# Conversations with Bill Kristol

**Guest:** John Walters, Director, White House Office of National Drug Control Policy (2001-2009);
Deputy Director of Supply Control Policy, White House Office of National Drug Control Policy (1991-1993);
Chief of Staff, White House Office of National Drug Control Policy (1989-1991)

*Taped April 24, 2017*

**Table of Contents**



**I: (0:15 – 29:56) On the Nation's Opioid Epidemic**

KRISTOL: Hi, I'm Bill Kristol. Welcome to CONVERSATIONS. I'm very pleased to be joined today by my friend John Walters, a big shot at Hudson Institute right now. But more importantly, for the purposes of this conversation, chief of staff in the drug office under President George H.W. Bush, before that actually coordinated drug policy at the Education Department, where we worked together under Bill Bennett in the late Reagan administration. And then, of course, drug czar for eight years under George W. Bush.

And we'll talk about drugs, an issue that – well, there are so many aspects of it to cover, really. An issue about which there's a lot of misunderstanding, I think, but I guess there is kind of a view now that "Hey, we've got a serious problem." And I guess my first obvious question is what is the situation? Are things worse than they were? I mean, is it being hyped? Is it really a terrible problem? What's the factual situation today?

WALTERS: Well, what's striking to everybody is the overdose deaths. The rates of overdose deaths, led by opioids of various kinds – heroin as well as prescription drugs and, now, the synthetic, powerful fentanyl – have never been higher, not since we've recorded them.

KRISTOL: So the rate of – I mean, adjusting for population and stuff – the rate of actual deaths from drug use is higher than it's ever been?

WALTERS: Right.

KRISTOL: That's amazing.

WALTERS: And it's been commented on, it's higher than the number of deaths by guns and accidents in automobiles combined. So, it was a partial count – these are delayed because of reporting – 2015 was over 54,000 overdose deaths, most of them led by opioids. But we've never seen things like that before at this rate. And of course, that's looking back in your rearview mirror.

What's happening today, when you look at what's happening in some states, you see regular reports of people dying in areas, some of which had never been victims of the drug problem before: rural areas, other areas where, now, the overdose death rate is frightening. And it was a part of the election, the way elites are behind, as they've always been, in this. But it's not abating, and it's never been worse. So yeah, Washington and others have woken up and said, "Hey, we've got a problem."

KRISTOL: And what's the heart of the problem, would you say? I mean there's always been – unfortunately, we've had a drug problem for a long, long time, which, you might say, has ebbed and flowed. But I guess, if I'm gathering from what you're saying, this is more than just an ebb and a flow, so what's the heart of it?

WALTERS: Yeah, I think there are a couple factors that have bled into this.

One is we've had a kind of amnesia about drugs. As a culture, we're kind of ambivalent, to say the least. Where, since the baby boomers in the '60s and '70s it was considered part of kind of breaking the rules in a way that was necessary, and it was part of freeing up people from the old strictures. And it was considered harmless – in some ways, led by marijuana, of course, but then LSD, other drugs. Even heroin, which was considered more, well, mainstream; it had always been in the background for artists and others using this. It then, you know, when it migrated into cocaine and crack, we got scared again, the violence and so forth, and it came down dramatically during the '80s and into the early '90s.

And then we've kind of now decided that, led by President Obama, that marijuana shouldn't be controlled. And at the same time, there was a problem in taking drugs too seriously and locking up too many people for them.

At the same time, there was a kind of revolution in the prescription of pain medications that spread addiction – powerful pain medications, opioids – throughout society, and we didn't catch it in time. And then heroin, that came on, and now fentanyl, which is another iteration of this process, which is even more dangerous.

KRISTOL: So, that's good. You've already made it clearer for me then all my reading has done on this. So you think – So three, if I'm interpreting this right, three basic things: kind of a culture, let's say, of permissiveness or legalization or tolerance, maybe, a sophisticated tolerance for drug use. We'll get back to that. Number one. Two, the, I guess, the prescription of the opioids, which opened up, so to speak, drug addiction to a lot of people who might not have gone out on their own to buy drugs, but they got prescribed something for pain and then they kind of got addicted. That I think people sort of know about, and there's been quite a lot of writing about that and TV shows and stuff.

WALTERS: Right.

KRISTOL: But the third you're saying that really was crucial in taking that to another level was the new form of heroin or the –

WALTERS: Well, expansion of heroin to take over not only the existing addiction to heroin and other drugs but also to add people who had been using pills. What happened was that heroin could become marketed and cheaper, especially when there were efforts made then to kind of close down pill mills.

I mean, the thing is you can have normal prescribing, you can even have normal prescribing that's a little excessive, but once you get addicted, you need quantities of these drugs – because your body becomes adjusted to opioids – you need quantities that legitimate pharmacies and legitimate doctors aren't going to prescribe. So, then you need to find doctors who are going to write you excessive prescriptions, or you have to, you know, forge prescriptions. Or you have to doctor-shop and pretend that you're sick to multiple doctors. But then you've got to find a pharmacy that's going to fill all those prescriptions, and that

requires pill mills. And the government, then, when it became alarmed, finally did something to shut some of these down where they're, you know, prescribing millions and millions of pills a year. So –

KRISTOL: So, that's not so much the current problem, though it laid the groundwork for the current problem?

WALTERS: Yeah. And there still is some excessive prescribing because of the legacy of this. Again, we went through a time in, you know, even the late '90s, early 2000s, when there was a demand that everybody has a right to be free from pain, and the way you could get them free from pain was to prescribe these powerful opioids. The book *Dreamland*, that's gotten a lot of popular attention, talks about this in some detail. And what that did is it drove, you know, people who had normal injuries into situations of addiction.

And then, because opioids are so powerful. They may be one of the most dangerous substances we've ever dealt with. I mean, people have been subject to cocaine and even marijuana and certainly alcohol, but, you know, the limited knowledge we have of comparisons suggests that opioids are a very bad addiction to have. There have been studies of people being clean and sober for five years and relapsing. That's a dangerous legacy.

KRISTOL: Wow. And then the surge of heroin into the country and new forms of heroin?

WALTERS: Yes. First, there was a large increase in production in Mexico. Some of this was probably associated with the Mexican military being moved to go after some of the gangs on the border and other areas. So, they redeployed them. They had been involved in poppy eradication in Mexico. But the growth from somewhere around 20-some metric tons, estimated, to over 70 metric tons; so, the growth in a relatively short period of time in the last five to eight years.

And then, what became increasingly prominent and is now shockingly prominent is the use of fentanyl, because it's much more highly concentrated. The estimates are 50 times more concentrated than heroin.

KRISTOL: What is it? It's a synthetic? I mean, it's not –

WALTERS: Yeah, it's a synthetic. Well, in medicine it's used because it's very powerful but it's quick acting, so it gets out of your system rapidly. But, you know, literally, pure fentanyl – the size of several grains of salt – is lethal. So, one of the problems with this in trying to control it is the handling of it.

