problem is for a lifetime. It doesn't go away when they walk out of the door. "The treatment programs are wonderful. I love the treatment programs." But we believe them. Then what happens to them? Today, the expected outcome of treatment is relapse. Why is that? It's not because the treatment is bad. It's because the disease is going on. The problem is going on. Also, how do you deal with that if you take that seriously. I did the first national study of the Physicians [Sales 44:59] programs, what happens to doctors when they have an addiction problem?

They are put in a program run by doctors for doctors that requires them to have intensive, high quality treatment, usually for 30 days, 90 days sometimes. Then they're monitored for five years for any use of alcohol or other drugs. A single use, a single missed test and they're taken out of their practice. They run the risk of losing their license. Five years. When we did a study of this, the first national study, 78% of those doctors in five years of random testing for any alcohol or other drugs never had a single positive test. Of the 22% who had one positive test, two-thirds

or 14% of the total never had a second positive test. You don't see that in other treatment populations. Why is that?

Because you don't have the long term monitoring. You don't have the support that goes on after the treatment.. this is what I call the new paradigm. This is what we need to have understood and the key to that is getting families empowered to deal with it because the family see the problem but they're not in the position to intervene. There's a lot of work to be done in that area. But let me bring this to a close here. If you look at what happen, I was talking about how treatment and law enforcement come together. 40% of the people in treatment are there because of the criminal justice system of the United States today.

But one of my favorite people in our field is the current drug czar, Michael Botticelli, I say he's the 15th White House drug chief but he's the first recovery czar because he is in recovery himself. I'm not talking about any private conversations. It's what he said publicly about his own experience. One of the things that's interesting is how did Michael Botticelli get into recovery? He got into recovery because he was arrested. He was arrested for having a serious accident that he caused as a drunk driver. He had a choice of going to prison or going to treatments and getting into a recovery mode. He didn't like the meetings when he first went but he grew to like the meetings. He's been in recovery for I think is 27 years now, a long time anyhow.

But the transition from using to not, the criminal justice system is key. The other thing was that he went to meetings of AA and NA. I want to leave you with this thought. If there's one thing that I have learned that took me the longest time to understand, it is how does a person stay stopped after the treatment is over? The way I want you to think about that is in your life, think about what I think in my life, I see it in my patients but I see it in my family, I see it in my friends, I see it in my medical colleagues, when you see somebody who's gotten well from addiction to alcohol or drugs, how did they do it? What did they do?

What I see and what I think you'll see is they mostly do it to go into those meetings, those AA and those NA meetings. I'm proud of being an American for a lot of reasons. But up there at the top for me is that in Akron, Ohio in 1935, two guys invented AA. That is a huge gift to the world. Those meetings, they're not from the government. There's no license to be having meeting. Anybody can have a meeting. But in those meetings, there is a miracle taking place. It changes people's thinking. They are different people at the end. They come out of it, not back to where they were when they started using but better than where they were when they started.

I'm here today to tell you that I think this country and this world is going to be in a situation and now against that in confronting this drug epidemic. We're going to deal with lots of other problems along the way as we deal with this one but we're not going to do that unless we get down and figure out how to help people stay stopped. Until we can do what DEA is doing and that is effectively turnaround that supply system and stop that easy access to heroin and other drugs and the social

acceptance of recreational pharmacology which is dangerous for the people who are involved in it and not a lifestyle, a simple lifestyle choice. It's something that is destructive of human character as well as life itself.

I'm hopeful that that's going to happen and it's going to be built on a lot of death, a lot of suffering until we get the commitment from the top level as Peter says, not just the president and the congress, the governors, everybody, get doctors involved in it. Get educators involved in it. Get religious people involved in it. We got to have a community response that says we don't want to let this happen to anybody else. DEA is at the center of that. Thank you.

Dianne Martin: Thank you Dr. DuPont and Mr. Bensinger. We're now going to open it up to Q&A. I would like everyone to raise your hand if you have a question to post and wait for a microphone to be brought to you so that our viewers on the web can hear the question. Gentlemen, if you both come back to the stage. Thank you.

Speaker 5 Question: Gentlemen, thank you for your talks today. I would just ask a question that would dovetail I think with what both of you addressed is the alcohol versus the drug problem. What are your thoughts, both of you, on the aspects that differentiate between the significant impact that drug abuse has had on society as opposed to the impact that alcohol abuse has had on society, if you agree?

