

UNITED STATES DEPARTMENT OF JUSTICE  
NATIONAL ASSOCIATION OF ALCOHOLISM  
AND DRUG ABUSE COUNSELORS

in

Washington Court Hotel

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10:30 a.m.

HON. JANET RENO, UNITED STATES ATTORNEY GENERAL

P R O C E E D I N G S

(Introduction.)

(Applause.)

ATTORNEY GENERAL RENO: I thank you for that warm welcome, but I'm the one who should be applauding you. I run across a lot of heroines and heroes in my job, both as State Attorney in Miami and Attorney General, and I don't know of any who surpass what you do, who deal with -- who deal with the funding problems, who deal with legislatures and congress who, until recently, hadn't been too receptive to treatment issues.

And you do such an incredible job. You are the ones that have taught me that treatment can work, that we can prevent drug abuse problems.

I see John Nagles sitting here and I feel suddenly that I am before a legislative committee in Tallahassee or a public hearing where John is speaking out and making his voice heard.

And I suppose that there are as many in the room who a long time have known John. I just thank you, you have made such a difference.

When I became State Attorney in 1978, I believed with all my heart that treatment worked. And I was speared at again and again by people who said, Jan, you know treatment doesn't work.

Because of your efforts I don't think there is an American who has not seen somebody they know, a loved one, a family member, a friend, a fellow employee, neighbor who has not benefitted from treatment. And you did it in the most difficult circumstance as possible.

I have -- since we've established the Drug Court in Dade County, have come to the belief that there must be a partnership between the public health system and the criminal justice system.

And just think of the numbers of categories where that comes into play: Drug abuse, alcohol abuse, domestic violence, youth violence, environmental hazards contribute to delinquency, such as lead poisoning.

I mean, if we get the public health specialists together with the criminal justice specialists, we can make such a difference in this country.

And one of the first steps I think that is critical in this effort is to understand what the dimensions of the problem are and educate the American people.

I recently had an opportunity to stand before the International Association of Chiefs of Police and tell them that for the first time in my professional career in the criminal justice system, I believe we can have an impact on the culture of violence in this country, if we attempt at it, if we do not become complacent.

But I knew statistics showed the difference between other nations, Canada just across the border. In a five-year period in Toronto, there were 100 gun homicides. In the same five-year period in Chicago, a city of equal size, there was some 3,000 plus gun homicides.

It doesn't have to be.

But the latest information we have with our ability to gather current information, with our ability to exchange information, we can make a difference in the culture of violence and alcohol and drug abuse. We can make a difference in the quality of life for Americans.

Going to those statistics, illegal drugs are estimated to cost our society more than \$67 billion dollars annually. I've gotten a new tactic for the last ten years that people don't want to prevent crime just out of common humanity. I started saying if you make this investment now, you can save this much down the line.

Alcohol abuse has had even a greater impact. Recently the National Institutes of Health estimated that the cost from alcohol abuse, including healthcare and lost earnings, are \$148 billion a year.

There are also untold human costs from the lives cut short or ruined by alcohol and drugs.

You have taught people that we can treat. We have got to send that message in a louder, longer, more pervasive way.

And I would ask you, I'm going to ask you at the end of this, if you were the Attorney General of the United States, what would you do to improve your efforts and our efforts at really focusing on substance abuse or aiding in prevention. Be thinking of your answers.

But one of the questions I would like to ask is, How can we get the message out more effectively that treatment works?

I would like to define my approach to it and get your feedback on it. I think the first thing that we've got to do is prevention.

And how do we do that? I have made an analysis, whether be it violence or substance abuse, we don't prevent by waiting until a child is in middle school. You've got to start much earlier.

The doctors took me to our public hospital to try to figure out what to do about crack-involved infants and their mothers, whether we prosecuted them or treated them as dependent children, how we handled the case.

They taught me three really important things, that 50 percent of all learned human response is learned in the first year of life; that the concept of reward and punishment and a conscience is developed during that first three years; and then an individual that I will never forget, they taught me the most overpowering thing.