But, it's also, because of its concentration, it can be extremely profitable for organizations. They can move smaller quantities in bulk in, and then they have to find a way to dilute it. And that's where the problem has been. They have tried to cut this by mixing it with other powders. Because of its concentration, that means that somebody could buy a packet with two or three doses in it and, when they slice it, and take one dose, they don't feel anything. The next slice they take is fatal.

So, one of the problems has been that increasing numbers of the overdose deaths are – first, they were heroin mixed with fentanyl, to stretch the heroin out, but now, I mean I've seen some state coroner reports – there isn't a national number yet – and it's dominated by fentanyl.

Even people think they're buying pills, counterfeit pills that have been pilled up, they think they're buying OxyContin or they're buying some other kind of opioid; it's actually fentanyl. What's being sold as heroin on the street is fentanyl. And some people now on the street are aware of this, and they're looking for fentanyl because it's much more powerful.

As I say, your body does become accustomed to this, and as a result, you need more. It's not so much always just chasing the high as much as "I don't want to go into withdrawal." The more you take, the more you need. And because, you know, the estimates I've heard from law enforcement – again, these

are not legitimate businesses, so it's not precise – but $60,000 for a kilo of 2.2 pounds, and it makes 10 million doses on the street. That's a profit margin that's quite astounding.

KRISTOL: And if 50,000-plus people are dying – I'm just doing this math in my head – are dying of drug overdoses each year – illegal drug overdoses, right? Or *legal* drugs that are *illegally* prescribed, but mostly illegal drugs?

WALTERS: Right.

KRISTOL: I mean, how many people are using these drugs? It must be a much-higher multiple, right? I mean –

WALTERS: Right. And part of the problem here is we don't know, because most –

KRISTOL: Yeah. I guess people don't volunteer their –

WALTERS: Well, and also, the way we look at this, the federal government for years has asked people through self-reported surveys: "Have you used drugs?" We've done a couple different surveys, some measure teens, some measure adults and teens, but it requires you to be able to be visited and to fill out a survey. Now, it's anonymous, but, of course addicts generally are not home when you knock on the door.

KRISTOL: Right.

WALTERS: And if they are, they don't want to fill out a survey that says they're addicts.So, the estimates we have are partial and certainly an undercount; people have accepted that. But there's been no effort to try to collect this –

I mean, again, you could say, what's shocking about this to me, when you look at it from the outside, is in a certain way, we worry about terror. And the government since 9/11 has done a pretty good job protecting us against terror. A few incidents but, you know, not very many mass-casualties attacks. These are all a foreign threat, coming to our country, and killing tens of thousands of Americans every year now, and we don't seem to take that as seriously.

KRISTOL: You said a foreign threat, so let's talk a little bit about the international versus the domestic side. Obviously, it's distributed domestically. I mean, otherwise, people wouldn't get it, but it is – I mean, how much of it is a domestic – this is a stupid question in a way – but how much of it is a domestic problem and how much of it is an international problem? Or actually, before you answer that, do you want to give me like a ballpark estimate? How many people right now are walking around America more or less addicted, if that's not too stupid a question? Half a million? I mean it must be a big number, right?

WALTERS: Oh –

KRISTOL: A million, two million?

WALTERS: Even the self-reported surveys suggest that we have roughly between 20 and 25 million people who use a drug illegally once a week, or more frequently; and about 7 to 8 million of those are dependent or addicted. Now again, that will be an undercount; that will be dominated by things like marijuana, which happen. But, you know, so you have to assume that the number goes north of 7 to 8 million people.

KRISTOL: Some of whom are addicted to marijuana, which has its own problems but isn't, presumably, something quite like fentanyl? But in the fentanyl level, it'd still be high? I mean, it's still going to be –

WALTERS: Right. It's hard to tell exactly how many because, again, the source – it's hard to find the addicts to self-report here. We don't do a very good job of looking into this. You could create, with current technologies, you could create better estimates [and] what's somewhat surprising is at a relatively cheap cost. The government doesn't do that. It spends a lot of money on surveys. I mean, it costs a lot of money to send somebody to a house. You know, when I was in government, it was $40 million a year for just one survey. You could spend much less than that and get a better estimate. So, we don't even care enough to do that.

KRISTOL: You could check in emergency rooms and see how many people –

WALTERS: Well, there used to be a system of emergency rooms; the government has let that collapse. There are other ways of doing this by more – Well, look, CDC does a study of things it cares about. You know, if you wanted to look at HIV transmission, if you wanted to look at things like Ebola or –

KRISTOL: Smoking.

WALTERS: – or West Nile, you get a network that does real time. This isn't the first fentanyl epidemic. There was one when I was in office. There was a single individual that we identified in Mexico who produced a relatively small quantity of it. It came up to the United States, people started dying – Philadelphia, Chicago, Detroit, other places. I tried to get CDC to begin to do immediate surveillance and try to identify –

KRISTOL: CDC is the Center for Disease Control.

WALTERS: Center for Disease Control, in Atlanta.

KRISTOL: Yeah.

WALTERS: They're the ones who have the lead in these things. They don't consider substance abuse something they want to cover. Somehow they want to cover other things. Now, they have, in the past, wanted to cover, you know, gun deaths –

KRISTOL: Right.

WALTERS: But they don't want to cover drugs. Now, maybe that will change. We'll see. But the fact of the matter is they do a regular report, a weekly report –a famous morbidity-mortality weekly report – that could measure this in a real-time basis or close to real-time basis. They haven't done it. So –

KRISTOL: So, we depend on state reports and putting them together and –

WALTERS: Yeah, or finding sentinel places that would identify where it was. The last fentanyl epidemic that I saw in office –

KRISTOL: Yeah. What happened with that? So, there's this one guy, you discovered who he was. What happened to him?

WALTERS: Well, we started, first of all, seeing where it was so we could shut it down. And I couldn't get CDC to do it, so I did it out of my office in the White House, which is not recommended, but nonetheless, we started getting calls from coroners and from law enforcement. Ultimately, 700 people died of the fentanyl that was mixed with –

KRISTOL: And when you say you shut it down, what do you mean?

WALTERS: Well, they basically identified the sources and closed them. But again, they also probably expended most of the fentanyl that came into the United States. It was being mixed with cocaine, heroin –

KRISTOL: And did this guy in Mexico get taken care of?

WALTERS: He was arrested by the Mexicans; the Mexicans never gave him to us.

And look, fentanyl is – I'm not a chemist, but talking to people who have been, because of the danger here – it's not the easiest thing. It's not like meth that used to have people making it up in hotel rooms and in their house – dangerous chemicals, toxic consequences, but you could go online, get a recipe and do it. It's not that easy – not as easy as that to make. It is probably easier to make than something like LSD, where you really kind of have to have a chemist to do it.

So, it's in between and most of it looks like it's coming from Mexico, but some of it is coming from China. It's being shipped through our mails. In some cases, I've talked to law enforcement, and people are buying it either on the web or on the dark web and getting it sent to them. Again, relatively small amounts.

Some of the indications of the Chinese source is it's pure, and people are dying more. When they find a bunch of people in a cluster that die, sometimes they had reason to go back and look and find a Chinese source. The government has pushed on the Chinese to try to control some of this.

