

And I hope that all of you are inspired the way I am by science and by space.

Thank you, everybody.

NOTE: The President spoke at 7:27 p.m. on the South Lawn at the White House. In his remarks, he referred to William S. Nye, television personality and executive director of the Planetary Society; Adam Savage and Jamie Hyneman, hosts, Discovery Channel's "Myth-busters" program; Pranav Sivakumar, student,

Illinois Math and Science Academy in Aurora, IL, and his parents Anu Sivakumar and Siva Muthuswamy; Katie Burns, Niles Butts, Andrew Heath, Cristian Ruiz, Cady Studdard, Chelsea Suddith, and Evan Swinney, members, and Joseph Cole and Mark Keeton, coaches, Russellville City Schools Engineering Rocket Team; Phoebe Kinzelman, student, New Trier High School in Winnetka, IL; and Kjell Lindgren, crewmember, International Space Station.

Remarks and a Question-and-Answer Session at a Community Forum on Prescription Drug Abuse and Heroin Use in Charleston, West Virginia October 21, 2015

The President. Thank you! Everybody, please have a seat. Have a seat. Thank you so much. Well, hello, West Virginia! Go Mountaineers! It is great to be back in what is clearly one of the most beautiful States in the United States of America. One of these days, I'm going to finally try a Tudor's Biscuit. [*Laughter*]

I want to begin by thanking Jordan for sharing his extraordinary story with us. Jordan is living proof that when it comes to substance abuse, treatment, and recovery, those things are possible if we work together and if we care about each other. And that's what we're here to talk about today.

We've got some outstanding leaders who care deeply about this issue. I want to thank your Governor, Earl Ray Tomblin, for being here; your two fine Senators, Joe Manchin and Shelley Moore Capito; and Charleston Mayor Danny Jones. We've also got some outstanding members of my administration who are here, first and foremost, our proud daughter of West Virginia, HHS Secretary Sylvia Burwell. We have the Director of National Drug Control Policy, Michael Botticelli. And we have the head of the Drug Enforcement Administration, Chuck Rosenberg. Where's Chuck? He's around here somewhere.

And what I want to do is to have a conversation with the panelists here today, take some questions, because this is something that is not a top-down solution type of problem alone.

This is going to have to be everybody working together. And we've got to understand what families are going through, what law enforcement is going through, what our health systems are going through in order for us to wrap our arms around this problem. So, instead of giving a long speech, I just want to offer some initial thoughts to frame our discussion.

When I came into office, I started studying this issue, of what's called opioids. And I was stunned by the statistics. More Americans now die every year from drug overdoses than they do from motor vehicle crashes. More than they do from car accidents. The majority of those overdoses involve legal prescription drugs. In 2013 alone, overdoses from prescription pain medications killed more than 16,000 Americans. One year. This is—I don't have to tell you, this is a terrible toll. The numbers are big, but behind those numbers are incredible pain for families. And West Virginia understands this better than anybody because this State is home to the highest rate of overdose deaths in the Nation.

Now, addiction is not new. But since 1999, sales of powerful prescription pain medications have skyrocketed by 300 percent. In 2012, 259 million prescriptions were written for these drugs, which is more than enough to give every American adult their own bottle of pills.

And as their use has increased, so has the misuse. Some folks are prescribed these medi-

cations for good reason, but they become addicted because they're so powerful. At the same time, we've seen a dramatic rise in the use of heroin, which belongs to the same class of drugs as painkillers, this class of drugs known as opioids. In fact, four in five heroin users—new heroin users—started out by misusing prescription drugs; then, they switched to heroin. So this really is a gateway drug; the prescription drugs become a gateway to heroin. As a consequence, between 2002 and 2013, the number of heroin-related deaths in America nearly quadrupled, although the number of heroin-related overdoses is still far exceeded by the number of legal prescription drug overdoses.

So this crisis is taking lives. It's destroying families. It's shattering communities all across the country. And that's the thing about substance abuse: It doesn't discriminate. It touches everybody, from celebrities to college students, to soccer moms, to inner-city kids. White, Black, Hispanic, young, old, rich, poor, urban, suburban, men and women. It can happen to a coal miner; it can happen to a construction worker, a cop who is taking a painkiller for a work-related injury. It could happen to the doctor who writes him the prescription.

Now, one of the problems we have is, too many families suffer in silence, feeling like they were the only ones struggling to help a loved one. And let's face it, there's still fear and shame and stigma that too often surrounds substance abuse and often prevents people from seeking the help that they deserve. Because when people loosely throw around words like junkie, nobody wants to be labeled in that way.

And part of our goal here, I think, today is to replace those words with words like father or daughter or son or friend or sister. Because then, you understand there is a human element behind this. This could happen to any of us in any of our families. What if we replaced a word like junkie with recovery coaches and specialists like Jordan?

We can't fight this epidemic without eliminating stigma. That's one of the reasons why I'm so proud of Michael, who's the first person

in the job of dealing with drugs in America who actually knows what it's like to recover from an addiction. He shares his own story as a way to encourage others to get the help that they need before it's too late. And I'm proud that there's some elected officials in this State who have told their stories about what happened in their family and to themselves in order for us to start lowering those attitudes that keep people from getting help.

So I've made this a priority for my administration. And we're not new to this. In 2010, we released our first National Drug Control Strategy. We followed that up in 2011 with a Prescription Drug Abuse Prevention Plan. We're implementing those plans. We're partnering with communities to prevent drug use, reduce overdose deaths, help people get treatment. And under the Affordable Care Act, more health plans have to cover substance abuse disorders. The budget that I sent Congress would invest in things like State overdose prevention programs, preparing more first responders to save more lives, and expanding medication assisted treatment programs.

