ORIGINAL

*13 "Cocaine"

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MILWAUKEE, WISCONSIN

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I WANT TO CONGRATULATE THE PEOPLE WHO PLANNED AND ORGANIZED THIS MEETING, THE WISCONSIN INSTITUTE ON DRUG ABUSE AND THE NATIONAL INSTITUTE ON DRUG ABUSE. I DON'T KNOW IF THIS IS TECHNICALLY THE FIRST BIG CONFERENCE HELD ON THE NATURE -- AND THE DANGER -- OF COCAINE. BUT IT IS CLEARLY A CONFERENCE WITH REPRESENTATION FROM ALL THOSE GROUPS WHO ARE DEEPLY CONCERNED ABOUT THE PRESENCE OF A COCAINE PROBLEM IN OUR SOCIETY.

I'M PARTICULARLY PLEASED TO OBSERVE THE LEADERSHIP BEING PLAYED AT THIS CONFERENCE BY DIFFERENT GROUPS WITHIN THE MEDICAL PROFESSION -- PHYSICIANS, PHARMACISTS, AND PSYCHIATRISTS -- WORKING ALONGSIDE THEIR COLLEAGUES FROM THE SOCIAL SERVICES, FROM GOVERNMENT, FROM INDUSTRY, AND FROM THE PRIVATE, NONPROFIT VOLUNTARY SECTOR.

THE PROBLEMS RAISED BY COCAINE IN OUR SOCIETY CANNOT BE FULLY UNDERSTOOD, MUCH LESS EFFECTIVELY ADDRESSED, BY ANY SINGLE GROUP OF INDIVIDUALS, NO MATTER HOW EXCELLENT THEIR TRAINING OR HOW SINCERE THEIR COMMITMENT.

THAT'S A LESSON WE OUGHT TO HAVE LEARNED BY NOW. I THINK IT HAS BEEN ONE OF THOSE SELF-MADE BARRIERS TO PROGRESS IN THIS COUNTRY. IN THE PAST, AMERICANS HAVE SOMETIMES BEEN GUILTY OF OVERSIMPLIFYING SERIOUS PROBLEMS OF PUBLIC HEALTH AND PUBLIC SAFETY AND CASUALLY LEAVING THEIR SOLUTIONS TO ONE OR ANOTHER INTEREST GROUP...USUALLY THE ONE WHO HAS YELLED THE LOUDEST.

THEN, AFTER A FEW YEARS OF IMPATIENTLY WAITING FOR NEWS OF A BREAKTHROUGH, WE FINALLY COME AROUND TO DOING WHAT WE SHOULD HAVE DONE IN THE FIRST PLACE: BRING TOGETHER ALL THOSE PARTIES AND INTERESTS THAT WANT TO HELP AND GIVE THEM ALL A PUBLIC CHARGE TO DO SO.

FOR MANY YEARS THAT'S HOW WE HANDLED THE BROAD ISSUE OF CHILD HEALTH IN THIS COUNTRY. WE LEFT IT TO THE PEDIATRICIANS. BUT FINALLY WE GOT GOVERNMENT, PARENTS, THE SCHOOL SYSTEM, AND A BROAD SPECTRUM OF MEDICAL AND NURSING PROFESSIONALS TO FOCUS ON IMMUNIZATION AND NUTRITION AND I THINK WE'RE MAKING MUCH BETTER PROGRESS FOR OUR YOUNG PEOPLE AS A RESULT.

AND THAT'S CERTAINLY WHAT HAPPENED WITH THE PROBLEM OF SMOKING AND HEALTH. WE FIGURED THAT THE PUBLIC HEALTH PEOPLE COULD HANDLE IT WELL ENOUGH FOR THE REST OF US. BUT THAT WASN'T SO. SMOKING IS THE KIND OF PROBLEM THAT REQUIRES THE COMBINED TALENTS AND ENERGIES OF PSYCHOLOGISTS AND EPIDEMIOLOGISTS AND EDUCATORS AND BIOMEDICAL RESEARCHERS AND THE MASS MEDIA.

