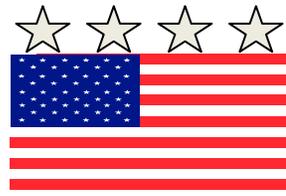


DRUGS: MYTHS, FACTS, AND THE CALIFORNIA BUDGET



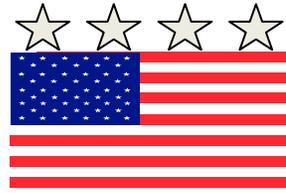
35,000 to 40,000 CALIFORNIA ADDICTS AT RISK

**Presentation to:
CA State Legislature**

May 26, 2010

**BARRY R. McCAFFREY
GENERAL, USA (RETIRED)**

BIOGRAPHY OF GENERAL BARRY R. MCCAFFREY, USA (RET.)



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 in 2001, he served as the Bradley Distinguished Professor of International Security Studies for five years at the United States Military Academy at West Point, NY. He continues as an Adjunct Professor of International Affairs.

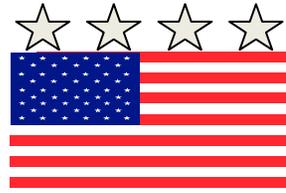
Currently, General McCaffrey is President of his own consulting firm based in Arlington, Virginia www.mccaffreyassociates.com. He also serves as a national security and terrorism analyst for NBC News.

General McCaffrey has been elected to the Board of Directors of CRC Health Group. CRC Health Group is the nation's leading provider of treatment and educational programs for adults and youth who are struggling with behavioral issues, chemical dependency, eating disorders, obesity, pain management, or learning disabilities.

General McCaffrey graduated from Phillips Academy, Andover, Mass., in 1960; and from West Point with a BS in 1964. 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 May 2010, he was honored as a Distinguished Graduate by the West Point Association of Graduates at the United States Military Academy.

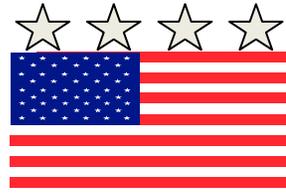
General McCaffrey is married to Jill Ann McCaffrey, with whom he has three children and six grandchildren. Their son, Colonel Sean McCaffrey, is currently serving as an Army Infantry Brigade Commander at Ft. Benning, GA.

OPIATE ADDICTION – A CHRONIC BRAIN DISEASE

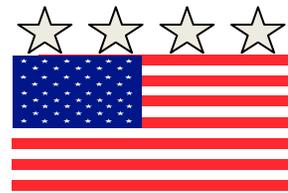


- Opiate dependence is a chronic brain disease with the requisite characteristics of a medical illness.
- There are extremely high relapse rates associated with non-methadone treatments of narcotic addiction.
- Although a drug-free state represents an optimal treatment goal, research has demonstrated that this goal cannot be achieved or sustained by the majority of opiate-dependent people.
- Detoxification and drug-free modalities for opiate addiction produce only a 5-10% success rate.
- Chronic exposure to opiates causes changes in brain chemistry and physiologic functioning that can persist for years.
- Legislators and public policy officials must address the medical nature of narcotic addiction.

HEROIN ADDICTION – A COMMUNITY MISERY



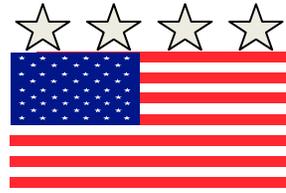
- Approximately 1 million people in the United States are currently addicted to heroin and other opiates .
- The “new heroin” – 500,000 first time users of oxycontin last year.
- The financial costs of untreated opiate addiction are \$20 billion per year.
- These costs, combined with the social costs of destroyed families, destabilized communities, increased crime, increased disease transmission, and increased health care costs, mean that opiate addiction is a misery for affected addicts and their communities.
- Heroin addicts risk premature death and often suffer from HIV, hepatitis B or C, sexually transmitted disease (STDs), liver disease from alcohol abuse, and other physical and mental health problems.
- It is estimated that as many as 10,000 injecting drug users die of drug overdoses every year.
- Most long term heroin addicts are constantly involved in criminal or deviant behavior.