So we have to make those investments. Rather than spending billions of dollars—taxpayer dollars—on long prison sentences for nonviolent drug offenders, we could save money and get better outcomes by getting treatment to those who need it.

And we can use some of the savings to make sure that law enforcement has the resources to go after the hardened criminals who are bringing hard drugs like heroin into our country. So with no other disease do we expect people to wait until they're a danger to themselves or others to self-diagnose and seek treatment. Every other disease—you've got a broken leg, you've got diabetes, you've got some sort of sickness—we understand that we've got to get you help. And we also understand when it comes to other diseases that if we don't give you help and let you suffer by yourself, then other people could get sick. Well, this is an illness. And we've got to treat it, as such. We have to change our mindset.

And this is one of the reasons that the DEA declared a National Prescription Drug

Take-Back Day, a day when Americans can safely and conveniently dispose of expired and unwanted prescription drugs in their communities. Because most young people who begin misusing prescription drugs don't buy them in some dark alley, they get them from mom or dad's medicine cabinet.

And today we're also announcing some new actions. First, we're ensuring that Federal agencies train Federal health care providers who prescribe opioids. This is a commonsense idea that you're already implementing here in West Virginia. Congress should follow that lead and make this a national priority. And we look forward to working with Governors and the medical community as well.

Second—and we were talking—Joe and I were talking on the flight over here—there is evidence that shows that medicated assisted treatment, if done properly, in combination with behavioral therapy and other support and counseling and 12-step programs and things like that, can work. It can be an effective strategy to support recovery. But it can't just be replacing one drug with another. It's got to be part of a package. So we're going to identify any barriers to—that still exist that are keeping us from creating more of these treatment facilities and incorporating them into our Federal programs.

Private sector partners are helping out to help fight this epidemic as well. And I want to give them some credit. More than 40 medical groups, from the American Medical Association to the American Dental Association are committing to concrete actions. And we need to obviously work with the medical community, because they're the front lines on prescribing this stuff and so there's got to be a sense of responsibility and ownership and accountability there. We've got to expand prescriber training. Increasing the use of naloxone—naloxone?

[At this point, a panelist confirmed the President's pronunciation.]

I wanted to make sure I was pronouncing that right, so I talked to the expert—*[laughter]*—naloxone. This is something that if first responders have it can often save quickly the

lives of somebody who is having an overdose. So we want to make sure that first responders have a supply of this.

We want to make sure that we're getting more physicians certified to provide medication-assisted treatment. We then have broadcasters like CBS that are providing airtime for education and awareness. And groups like the NBA have committed to running public service announcements about drug abuse. So that's just an example of some of the private sector partnerships that we're forging here.

The point is—and I'm going to end with this—we've all got a role to play. Because of young people like Jordan, they remind us these are our kids. It's not somebody else's kids, it's our kids. It's not somebody else's neighborhood, it's our neighborhood. And they deserve every chance. We've got to make sure that we're doing right by them. We're taking this seriously, and the goal today is to shine a spotlight on this, and then make sure that we walk away out of here, all of us committed to doing something about it. Whether we are a faith leader, whether we are an elected official, whether we're in law enforcement, whether we're a private citizen, a business, we've all got a role to play. You understand that here in West Virginia, and we want to make sure the whole country understands how urgent this problem is.

So, with that, I'm going to turn it over to our moderator, Michael Botticelli. All right.

Office of National Drug Control Policy Director Michael P. Botticelli. Well, good afternoon, everybody. Thank you for being here today. I, too, want to thank Jordan for his really stirring comments. I think it really exemplifies for us the challenges that we have, but all the—also the success and hope that comes with recovery. It's really astounding.

We're here in West Virginia today to highlight the issue not just because of the impact that it's had on West Virginia, but the impact that it's had across the country. But also, West Virginia is working together to implement strategies to really deal with this addiction, and we're proud to be here to help support that.

The President always gives me a lot of credit for talking openly and honestly about my recovery, but candidly, I'm one of millions of Americans who are in recovery today, and my story is not unique. Maybe this part is a little bit unique, sir. [Laughter] But I'm one of millions of Americans who have been restored by getting good care and treatment. And I know the President wants what Jordan and I got, and that is a second chance to be restored to productive members of our communities and to give back with—what we've so freely been given. So thank you, sir.

So, with that, today we have a great panel of people who are really going to help provide us with information and their insights about what more we can do on the Federal level. I'm really proud to be a colleague of Secretary Sylvia Burwell.

And, Secretary, I'm going to start. You can feel free to say anything you would like, however. I know we're here in your home State of West Virginia. I know—we have talked—you've been personally impacted by this. But you've also made this a key priority for all of your HHS agencies. So maybe you could talk a little bit about your experience and what HHS is doing to deal with this issue.

Secretary of Health and Human Services Sylvia Mathews Burwell. Absolutely. And first, I'll just say always love coming home. It's great to be home. And it's great to welcome the President to the great State of West Virginia.

And when I became Secretary, this was a priority because it is something that I have personally experienced. Everybody, I'm sure, in this room knows people personally, friends that lost to the addiction and what happens in terms of their children, in terms of their family, in terms of the community. And once you experience this personally, I think that is what energizes you to act.