WE DID THE SAME THING WITH NARCOTICS AND MARIJUANA. FOR MANY YEARS WE LEFT THE PROBLEMS OF DRUG ADDICTION AND DRUG TRAFFIC TO LAW ENFORCEMENT AND THE COURTS. FINALLY, WE ENERGIZED OUR MEDICAL AND PUBLIC HEALTH PEOPLE AND OUR EDUCATORS TO STEP IN AND ASSUME THEIR SHARE OF RESPONSIBILITY, ALSO, FOR AMELIORATING THE PROBLEM, IF NOT ACTUALLY SOLVING IT.

BUT I THINK WE'RE IN BETTER SHAPE NOW...WE'RE COMMITTED TO A COMMUNITY-WIDE, INTERDISCIPLINARY APPROACH TO THE BATTLE AGAINST COCAINE...AND I BELIEVE THAT, AS A RESULT, WE'RE GOING TO BE MORE SUCCESSFUL.

WITH COCAINE, HOWEVER, WE'VE GOT SOME UNKNOWNS WE NEED TO KEEP IN MIND. TO MY KNOWLEDGE COCAINE IS THE FIRST DRUG THAT HAS, AS ITS CORE USER-GROUP, THE PEOPLE WHO ORDINARILY DO NOT RISK THEIR FUTURES QUITE SO CASUALLY. ACCORDING TO THE 1982 SURVEY ON DRUG ABUSE, CONDUCTED BY N.I.D.A., THE AVERAGE COCAINE USER -- BY A MARGIN OF 2-TO-1 -- WAS A WHITE MALE BETWEEN THE AGES OF 18 AND 34 WITH A STEADY JOB. AND WE LEARNED THAT HALF THESE COCAINE USERS EARN MORE THAN $20,000 A YEAR.

WE'VE ALSO DISCOVERED SOMETHING ELSE ABOUT THE DEMOGRAPHY OF COCAINE. THERE WERE, FOR EXAMPLE, 8,000 COCAINE-RELATED HOSPITAL EMERGENCIES AND 476 COCAINE-RELATED DEATHS REPORTED FOR THE 12 MONTHS THAT ENDED LAST OCTOBER 1984. THESE VICTIMS WERE NOT CLUSTERED IN ANY ONE GEOGRAPHICAL AREA. THEY SHOWED UP ALL ACROSS OUR COUNTRY, IN ONE MAJOR METROPOLITAN AREA AFTER ANOTHER.

WHAT DOES THIS TELL YOU? I THINK IT TELLS YOU THAT COCAINE IS EVERYBODY'S PROBLEM...EVERYWHERE. IT TELLS YOU THAT A PROGRAM TO FIGHT THE INVASION OF THIS DRUG IN AMERICAN SOCIETY MUST BE A PROGRAM THAT DRAWS UPON A BROAD SPECTRUM OF SOCIAL, MEDICAL, AND PUBLIC HEALTH RESOURCES. IT MAY BEGIN AS A REGIONAL PROGRAM, BUT IT WON'T STAY THAT WAY BECAUSE THIS IS A NATIONAL PROBLEM.

I'M EMPHASIZING THIS POINT BECAUSE I AM HERE TODAY NOT ONLY AS YOUR FRIEND AND SUPPORTER. I AM HERE AS THE SURGEON GENERAL OF THE AMERICAN PEOPLE. WHAT YOU DO HERE IN WISCONSIN THIS WEEK -- AND THIS YEAR -- TO FIGHT THE SPREAD OF COCAINE IS OF VITAL IMPORTANCE TO THE REST OF OUR COUNTRY. THE LEADERSHIP YOU ARE DEMONSTRATING HERE CAN BE -- AND MUST BE -- REPLICATED ALL ACROSS THE UNITED STATES.

AND I BELIEVE IT IS MY BUSINESS TO HELP THAT PROCESS ALONG.

DO YOU HAVE ENOUGH INFORMATION TO GET THE JOB DONE? PROBABLY NOT AS MUCH AS WE'D LIKE. WE COULD USE MORE DATA, I'M SURE...AND A PORTION OF YOUR AGENDA IS DEVOTED TO INTRODUCING SOME OF THIS NEW KNOWLEDGE.

BUT WE ALREADY KNOW ENOUGH TO ACT.

