



DEPARTMENT OF JUSTICE

Keynote Remarks of

THE HONORABLE JANET RENO, ATTORNEY GENERAL

Working Luncheon for Consensus Meeting on

Drug Treatment in the Criminal Justice System

Tuesday, March 24, 1998

1:00 p.m.

Hampton Room

Omni Shoreham Hotel

Washington, D.C.

P R O C E E D I N G S

(1:00 p.m.)

ATTORNEY GENERAL RENO: Thank you very much, General.

I think I may get fussier at him than almost anybody in Washington. But I admire him as much as I do any single person in Washington. He has brought such vigor, vision, energy and good sense to the fight against drugs. Enforcement, but treatment. Prevention, but intervention. And you just never stop. And I really consider myself so fortunate to work with you. And if I get too fussy, you just, you know.

(Laughter.)

ATTORNEY GENERAL RENO: I also want to say it was just wonderful to walk into this room, and to see people that I have gotten to know in the last 5 years. But, more importantly, to see people with whom I worked in Miami. I want to thank so many different people who contributed to my knowledge of the criminal justice system.

When I was sworn in, one newspaper reporter said: What do you know about Washington? And I replied: If you have been State Attorney in Miami for 15 years, you can be prepared for almost anything.

(Laughter.)

ATTORNEY GENERAL RENO: And I see so many people in this room who helped prepare me.

Today's meeting comes at a critical moment in our ongoing efforts to combat drugs in this country, a moment of challenge and of opportunity. We are faced with the challenge of educating the Nation about the importance of drug testing and treatment, in our efforts to eradicate drug use and drug-related crime.

At the same time, we have a real opportunity to shape the national dialogue on these issues. We can chart a new course in the struggle against addiction, or we can just do it the way we always have. The willingness of all of you to come together here to discuss these issues, to help chart a new course, can make a real difference as move forward in the months and the years ahead.

I am sure that many of you are aware of a study reported last week by the Journal of the American Medical Association. Some troubling statistics. The report showed a decline in the support of American people for drug treatment programs, at the same time supporting an increase in incarceration.

Well, there are studies and then there are polls. And I like to understand studies, but I also like to recognize what works and what does not work. And there are people in this room who, again and again and again, have convinced me and taught me that treatment works.

When I first took office in Miami in 1978, people did not believe in treatment. And I could understand why. But I quickly learned that unless we made treatment an effective alternative, we were never going to build our way out of the problem. I watched the criminal justice system of Dade County swamped by people possessing small amounts of drugs and larger amounts of drugs. I watched it swamped by first-time offenders and fourth-time offenders. And I watched a system that did nothing to intervene to solve the problem as these people came into the system.

Now, when I go to anyplace in this country, when I talk to anyone, whether it be chiefs of police or average citizens, I suggest to them that they know that treatment works, for, as I tell them, I bet there is no one in this room -- and I am not talking about this room today, I am talking about a room in an average part of America -- that does not know so many, either a family member, a neighbor, a close friend, an employee, an acquaintance, who is not recovering and having benefited from treatment. And that is the message we have to get out.

We have got to make sure that people understand that it makes no sense to incarcerate somebody for 2 years, knowing that they had a drug problem, send them back to the apartment over the open-air drug market where they got into trouble in the first place, and not do anything to treat the cause or to provide after-care, follow-up and support. It is penny wise and pound foolish, and it just does not make any sense. We have got to convey that message. We have got to convey it loudly, clearly. Because I think the American people will understand it. And I think they do when they look at the facts and figures involved.

We have an enormous responsibility to ensure that the American people understand that it is not either incarceration or treatment; it is both. It is not either prevention or intervention; it is both. It is not providing one excellent program for a 13- and 14-year-old that prevents drugs; it is providing a continuum of care for the young children of America that can make them grow up drug free.

But we tend to get narrow in our focus. Somebody just wants to incarcerate, somebody just wants to do the prevention stuff. That is not going to work. If we approach it from a balanced point of view, we can make it work.

We need to point out to America that we are incarcerating violent offenders, that we are incarcerating drug traffickers, that we are incarcerating drug dealers and criminals who use drugs. But, just as importantly, we need to make sure that the drug users in our jails and prisons, and those on probation, receive the treatment they need in order to stay off drugs when they are released back to the community.

One of the great frustrations I have had in these 20 years is to see people coming to my office for a grant, wanting a grant to build a drug treatment facility, wanting a grant for bricks and mortar. And then I go out to the Dade County Jail, and there it is, all bricks and mortar, and everything you need, but no drug treatment. We have got to make sure that we use our facilities as wisely as possible, and provide the treatment in our prisons whenever possible.