And at the Department, what we focused on over the last year, figuring out an evidence-based strategy, because we want to get results, we want to change the kinds of things that people have experienced personally. And three things. Number one is changing prescribing practices. As the President said, that 259 mil-

lion, that can't be right. And so how do we work on that. Second is working on medication-assisted treatment, getting people the access that we've talked about today being so important to people. And third is that access to naloxone. And I look at our colleagues in law enforcement because they're usually the front line, and making sure that when something does go wrong, in terms of that overdose, that we can prevent those deaths, those deaths that are so dramatically impacting the State.

So those are the three things. I'm going to stop because we're here to listen today. Thank you, Michael.

Director Botticelli. Thank you. Cary Dixon, you're a mom of a son who is struggling with—in treatment now, unfortunately in prison for that. But you've turned your struggles into advocacy and action, and you provide support for many, many parents here and around the country for loved ones who are dealing with this. So what has your experience been? What advice do you give parents? But what advice—

[Director Botticelli bumped his microphone.]

Sorry about that—what advice should you give us as Federal folks about how we can support parents in this battle?

Huntington, WV, resident Cary Dixon. Well, I think initially, I want to thank President Obama for coming here today to support this cause for our community that has—I mean this substance abuse has—it's become an epidemic in our community. And I thank you for coming today, first and foremost.

And I want to share just briefly—I mean, I've been charged with being a representative for families around our area and actually around the Nation who struggle with this. So, if I can just share some comments that we families have in common. And then, I will—

The President. You can take your time. So you don't—

Ms. Dixon. Okay, thank you.

The President. We want to hear from you.

Ms. Dixon. Thank you. I spoke this morning to a good friend of mine who was just calling me to wish me well today and to say—encourage me in this endeavor. And this friend of

mine lost her daughter 2½ years ago to drugs. And so I don't take this charge of being here lightly. I realize that I'm here to represent families, and I am grateful for that opportunity. So I do want to say that as I'm speaking to you, I'm sharing my story, but I'm sharing the stories of so many other family members that are in this community and in the Nation that have this issue.

And this—also it's important to know—for the sake of time, I've really tried to make this concise, but this is the tip of the iceberg of what families experience and endure when they love someone and care so much about someone with an addiction.

We raise our children in loving homes. We teach them morals and values. We teach them the difference between right and wrong. We wonder what is happening when the grades start slipping, when things that used to be enjoyable for our loved ones no longer interest them.

We're confused as to the cause of the personality changes that we see in our loved ones. We're shocked when we hear of that first DUI. And we're careful—we're fearful when our loved ones are taken to jail for the first time. We're embarrassed when holidays approach and family members are coming in from out of town and our loved ones can't interact because they're under the influence of drugs. We dread the next phone call. We can't sleep because we haven't received a phone call. We don't take vacations for fear of the next crisis. We come back from vacations because there's a crisis. We're sad and angry when valuable, but most importantly, sentimental items are missing from our home, only to find out that they're at a pawn shop or that they're in the hands of drug dealers.

We're relieved when our loved ones acknowledge that they have a serious problem and understand that they need help. And then, we're devastated when we help them seek treatment only to find out that there is a month-long waiting list or that there's no insurance coverage or that there's a big requirement for money up front for treatment.

We are sad and uncomfortable when acquaintances ask us about our loved ones. And we're even more sad when they ask us about every other member of our family and don't mention our loved ones. We neglect our marriages. We neglect other children in our home who are thriving, because all of our attention is focused on addiction and substance abuse.

We disagree endlessly about the right way to handle this problem. And after experiencing years of turmoil, we rest better at night when our loved ones are incarcerated, because the place that you never dreamed that your loved one would ever even see, a jail or a prison, is safer than them being on the street, interacting with drug dealers or pushing a needle into their arm.

The ones of us who are fortunate, we lay awake at night, and we plan our loved ones' funerals in our mind. The ones of us who aren't fortunate actually do plan the funerals, in reality, of our loved ones. And this is where addiction has taken us. This is where substance abuse has taken us.

Now, all that being said, there is hope. And that's probably the most important thing to remember here. We're so grateful to Recovery Point and Matt Boggs and people in recovery that are helping others. We're grateful to our mayor, the mayor of Huntington, Steve Williams, who has so tirelessly and endlessly spearheaded programs to help our community recover. Don Purdue who has made it possible for people to receive treatment in our communities.

I think education is important. And I was fortunate enough to find a group called the Loved Ones Group, developed by a man named Ed Hughes. It's a 7-week series that helps provide education and information and support for family members or those who care about someone with an addiction. The final week of this program, we get to speak to people in recovery. They come and speak to our group of people there. And it inspires us because we know that recovery is possible and that it can happen.

For too long, we've been silent. And I think is going to answer your question. As parents

and family members, because of the stigma of this disease and the shame that we feel, we've been silent. And I think that is holding us back. We need to open our voices so that people don't feel ashamed. This is a disease. It is sick—a sickness. But education, educating ourselves as much as we can as family members and speaking out to raise awareness is, I think, critical in helping the situation.

I'm almost finished. People in 12-step recovery groups and different groups rely on a higher power. I'm a person of faith, and my faith has helped me navigate this journey that we've been on. And I just want to share with you a verse that I hold dear for my own family member who is sick, but also offer it to others. Jeremiah 29:11—"For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future."

And I believe that every person in the throes of addiction and the disease of substance abuse needs hope in a future. And I believe this for their families as well.

Thank you so much.

Director Botticelli. Cary, thanks so much for sharing your story. It obviously touched everybody here in terms of not only your struggles, but articulating the hope that's on the other side. And we will continue to work with parents as we deal together with this epidemic.