TODAY WE KNOW THAT COCAINE IS POWERFULLY ADDICTIVE...THAT SOMEONE "HOOKED" ON IT HAS A COMPULSIVE NEED TO REPEAT AND ENLARGE THE DOSE AGAIN AND AGAIN. AS THESE DOSES BUILD UP, SO DOES COCAINE TOXICITY. THIS ESCALATING CYCLE BRINGS ON THE SYMPTOMS OF THE COCAINE USER:

BLURRED VISION...PANIC ATTACKS...CRUSHING HEADACHES...
DEBILITATING NAUSEA...PARANOIA...CONVULSIONS...DEPRESSION...
HALLUCINATIONS...RESPIRATORY ARREST...CARDIAC ARREST...
AND DEATH.

DRUG ADDICTION HAS TORN A GREAT AND GAPING HOLE IN THE SOCIAL FABRIC OF OUR COUNTRY. EVEN IF IT WERE STOPPED RIGHT NOW, WE WOULD STILL HAVE TO SPEND MANY DECADES AND BILLIONS OF DOLLARS TO ELIMINATE THE CHAOS THAT DRUGS HAVE CAUSED IN OUR FAMILIES, OUR SCHOOLS, AND OUR COMMUNITIES.

WE HEAR REPORTS THAT ILLICIT DRUG USE MAY BE LEVELLING OFF OR EVEN TURNING DOWNWARD AND WE MUST BE THANKFUL FOR THAT INFORMATION, IF IT IS INDEED TRUE.

BUT THE EXCEPTION SEEMS TO BE THE USE OF COCAINE. IT IS INCREASING, ESPECIALLY AMONG YOUNG MEN AND WOMEN AND IN THEIR LATE 20s AND 30s AND AMONG HIGH SCHOOL SENIORS. THAT'S GENUINELY ALARMING.

REPORTS FROM AROUND THE COUNTRY INDICATE THAT COCAINE IS BECOMING MORE AVAILABLE TO OUR CHILDREN. AND DEALERS AND PUSHERS ARE INTRODUCING THEM TO MORE POWERFUL AND, HENCE, MORE DANGEROUS CONCENTRATIONS, SUCH AS "COCAINE FREEBASE." MAKE NO MISTAKE ABOUT IT. THIS IS A MURDEROUS UNDERGROUND INDUSTRY AND IT MUST BE STOPPED.

HOW CAN WE DO THAT?

I HAVE NO MAGIC PRESCRIPTIONS. I WISH I HAD, BUT I DON'T. INSTEAD, I -- LIKE EVERY OTHER CONCERNED AMERICAN -- MUST APPEAL TO THE PEOPLE AT THIS SYMPOSIUM. WE ASK YOU TO HELP US...TO GIVE US THE KIND OF REALISTIC GUIDANCE WE NEED.

IN THAT EFFORT, GOVERNMENT IS A PARTNER AND AN ALLY. WE'VE BEEN DOING SOME THINGS...AND WE INTEND TO DO MORE IN OUR FIGHT AGAINST THIS DANGEROUS DRUG. LET ME BRIEFLY SUMMARIZE THEM FOR YOU.

FIRST, WE ARE COMMITTED TO AN EXTENSIVE PROGRAM OF NATIONAL AND INTERNATIONAL LAW ENFORCEMENT TO STOP THE COCAINE TRAFFIC AND REDUCE THE SUPPLY OF COCAINE COMING INTO THIS COUNTRY.

WE ARE WORKING WITH FOREIGN GOVERNMENTS TO HELP THEM ERADICATE THE COCA FIELDS AND REPLACE THEM WITH OTHER CASH CROPS...CROPS THAT PROMOTE RATHER THAN DESTROY HUMAN LIFE AND HEALTH.

WE ARE ALSO WORKING WITH THE WORLD HEALTH ORGANIZATION TO DRAW UP A DRUG ABUSE ACTION PLAN FOR ALL MEMBER NATIONS OF W.H.O. WE ARE WORRIED -- FIRST AND FOREMOST -- ABOUT OUR OWN CITIZENS. BUT WE MUST REMEMBER THAT THE UNITED STATES IS NOT THE ONLY COUNTRY TO SUFFER FROM THE PLAGUE OF DRUG ABUSE. OTHER COUNTRIES SUFFER AS WELL. TOGETHER, WE CAN FIGHT BACK WITH MUCH GREATER EFFECT.

YOU'LL BE HEARING MORE ABOUT THIS LATER TODAY BY PERSONS MORE KNOWLEDGEABLE THAN I.