Robert DuPont: Yeah, I'd be happy to talk about that. The term of art has become alcohol and other drugs. It's very interesting that nicotine is also now seen as that. We think about nicotine dependence or cigarette dependence is very much of a drug too. Now, the consequences of all these are very different. In alcohol, we've had thousands of years of experience. We got a situation where most drinkers do not drink excessively and do not have a problem with it. I don't want to stigmatize all drinkers. But people who have an alcoholism problem, have a problem with it are very similar to drug addicts and they go to the same treatment programs and do all the things that are similar. There's a clear overlap there but there's historical difference that is very important.

Peter Bensinger: My response to the question of alcohol and other drugs leads me to think of the difference between marijuana and alcohol. There's a significant difference between marijuana and alcohol in terms of how long that impact is on the person, how long it stays in the body, the nature of the chemicals themselves. Marijuana has 468 chemicals. They're fat soluble. They stay where people are fattest, the brain. Alcohol is water soluble. It gets out of the system at about the rate of one drink an hour. Neither are good for you necessarily but I think when people are talking about taking the drugs that DEA enforces for marijuana up to heroin and putting it into the same class are alcohol is a very serious mistake.

Alcohol is legal in most of the world. The drugs that we enforce at DEA are illegal in most of the world. In fact, we've signed a single convention on drugs including marijuana to say we shouldn't allow it in any of our territories. I think there is a danger today where politicians and others are saying, "Well, let's just make the

drugs like alcohol and tax them, regulate them," as Bob has said. I think that would be a serious mistake.

Speaker 6 question: Thank you so much for coming today. Dr. DuPont, I just want to thank you for making the statement that heroin use is not tied to prescription drug abuse. We hear that over and over again. It's in the media. It comes from even our experts, are constantly putting this misinformation out that prescription drug abuse is the gateway to heroin abuse. Thank you so much.

Robert DuPont: Well, you noticed that I don't think any of you have ever heard that before and somebody said to me before, "I'm glad you're going to be setting it straight here in our meeting." I don't have any illusion about setting it straight. But I think it's important for us to understand, at least those of us who are here and listening to this, viewing to understand that, but that train is out of the station. You're going to keep hearing that. I think it is not a terrible thing that it's out of the station because it's going to get us dealing with the problem of over prescribed opiates which is a serious problem but not because there is connection to heroin.

Speaker 6 question: But as a follow up to that, can you talk a little bit about why you think that that link has been made?

Robert DuPont: I think it fits with the politics of what's going on right now. It gets into the pharmaceutical industry and over prescribing and things like this. I think that's it. I do think the issue is really outrageous. We have 80% of all the opiates prescribed in the world are prescribed in the United States when we have 5% of the population. I'm not saying, I don't want to say that that problem is not serious. That problem is serious. It needs to be dealt with. No question about it. We got to do a better job of handling pain. I think maybe in some ways, putting that heroin in there will help focus on that. Got CDC interested in it. All of that I think is probably socially good.

I just think that the problem I have with it is it takes us away from thinking about where I think the heroin problem is which is in the supply, as I mentioned the brand new supply supply system and in also the ground, the large population of recreational drug users in the country starting usually in early adolescence and that's where we need to focus. One of my passions is about prevention. The talk about alcohol, alcohol and nicotine, cigarettes are illegal for kids. It's a tragedy in this country that we have so many kids are using so much drugs, all of which is illegal and we do almost nothing about it.

This is something, to me, a priority is to get serious about helping kids grow up drug-free, about being able to establish a standard that says the goal in this country for public health is to have kids grow up not using alcohol, tobacco, marijuana and other drugs. I'm working very hard with pediatricians and educators to get across that simple standard, the goal for health is in this country is to help kids grow up to adulthood without using any alcohol, any tobacco, any marijuana, any other drugs for their health and that respects the vulnerability of the, the unique vulnerability of the adolescent brain to this ... Boy, if you've taken one takeaway from me from

this talk, that would be it because that is the way to drain the swamp where heroin addiction is.

Peter Bensinger: I am so glad to hear Bob DuPont. Whenever I hear him, I get motivated. I get reenergized. I know that the mission that I've been on is the right one. I also want to say, tying in with your question about the prescription drugs and the heroin access, the higher that price is for heroin and the lower the purity, the less that movement between the prescription drugs and heroin is likely to take place. It takes place because heroin is so cheap today and it's so cheap today because there's so much of it. So much of it at high purities, killing people. It doesn't kill people at 3% purities. It doesn't kill people when it's costing $100, not as often.