At that point, the nursery was absolutely full of babies that could not be sent home -- this was in 1985 -- because the system was not prepared to deal with crack babies.

The baby that had been in the bassinet for six weeks not talked to or held except when changed or fed was not reacting with human emotion whereas the child in a foster nursery who had severe birth defects was reacting with human emotion even through twisted joints and tubes to parents who had been with her mostly around the clock.

We are faced in this world with both parents having to work to make ends meet, single parents having to struggle to make ends meet. Children are more alone and at risk than in probably at any time in our history. They also face probably risks than at any time in our history.

That's the reason I have spent tremendous amounts of time talking to America about how necessary it is to invest in communities and in their children and in their families to make them

self-sufficient.

The second theory, though, is watch for the danger signals. How do we prevent, ladies and gentlemen, how do we let that person know where to go for drug treatment? How do we afford it?

Too many Americans do not have insurance. If they had five stiff drinks tonight and drove up Highway 395 and plowed into two cars and three people and breaking their two arms, the arms would be set at the public hospitals in D.C. tonight.

But if that person was crying out for help from his drinking the five stiff drinks, where do we get them the help on a consistent basis? Where do people go? How do they go?

For those who have insurance, where do they go for treatment? How do they know it's the right thing? How many of you handle referrals from one to another when it's not the type of alcoholism that you are specialized in handling? What are the answers?

I don't think that collectively we as a nation have begun in terms of prevention to address the issue of what happens when the person is crying out for help, either can afford it and does not know where to go or can't afford it and does not know where to go or how to go.

I would like to work with you in these coming weeks and months and years to make sure that we address that, and to see the person finally wanting treatment gets it as easily as the drunk who broke the two arms.

The next effort, though, is intervention, intervention in terms of the criminal justice system. I faced a system that was overwhelmed. Cases were multiplying sometimes by twos, it seemed to me, every day, but that was quite an exaggeration.

The judges did not have time to focus on the cases. Probation officers had caseloads of 100 and 200. And I thought this isn't working; what can we do? And I thought of the concept of the drug courts, the public defender came on board and the judges reactive, and the judge was given a leave of absence, a sabbatical, to develop the drug court, and it has now spread across the nation.

The drug court is no better, though, than the treatment people who are involved in it. And to any of you who are involved in drug courts, I have one clear message for you: Don't let us spread you too thin.

(Applause.)

ATTORNEY GENERAL RENO: There's a lady in Miami, Florida, I've been gone too long now so I

don't know exactly what she's doing, but May Bryant would look me in the eye and say, Janet, you're not going to send me any more until you get me more money to provide more beds and more appropriate counseling.

And she'd say it in such a way that everybody would come back waving their hands: May's just being mean again. I said, May is being sensible again.

It's working because it was not stretched until it bent. It was working because there was a central treatment capacity and the judges and all of us understood how essential that capacity was.

It's working because there was a case management beaker to it. And the case manager in this situation was a judge who knew when to give you a pat on the back and when to give you a kick in the rear.

A case manager is one of the great angels in substance abuse treatment. Is there course work for case managers in colleges and universities in this country? How do you do it? Do you just learn from each other?

The first rule is make sure you've got the same case manager so that they don't play one off against the other. Every system that I've seen before I got into the drug court had one probation officer giving the case to another one to another one to another one. And the patient just told every story he wanted to tell because he knew he was going to get away with it.

The second thing is, How do we train people to be great case managers? I'd like to work with colleges and universities to see if we can develop course work in this effort if we've not already done so.

I chaired a substance abuse treatment or substance abuse -- court with Governor Martinez in the late eighties, and I was surprised even then by about 1958 that no medical school had course work in this.

I hope that's changed. If that's not changed we've got to renew that effort, but we have also got to renew the effort to focus on research and development in this whole area.

And the third thing after intervention, intervention based on a carrot-and-stick approach, based on good case management, is what can we do with them in prison?