We also need to speak clearly to the American people, to let them know that treatment and testing can work. There is scientific evidence to support not just the basic gut instinct that I have that it makes sense. This is not a question of being soft on crime. It is simply a matter of doing what is effective and right.

The solution to much of the drug crime in this country is not building more jails. Far too many people, however, are unaware of what we can accomplish with effective treatment programs.

In another report released last week, a bipartisan group of public health experts reported that treatment for drug addiction can dramatically reduce crime at a substantially lower cost than building new prisons. For all the scientists in this room, for all the researchers in this room, I issue a plea. Keep it coming. Make it current. Make it in forums that we can use to inform public policy.

If we do this, we are going to have an exciting opportunity that we can build on. In these 5 years, sometimes the rhetoric has been unduly harsh and unduly partisan. But particularly at the State and local level, I see something new happening in the criminal justice arena. I see the criminal justice experts coming together with the public health experts in new partnerships and alliances that we never had before.

I see Republican mayors coming together with Democratic U.S. Attorneys in alliances that we never have seen before. Not talking about who can be toughest or who can provide the best opportunity for children, but talking about how they can do both together.

If we do nothing in this time but develop a research capacity that proves what works and what does not work, and form our public policy based on that, without partisan rhetoric and without partisanship, but approach crime and drug abuse in a common sense way, we can make such an incredible difference. And I think we are on our way to doing that.

But, for the researchers, just keep it coming. You are so important to this effort.

The physicians and the public health leaders in this study concluded that treatment for drug addiction is just as effective as treatment for other chronic diseases, such as diabetes and asthma, or for other chronic diseases such as injury. I have always put it this way:

If a man has five stiff drinks, drives up I-95 at 100 miles an hour, runs into a car, kills two people and breaks his two arms, and does not have money and does not have insurance, his two arms will be set tonight someplace at the taxpayers' expense. But there are still people in this country who are pleading for drug treatment, who can benefit from drug treatment, and who are not getting it as fast as they need it because we have not approached it the same way.

We need to work much harder to be sure that the American people understand that you can treat drug abuse as you can treat other chronic diseases.

Now, the excuse I hear sometimes is, "Look at that man. He has had one bout with treatment, two bouts with treatment, three bouts with treatment; it just does not work." Sometimes you

have one, two, three, and four bouts with cancer, and sometimes, tragically, it will not work, but it does not mean you stop trying. And it is so important that we start looking at how long the gaps are between the recurrence.

And if you keep judging based on that, suddenly there is going to be a long, long, long gap, and you are going to be successful, but, then, in about 10 years, another sign. In the treatment of cancer, in 10 years, and another sign, you go back to treating it, and you keep at it. We can do it, based on what people have done in this room.

What the study tells us is that testing and treatment for offenders needs to be given as much a priority as our crime-fighting efforts. Crime and drugs are linked. The recently released study from the Center for Addiction and Substance Abuse shows the prevalence of drug use by offenders. And on Sunday, we released the first national survey of probationers that found a significant portion were under the influence of drugs when they committed their crimes.

We must make sure that treatment and testing are linked with punishment and incarceration. And with reference to that same study about probationers, it was not just drugs, it was alcohol. ONDCP does not have the jurisdiction over alcohol, I guess, or something like that. I cannot keep track of that.

(Laughter.)

ATTORNEY GENERAL RENO: But unless we make sure that we address the problems of alcohol, we are not going to make the partnership between the criminal justice system and the public health system as effective as it can be. When we look at the number of young people who are victims or who are the perpetrators of youth violence, it is alcohol as the prevalent theme, not drugs. And we have got to focus on both.

What we really need is a continuum of accountability for substance abusers, a comprehensive and systematic approach to dealing with abusers in the system. I call it a carrot and stick approach. Others call it a policy of coerced abstinence. And may I suggest to you that if we are going to sell the American people on treatment, we have got to use small, old words, and no legalese and no medicalese, so that they understand what it means, and that it can work.

We give offenders the incentives to stay clean in the carrot and stick approach, and they get a chance to live a life free from the horrible burden of drug addiction. But if they fail to stay clean, the alternative is a serious sanction, including a longer sentence in prison or jail, or introduction to jail for the first time.

In January, President Clinton highlighted the importance of this approach when he asked the Department of Justice to develop new legislation to send to Congress. The President sought to encourage the states to institute a zero-tolerance policy on drug use in our nation's jails and

prisons. He wanted to see what the Federal Government could do to help the states do the testing and treatment that is needed. And he wanted to encourage the states to strengthen the sanctions that should be imposed when drugs do enter a prison or a jail.