Robert DuPont: Let me just say something about that, Peter. Think about the heroin problem and think about solving it by legalizing heroin. You laugh. I swear to God. That is where the country is going in terms of its think about how to solve the drug problem. We want to take the profit out of the heroin trade by legalizing heroin. You got people talking about setting up safe injection sites in the United States, government supported heroin to fund the addicts so they don't have to pay the pushers. I swear, that is a movement that is taking hold in the country and it gives the lie to the idea that you can solve any drug problem by legalizing the drug. Yet, that is the dominant way of thinking in the country about the future of drug policy.

Peter Bensinger: Look what's happened in Colorado where they've legalized recreational use of marijuana. Has it dried up the illegal drug sales? Most of the illegal sales, the cartels are selling to the kids and people under 21 years of age. They're selling at a cheaper price than the legal price. They haven't driven away crime and they haven't driven away the problem. They've increased the problem of use and abuse of highway safety. There's a death every three and a half days from a driver of a car in Colorado from someone on marijuana. It used to be one every seven days. Now, they've doubled it. The idea that you legalize stuff and then you solve the problems has been blown away. They just haven't, the media hasn't focused on the results of the Colorado experiment. But legalization of drugs, whether they're heroin, cocaine or marijuana is only going to lead to more use, addiction, more abuse and more crime. I think we're at the end of our time.

Dianne Martin: One more.

Speaker 7 question: Gentlemen, thank you for your time. I have a question for each of you. First, for Mr. Bensinger, I'm going to play devil's advocate here. You spoke about the reduction in purity that you achieved when you were the administrator, given the levels of purity that exist today, do you believe that it's actually possible to get back to that point again? For Dr. DuPont, you spoke about a point at which the nation reaches where the ability to or the desire for heroin gets to a point where everyone says, "We cannot do this anymore." How close do you believe we are to that tipping point?

Peter Bensinger: Let me deal with the purity issue first. I think it is possible to get to an area where

the purity and the availability of heroin is dramatically reduced. It's going to take a change in government attitude. It's going to take a change in government priority, our government in working with Mexico and other source countries. This DEA, you, have seen a tremendous shift in the 1990's and the early 2000's and Bill Alden is here, he took the DEA Educational Foundation Board down to Colombia. If you compared what the condition was under Pablo Escobar and the [inaudible 01:05:00] years in Colombia in the 1990's and early 2000 and what happened in the last eight or nine years, you saw tremendous change in drug availability and damage and violence and cartels in that country. People said it couldn't be done, it did happen. It can happen in Mexico. We just need the right leadership on both sides of the border to make that happen.

I'm not giving up on the idea of supply reduction, reducing the purity of the drug and increasing the price. It can happen. Things have to come together but it can certainly happen because it's been done before.

Robert DuPont: Your question about the tipping point, I have, in my life, I've never seen anything like what's happening right now, this building of interest and commitment and concern about the heroin problem. It's building from the ground up, not from the top down. In fact, the top sort of is behind the bottom in terms of the heroin, responding to the heroin problem. I think that's very favorable. You see a lot of leadership coming from the local communities, to my point of view, the responses so far have been tepid, they've been very much around the edges. They want to have some more Buprenorphine, they want to have some more Naloxone. They want to put a few more DEA agents, law enforcement agents.

They don't really come to the heart of the issue, at the level it's going to have to happen. But I think we're going there. So my answer is, I think sometimes like within the next five years, we're going to see a tipping point, probably not tomorrow or the next day but this is going to build up and it will capture the leadership and there will be, I hope, some better thinking about treatment for example to realize it's ... treatment doesn't fix people. You got to deal with people for a lifetime, probably through the health care system to be able to do that. There's a lot of structural things that have to happen.

But I think they can happen. I think they're likely to happen. If they don't happen, I think the problem is just going to get worst. I don't see anything in the current way of doing things. Like as I say, more Buprenorphine. I don't think that's going to ... we cannot treat our way out of this epidemic. That is not possible. I think that it's coming and the sadness is that it's possible to see it and to think about 25 people a day dying of heroin overdoses and you think about how many deaths ... compare that to the terrorism deaths. Think about how much we think about terrorism. Everyday, 25 more. The cost is very high but the gain, eventually, I think will be great.

Catie Drew – with web question: All right. We have one last comment, not a question, from the web. Thank you very much for your presentations and for recognizing the value of drug law enforcement

and for the reminder that promoting abstinence should still be an objective. Thank you.

Dianne Martin: Again, I'd like to thank our presenters today, Dr. DuPont and Mr. Bensinger for being with us and enlightening us. I wanted to mention that in a week, this will again be able to be replayed on the DEA Museum website. This concludes our lecture today. Thank you all for joining us.