Dr. Michael Brumage, you have been involved in this work for many years. You're here at the local level, so love to hear your experience and share what you think are some—both some successes and challenges in dealing with this issue.

Kanawha-Charleston Health Department Executive Director Michael Brumage. Certainly. And thank you very much. Welcome to West Virginia, Mr. President and Mr. Botticelli. Welcome home, Secretary Burwell.

I've been on the job actually only 79 days here in Charleston. I came back home after being 29 years away. And I knew what I was coming into when I came home. I knew there was a heroin and opioid abuse epidemic in the State. I knew we had the highest rates of Hepatitis B and the second highest rates of Hepati-

tis C in the Nation, largely due to needle-sharing among addicts. But I also knew that coming home that Mountaineers would take this kind of challenge head on. That's the kind of people that there are in the State of West Virginia. And so I wanted to be part of the solution here in the State. And I knew it would require patience, persistence, and people—lots of good people here.

With the help of so many community partners and with my good friend and colleague over at Cabell-Huntington Health Department, Dr. Mike Kilkenney, we've been able to get some programs off the ground, working together. And I think we're moving in the right direction. In about 6 weeks, we're going to begin our own harm reduction program here in Charleston. We're going to have syringe exchange as part of that. We'll be testing for Hepatitis B, Hepatitis C, HIV. We don't want to become another Scott County, Indiana, where they had an outbreak of HIV, almost 200 cases in a small rural community there.

We'd also like to offer contraceptive services to women of the reproductive age who are addicted to drugs to prevent neonatal abstinence syndrome as well.

And more than anything else, what I think we'd like to do is to treat the people who come through our doors for this program with dignity and respect and the kind of love that they deserve, because the ultimate disease underlying every addiction, in my perspective—from my perspective, is disconnection and alienation from themselves and from everybody else around them.

Two weekends ago, I began working with West Virginia University researchers on a program of mindfulness-based relapse prevention with opioid addicts in recovery. This is based off of the pioneering work done at the University of Washington. And one of the more pleasant surprises that I've seen since I've been here on the job is the close connection between public health and public safety. Our law enforcement community has just been outstanding, and we've been really privileged to work with them.

Finally, I was able to also sit together with Delegate Dr. Chris Stansbury from Kanawha County to sponsor legislation. He's going to sponsor legislation to make naloxone an over-the-counter medication, the way it is in 14 other States.

And then, as you've said, Mr. President, this is a multifaceted issue. It requires a lot of different people to come together to fix this. It's not a quick fix. It requires a collaborative, multi-agency approach with public health, mental health, primary care, schools and school nurses, law enforcement, our own judiciary community. And finally, I'd be remiss if I left out our business and industry, because jobs provide not only an income, they provide a sense of purpose and meaning in the lives of people.

And so I'm hoping that by the end of your visit today, Mr. President, that you'll be impressed with some of the things that are going on and how much West Virginians are really digging in to try to address this issue. Thank you.

Director Botticelli. Thank you, Doctor.

Chief Webster, Dr. Brumage gave you the perfect lead-in and segue and talked about the importance of public health and public safety collaboration. So I'd love to hear your thoughts and what you're doing here.

Charleston, WV, Chief of Police Brent Webster. Well, sure. First of all, I'd like to, again, thank the President of the United States for making this a focus, coming to Charleston, West Virginia, and also providing me an opportunity to represent Charleston and all of law enforcement, effectively.

I think this is where most people probably look at the person in uniform and they probably say, okay, this is the guy that's now going to tell us we need to build more jails and make tougher laws. And that's not me. We don't—this is such an epidemic, and we cannot arrest our way out of this mess.

And I think the President touched on it briefly. What the President said earlier is true, because our—we want to arrest the violent drug dealers that are creating havoc in our communities. We have our share of violent crime. And we are very fortunate, our drug

Task Force, we have a great partnership with your Appalachian HIDTA. They fund so many of our efforts. So, on a daily basis, the bad guy get arrested. We made a significant seizure yesterday.

So we feel in law enforcement, as I'm sure our counterparts do, we really attack the supply side of this issue very well. And so we're not going to back down from that, and we're going to keep trying to remove people that are dangerous from society. But what's nice about this, and what I want to talk about, though, is—the attacking, as a strategy, the demand side. And that's what I think is very nice about this panel and this gathering, because we've got a lot of things we can really talk about.

We basically have a community of zombies, for lack of a better word, walking around. They need treatment very badly. And they're coming up to our officers; they actually are—some don't want help yet, but at some point, they do want help. And we want to get them help. And a couple of the strategies that we've worked on that we want to attack the demand side of it, not so much the supply in this conversation, is that we have trained our officers in naloxone. And that's been traditionally, up until very recently, just something that our fire department—and they do more of the—they can do the nasal and the IV.

We trained all of our officers, regardless of their assignment, to be able to save somebody's life, administer the nasal and the rescue breathing mask that's accompanied. And again, that one's paid for with Appalachian HIDTA, and such a great partnership. They recognize that it's supply and demand.

And so when, interestingly, though, when I went to the roll calls and started talking about this to the officers, first, you're kind of, like, that might be more of a fire department role. That might be more—but as we talked more and I went down the line to—and said, well, has anybody have anybody affected by an addiction, and I've yet to go to one roll call—one roll call—I've been to numerous, but I've been yet to one where someone said no, someone has ever said, yes, my sister, my aunt, my—so that's one.