Also, keep in mind, this is potentially a revolution in the danger of drug addiction, because fentanyl is one synthetic, but there are analogs to fentanyl that are even more powerful. People have talked about carfentanyl, which is sometimes called "elephant tranquilizer" in the press, but it's even many more times more powerful than fentanyl. Now, the attraction to have the greater power is I can dilute what I get and sell it to more people, make more money. However, I have the problem of diluting it, and it becomes extremely difficult to dilute it safely, which is why you have some of these deaths.

KRISTOL: Wow. So, there's the origin points one could go after. There's the entry into the U.S. and distribution within the U.S. one could go after. And then, I suppose, there's the demand side – the people who could be taught, hopefully, not to want it and deterred from wanting it and treated so that they don't stay addicted and so forth. Is that right? I mean –

WALTERS: Yeah, I think there's some basic things that we could do, and it's a little bit difficult to understand why we haven't done them. One is we could warn people more dramatically. I mean, as I told you, I've said that if these were a hundred cans of tainted tuna that were causing people to get sick, you can imagine the kind of response there'd be from federal government, even from the White House and from state and local government.

KRISTOL: Every media outlet would tell you not to buy this –

WALTERS: Tell you to find the source. "Find the source; don't buy it."

KRISTOL: Right.

WALTERS: "It's dangerous; you might get sick." Even warning people or warning people that have family members they know are in trouble to redouble their efforts to get them into treatment to keep them away from this. Warning people on the street and being more aggressive. Encouraging public-health figures to follow up.

Look, we have done this before when you look at these kind of epidemiological phenomena. It's not a germ. It's not being spread by contact, but it's being spread by behavioral contact with people. So, if you

had somebody who overdoses or have somebody who dies, find out who they use with. Find out how they got it. Find out where the source from the supplier was and begin to systematically shut these down. But have the public health officials and the law enforcement officials work together and have a network of communication facilitated by the federal government using the means it has for tracking disease as well as terror threats that we now have. I mean, again, this is in some ways a needle in the haystack problem, but it's a much bigger needle than a terror needle is.

KRISTOL: Right.

WALTERS: And we've done a much better job with that. We're doing a terrible job with drugs and –

KRISTOL: And as you say, by definition, it's networked – if I can, that's probably not the right use of the term – but some of these – most people are not just making this in their own basement. I mean, they're getting it from someone else. They probably know other people who are using. So it's sort of like terror networks, I suppose you could say. If you find one person and there's one tragic death even, you should be able to follow that up and, hopefully, make a dent in that person's network of users and suppliers, no? I mean would that –

WALTERS: Yes. And it's also much more visible.

KRISTOL: Do people do that? I assume people do that.

WALTERS: It's also more visible than terror. I mean, in a sense that if you have somebody who's overdosed or is in treatment – I've been to treatment centers and what I was struck by, even when I was in office, that how little contact law enforcement has with treatment centers. Now, again, you can keep people's privacy, but many times, people resent the fact that their dealers got them into this horrible situation in their lives. So they'll give it up. And I can guarantee you their family will give it up, because they hate the people who have done this to their family member.

So, it's not like terror in that it's so covert, so closed, and so forth. And you can find people that are – I mean they're overdosing on the street. They're dying and their families are known to you. And, not to mention, then you find the dealers and you can, we have the tools in law enforcement to threaten them with significant punishments and the only way to moderate those is to cooperate with law enforcement. So if you wanted to do this quickly, you could do it quickly. But the tendency now is to act like we're helpless, and that's causing a lot of dying.

KRISTOL: So that's a domestic – it could be done quickly by the feds or the feds and the state governments, I suppose, working together?

WALTERS: Yes.

KRISTOL: DEA and police department and health department, I suppose.

WALTERS: There are taskforces that have existed for years that could be better employed.

KRISTOL: Yeah. One has the vague sense that people know how to do this in principle. I mean, yeah, yeah. So that would be a large – that would make a real dent.

WALTERS: Yes.

KRISTOL: Simply telling – I mean, no new laws necessarily, just telling people this is a priority.

WALTERS: Focus and also begin to enlist the kind of public-health personnel that have been somehow, unusually, headed to the sidelines – where they wouldn't be if we had some kind of infectious disease.

KRISTOL: That's interesting. How important would it be to stop the stuff coming in and how possible is that?

WALTERS: Well, it's very important to stop it. And of course, as it gets smaller in quantity, it does become a bit harder. On the other hand, we now have the ability to find needles in the haystack we didn't find before. I mean, somebody has to ship a precursor. Most of the precursors for this, even if it's made in Mexico, are coming from Asia, China, probably some other diversion. It's not perfect at this point, but right now we're not in the game. And also, now is a good time to tell people "If you want to have a good relationship with the United States, stop killing our citizens," you know? Be more aggressive. And I think, in that sense, the new administration can be in a posture that elicits a level of cooperation that Obama's administration couldn't.

KRISTOL: And that would be a message given primarily to Mexico and China or –

WALTERS: Yes, I think for this. Now, we have another problem that's going to make this worse and is making it worse now, which is there was a huge decline in cocaine use and consequences, death, addiction.

Cocaine has come back in Colombia after President Uribe's defeat of the FARC and the paramilitaries there, the tremendous decline in cocaine output, coca growth, through aerial eradication or other things. It's been let come back. And now it's at a pre-Uribe level, and that's all now heading toward the United States. And some of it will go to Europe, but the fact of the matter is rates of use and death are increasing as you look at coroner information, and it's now, you know, we'll see it over the next couple of years. There's a certain amount of delay in the shipping. But what had been a 60 percent or more drop in cocaine use and consequences is now reversing. So, on the top of an unprecedented opioid situation we now have cocaine.

And of course, in the midst of this what we've done is we've now commercialized marijuana use in many parts of the United States. Even when it isn't legal, it's kind of looked the other way about. And, in the context of that, the commercial side is creating marijuana of a potency that we've never seen before.

So we are both bringing people into substance abuse, bringing people into addiction, and that's why we have a phenomenon of what's called "poly-drug use," where people, more than in past epics that we've looked at in this area, will start using multiple drugs. They'll start using one thing – I take some, you know, I have some weed, I have some pills, I have some cocaine, and that mixture magnifies the deadliness of these things.

KRISTOL: Let's take a few minutes on marijuana because I think a lot of people would have heard what we've talked about until the last two minutes and said, "Couldn't agree more. We should be tougher; we should stop it; it's horrible; 50,000 deaths a year." But in their minds, it's entirely separate from the marijuana question, which is a recreational drug, non-addictive. Everyone who knows anything knows it's on the path to legalization, so you look like you're in retrograde if you worry about it. And, I take it from the last two minutes that you think there's a connection, or, not that you think, there *is* a connection? I mean –

WALTERS: Yeah. We have a blind –

KRISTOL: More than a vague attitudinal connection, also. Is that what you're saying? I mean that –

WALTERS: Yeah. We have a blind spot here. Partly because, you know, no illegal drug has been used by more Americans than marijuana. Generations going mostly back to the baby boomers where there was the highest concentration, but it's continued. So you have a lot of people. President Obama: I've smoked marijuana and I'm the President of the United States. I've used cocaine; I'm the president of the

United States. Yeah, that's fine. But the problem is not that individual case; the problem is when you introduce this into a population or into an age cohort, what is the consequence to that group and how big is the magnitude of that consequence?