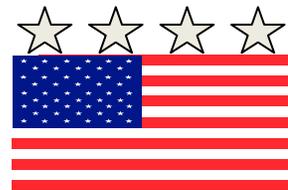
METHADONE – A MEDICAL MIRACLE

- Success rates ranging from 60 – 90% are achieved using Methadone Maintenance Treatment -- combined with attention to medical, psychiatric and socioeconomic issues, as well as drug counseling.
- Methadone's clinical effectiveness has been documented in more than 300 published research studies.
- Methadone maintenance treatment is effective in reducing illicit opiate drug use, in reducing crime, in enhancing social productivity, and in reducing the spread of viral diseases such as AIDS and hepatitis. Consumption of all illicit drugs declines to less than 40 percent of pretreatment levels during the first year and eventually reaches 15 percent of pretreatment levels for patients who remain in treatment 2 years
- Methadone treatment is widely employed throughout the world and yields better results than drug-free outpatient treatment, therapeutic communities, and chemical dependency treatment.
- There are almost no negative health consequences of long-term methadone treatment.

METHADONE TREATMENT SAVES TAX PAYER MONEY



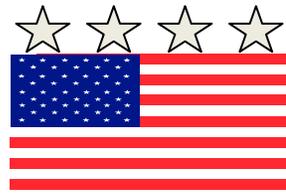
- The National Institute on Drug Abuse (NIDA) Drug Abuse Treatment Outcome Study found, that methadone treatment reduced participants' heroin use by 70%, their criminal activity by 57%, and increased their full-time employment by 24%.
- Methadone maintenance treatment (MMT) has been shown to:
 - Dramatically improve life functioning.
 - Markedly decrease heroin use; criminal behavior; drug use practices (such as needle sharing, that increase human immunodeficiency virus (HIV) risk); and HIV infection.
- Methadone treatment is also highly cost-effective. According to the New York Academy of Medicine, the lifetime Medicaid cost for each injecting drug user with AIDS is about \$109,000. In contrast, one year of methadone treatment costs about \$5,000 per patient.
- Methadone treatment is less expensive than incarceration , which costs from \$20,200 to \$45,000 per year.



METHADONE MYTHS

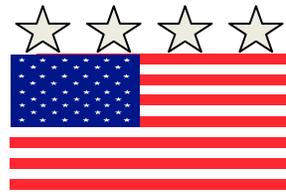
- Bias against methadone is frequently the result of a lack of understanding of the changes in brain chemistry that occur after chronic exposure to opiates.
- A common misconception about methadone replacement therapy is that this treatment is really just substituting one drug of abuse for another and that people who utilize medications in treatment of opiate abuse are not really in recovery.
- Recovering from opiate abuse is not a matter of will power or moral re-examination. Heroin addiction is a physical illness most effectively treated by using medications such as methadone and buprenorphine to assist the chronic addict in regaining physical stability -- and then helping the person address other psychological and spiritual needs.
- The use of methadone to treat addiction has been heavily regulated and strictly controlled in this country.
- Bias against methadone in many jurisdictions has resulted in dismal recovery rates for heroin addicts in treatment programs within California.

METHADONE FUNDING REDUCTION – CREATING A STATEWIDE DISASTER



- The Governor's budget would eliminate a \$53 million subsidy for methadone for 160,000 drug addicts. This is the equivalent to spending 91 cents/day on treatment per individual. California would also lose all \$61 million in federal matching funds.
- 35,000 to 40,000 chronic heroin addicts will be back on the streets creating a statewide disaster.
- Failure to engage opiate addicts in methadone treatment has tremendous adverse consequences, both for public health and safety.
- A study of drug treatment outcomes in the 1980's documented that methadone saved the taxpayers \$12 for every \$1 spent.
- A UCLA study documented repeated incarcerations, and deaths due to accidents, infections, and violence that could have been prevented by a more aggressive use of methadone.

SUPPORT FOR METHADONE THERAPY IS VITAL TO CALIFORNIA



- Methadone maintenance is endorsed by the World Health Organization, Institute of Medicine, National Institute of Drug Abuse, Center for Substance Abuse Treatment, Department of Health and Human Services, and California's Department of Alcohol and Drug Programs – this is a reality that California's budgeters must not ignore.
- The Institute of Medicine has concluded that “methadone maintenance pays for itself on the day it is delivered, and post-treatment effects are an economic bonus.”
- As a matter of medicine, science, public health and compassion -- methadone treatment must be a medical option for all heroin-dependent persons.
- Instead of cutting funding for methadone treatment, we should expand it. Just 20% of the heroin addicts in the United States receive effective methadone treatment.