And we've just got them out into our cars in the last week, so we don't have any success stories—and we don't want to have any stories, really, unless they're—we want them all to be positive. But we know the fire department will continue to administer most of the Narcan. But we want to be in a position to save a life, much like a child drowning and we can administer CPR.

Another thing we're doing that we're real proud of, and that's working with the United States Attorney, which is the LEAD program, the Law Enforcement Assisted Diversion program. And basically, what—since 2014, we've had 39, I'd call them low-level users that were selling drugs to support their habits. And basically, they're hit with a stark decision right at the arrest gate. You have an opportunity to go to jail, or you can seek immediate treatment. And of the 39 people that have taken us up on that, since 2014, just one has been rearrested. That's—I think that's pretty impressive. [Applause] And that's a partnership with the U.S. Attorney's Office and something that I think our officers are coming around to understanding what kind of problem we have.

And I would just say, finally—because we do support everything Dr. Brumage and the Kanawha County Health Department is doing with his harm reduction plan and how we factor into that with the needle exchange program—but finally, we do, we have a Handle With Care program that we piloted in 2013 in two—one school on the West Side, then a second school, and now we do it for the whole city. I've seen some smiles in the crowd because there's teachers in here.

But what we're—what we've realized has been lost is, when police officers go to crime scenes, what are they there for? They're there to take witness statements. They're there to arrest the so-called bad guy. And then, they leave. But who is looking out for the children, the collateral damage? Who's looking out for the child that maybe is just trying to do his homework, mom and dad are fighting. We come in, arrest dad. Mom cries. She's got to go to the hospital. And so that child gets left behind many, many times. And so we started a notification system

to where the next day, our officers that are on the scene will send a notification to the principal or to the counselor basically to say, handle that child with care today. Maybe that child needs an extra day before—[applause].

And so those are ways that we realize that we're not going to arrest our way out of this. We have our place, and we can always use additional law enforcement resources. I'm not going to lie to you. [Laughter] But we're all in this together, and it's affecting all of us.

The President. Okay, so, excellent.

Director Botticelli. Thank you, Chief. I think that's an extraordinary example of your willingness and your partnership.

I'm now going to turn to Susan Shumate from the Charleston Gazette, who I believe is going to ask questions of the panel that come from the community.

Charleston Gazette-Mail Publisher Susan Chilton Shumate. Thank you for coming to West Virginia, Mr. President, Secretary Burwell, and Secretary Botticelli and the rest of the panel to address the chronic issue of opioid addiction. The Charleston Gazette-Mail has done numerous stories over lots of years about this issue facing West Virginia, and we were able to solicit hundreds of questions from our readers over the last 5 days for the President and the panel.

And with us here is David and Kate Grubb with their question for the President.

Drug Addiction/Drug Treatment and Prevention Efforts/Smoking/Patient Protection and Affordable Care Act/Insurance Coverage for Drug Treatment Programs

Q. First of all, mom—Cary—there isn't a parent here who had a dry eye when you spoke. From your heart, you've expressed exactly what we feel. And Danny knows this too.

Ms. Dixon. Thank you.

Mr. President, I want to say that it is—and I'm going to take this opportunity—it is wonderful to have an intelligent, caring, thoughtful person in your position.

The President. Thank you.

Q. Thank you so much for coming. This issue—my wife and I, we have five daughters.

Mr. President, you might relate a little bit to that.

The President. I can relate to that. [*Laughter*] I don't know how you did five. [*Laughter*] Two keeps me busy.

Q. And we live here in the East End. My second oldest daughter, Jessica, has been battling heroin addiction for 7 years. Ironically, the last time we were in this room was when our daughter was in the eighth grade here at Roosevelt and was a cheerleader. She made good grades. She was socially involved. Her future was bright. But as Jordan mentioned, her life got put on hold for a long time.

Last month, the middle of August, our daughter overdosed. We found her in her bedroom, tourniquet on her arm, syringe next to her. She was already turning blue.

My wife administered CPR. We called 9-1-1. While we were waiting I held her and said, don't leave us yet. Fortunately, and I want to say this to the chief, the response was amazing. Less than 5 minutes, the EMTs and the police officers were there. The police officers were sympathetic. They were helpful. The EMTs administering Narcan, coupled with the CPR, saved our daughter's life. And she's now in recovery.

This is her fourth time. It usually takes more than one time. And we think this one will be the one. We are full of hope. But we understand the pain: the pain in this room, the pain that families feel. The concern we have is access: Where do you get the treatment? How do you get the treatment?

And you, Cary, you mentioned it. As soon as this overdose happened, we called hotlines, and we got numbers to call, and we called those numbers, and they said, "Well, there's a 3-month wait," or, "Well, we don't take Medicaid cards," or, "This wasn't really the facility that could handle your type of problem."

The other problem with Medicaid cards and things of that nature is, you can't always go out of State. What if the facility is across the river? We're a border State. We need to be able to have that ability to go to the facility that may be best for our children.

The bottom line is, we need resources, and we need to find a way to put those resources into effect so that we have the facilities. Because there's so many people that want help, like our daughter, but it took forever to find a place for her. Right now she's in Michigan. That was the best we could do. Why can't we have lots of these types of facilities with trained staff here in West Virginia, close to home?

And lastly, I want to say, one of the best provisions of the Affordable Care Act is that it does require coverage for drug treatment. And thank you for that. But one of the concerns is that if there aren't facilities available, then the treatment coverage can be illusory. So we have to close that gap.