At the same time, the baby boomer generation and current generation are seeing people dying of overdose deaths all the time, many of whom start with marijuana.

Now, marijuana is more common, some of these studies suggest, than alcohol or cigarettes for young people to start using a substance which can be abused or be harmful to them. So the availability of marijuana has changed. The potency of marijuana has changed.

And I will say the other thing that shows the blind spot here is almost all the legitimate scientific research that's been done over the last 10 years has indicated we should be *more* worried about marijuana. Marijuana is a more contributing factor to subsequent abuse. There's even now stuff suggesting marijuana kind of primes the behavior in the brain for opioid abuse, or we know that the patterns of behavior here do change that. But it also looks like the chemistry of the brain indicates reasons why we should be afraid.

Also, for marijuana itself, there have been more confirmatory studies suggesting that regular and heavy use, especially as an adolescent or into the twenties, can not only have dangers of dependency or other things but also can have cognitive effects that are long term, bringing on or worsening serious mental illness as well as permanent IQ loss. Now –

KRISTOL: And this marijuana that's used or even sold today, or made medically available today, is stronger than the marijuana of 40 years ago, on the whole? That's correct?

WALTERS: Yes. The average – well, when I left the office; I don't see all these reports like I used to. But when I left the office, the average potency of marijuana, the THC – the tetrahydrocannabinol, the psychoactive ingredient – was about 11 percent. It was about 2 or 3 percent in 1980.

KRISTOL: Wow.

WALTERS: And you can now buy kinds and, if you want to go to Denver, you can buy kinds that are 20, 30, 40, and then there are special concentrates that go up to 80, 90 percent.

We've never had mass use of marijuana with this kind of concentration. And the consequences it has for serious psychological incidence is quite high. We're looking the other way.

KRISTOL: And do we have data yet, in the places where it's been legalized or quasi-legalized or made less-illegal, of how much that dries use up or is it really the same people, they just, you know – I'm making this up – seventy-five percent of the population just isn't interested and doesn't use it, period, and a quarter is going to use it one way or the other?

WALTERS: Part of the – There are two parts of the problem in answering that question. The first was we were going to have Colorado, for example, be an experiment. Federalism. States are going to apply. It was the Obama administration claim. We're going to put some measures in, and we're going to look at it. Well, nobody put any measures in. So there's no baseline, there's no –

So, you see consequence data: You see who's coming in to emergency rooms, who's coming in to the child endangerment and child abuse caseload, what the rates of dropping out of school and behavior are involved, but they lag. And some of this information is not easily available to the public because of privacy concerns, HIPAA concerns in the medical records.

And then, the other problem is that Colorado did have a higher rate of use. Now, I will say, Colorado is one of the most intense incidences of marijuana use in the country, *more* intense than it was when it legalized, and one of the most intense areas of opioid abuse that we now see.

KRISTOL: Is that right?
WALTERS: So, there is an overlap with all these things, but the people who want to, you know, not want to face this will say, "Well, you know, you haven't absolutely proven that there's a cause and effect here." Well, you know, these are probabilistic phenomenon, as is any disease phenomenon. You know, there are certain people who, in the same circumstances may not be infected, may not feel the same consequences, but it's getting worse, and it's getting worse rapidly.

All the promises made about "Well, this will get rid of crime." More criminal organizations come in to Colorado and the law enforcement reports that have been published suggest that is because there's less enforcement, there's less threat. So, "we'll bring in our drugs here." So, it doesn't drive the criminal marijuana or the criminal element out; it welcomes them because it's a reduced risk.

KRISTOL: Yeah, I suppose if there's already legal marijuana for sale and you're an opioid distributor, that's a more fertile ground on which to distribute than a place where there are fewer people who are accustomed to using some kind of semi-addictive – if that's the right word – drug, or whatever marijuana counts as.

WALTERS: Not to mention that the criminals will sell it to you without the tax; the criminals will sell it to you at various amounts. You can have these designer gummy bears, fruit juices, you know, special kinds of smokable marijuana, but the criminals will sell it to you at a cheaper price. And, by the way, you know, they don't have the same overhead. They're a criminal, so they don't have to pay minimum wage.

KRISTOL: Taxes.

WALTERS: They don't have to pay taxes. They don't have to worry about all those other regulations.

**II. (29:56 – 1:07:58) How to Fight Back**

KRISTOL: I can see someone listening to what you said so far and say, "Well, it's all kind of hopeless." And the whole war on drugs has always been maybe a mistake or, in any case, pushing a boulder uphill, and can't we sort of just figure out how to contain it and legalize where we have to and get people methadone and so forth. But I mean, that's not your conclusion, but why not? Why isn't that right?

WALTERS: Well, you could take a longer view, take history's view. There have been various places that that's been tried, you know, from large distribution of opioids in China a long time ago to Britain has tried twice various forms of this, down-scheduling marijuana more recently, prescribing heroin. I worked closely with the Dutch justice and health minister because of the problems they were seeing with both cannabis and cocaine and other drugs.

KRISTOL: They have – the Dutch having legalized or –

WALTERS: Having been –

KRISTOL: Or decriminalized.

WALTERS: Yeah, having been the tolerant ones, you know.

KRISTOL: Yeah.

WALTERS: Coffee houses and other things. And what they found, what all these cases show is that no society has ever been able to tolerate these substances over the long term.

Now, different societies have different rates at which it becomes intolerable and the consequences become great. I mean, the Dutch took years. We were the cartoon opposites. They were tolerant and anything goes; we were harsh and dogmatically enforcement oriented.

They were trying to close down – they've closed it down: ninety percent of the municipalities when I was there no longer had these coffee houses. And the reason was because the addiction had gotten out of control, and the addiction had led to them being an import point for cocaine from South America, them being a point for manufacturing and distribution of ecstasy and other drugs. So [that] there drug tourism was coming in.

So, and there's a reason why it's not sustainable. I think, when you think about it, in some ways it's obvious; but people don't think about this in an obvious way. It makes people's lives out of control. They can't direct their lives. They can't be free. They end up being slaves to the addiction.

I think most Americans have either in their family or in friends of their family experienced this. These substances change people; they become somebody different while they're under the influence. And so, the argument here that sometimes libertarians or people with libertarian-bent make, which is, "Well, people should decide what's in their body," and so on and so forth. Except that the "they" that decides this changes as a result of these substances.

Now, they can be treated; they can come out of this. There are millions of people walking around who are in recovery, and they're a wonderful example of what hope there is. However, when you dump more of these substances into a society, which it's a matter of biochemistry that a certain number of people will use and a subset of those will become addicted. This is just – it's not just human beings; we do research on monkeys and rats and mice because they have the same biochemistry that this kind of thing can take over.