First of all, we do something about our prisons to make sure that they don't have drugs come in like they're coming into this country. We ought to be able to do that.

Secondly, we provide treatment for everybody in prison is my general theory, everybody that has a substance abuse problem.

How many times have you gone to some county commission, to some local government and said, help, we need a facility for substance abuse treatment; we've got this wonderful program, our lease has run out, we don't have any place else to go, please will you provide us something.

I think that's very important, but I've got a whole bunch of people in prison all across this country that have a perfectly fine facility for treating substance abuse and too often it's not used.

And the President has been concerned about this. I think we are beginning to get changes in this area, but we have got to make sure that we utilize it as wisely as possible.

But none of that is going to work in my theory unless we provide reentry support and supervision. To return the person to the apartment over the open air drug market where they got in trouble in the first place doesn't make any sense.

We have got to make sure that in our grants, in our monies for prisons, in our monies for treatment, they include monies for aftercare and follow-up.

And then you have to exchange information about what works and what doesn't work, what are the best aftercare programs.

I don't know what you're doing with the web or the internet in terms of exchange of information, but we can develop a wonderful aftercare web page that shows people what was working and what wasn't working, what new ideas existed with respect to how we bring people back to the community with a chance of success.

What are you going to do with the 16-year-old who doesn't want to go home to his crack-involved mother and his two brothers, who are not only drug abusers but serious criminals, and he doesn't have anyplace else to go?

Is there assisted housing that we can provide for him? How do we get that organized? These are some of the things that we have got to address.

And one area where I think we have been neglectful on focusing our attention, I can't tell you how many people say oh, that's Ms. So and So, she's got four children and desperately wants treatment, but she won't go because she's afraid she'll lose the children.

We have got to develop the capacity to make sure that lady knows that if she does it right,

plays by the rules, stays drug free, she has a chance of retaining those children without losing them.

I think one of the best facilities I've seen is a facility in New York State, the New York State Prison where the nursery is in the prison. And it's one of the nicest nurseries I've known.

Now, I've also discovered that people can paint up and fix up, but you don't put happy, thoughtful faces on children, you don't put happy, thoughtful faces on little babies who are responding in the most positive human sorts of ways.

That prison was making the difference, because those women said for the first time they had an understanding of what it meant to raise children and they felt they were doing a good job.

The final point is if there has been anything about our siege with drugs over these last 20 years, it has been to help us begin to understand the dimension of the problem with respect to alcohol.

Alcohol I think is more mysterious to us in many respects than drugs, but one of the most telling features that I acquire, one of the best pieces of information that I acquired was from Mark Rosenberg at the Center for Disease Control, who did an analysis on the youth violence early on when I first came to Washington.

Youth violence does not arise out of drug abuse nearly as often as it arises out of alcohol abuse. (Applause.)

ATTORNEY GENERAL RENO: Youth violence does not arise out of felonies. It arises out of words between people who know each other. Other people have told me sometimes in a lot of ways a little bit about the fact that an adolescent can become an alcoholic in far less time than an adult.

We've got to make sure that every pediatrician in America understands that. We have got to make sure and work in the industry to help them understand and help them help us convey to the American people the dangers of alcohol for youngsters across America. This I think is one of our greatest challenges. These are the approaches. This is the way I would kind of try to organize things in my mind this idea of what we do.

How we approach it has got to be the whole picture. We've got to look at a child's life as a whole. We've got to look at the family. But I think we could make a considerable difference.

I -- General McCaffrey spoke, and we haven't had a rare opportunity with the Director of the National Drug Control Policy who has such a distinguished record as he has. Send General McCaffrey up to the Hill and to talk about prevention and I'm sure it has an impact.

And I give him much of the credit for making sure that Congress is beginning to understand how important prevention is.

Stopping underage drinking is one of my highest priorities. I would like to hear from you, What can I do to improve our efforts to achieve that priority?

We recently formed a federal interagency working group on alcohol and crime. You know that almost three-quarters of the alcohol outlets around the country sell alcohol to underage persons without asking them for identification.