And I think the biggest issue there is, are you concerned, as sometimes we get concerned given the current political climate, that the Affordable Care Act will be weakened or repealed either before the end of your term or in the next term? What are your feelings about our commitment to that program and to the drug rehabilitation part of that program?

The President. Right. Well, first of all, as with Cary, I just want to thank you and your wife for sharing your story. And you're right, if you are a parent, then listening to Cary or listening to you, you can relate.

I told somebody, one of my favorite sayings I ever heard about having children is, it's like having your heart walking around outside your body. [*Laughter*] All you care about is making sure they're okay. But they're so vulnerable. And you're just, as a parent, always navigating, just trying to figure out, how do I make sure they're going to be okay? And when something like this happens—and I think it's something that you sharing your story, Cary, and you sharing your story, sir, really emphasizes, this is happening in families everywhere with great parents who love their kids.

I mean, obviously, there are a lot of kids who are in less stable homes and are more vulnerable. But the way this kind of phenomenon is penetrating all communities means that we have to understand that there's no "us" and "they" here. There's no "us" and "them." This is all of us in every school, in every community,

in every neighborhood. And it could be your child.

So the—so I think the first thing to do—and this conversation has been so helpful—is to understand that this is an American problem that cuts across groups and political affiliations. Because once we understand that, then I think we're in a position to deal with it together as opposed to turning it into another political football. That's point number one.

Point number two: One of my goals when I came into office was for us to restore a sense of balance when it came to dealing with drugs. And this was true for illegal drugs, but it was true for legal, but overprescribed drugs. For a long time, our goal has been to deal with the supply side. And as the chief said, we're very aggressive. I promise you, there's no backing off us trying to make sure that some Mexican heroin cartel is not getting heroin into West Virginia or anyplace else in this country. And we've got a lot of terrific agents and Border Patrols and officials. I mean, we have ramped up aggressively, under my administration and under previous administrations, interdiction efforts. So we don't stop that, and we don't make apologies for that. And if there is somebody who is out there systematically making millions or hundreds of millions of dollars off the destruction of our kids, we're going to go after them. We don't apologize for that.

But we were underinvesting and, even with the changes we've made, continue to underinvest in the demand side, in the prevention and the treatment that is so necessary. And this is a real opportunity. It's an important moment for us because if we can start thinking intelligently about treatment on the opioids and prescription drug side, then people start making the connection, well, we should have treatment when it comes to heroin, and then, maybe they start thinking, well, we should have treatment when it comes to other narcotics and drugs that are affecting and devastating families and with—potentially in different ways.

But for a long time I think treatment was seen as a second-class citizen to interdiction and arrest and incarceration. And that mindset needs to change. The good news is, we're see-

ing that mindset changing, and it is on a bipartisan basis, which I think is really interesting.

To go back, because I want to make sure that people understand, we're putting an end to the old politics on this. Democrats and Republicans were both responsible for wanting to look tough on the War on Drugs and ramping up incarceration. It wasn't just one side or another. And now both at the same time are realizing, you know what, what are we doing here? Why is it that we're willing to invest \$20,000 a year in incarcerating a young person when we might have spent a few thousand dollars on the front end to avoid them going to the prison in the first place?

And that mindset means that resources, hopefully, will start channeling in a new direction. But we've got to make sure that the money is following the insight. I think we're at the stage now where people are starting to realize that we need more treatment. But the budgets are not yet reflective of that awareness. And that's going to require Congress.

So, in our budget, for example, we're proposing an additional \$133 million for enhanced treatment and prevention programs. But it's also going to involve States, State legislatures, counties, local governments, all also recognizing this is something that every community needs. And we can't be stigmatizing this.

Having a treatment facility is just like having a health clinic for any other illness, and it's because it's affecting people just as much. And we know how to do this when we do it smartly. Think about smoking—and I can say this as an ex-smoker who still chews on Nicorette—which is okay, it's expensive, but I can afford it. [Laughter] Better not start, though, young people. [Laughter] If you look at how drastically we've been able to reduce the smoking rates, despite the fact that we never outlawed smoking, but what we did was, we just enhanced education, made it more difficult for kids to access it, stopped peddling it, stopped advertising it, took some of the money out of it. And over time, a public health model had a drastic impact on smoking.

And Nicorette is—or nicotine is as addictive as any of the drugs we're talking about. So, if

we could do on that with the public health model, there's no reason we can't do it here as well. But it does require a change in mindset. And as you pointed out, it requires additional money.

Last point I'll make, on the insurance side: You are absolutely right that insurance coverage is not enough if there is no treatment center for you to apply that insurance. So we're going to have to build and fund and support more treatment centers locally.

On the other hand, if there is a treatment center and you don't have any insurance, then you might have to mortgage your house. And I am very proud of the fact that the Affordable Care Act—also known as Obamacare—[laughter]—which I mean, I won't get on a soapbox here, but there's 17 million people who have health insurance who didn't have it. Our health—and by the way, our overall costs for health care have been at the—going up at the slowest rate in my lifetime after we passed the law. So it's not bankrupting the Government, not bankrupting States.

But one of the things that it does is, it requires that insurance—private insurance—that's sold on the marketplaces that are subsidized by the Federal Government have to provide coverage for substance abuse programs. And given the prevalence of what's happening to our children and our schools, the notion that we would not have our insurance policies cover this—they're going to cover a broken leg, but they're not going to cover a situation where your child might die?—that doesn't make any sense.

And so I think that we're trying to nudge that along through the marketplaces. But I think one of the things that we need to do is to have consumer groups and our medical associations and others really push a little bit more on the insurance companies to say that this is something that is vital and that everybody should have coverage. Because you don't know if it's going to be your child. And that's the most important point here.