So, the argument that "Hey, you know, let's just stop talking about trying to fight back"; we don't want to call it a war, we just want to call it, you know, fighting back against "a disease" or –

KRISTOL: Right. Treating a disease.

WALTERS: – and crime problem.

KRISTOL: Yeah.

WALTERS: If you don't do it, you stop being a free people. Because the very groups that market this, because it's antithetical to a free people, have to counter the efforts to control them, whether those are law enforcement efforts or whether those are interventions that are done in the name of health. They have to silence them. They have to control – they have to try to subvert the forces of law enforcement and politics. Mexican organized crime, which we're more familiar with today, it's not an accident that what they go after are political leaders, legal forces, prosecutors and judges, police and army to try to make themselves safe. And they have to make themselves safe because they have a different political order they need than the order of law and freedom.

KRISTOL: So, we shouldn't hope that we've become an addicted society, but again, maybe some number of people are just going to be addicted and we have to help them get treatment? I mean, your argument is you *can* deal with the supply externally – you can deal with it at the border; you can deal with distribution internally.

Does the history of our war on drugs suggest that this is really possible? I mean most people hear the phrase and they just think – not most people but a lot of people, a lot of sophisticated people – that's a failure. I mean it would be hard, I should think, at a sophisticated gathering in New York or D.C. to make the case – I'm sure you've had to do this – for the war on drugs. Or say that drugs is a huge problem. We need to get after it. Just the way you were saying – if there were an infectious disease taking these kind of numbers of Americans into death or into, you know, a kind of disability.

WALTERS: Yeah. It's remarkable how people bracket certain things from others. I mean, take cigarettes, for example: another substance which we've discovered is bad for people and we've tried to control. And sometimes people say "we ought to do what we do for cigarettes." Well, what we've done for cigarettes, of course, is increasingly criminalize the use of cigarettes.

KRISTOL: Right.

WALTERS: If, you know, we were in this building in another time, you could smoke. If you do it now, it's probably a crime.

If you look at the studies the government has done on reductions as, thankfully, there have been, for underage smoking, and we've done a lot of education, but every one of those studies suggest that the single biggest factor in reducing underage smoking is the increase in price of cigarettes. Every time it goes up 10 percent, underage smoking goes down 7 percent.

And enforcement against the buying of cigarettes by underage teens. So what we have done in cases where we've tried to control other kinds of substances is we've been more direct in trying to police the edges.

And, the other problem with this is these substances are much more addictive than the other substances we've dealt with, and they're much more deadly in the case of opioids and cocaine and methamphetamine. So, there's a different order of comparison necessary here.

Now, can we control this? Of course we can control it. One thing we can do is simply have prominent national figures tell the truth about this. One, it's extremely dangerous and it's getting worse. You don't hear that very often except President Trump has talked about the carnage out there.

KRISTOL: Right.

WALTERS: And has been more serious. Now, I think this is – my experience in talking to political figures in Washington, where I've been asked – when they go back home, they hear about this. And what's going on is Washington and the elite are behind. If you're living in West Virginia, or Kentucky, or Ohio, or Pennsylvania, or Michigan, you've been harshly educated – not to mention New England – by overdose deaths and the spread of addiction.

You can watch it in the news media. This is not something that is entirely hidden to us when we're looking at, you know, grandparents who are overdosed and unconscious in their own van with their grandchildren in the backseat. And you weekly hear of another prominent person, former celebrity or somebody else who's dying of an overdose. So the reality, in some ways, is teaching the danger here.

We're not very much paying attention in some ways. If actual national leadership said, "Hey, we have to wake up and get serious and we have to pay attention."

I think we also need to marshal some of that information. I believe the Obama administration did a great disservice by suppressing that information or not bringing it forward – especially on marijuana, because they wanted to change marijuana policy. The consequences of that are pretty bad and we're just

beginning to pay the price of that. It'll take a while to change that because people voted in some of these states to say we want to have more access to marijuana. So, the will of the people will be a counterbalance to facing some of this.

But, you know, at the end of the day, you have to be able to persuade people. So I think it's very important to start telling people what the reality is here. They feel it; they see it confirmed in the news media. There's a chance of doing that to try to reduce some of the demand and to make people be more serious.

But you have to also reduce the supply. This requires consumption and a poison. So you need to break-off the consumption and you need to stop the poison. I mean, look, anybody who had a family member – think of your child, think of your brother or sister or spouse – if they got involved with this, the first thing you'd try to do is get the drugs away from them; get the thing that's making them sick, separate it from them and have them get help and support them. But you wouldn't say, "Hey, look, what we're going to do is we're going to try to get help. We're going to put you in a room full of the drugs that you're abusing and we're going to do it in that context." If you continue to flood this into our country, if you continue to flood this into our neighborhoods –

And it's particularly bad for working-class people and the consequences that you've seen in things like books like *Hillbilly Elegy* and *Dreamland* and some of these others, and what you watch on the nightly news in many of these areas, shows you the devastation that is continuing to get worse.

KRISTOL: I suppose some people might say, to take your analogy, "That's powerful, but, look, what you would do maybe is treat them like cigarettes." Tax them heavily, regulate them carefully to make sure that the tobacco isn't adulterated, make people take it under supervision – kind of a methadone-type thing, I suppose – and it's unrealistic that you're just going to stop it from coming in, but you can contain it in the way we're – "Why isn't cigarettes the model?"

I guess the answer is it's just, the addiction is totally different in-kind. Is that right?

WALTERS: My argument is look to Colorado: it's getting worse. That's exactly what they said they were going to do. Tax it; regulate it; we're going to keep it away from kids; higher rate. I visited people shortly after the legalization in Denver. I was struck by a woman who said, "I'm terrified for my children. We now are told our children cannot bring food or beverages to school." Anything they consume in the school must be made under school supervision because, of course, you have brownies, fruit juices, candies, other kinds of things that are infused with cannabis or THC and can be used to poison these children.

KRISTOL: And I suppose the argument also is some kid gets, some 16-year-old gets access to cigarettes, he smokes them for two years, three years, whatever, he maybe has a mild, still, you know, he does it – it's not so easy to kick it sometimes; a lot of people do kick cigarettes, obviously. But, at the end of the day, what are we talking about? It's still not destroying the society. It's not really destroying their lives. It may shorten their lives because of the medical consequences and the expenditure is not so good for their budgets and so forth. But, I mean, it's a –

I suppose that would be the argument also – kind of the scale of the disaster that's happening when you get yourself addicted to the current, strong-force of marijuana, let alone heroin, cocaine, and so forth. It just makes the cigarette-legalization comparison or, I guess, the alcohol comparison really misleading, right?

WALTERS: Yes. But also, one, it's a little bit odd to say, "We have this problem that's causing a lot of people to die from various consequences of their use and, therefore, that's a justification for introducing more things that cause people to die."

KRISTOL: Right.

WALTERS: Also, the rate of acceleration here, with regard to opioids and drugs, is vastly greater than the death rate at a younger age for these drugs of abuse.

