DEALING WITH ADDICTION

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BARRY R. McCAFFREY
GENERAL, USA (RETIRED)
BIography of General

Barry R. McCaffrey, USA (Ret.)

General McCaffrey is President of his own consulting firm www.mccaffreyassociates.com. He also serves as a national security and terrorism analyst for NBC News.

Barry McCaffrey served in the United States Army for 32 years and retired as a four-star General. At retirement, he was the most highly decorated serving General, having been awarded three Purple Heart medals (wounded in combat three times), two Distinguished Service Crosses (the nation’s second highest award for valor) and two Silver Stars for valor.

For five years after leaving the military, General McCaffrey served as the Director of the White House Office of National Drug Control Policy (ONDCP). Upon leaving government service, he served at West Point as the Bradley Distinguished Professor of International Security Studies from 2001-2005; and an Adjunct Professor of International Security Studies from 2006-2010. He served as an Associate Professor in the Department of Social Sciences from 1973-1976 teaching American Government and Comparative Politics.

General McCaffrey is a member of the Council on Foreign Relations. He has served on the Board of Directors of several corporations in the engineering design, technology, healthcare and services sectors. He joined the Board of Directors of Excelitas Technologies Corp. and the Board of Directors of Beacon Health Options. He serves on the Board of Advisors for the Addiction Policy Forum.

General McCaffrey attended Phillips Academy, Andover, Mass.; and graduated from West Point with a Bachelor of Science degree. He earned a Master's degree in American Government from American University and attended the Harvard University National Security Program as well as the Business School Executive Education Program.

In 2015 he was selected for the Doughboy Award -- the highest honor the Chief of Infantry can bestow on any Infantryman -- for outstanding contribution to the United States Army Infantry. In 2007 he was inducted into the US Army Ranger Hall of Fame at the US Army Infantry Center, Ft. Benning, GA. In May 2010, he was honored as a Distinguished Graduate by the West Point Association of Graduates at the United States Military Academy. In 1998, he was presented the National Leadership Award by the Community Anti-Drug Coalitions of America. In 1992 he was awarded the State Department Superior Honor Award for the principal negotiation team for the START II Nuclear Arms Control Treaty. In 2004, he was awarded the Health and Human Services Lifetime Achievement Award for Extraordinary Achievement in the Field of Substance Abuse Prevention. Also in 2004, Catholic University of America awarded him the James Cardinal Gibbons Medal (Highest Honor), to honor him for distinguished and meritorious service to the United States of America. He was awarded the Federal Law Enforcement Foundation's National Service Award in 2000.

General McCaffrey is married to Jill Ann McCaffrey. They have three married adult children and six grandchildren. Their son, Colonel Sean McCaffrey, retired from the Armed Forces after a career as an infantry officer.
THE NATURE OF ADDICTION

- Addiction preceded by a history of adolescent drug behavior. (NIDA reports most adults who develop a substance use disorder report having started drug use in adolescence or young adulthood.)

- Neuro-chemical changes in brain function are the definition of addiction. Drug intoxication activates brain circuits involved with reward (nucleus accumbens). Produces loss of control and compulsive drug intake that characterizes addiction. (Source: Dr. Nora Volkow, et al)

- Chemical addiction tied to co-morbidity of mental health issues. (NIDA reports persons diagnosed with mood or anxiety disorders are about twice as likely to suffer also from a drug use disorder.)

- Addiction strongly driven by influence of environment (NIDA risk factors – lack of parental supervision, availability of drugs at school, community poverty, parents or older family members who abuse alcohol or drugs, and aggressive behavior in childhood.)

- The influence of genetics scientifically significant. (Children of addicts 8 times more likely to develop an addiction.)
DEALING WITH ADDICTION

• Prevention and education are the key determinants of community levels of drug abuse. (NIDA -- each dollar invested in prevention produces a savings of up to $10 in treatment for alcohol and other substance abuse.)

• Treatment produces sobriety:
  • Behavioral health care--- multiple tools. Stay in treatment.
  • Cognitive theory--- what is wrong with me?
  • Medical/Pharmaceutical intervention-- methadone, buprenorphine, vivitrol, etc.
  • 12 step model--- AA and NA.
  • Maintaining sobriety a day at a time for FIVE YEARS.

• Drug Courts (3000+) and Social Disapproval of illegal behavior.
THE COSTS OF ADDICTION

• Estimated Economic Cost to Society from Substance Abuse and addiction: Illegal drugs - $224 billion; Alcohol - $193 billion (diabetes cost $131.7 billion; cancer costs $172 billion).

• Addiction is a three generation disease.

• Good government is severely affected by corruption and the social malignancy of an addicted population.

• United Nations: drug trafficking, transnational organized crime, the movement of illicit firearms, and money laundering have become integral parts of terrorism.

• The impact of an addict is devastating on the work force, the medical system, public safety, and criminal justice.
Being a drug addict or a drunk is a life of misery. The splatter effect of addiction is terrible on families, the workplace, and the community.

Drug prevention is a must: it must start at the kitchen table; be on the curriculum in schools; and be reinforced in: athletic programs; religious programs; pediatric offices; and in extra-curricular activities.

Kids that are busy are less likely to abuse drugs. The most dangerous time for kids is when they are home unsupervised after school.

Prevention programs must be fact-based. There are lots of programs that have been demonstrated to be effective.

Parent-led and community-supported programs are essential. (CADCA, DARE, and drug-free workplace programs.)