We need to work with state and local law enforcement to stop this. Let them know how this feature is.

Wouldn't it be something if we could devise a small little book that could be given to police officers at roll call to let them know the effect of alcohol and tobacco, to let them know just how important it is to enforce the laws on the sale to underage youngsters.

The Justice Department awarded states \$25 million last year under the enforcing underage drinking law program and we will award another \$25 million this year.

These funds can be used to help support statewide enforcement task forces, public advertising and innovative programs to combat underage drinking.

I'd like to know if you've ever seen any of that money or know anything about what's happening to it. Sometimes I worry that the money goes out and it's not used in the most effective ways possible, and I'd appreciate your thoughts on that.

To address the broader problem of substance abuse by young people, we are working with

LMBC administering \$20 million worth of grants under the drug-free community support program.

These discretionary grants are available to existing communities coalitions to support a partnership approach for reducing substance abuse by young people including alcohol and tobacco as well as conventional drug use.

Our continued efforts at prevention must be paired with treatment. Again, I am so convinced, looking at the statistics from the Federal Bureau of Prisons, that treatment can work that I continue to want to do everything I can to show all Americans that research proves, if offenders do not get appropriate treatment, they are more likely to revert to substance abuse and commit new crimes.

Let's make the investment up front. Let's show them that for every dollar invested in prevention up front we save X dollars down the road. For every dollar invested in intervention in a drug corps, we save a lot down the road.

Let's start talking in terms that all America will understand, if they don't understand the basic issues relating to --

(Applause.)

ATTORNEY GENERAL RENO: These are some of my thoughts. I have found it extremely helpful to talk with groups in more of a dialogue because I want to hear what you are interested in. I'd like you to ask me questions, and I would like to ask you a question.

If you were the Attorney General of the United States, what would you do to reduce substance and alcohol abuse?

Yes, sir.

AUDIENCE SPEAKER: Well, I would have two suggestions and one is -- they both have to do with treatment-connected people in principally state prisons, and that is while I would want treatment throughout a person's incarceration period, I think if you're going to be putting some money out there in a time of scarce resources, we'd like to know when would we best be able to use that money the most effectively.

Is it early right after a person comes into a state prison situation or just before release? I think people do it both ways in our country, and I don't anybody's really sure exactly what's the best answer.

The second thing is the issue of the hand-off when people leave a state correctional setting. It's a very ragged time and pertinent in people's lives. We have state parole officers that are overworked, and that hand-off is absolutely critical.

Initial after-care many times is available, but we lose people sometimes in that two- or three-day period when they're being released and some of them are on -- they have sanctions that are from a correctional system or they might have a sanction from the parole system. It's a very ragged time, and we let people fall through the cracks.

So if you're going to be putting some resources in this area, that's something that we definitely need to concentrate on or we've going to lose a great opportunity that you're going to give us.

Thank you very much.

ATTORNEY GENERAL RENO: Let me answer your question, the first question first.

What I have heard, and you've hit on much more complicated issues, if you arrest somebody and immediately drug test them and determine that they have a problem, if they're not going to jail or if they're going to jail for only a relatively short period of time, the sooner you can get to them while the aura of arrest is around them --

(Laughter.)

ATTORNEY GENERAL RENO: -- the more effective it's going to be.

The drug courts -- you're arrested the night before and in the drug courts the next morning, it catches your attention.

And also if you wait six months to a year to go to trial, you think they're going to forget about you and you backslide.

The problem with doing that and immediately putting money into treatment is if you then have a ten-year stretch of prison, that becomes a more difficult situation.

My understanding is that the Federal Bureau of Prisons has studied this and, take this with a grain of salt, because what I'd like to do if I may is establish a point of contact so that I can get some information back to you.

I'd like to get Kathy Hauff-Sawyer, the director of the BOP, to make sure that I've got the information correct. They provide treatment towards the end of the term and find it more effective.