So yes, I suppose if you were starting from scratch today, of course, we probably wouldn't introduce cigarettes into society.

KRISTOL: No.

WALTERS: We wouldn't introduce alcohol in the way it's introduced in society. I mean, no less a person than Abraham Lincoln gave a speech to a temperance group about alcohol; and so it was an issue.

And we did have, you know, consequences that made the country think twice about it. But, okay, it's more embedded in our culture.

But you also see the consequences of embedding these things deeply: they get harder, not easier, to control. We now have the ability. It's not like a mainstream thing to take opioids.

And again, I think part of the blindness is the separation, something, you know, that Charles Murray talks about between the part of society that's the elite that's making decisions, even though their families are touched by this too, but the intensity of it at the lower working-class level, the last quintile of society that is being devastated, families, inability to work, the consequences in getting involved in crime – not crime simply to support a drug habit but crime because your life is out of control. I mean, most people –

When I was in office, the criminal-justice system was the single largest category of institutions referring people to treatment using drug courts and diversion programs. Don't send them to prison. Let's get them into treatment because that's what's really causing their lives to be so self-destructive to themselves and to others. And it was that law and it was that effort.

But the reason society came across those people was because their lives were so out of control they were breaking laws repeatedly and coming into the criminal-justice system. So, it's not that we are, you know, this argument about mass incarceration. In fact, my argument is we're not engaged in mass incarceration. What we're engaged in is a pattern of behavior, by a certain part of society, that either repeatedly causes them to be involved with the criminal-justice [system] because they're violent repeat offenders, or because their lives are out of control, worsened by substance abuse.

KRISTOL: Yeah. And arresting people, in that respect, and getting them into a treatment program is the best thing that could happen to them, right?

WALTERS: Yes.

KRISTOL: So, you're not doing anyone a favor by being more tolerant of their addiction, really.

WALTERS: And when they come out, one of the two greatest factors that are going to decide whether or not they can remain clean and sober is do they have an alternative environment they're going to go into where people are not using and abusing all the time? When society makes it more pervasive, that behavior more pervasive, it makes it harder for them to get well. And, two, whether they're going to be, you know, whether they're going to have the drugs themselves around them and thrust on them all the time. We have to control supply.

Look, during the Obama administration, the response to this was – the opioid-overdose epidemic – was to give out substances that first responders, police, and others could give to block overdose. Narcan or other substances that could revive people who were addicted. Well, okay, that's great. We save somebody's life. However, that's not treating them, and that's not necessarily keeping them from

overdosing a week from now, or two weeks from now, or tomorrow when nobody's there. So, that's not treatment. That's a very short-term and inadequate response. And we've living with the inadequacy of that response today.

KRISTOL: I think a lot of people would say that the most hopeless – even if they would concede to you that well, maybe we can do more with a combination of law enforcement and public health here at home – the stuff [about] stopping it from abroad, that's really hopeless. You're talking about Afghanistan, Mexico, China, I mean – Colombia, if it's cocaine. What's the answer on that? Do you think that's not, the supply needs to be constrained, you said, and one way – you could stop it at the border, I suppose, but the easier way to constrain it is not to have it grown in the first place or produced in the first place.

WALTERS: Yeah. The answer is to go across the entire chain. It's vulnerable in multiple areas, and there's not just one place where you can cut the supply line and be successful. The border is not an ideal place to stop it just because unless you have complete surveillance at the border, then it's going to be a matter of, okay, how can they find the places that you are least able to detect, or how can they divide it up so that you have, on a random basis, less likelihood of finding it.

What you want to do is you want to attack the entire network. So, you want to know the higher probability vehicles or people that it's coming in. You want to know the places where it's being manufactured. You want to know where the precursors are coming from and cut them off. You want to stop the money; you want to stop the connections to people and the communications to people who are distributing it.

This is a business, you know. The business community spends a lot of time worrying that government is going to pass regulations that's going to make it harder for them to be profitable. This is a business where we have 100 percent free-for-all on this business if we want to use it. Let's shut them down.

And we have done that in the past. We did this with cocaine, as I said, in Colombia. We've done this with – I mean, when I was in office, meth and the small toxic-labs around the country that were killing people and creating dangerous sites as a result of the chemicals being used were exploding. And we found that those could be controlled by controlling access to over-the-counter cold and allergy medications that were being bought as the precursor and cooked in order to make meth. Now, there still is meth in the United States; it's made largely in Mexico at the present time. But what we did is we changed the dynamic by, in that case, going after *one* key substance in multiple states. One state tried this and then we got a national law. Now it's –

KRISTOL: And that worked.

WALTERS: Yes.

KRISTOL: So, one has the impression when one goes to a drugstore that people like joke about, "Oh, I have to go to the counter" to get my, you know, drug – my cold, flu medicine, or even just cold, allergy medicine or whatever. But you're saying – well that has been a terrible failure of public education.

WALTERS: Yes.

KRISTOL: By your successors, I think.

WALTERS: Yeah.

KRISTOL: No one has the – I don't know *no* one. My impression is that people don't understand that that's actually paying-off. The inconvenience is worth it, which is kind of what you're saying, and that, actually, the control of meth was something of a success story? I mean –

WALTERS: Yes, absolutely. And people – okay, it's annoying to have to show your driver's license and get recorded.

KRISTOL: Yeah, right.

WALTERS: But on the other hand, you know, what you saw in *Breaking Bad* is not now a common thing in middle America.

KRISTOL: Right.

WALTERS: And again, it was not something that affected all the country equally. So if you lived in Washington, D.C., where meth was not a big problem, or in New York City, where meth was not the same kind of thing – it was coming in in other forms if it came in at all – then, okay, I don't see any difference. Why am I being bothered with this?

But if you lived in Missouri, or if you lived in the other plain states or in some of the parts of the West or rural areas of the East, meth was a big problem. And it dried up. Now, again, is it all absolutely gone? No. But it's a dramatic change.

KRISTOL: Just one sidebar on this regional question. So, astonishing people our age, I think you grow up hearing about – in New York City, I grew up hearing about, obviously, heroin and then, after that, the crack-cocaine epidemic and in the '80s, really. Right? And I had the impression – and certainly literature, you know, the crime literature, the sort of noir novels of the fifties and stuff gave one the impression – that especially heroin was very much of an East Coast, big city, maybe West Coast too, but big city sort of thing. And now, one has the impression that this is a problem out in rural America. Is that correct, A? And –

WALTERS: Yes.

KRISTOL: And how did that happen? I mean, why –

WALTERS: Distribution, in some cases, intentionally went to rural America – partly as a result of the way the Mexican distribution-system spread as it spread through ethnic communities.

I mean, a lot of this has happened in the past because of ethnic communities. For a while in the Northwest, for example, high-potency marijuana was being grown inside by Asian organized crime coming down from Vancouver. There have been times in the East where various Latin ethnic groups have been involved. Look, for a long time, these groups have used family ties to protect themselves. I don't want law enforcement to be able to compromise people. It goes back to, you know, Italian organized crime in the United States.

KRISTOL: Right.