Candy—

Ms. Dixon. Cary.

The President. —or Cary is carrying a particular burden. And I was most touched when Cary talked about her other children. But I thought about Malia and Sasha. It's not—they're wonderful girls, but they're teenagers. They do some things. [Laughter] And I remember me being a teenager, and I've written about this, I did some stuff. [Laughter] And I've been very honest about it. And so what I think about is, there but for the grace of God, and that's what we all have to remember. And when we do, then I think we've got a chance to make a real change.

But thank you for sharing your story.

Early Childhood Education, Prenatal Care, and Economic Development in At-Risk Communities/Drug Treatment and Prevention Efforts

Ms. Shumate. This was from Natalie Laliberty, who is a principal at Ruthlawn Elementary School. And she says: "As the principal of an elementary school, I see the harm being done to kids who are born addicted or live in traumatic and chaotic drug environment. Many of the kids have any number of learning and behavioral problems upon entering preschool and kindergarten. How can the community at large and schools work together to intervene in these children's lives during their early years when brain growth stimuli is most critical? Thank you."

The President. Well, I'll make sure to get the doctor involved in this one as well. And I know that Sylvia and others have—through HHS were working on this a lot.

I'll just make two quick comments. Number one, we know that you learn more between the time you're born and 3 years old than you will ever learn the rest of your life. You are a sponge at that age. And so the more we can invest in early childhood education, prenatal education for parents, home visitation with at-risk moms—and we know who they are. If you're a poor teenage single mom who maybe doesn't have a lot of support, then you are just much more likely to not know how to express the love you have for your child effectively, even if you love them just as much as we love our kids. But you just don't have the tools. So that has got to

be an emphasis at the State and local levels. That's where we can really make a difference. But us being able to target at-risk parents, new parents, young parents, that can be extraordinarily helpful.

The second thing that I'll just say—and then maybe, Doctor, you might want to chime in on this—and here, I'm going to be a little controversial, but I'm in my last term, I only got a year left so—[laughter]. And it's not like my poll numbers are that high in West Virginia. [Laughter] So I figure I can go ahead and say it. I think one of the benefits of conversation like this is to highlight the fact that income and race make a difference here. The truth of the matter is, is that poor communities are more vulnerable.

One of the useful things about this forum is, we're all vulnerable, but it's almost like if you're healthy and you get sick, you have more antibodies and resistance. And if you're poor—or if your body is already weakened and you get sick, then you're more vulnerable, right?

There are some communities we know that are more vulnerable, and the kids there are more vulnerable. And part of what I hope this discussion does is to remind us that just as it could be Malia or Sasha or Cary's kids or any of our kids, those kids who don't always look like us and don't live in the same neighborhood as us, they're just as precious. And their parents aren't—and their parents are much less equipped than you, sir, or I would be in terms of dealing with this stuff. And we've got to get them help too.

So I think the doctor earlier talked about the importance of jobs and economic development and broad-based approaches so that growth helps everybody. There is some connection to substance abuse and the vulnerabilities that communities have. And we've got—and let's face it, part of the reason West Virginia probably has more cases partly has to do with the economics that have been taking place in some of these communities, which is why it's so important for us to also push on that front as well.

But, Doctor, any thoughts on that question about the vulnerability of children and how we can get to them quicker, more effectively?

Dr. Brumage. Yes, Mr. President. One of the things that I'm hoping to kick off here next week is a discussion about probably one of the most important studies that most people have never heard of called the Adverse Childhood Experiences Study. Looking—the baseline study was done with 17,000 people at Kaiser Permanente in San Diego, California.

And what they found out was that when people score high on a scale of 10 questions—everybody has a score from 0 to 10—the higher you are on that scale, the more likely you are to have problems with addiction, with IV drug use, with smoking, with obesity, with all the public health problems that we're really seeing right now. I think a trauma-informed community and an open discussion about where these problems are going is the first step in addressing why people are using drugs in the first place.

And, Mr. President, you're absolutely right. What happens in those early years and reaching out to those families who we know are at risk and devoting the kind of resources that we would need to be—the really the first step I think in really truncating this.

Because if we don't, what we're going to be doing 25, 30 years from now is having the same discussion about why these kids are abusing drugs, obese, and so on and so forth. So I think that that's a really important part and to have that sort of open discussion about that. Because it happens in good families, as well as in families who are disadvantaged.

But I agree with you, it happens probably more often in families that are disadvantaged. And it perpetuates the cycle of poverty as well.

The President. Well, and for those of us who are more advantaged, the disadvantaged communities create the markets that then seep into the more advantaged communities, right? So the reason we have a fire department is because if your neighbor's house is burning down, you don't want to just leave it to the neighbor to figure out whether or not he can afford to put out the fire. You have an interest in making sure that fire gets put out before it burns your house.

Well, the same is true with drugs. That child who is poor, you may think, well, I don't have to worry about that kid. It's not my kid. My kid is going to be okay. But if you start seeing more and more kids who are more and more involved in the drug trade, over time, that migrates into every community. And that's part of the reason why we've got to care about every kid out here and make sure—they're vulnerable.

Chief.

Chief Webster. And if I can add also on that issue to the question, that Handle With Care Program—Ruthlawn Elementary is—I don't believe—it's not in the city of Charleston. But the Handle With Care is about to go Statewide if it hasn't. But the Handle With Care Program will fix some of those issues. I know we're talking about addiction and maybe some others that are born with addiction. Well, the Handle With Care may not fix that, but it will at least alert the proper authorities that child is struggling because of some trauma or substance abuse in the home.