Today, the Justice Department has sent legislation to Capitol Hill that incorporates the President's proposal. We are asking Congress to permit the States to use their federal prison construction and substance abuse treatment funds to provide a full range of drug testing, drug treatment and sanctions for offenders.

By September of this year, under existing law, states will have to implement plans for substance abuse testing and intervention programs. States that fail to take a tough, but smart, approach to drug testing and treatment risk losing federal prison construction funds that will be then redistributed to the states that are in compliance.

Now, we also want to give them the flexibility to fund these testing and treatment programs with federal dollars. When I travel around the country, I have met with prison officials and state officials who want to be able to increase the testing and the treatment programs they have in their system. They know that testing and treatment works. But the funding we are sending them can only be used for construction.

In some cases, they will have enough prison space. They do not need to build more cells, they tell me. The money could be going to a good use that, in the long run, can make a real difference in reducing street crime. That is what we are trying to do with our legislation today.

We have strong evidence that testing and treatment of incarcerated offenders can make a real difference. A recent study from the Bureau of Prisons looked at Federal inmates who received drug treatment and compared them with prisoners who did not receive treatment. The study confirmed the importance of testing and treatment programs.

The inmates who participated in a residential drug abuse treatment program were 73 percent less likely to be rearrested or to become involved in further drug use in the first 6 months following their release from prison.

Drug treatment did not work for all the prisoners who needed it and used it, but it did make a difference to most of them. And that can make a difference to each community and to this entire nation. With the bill we have sent to Congress today, the states can build on the successes we have seen in the federal prisons and in many of the state systems.

I urge Congress to join with us, and give states the freedom to use their federal prison funding for comprehensive drug treatment and testing. Testing arrestees is an important tool in developing the continuum of accountability. Testing arrestees for drug use as they enter the criminal justice system lets us identify those who may need drug treatment.

Without testing, we will never know what services are need and what sanctions will be most effective. And testing is so important because it grabs a person's attention. They think they are going to get away with it. They think they are going to sweet talk themselves through the system. And suddenly it comes up positive. And suddenly they are facing the judge. And suddenly they are getting with it.

It used to be that people taught me that you cannot really get the benefit of treatment unless you really want it. But I have seen again and again where a combination, carefully applied, of the criminal justice system and its leverage and the public health system and its treatment can make a significant difference. And I have gone to too many graduations from substance abuse treatment programs, where the patients tell me: I got here because of the criminal justice system; I got scared, and it helped.

In December of 1995, President Clinton directed that the federal government adopt the universal drug testing of federal arrestees. As a result, 25 districts in the federal court system have developed pretrial drug testing programs to identify nonviolent drug users in the federal system.

Testing also helps us identify nonviolent drug offenders who may be better off in a less costly residential substance abuse treatment program, rather than in an expensive prison cell. It can reduce recidivism by offering effective treatment and by introducing swift and certain sanctions, short of long-term detainment or re-incarceration.

These sanctions include such things as more frequent testing, electronic monitoring, home arrest, and even immediate incarceration. As you can imagine, the threat of graduated sanctions can be very disruptive to a chronic drug user. While it may not work for everybody, drug testing identifies individuals who are able to get off drugs by means and methods short of detoxification and long-term residential treatment, as well as to identify those for whom this difficult treatment regimen is the only answer.

Getting defendants to recognize and accept personal responsibility for their drug and criminal behavior is the key. You know that better than I do. But I have stood in too many drug court programs, where people tried to deny, and finally could not.

From the moment of arrest until unsupervised and unconditional release from jail or prison, it should be our goal to return a person to society who will be productive and healthy. We want the end result of a prison stay to be a person who goes back to the community as a contributing member of society, rather than as a new burden on our social institutions.

That is the reason we must redouble our efforts to improve innovative programs, such as drug courts, such as the Breaking the Cycle Program, juvenile justice drug treatment programs, and

residential substance abuse treatment programs. The President has requested more than \$190 million for these kinds of initiatives in his 1999 budget for the Department of Justice. That funding will help us close the gaps that now exist, and help us develop a truly comprehensive system of testing, treatment, sanctions, and after-care.

And you have got to speak loudly and longly for after-care. Because if we do not provide that, all the work that you do, all the studies we develop will be for nought. Because we have got to provide the support and the mechanism for that return to society.