WALTERS: One of the natural ways in which these groups try to protect themselves is they want friends and family to be the core of the group. So some of this is not new; it's just had different groups involved in it over time.

So, again, I think the issue is not *can* you do something about it. We've done something about organized crime; we've done something about a lot of these things. We've done something about terrorism, which is a much more, I would suggest, a much more complicated and difficult problem. We have to try, and we're not trying very hard or not trying hard enough right now.

There are a lot of people out there doing things, and I think we have to be fair to them who are. But they need some greater support, and they certainly don't need the kind of ignorance you see on a wide scale by the elite.

KRISTOL: When you were in office, the Bush administration pushed Plan Colombia, maybe it begun under the preceding administration or two. It seems to me that's a success story that's totally underappreciated – the amount of good that was done, both for the U.S. and cracking down on the origins of cocaine. And then the good that was done for a major Latin-American country that –

I remember when I was in government, you could barely visit it because it was so dominated by drug cartels. Vice President Quayle went to Cartagena actually, and it was sort of a big secret service – it was a big issue, you know; it was a dramatic thing when we spent one day there. I don't think we spent overnight actually. We flew two separate planes: Air Force Two and a mock – the only time we ever did this – and a dummy Air Force Two in because there was a genuine concern that the drug cartels would try to shoot down the vice president's plane. I was on the dummy plane. It was great, you know. It's like, "Hey, yeah! Shoot down the dummy plane, no problem," you know? The staff is expendable. That was really wonderful, you know. But we joked about it and luckily nothing happened, obviously. But, anyway, so talk a little bit about the Colombia effort.

WALTERS: The Colombia example, I'm struck at how little studied it is. Because at a time when, you know, about the same time we were at war in Iraq, we were at war in Afghanistan, there was a big debate, as you know, in the federal government about can we do nation building or how do we build democracies.

KRISTOL: Right.

WALTERS: Colombia was a great success. I mean, a lot of that success had to do with President Uribe who was elected in 2002 and who was the most aggressive and determined presidential figure outside the United States that I've ever dealt with. I mean, he insisted he was going to go after the drug trade; he was going to go after the guerrillas; he was going to go after the right-wing paramilitary. And he did. And he extradited over 800 people, when I was in office, to the United States. Most places do not extradite their nationals to another country. But it worked. And when we look at how do we help a country –

KRISTOL: And we worked with him. I mean –

WALTERS: Yes.

KRISTOL: The Bush administration gave him a lot of support, right?

WALTERS: A lot of money, a lot of support in the international community, and some, you know, things like intelligence sharing for going after these groups as well as equipment that's partly, you know, there's logistical matters here. A big country like Colombia, you've got to move people from one place to another. You need helicopters. You need other kinds of things. Controversial, there was a lot of, as you know, still residual left-right tension about Latin America and supporting strong governments.

But it changed the face of Colombia. It made it a country. And the government hadn't been in certain zones.

The Medellín and Cali Cartel that caused you to have to use two airplanes and caused us during, Bush 41 to, you know, call the Cartagena Summit, I was with President Bush at that and yeah, we did the same thing. We stripped down the staff to bare minimum and people were afraid, didn't have to go and everything else, and there was great fear.

And because, you know, when we took office at the beginning, 1989, the argument was Pablo Escobar was the most powerful man in the world and he could either buy or kill anybody in the world. And, you know, he had sent people to kill American officials who were going to convict or incarcerate some of his people, and he had been taking over big parts of Colombia. He was dead and he died during the Clinton administration, with our help.

And so part of this is a long-term effort that does show you can make a difference. It's somewhat longer term than we have patience for sometimes. And it is this blind spot we have about "we can't do something about this," partly with drugs but partly also I think the kind of political blindness about not having confidence that we can see what it is to help other nations and what it takes.

And we kind of still think – my own view in the long term of these things is we think democracy is the natural form of human beings. If you get rid of whatever is an obstacle to it, it kind of naturally grows. Well, actually, it requires institutions, as we know, and somehow it requires the conditions that we're reluctant to kind of face sometimes as a necessary precursor. And it requires some actions that sometimes, you know, in these kind of violent situations that blend national security and rule of law.

I mean, we felt with this in terror, you know: when do you use lethal force and when do you have to arrest people? And so you have to be able to deal with that. Now, I think we're mature enough, and we certainly are experienced in the generations now, to be able to deal with that, but we have to face it.

KRISTOL: And it is remarkable, as you say, we're willing to use force, which I'm fine with, against terrorists and drone strikes and so forth, outside the borders of the U.S., sometimes with, sometimes not with the cooperation of local governments, I suppose, when we really believe there's a threat or imminent threat or even maybe not quite imminent but, you know, a network that's a clear threat.

But on drugs, which has killed so many more people and which similarly operates sometimes under the umbrella of a protective government or sometimes despite a weak government, so either way we don't even think that we could do something. I mean, I guess we do sometimes do something like that, but much less, right? And it doesn't seem – there's not nearly the sense of urgency or –

WALTERS: We sometimes also punish countries who, in their own judgment, have decided they need to use lethal force. And we've had instances where, for example, aircraft coming up from South America with cocaine that have gone into Central America, we have a tracking system and we used to try to hand these off to some of these countries to kind of take down these planes. Sometimes they would land south of Mexico and then – because of risks they'd face in Mexico at various points in time. And at one point, I think it was the Hondurans who had a member of their military at our command and control base in Florida and they saw a plane coming up. They weren't sure we could track it all the way to a takedown; they called their colleagues, and they shot the plane down. The reaction was not "Hey, you know, great, a little tough but okay." But instead it was "We must not cooperate anymore with the Hondurans; they are using lethal force."

I mean, again, prior to 9/11, civilian aircraft were virtually sacred. You could not act against civilian aircraft. Then, in one day, we decided we're going to shoot down a civilian aircraft if it's being used by a terrorist. For some of these countries, this is a national security threat, taking over the control by gangs of their institutions. I think we need a more flexible way of allowing them to use the force necessary without becoming, you know, obviously, barbaric and inappropriate.

There's a proportion that exists for some of these countries' national security that is different from our national security, and I think we have to face that.

Again, it's a matter of perception. You talked about different perceptions and different levels of our own society. You may remember this. I think, when we were at the Department of Education in the '80s with Reagan when the crack epidemic was really beginning to build – I don't know whether you remember this

– *Washingtonian Magazine* took a survey of Washingtonians asking them "What's the biggest problem in Washington?" And the report was white Washingtonians said "potholes" and African American Washingtonians said "crack." I mean that's a kind of striking fact about – it's kind of separate lives.

KRISTOL: Right. And how much do you think – this gets to the question I want to ask you – what is likely to happen in the next year or two? What could happen? How much of a chance do you think there is that we could really get serious about this problem?