The President. I think this is a really smart program. I've got to tell you, before I came down I hadn't heard about it. And I'd really like to see us advertise this more across the country and adopt this as a best practice.

Director Botticelli. I want to thank everyone for coming today. And I want to particularly thank our incredible panel here, in sharing their experience, but I think also giving us some ideas. And your innovation, I think, can really help spur replication around the country. So I really want to thank you for doing that.

And just for closing comments, I'll ask the President to say a few things.

The President. Well, I've been talking too much. I want to say three things. One is, we're just talking about the Handle For Care program and the gentleman here talked about his daughter's life's being saved by an EMT and police officers on the spot. Our law enforcement officers sometimes get a lot of attention when something bad happens. They don't get enough attention every single day when they're out there saving lives, doing the right thing, looking out for people.

And when I've talked to law enforcement, there is an incredible sense of compassion and empathy. And most folks aren't in there just to try to be hardnosed. Most of the time, they're just trying to help folks. And so, number one, they deserve our thanks.

But number two, the more we're supporting innovative policing that isn't just thinking, my job is to clean up a mess after it happens, but rather, I'm part of the community, and I need to be part of preventing crime and stuff from happening in the first place, I think we have to encourage that mindset in a lot of law enforcement. I'm really proud of them, so they deserve some applause for that.

Second thing I want to emphasize, we live in a time when our politics gets so polarized. And we've got talk radio, and we've got the Internet. And it seems like every year, sort of, the rhetoric ratchets up about how this party is destroying the country or that folk—those folks are unpatriotic or they're evil or what have you. And I am deeply encouraged by the fact that on this issue, we're seeing bipartisanship and we haven't seen some of that rhetoric. And I hope that that continues because that's how we'll solve this problem. And the elected officials who are here, they represent, I think, that best tradition. And I just want to commend them for that, because that's how we'll be able to get stuff done, both at the congressional level and at the State and local levels as well.

And then, finally, I just want to once again thank Cary, the parents who we heard from here. We are just so grateful that you're willing to share your story. It will save lives. And we want you to know that you're in our thoughts and prayers. And we want to just give you all the encouragement in the world. But just as importantly, or more importantly, we want to give your children encouragement, because they've got great parents and these things could happen to any of us, but we want them to know that we love them and are looking out for them as well.

All right? Thank you, everybody.

NOTE: The President spoke at 2:45 p.m. at the East End Family Resource Center. In his re-

marks, he referred to Jordan Coughlen, student, West Virginia University, who introduced the President. Ms. Dixon referred to J. Matt Boggs, executive director, Recovery Point in Huntington, WV; Delegate Don Perdue of the West Virginia House of Delegates; and Ed Hughes, president and chief executive officer, Loved Ones Group in Huntington, WV. Dr. Brumage referred to Michael E. Kilkenney,

physician director, Cabell-Huntington Health Department; and Delegate Chris Stansbury of the West Virginia House of Delegates. Chief Webster referred to U.S. Attorney for the Southern District of West Virginia R. Booth Goodwin II. He also referred to the Appalachia High-Intensity Drug Trafficking Area (HIDTA), a program division of the Office of National Drug Control Policy.

Memorandum on Addressing Prescription Drug Abuse and Heroin Use *October 21, 2015*

Memorandum for the Heads of Executive Departments and Agencies

Subject: Addressing Prescription Drug Abuse and Heroin Use

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to reduce prescription pain medication and heroin overdose deaths, promote the appropriate and effective prescribing of pain medications, and improve access to treatment, I hereby direct the following:

Section 1. Policy. The epidemic of prescription pain medication and heroin deaths is devastating families and communities across the country. Prescription drugs—especially opioid pain medications—have been implicated increasingly in drug overdose deaths over the last decade. According to the Centers for Disease Control and Prevention (CDC), the number of overdose deaths involving prescription opioids quadrupled between 1999 and 2013, with more than 16,000 deaths in 2013. In recent years, overdose deaths involving heroin have sharply increased, nearly doubling between 2011 and 2013. The CDC has identified addiction to prescription pain medication as the strongest risk factor for heroin addiction.

One of the most significant ways to address these issues is to ensure that medical professionals receive adequate training on appropriate pain medication prescribing practices, and the risks associated with these medications. The Federal Government must do more to en-

sure that such training is provided on an ongoing basis to health care professionals prescribing pain medications. Work is already underway to achieve this goal across executive departments and agencies, but these efforts must be accelerated given the urgency of the problem. The training of Federal health care personnel in appropriate prescribing of controlled substances should be a model for similar initiatives developed across the country.

An additional priority in addressing prescription opioid pain medication misuse and heroin use is improved access to medication-assisted treatment (MAT). MAT is the use of Food and Drug Administration (FDA)-approved medications, such as buprenorphine, buprenorphine-naloxone combination products, methadone, and naltrexone—in combination with counseling, other behavioral therapies, and patient monitoring—to provide treatment for opioid use disorders. Only a small minority of Americans who might benefit from this treatment are receiving it. Federally administered health benefit programs can help to increase access to these services. These programs also can serve as models for reviewing and modernizing coverage policies and benefit management strategies in response to clinical prescribing guidelines and recommendations for the treatment of chronic pain. For example, a CDC study found that the use of methadone in pain treatment is associated with a disproportionately high number of overdose deaths compared to other opioid pain relievers. Federally administered health benefit programs can use benefit