SECOND, WE ARE COMMITTED TO A BROAD PROGRAM OF RESEARCH AND PUBLIC AWARENESS. I PUT THESE TWO ACTIVITIES TOGETHER BECAUSE, THE MORE GOOD SCIENCE WE HAVE ON THE DANGERS OF COCAINE, AND THE MORE WE TRANSMIT THAT NEW INFORMATION TO THE PUBLIC, THE MORE LIKELY IT IS THAT THE PUBLIC WILL DECIDE "NO, NO MORE COCAINE" AND PUT THE SMUGGLERS AND THE PUSHERS OUT OF BUSINESS.

THIS IS THE STRATEGY THAT SEEMS TO BE WORKING IN REGARD TO CIGARETTE SMOKING. CIGARETTE CONSUMPTION IS LEVELLING OFF AND EVEN DECREASING FOR MOST GROUPS -- YOUNG WORKING WOMEN ARE THE ONE EXCEPTION -- BECAUSE THE PUBLIC HAS READ AND BELIEVES THE SCIENTIFIC REPORTS THAT CLEARLY LINK CIGARETTES TO HEART DISEASE, CANCER, STROKE, AND CHRONIC OBSTRUCTIVE LUNG DISEASE.

WE MUST DO THE SAME THING WITH COCAINE.

WE MUST GENERATE THE SCIENTIFIC DATA ABOUT THE LIFE-THREATENING NATURE OF THIS DRUG...

WE MUST TRANSMIT THAT DATA TO THE PUBLIC THROUGH NATIONWIDE INFORMATION AND PUBLIC EDUCATION CAMPAIGNS.

AND WE MUST ENCOURAGE THE PEOPLE TO TAKE IT FROM THERE.

AND THIRD, WE'VE GOT TO DO FOR ALL AMERICANS WHAT YOU ARE DOING FOR THE CITIZENS OF WISCONSIN. WE'VE GOT TO BRING TOGETHER INTO EFFECTIVE, WORKING COALITIONS THOSE ORGANIZATIONS THAT REPRESENT THE GREAT MAJORITY OF THE ANTI-DRUG PUBLIC -- AND THERE ARE MILLIONS OF THEM -- ALONG WITH GROUPS REPRESENTING PARENTS, EDUCATORS, MEDICINE, PUBLIC HEALTH, SOCIAL SERVICES, AND BUSINESS AND INDUSTRY.

AND BY THE WAY, I DID NOT ADD "BUSINESS" AND "INDUSTRY" AS AN AFTER-THOUGHT.

ABSOLUTELY NOT. LET ME BE JUST AS CLEAR ABOUT THIS AS I CAN BE. THE FIGHT AGAINST COCAINE IS A FIGHT TO RESCUE THE GREAT POTENTIAL THAT IS AMERICA.

WHEN THAT POTENTIAL IS COMPROMISED BY DRUG PUSHERS...

WHEN OUR YOUNG PEOPLE TURN AGAINST THEMSELVES WITH DANGEROUS DRUGS SUCH AS COCAINE...

WHEN WE HAVE TO INVEST MORE OF OUR RESOURCES TO SALVAGE BROKEN MINDS AND BODIES, RATHER THAN TO STRENGTHEN WHOLE, YOUNG LIVES...

THAT'S WHEN YOU MIGHT AS WELL CLOSE DOWN YOUR SHOPS AND FACTORIES, FOR THE HOPE AND THE PROMISE OF AMERICA COUNTRY WILL HAVE LITERALLY GONE UP IN SMOKE.

THIS IS NOT A CHALLENGE RESERVED JUST FOR PROFESSIONALS IN MEDICINE AND SOCIAL SERVICE AND THE LAW. THIS IS A CHALLENGE FOR US ALL. IN THIS FIGHT, THERE ARE NO "SECTORS," PUBLIC OR PRIVATE... PROFIT OR NON-PROFIT. THERE IS ONLY THE JOB WE'VE GOT TO DO.

I KNOW I'M SPEAKING TO AN AUDIENCE AS COMMITTED TO THE ERADICATION OF COCAINE AS I AM. I WANT YOU TO HAVE A SUCCESSFUL MEETING HERE...AND THEN I WANT YOU TO GO OUT AND TELL THAT STORY TO EVERY AMERICAN.

TIME MAY NOT BE ON OUR SIDE...BUT IN THIS FIGHT, I BELIEVE THAT HISTORY IS.

THANK YOU.

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