But I suppose, one of the ways in which one never has to judge that is how much this is confined to some group that a lot of Americans can avert their eyes from, and how much it has now become a general problem, which is a bad thing, obviously, but I supposed good in the sense that people get sufficiently alarmed that maybe they are willing to be serious about it. I mean, I guess we have data on this to some degree. Is this spread, especially of the opioid epidemic, getting into the middle classes, the people who have some influence with their congressmen, the people who have, you know, professionals who have access to the levers of power more than, you know, sort of the bottom quintile or so, as you said, of society, which again this is not – I'm not defending this, but which is a practical matter – if it stayed there, but the rest of the country might just decide it's too bad, but we're not really going to change our behavior because of that.

WALTERS: Yeah. I think the reason this is not something you can avoid is it will continue to grow unless it's contained. So that, you know, whatever group it's in now –

KRISTOL: There's no natural sort of containment of it, you don't think, or natural kind of cap, you might say? You know what I mean?

WALTERS: I don't see it because what's happening here is you could say, well, what will happen is people will increasingly recognize that opioids, fentanyl coming on the scene is so deadly they'll stay away from this. The problem is you have, with the expansion of marijuana, you're bringing many more people into the top of the funnel that get dragged, will be sucked into the bottom of the funnel.

So, right now with those two things happening, it's not possible for this to become smaller under the current circumstances. We'll see what the Trump administration does. I mean, there's –

KRISTOL: But if no one does anything dramatic one way or the other, I mean law enforcement does its best and public health does what it's doing and no more states legalize but no more states un-legalize, do you think it gets appreciably worse over the next year, two years, three years?

WALTERS: Yeah. I think it's worse now than we recognize because what you see, the collection of data is so slow, 2015 numbers of 54,000, if you look at individual state coroner reports that haven't been combined yet, it's double or triple that.

KRISTOL: Is that right?

WALTERS: Places like New Hampshire –

KRISTOL: So, 2016 even –

WALTERS: – Maryland, Massachusetts, some of the New England states, where there is more recent data from 2016 or even into the beginning of 2017.

So I don't think you're going to see – what you're going to see is in the rearview mirror you're going to begin to see numbers from now in the next 6, 12, 18 months, and then we're going to be shocked. But in fact, by then it's going to be even worse unless we begin to start having more careful surveillance.

The other thing is I think that these groups, the real danger here, in addition to the expansion of the intake with marijuana, in our own blind spots in the forms and the potency of marijuana, is that the synthetic revolution goes on in regard to criminal substances – not only fentanyl but more potent analogs that are more powerful. Because, again, the body builds up tolerance to this. So yes, I can be taking heroin that's three, four, five, six, eight percent pure, but at that point, then I can take more. I mean, you can build up a tolerance such that the same dose given to somebody who wasn't a user would be fatal. That's how much a difference there can be in tolerance over time. And fentanyl allows that difference to go up much more rapidly.

Also, because fentanyl is more fast acting, you can sell more of it. And you can sell it cheaper. You could even have – look, this is – what I'm arguing here is that what do we have here on both the marijuana side and the opioid side is a supply-driven phenomenon. This is supply-side economics gone terribly bad for America. And if you don't control the supply –

Yes, you need to work on the demand; yes, you need to bring people into treatment; yes, you need to detox them so they don't die in the process of getting off the drug, especially these powerful opioids. But if you don't control the supply, it will get worse and worse and worse. It will not reach a kind of natural crest. That's my concern, and that in fact, there's like new orders of development in these synthetics so that I wouldn't be surprised if, down the line, you see less poppy cultivation in Mexico because they're not using the poppy; they're using the synthetic chemicals because it's more profitable. And that will be a sign that it's really, potentially, completely out of control.

KRISTOL: And dealing with supply is both a law-enforcement thing here, in terms of breaking up the networks, and of foreign policy, the question of foreign policy priorities. Is that right?

WALTERS: Right.

KRISTOL: Both equally important or I mean if you could only do – it's a stupid question I suppose – but if you could focus on one rather than the other, is there –

WALTERS: I think it is possible to drive it out of certain geographical areas in the United States with a combination of public health and law enforcement. It's hard to keep it out because, once it's inside the border, you have free flow across, you know, the interstate highway system is commonly used in these cases and other kinds of groups that are going to tie it in. But you can, you can change the way some of this happens with effective measures. Look, it's not –

KRISTOL: So, if a governor came to you and said, "I can't control what happens on the border and what happens in Mexico, what happens in China, but could I actually make a huge difference in my state?" You're saying the answer is *yes*, I mean –

WALTERS: Or your city, yes. I mean you could – it would not be as easy, and it would be better if somebody was controlling it along the long stretch, but yes. But it will be easier if you work as a state and as a nation on this, and you work across borders to the source.

Look, again, you figure out where it's concentrated. It's concentrated in the base sources, and it's concentrated on the demand side in the intense areas of users. So, if you want – but the problem is they're not together in that sense. So, what you need to do is to attack both ends. It's kind of like the military does when taking a bridge – the best way to take a bridge is both sides simultaneously, because if you don't, you inherently have the magnitude of your effect narrowed by the process of attack.

KRISTOL: So ultimately, we dealt with this problem before. We can deal with it again. It's challenging. I mean what would your – if you had two minutes for Donald Trump, or for the U.S. Congress, or anyone else in positions of authority, what's the core message here?

WALTERS: There's things that we need to do in terms of focus working on this as an epidemiological phenomenon on the demand side and as a criminal network problem on the supply side. But the most important thing is to change the way we think about this: to not accept it, to understand we can do something about it, to understand what we need to do something about it, and to understand that there's an urgency to act. Right now, it's disaggregated in a way that's causing more and more people to die than should.

KRISTOL: Yeah, the passivity is really shocking. I mean, having had this conversation, I feel I should have been less, you know, have done – we should have published more about it in *The Weekly Standard* and stuff, but we've done a fair amount. You've written for us many times. And I guess, how to dent that is really the question. I mean, saying what you said here is one way, but I suppose, it just requires leaders across the board, really, to explain what's happening – and maybe reality will dent it, right? I mean, unfortunately, I suppose that's the question. Do you have a sense? I mean, you've been following this so closely for so long. Is it beginning to change the perception?

WALTERS: I think elites are slow, but the fact of the matter is the people who are really suffering in rural areas of Pennsylvania, and Ohio, and Michigan, and New England are becoming more vocal and visible. I mean, I don't think it's an accident that President Trump is saying to Congress he has to take on this carnage and he has to end it. We'll see whether he can do that and whether he does it, but the fact of the matter is he is certainly someone who is sensitive to what Americans in the working class of America think about.

And when I hear from people who are from congressional districts and senators from states like that, they go back home and that's what people want to talk about. Yeah, they may care about other kinds of things in the world, but what's killing their neighbors, which they're watching on the nightly news every night, is something that they don't understand why officials don't pay more attention.

KRISTOL: Yeah, why civilized society tolerates this.

WALTERS: Yeah.

KRISTOL: 54,000 deaths in 2015. That's really amazing. John Walters, thank you very much for this very educational, not entirely cheerful but, I mean, honestly important, I think, important conversation. It's certainly very educational for me. So, thank you, John, for what you've done in this fight over the years and for spending the time with me today.

WALTERS: Thank you, Bill.

KRISTOL: And thank you for joining us on CONVERSATIONS.

[END]