The drug court program is the best illustration of the policy of the carrot and stick approach. Drug courts are proving to be effective. But they will not work unless we police them ourselves. If they are working, they are working because brave judges are telling people: You cannot spread yourself too thin; I will not permit the entry of anybody else into that treatment program because the caseloads are becoming nigh on unmanageable.

We have got to make sure that we do no use drug courts and other programs that we are trying to develop as innovative and creative programs as dumping grounds for the thousands of people that come into the system. We hear that probation does not work. How in the world can probation work if you have 150 probationers for any one probation officer? How in the world can a treatment program work if you have two counselors and 1,000 patients?

We have got to make sure that we run our drug court programs in a way that can work.

We now have evidence that the recidivism rates for participants in drug court programs, even amongst those who do not graduate, are continuing to fall. Drug courts work because participants begin to take responsibility for their actions.

But even if drug court programs work, even if they include job training and attempts at job placement, they will not work unless we can work together in our communities to convince employers that it is worth their while to hire somebody with a prior record or with a record of drug abuse. And we have got to make sure that in our efforts at after-care we try to achieve the goal of making sure that everyone is in place to become self-sufficient.

Another example of the continuum of accountability approach can be seen in the Breaking the Cycle Program. In order to expand this approach, the President has requested \$85 million in the Justice Department's 1999 budget, to provide grants to local criminal justice systems to implement comprehensive programs of testing, treatment and graduated sanctions.

To truly be effective, the continuum of accountability has to continue even after the drug user has finished his or her period of incarceration. We know that. We need to be alert. And we need to make sure that we do everything we can to provide that after-care.

We have an incredible opportunity. We know more than we have ever known before about substance abuse treatment. We are beginning to know more about the treatment of alcohol. We know more of what it is like to build strong and healthy children.

When I first came to Washington and started talking about the importance of the year 0 to 3, people looked at me like I was crazy. They said, "What is an Attorney General talking about this for?"

Now, we know that unless we make an investment in those 3 years, we are going to be spending our money on remedial programs that will prevent us from ever catching up with the problem in the first place.

We know that more American children are unsupervised in the afternoon, evening and summer hours than ever before in history, and that these same American children are facing drugs and guns at a rate that no children in American history have ever faced. We watch them facing it sometimes alone. We know what works in terms of trying to help children lead a strong, positive and constructive life. We can make a difference.

But we need to know more. I can think of several things we need to know more about. How do we treat juveniles? Sometimes they are age 15. Sometimes they seem like they are 50. Sometimes they are cooperative and sometimes they are the most rambunctious treatment people you have ever had to deal with.

I have seen even the most experienced treatment professionals sometimes throw up their hands and say, "I do not know what to do next."

Let's find out what to do next.

We need treatment studies that have a follow-up time of 2 to 5 years, or even longer. Such studies would have significant implications for calculating cost-effective treatment programs. We need improved systems of case management, to track the progress drug offenders are making. We have to ensure the information we have on each defendant makes its way through the various systems, without any gaps or knowledge or inappropriate use of the information.

I bet you have been conned, just like I have been conned, by somebody who said, "Oh, that is what I told the judge and the judge asked me." And when you go back to the judge, the judge has been transferred down to the civil division, and nobody has a real record of what this guy has done.

(Laughter.)

ATTORNEY GENERAL RENO: We have got to prevent ourselves from being conned.

And we need to know whether all those who want treatment get it, and whether all those who need treatment are being identified, whether they want treatment or not. We need to look at the linkages between alcohol abuse and drug abuse and crime. And we need to take the knowledge that we are learning about drug abuse and apply it particularly to the whole issue of alcohol abuse.

But, most of all, we have got to do what people in this room do best. We have got to believe in people. We have got to believe that we can make a difference, a difference in the life of people.

I look around at people who throw people in jail and then, once in jail, have tried to get them off on the right foot. I have watched people in this room, since I have been here, who have contributed so much to research. I have watched people run major prisons. I have watched you do so much for the community and for the nation that you serve. And I, for one, salute you. Your work is so important. It is so vital. And it is so essential in our ability to continue to believe in people, even those that have erred or gone astray.

We can get them back without giving up. It may take us one time. It may take us prison. But we can get them back. And then let us join together to consolidate our efforts in making sure that we do not let them err in the first place; that we give our children a strong and positive future, and that we interrupt this cycle of drugs and the violence it brings for a solution that provides a safe community, a good school and a good future for all of America's children.

Thank you for all that you do.

(Standing ovation.)

(Whereupon at 1:20 p.m., the keynote address was concluded.)