That, however, you must recall, is based on the federal length of sentences. The federal sentences are usually generally longer because of the minimum mandatories in sentencing guidelines. So take that with a grain of salt, but now you've given me a thought and that is we need to really develop a clearinghouse for the latest bits of information so that you can come out -- we can do it online or in other ways. And so let me go back to the Department and think about that larger picture.

With respect to after-care, ragged is overstates it -- or understates it. We are focusing now, just at the drawing-board stage, on what Lori Robinson of the Office of Justice Programs calls a "re-entry court."

The effectiveness of the drug court is if you have a good judge who understands what's happening, he can if properly staffed be a good case manager in and of himself.

But what you need is that good case manager, that person with authority, the person with or without a black robe that somebody's going to listen to because they think something's going to happen.

And my thought is to do this -- use the same principle of carrot-and-stick on the back end of the sentence as on the front end in drug courts, that you would have a judge, a condition of release or work release would be that you are drug-free. You would have to test regularly coming back in at the end of the day after work, and you would not be released -- I mean, you would be returned to prison until you tested positive(sic) again for a consecutive period of time.

If you had that clear case management with the ability to pull them back in, it would make a tremendous difference, but the key to this again is the case manager who knows when to pull them back and when to give them a second chance.

And sometimes that's just a magnificent intuition, but I think we should teach a lot more of it and that's the reason I place such an emphasis on that.

It won't work unless we pay people enough to retain them in their positions with some continuity so that they can at least get one person through an after-care system.

But I'd like to follow up with you on that. And, Kenny, if you can get that gentleman's name back there, I would really like to follow up on it.

AUDIENCE SPEAKER: I'd like to thank you, Attorney General, for bringing a large dose of compassion to the criminal justice system in your efforts over the years.

An issue that's come up earlier here is disproportionate sentencing for crack cocaine versus powdered cocaine. Your comments on where we are and where we still have to go to change that.

ATTORNEY GENERAL RENO: Where we are is a bill is being introduced to raise cocaine up to crack, and I'm not saying anything about our prospects. We're at least trying to get it reduced, get crack sentences reduced. It is not an encouraging area.

The only thing I'm encouraged by about it is the use of crack seems to be falling off, but that's not that encouraging.

MS. GATE: I would just like to -- I am Irene Gate and I represent National Task, and I would

like to suggest to you -- to get back to your discussion on case management that the Task model is something that you really should re-examine because it's already existent.

The infra-structure is throughout our nation. When you look at some of the newcomers breaking the cycle, breaking the cycle is working because Task programs are there to work with it.

Mallie Heath is our president of National Task, and our field directors would be more than willing to sit with you and to work with you on looking at this national model.

ATTORNEY GENERAL RENO: It's a wonderful national model. What you've got to do is get people trained to do it.

You've had some wonderful people and then you have some people that, as all programs do, that weren't as adept, and then you had high turnover and the case management didn't work because the person had had three case managers, how do we take your program, the other programs and give them the staff, particularly in this time of low unemployment, that will provide the stability and that sixth sense that is so important.

You all have done some tremendous work. We've just got to build on it. And most of all, we've got to make sure that people don't spread you too thin.

AUDIENCE SPEAKER: This is a different issue. Managed care is squeezing revenues that were already there on the insurance side and in many states on the Medicaid side as well, so public safety becomes endangered. People who should have gotten what they paid for can't get it.

If I was Attorney General, I'd take managed care out of the drug and alcohol area.

(Applause.)

AUDIENCE SPEAKER: We could use your help. There's considerable protection built in for Congress, but it isn't drug and alcohol specific. We're dealing with a disease of denial, and we sure need your help here.

ATTORNEY GENERAL RENO: Well, let's balance it. Let me be the devil's advocate. My first introduction to addiction and treatment was in the early eighties.

And a friend had an alcohol problem. We almost literally picked her up and took her to a treatment unit. I remember walking in and thinking this is a single bed in a very good hospital, and why does she need this?

And then I was told she had to stay five weeks. I said, What's the magic of five weeks? And

then I discovered that that was tied into insurance.

And then I would come back and visit her. And she would be sitting in this beautiful hospital room that she didn't need. You need to do a little bit of management so that it's not totally insurance-driven.

And I don't know how you balance it because clearly getting people out doesn't work, but I think that is one of your great, great challenges, because it offended me to see how the insurance companies and some of the hospitals, seeing the insurance coverage, had used it for the length of time and designed the program around it.

If any of you have any suggestions on how to balance managed care with unmanaged care expense, it would be helpful.

Two more questions.

MS. CAISON: I'm Sara Caison with the National Council on Alcoholism and Drug Dependence. And first I'd like to thank you for everything you're doing in general, but specifically you're speaking and focusing on alcohol abuse.

And as Attorney General, I would encourage you to use the task force that you're working on for alcohol and crime to ask ONBCP and DRISAFEN (phonetic) to include alcohol in their immediate plans.

(Applause.)

ATTORNEY GENERAL RENO: What --

(Laughter.)

MS. CAISON: And coincidentally I missed this morning's presentation, but I've been in several smaller groups and larger meetings and he's been asked that question and he's -- at least -- but they're going to focus on illicit drugs, and as we know --

ATTORNEY GENERAL RENO: I think he has some statutory limitations that I think are changing, and, as a matter of fact, I heard him yesterday and he specifically included alcohol.

MS. CAISON: That's what -- mass media.

ATTORNEY GENERAL RENO: He's got his media campaign established during the time -- I don't know how he's working it out, but I hope you will see some differences because I have

discussed it with him on a regular basis.

MS. CAISON: Thank you.

MS. MORRIS: I'm Doris Morris and I'm from Nevada, and first I'd like to say to you, Attorney General Janet Reno, that I approve and I appreciate everything you've done in your role as Attorney General.

(Applause.)

ATTORNEY GENERAL RENO: There's some things I would change.

(Laughter.)

MS. MORRIS: I would like to respond to what you said earlier about underage drinking. I really -- I feel very strongly that the liquor industry needs to be taken to task like the tobacco industry for marketing to kids.

You know, the Budweiser frogs and the Budweiser lizards are not designed to appeal to adults. It's like Joe Camel. We've got too adults in this society that think that underage drinking is part of the rites of passage, so we need to do some work on liquor companies marketing to children and at the same time do something to break through the denial of adults who say that, you know, liquor's legal and it's okay for kids to drink.

ATTORNEY GENERAL RENO: I'm going to make sure that the interagency group addresses this. If I may, I will work with you to see how we can channel an exchange of information and develop the capacity to let you know what we find that's working or not working, what new challenge we find. We can work with you to exchange information.

I've got one final question. What medical schools in the country is doing the best job in terms of substance abuse treatment?

MS. MORRIS: Texas Tech University in Texas.

ATTORNEY GENERAL RENO: Any others?

AUDIENCE SPEAKER: State University, Dayton, Ohio.

AUDIENCE SPEAKER: Penn State.

AUDIENCE SPEAKER: University of San Francisco Medical College.

AUDIENCE SPEAKER: University of Nevada, Reno, has a addiction track for physicians.

AUDIENCE SPEAKER: Brown University is also doing a lot of work.

ATTORNEY GENERAL RENO: Again, I just want to thank you for the great work that you do. I've got my own story, too. And I know what keeps you going.

I went upstairs and went up the escalator in a Miami office building while state attorney, and a man came up to me and he said, I want to thank you. And I said, well, what for, sir? And he said, you got me treatment. I said, Really? He said, well, I got arrested and you and your prosecutors got me into treatment. I lost my family. I lost my job. I had hit rock bottom. I didn't know where I was going or what I was going to do.

He said, I've had my job back for a year and I've got my family back. Thank you.

I thank you.

(Applause.)

(Whereupon, at approximately 11:05 o'clock, a.m., the conference was concluded.)