Travel Report
Hon. Ann Bressington MLC
Independent Member of the Legislative Council

Destination: Stockholm, Sweden

Date of Travel: 6th – 13th of September 2008

Accompanied by: Eric Faschingbauer and Ryan Hidden, Research Officer

Purpose of Travel: Attendance of the World Forum Against Drugs 2008

Details for World Forum Against Drugs 2008

Held at the Stockholm City Conference Centre, the World Forum Against Drugs ran from the 8th – 10th of September 2008 and brought together over 600 participants representing 82 countries. The speakers included the world’s foremost academics, international drugs policymakers and representatives from voluntary organisations/NGO’s in the field, who addressed the latest research findings and important issues in the prevention of illicit drug abuse.
On the 6th of September 2008 my partner, a member of my staff, Mr Ryan Hidden, and I travelled to Stockholm, Sweden, to attend the first World Forum Against Drugs (WFAD). Due to the forum being held during a Parliamentary sitting period, the decision was made to travel exclusively for WFAD, meaning we arrived on the 7th of September and departed on the 11th of September.

With more than 600 participants representing over 80 countries, the World Forum Against Drugs brought together those working both at the coalface helping drug abusers and their families and at a policy level to prevent the use of illicit drugs. Hearing from distinguished speakers, attendees participated in seminars and workshops on diverse topics from the eradication of opium production in Afghanistan to the challenges faced by

In addition to the many informative presentations, attending was an excellent opportunity to network with international delegates working to reduce drug use, and also enabled myself to reconnect with experts of note in their respective areas, such as Dr Robert Du Pont and Torgny Peterson.

For those interested in the future of drug policy yet unable to attend, for your convenience I attach below three key speeches delivered at WFAD. The first was by Dr Robert Du Pont, first Director of the National Institute on Drug Abuse and the current President of the Institute of Behaviour and Health. The second is by Christina Oguz, Head of the United Nations Office on Drugs and Crime in Kabul, Afghanistan. And the third is an impassioned speech by Calvina Fay, Executive Director of Drug Free America.

Robert L. Du Pont M.D., Institute for Behaviour and Health Inc., Rockville, Maryland USA.

Speaking with you is a joyful culmination of my four decades of work to prevent drug abuse. It is an honour to be here at this historic International meeting with more than 450 delegates from over 80 nations under the leadership of our distinguished Swedish hosts. It is no accident that this meeting is in Sweden. The Swedish experience with drug abuse defines the problems we face and the choices we must make.

Let’s begin by reviewing that experience. After the second world war Sweden faced an unprecedented epidemic of intravenous amphetamine abuse. Once the epidemic had taken hold in Stockholm and other Swedish cities the initial response was what today is called “harm reduction.” The government authorized the medical supply of amphetamines to help addicts “wean” themselves from their vicious drug habits and to prevent their resorting to crime to buy drugs. Over the next two years the results of this approach were clear. The officially supplied drugs were used by an ever widening circle of drug users. Worse yet, those who were addicted did not stop their drug use. This observation was the defining moment in the evolution of Swedish drug policy. The country, noted in the world community for its compassion and reasoned public policy, reversed course adopting a zero tolerance approach. Sweden rejected medically supplied amphetamines and opiates for drug abusers. With that change the epidemic abated.

Two aspects of this experience deserve special attention. First, “prohibition” followed “harm reduction” not the other way around. People who today claim that “harm reduction” – and by that label I mean policies that make it cheaper, easier and safer to use illegal drugs – misunderstand not only the Swedish experience with drugs but the world’s ongoing experience with drugs. Prohibition was caused by the terrible problems that arose when there was a rich availability of drugs and when there was a
tolerance for drug use. It was the explosive increase in drug use that led to prohibition and not prohibition that led to an increase in illegal drug use.

Second, Sweden learned from this experience in drug policy because a consultant to the Stockholm police, Professor Nils Bejerot, personally interviewed many of these amphetamine addicts and followed them through their history of drug use. He saw that drug abuse spread like an infectious disease from drug user to drug user. He observed that the two major determinants of drug use were drug availability and the individual susceptibility to use. Especially vulnerable to drug use were risk-takers, most of whom were young. He noted that the well-meaning efforts to “wean” the addicts off drugs by giving them easier access to drugs were not only futile but that the medically-supplied drugs added fuel to the drug epidemic. Dr. Bejerot is the hero of the Swedish drug abuse story. It is to his memory that I dedicate my talk today.

Drug addiction has been called “cunning, baffling and powerful” and it certainly is, for reasons I will describe shortly. But at the outset I want to emphasize that the decision to curtail medically-supplied drugs to drug addicts was difficult in Sweden precisely because there was a powerful impulse to “help” the drug addicts who clearly were “hooked” on drugs. It was only when this effort to help by giving them drugs was shown to be making their lives worse and to be spreading drug use in the larger community that the Swedish health officials reversed course. The drug user is at the center of this new Swedish approach to drug prevention. “Demand reduction,” to be effective, decreases the social tolerance for illegal drug use. Much of the rest of the world, especially in the developed nations with well-functioning welfare states, struggles with this approach since their national identity is defined as supporting tolerance to lifestyle choices of almost all individuals, even when those lifestyle choices are unpopular.

To understand why drug use is not an ordinary lifestyle choice, and therefore requires a different response, it is necessary to learn from modern biology, which has only in the last decade begun to understand the brain mechanisms that cause drug addiction. Drugs of abuse are uniquely powerful stimulants of the brain’s reward centers. These brain reward centers function in all mammals, including humans. They give the powerful signal “do it more.”

The natural stimulants of this brain reward mechanism include food and sex, the behaviors most obviously linked to the perpetuation of all species. Some observers of this biology have minimized drug using behavior by noting the “addictive” potential of such commonplace pleasure-producing behaviors as eating chocolate and sex. What this comparison misses is easily seen in animal experiments. Drugs of abuse produce brain reward that is far more powerful than any natural stimulation. For example, when rats are forced to walk across an electrified grid (which they hate) to get a reward they die from starvation or thirst, and abstain from sex, rather than walk across the grid. However once the rats have learned to use drugs they will walk across that grid to get drugs as if there were no shock.

The special power of drug reward is easily seen in the behaviour of human drug addicts. A friend of mine who is dedicated to the civil liberties struggle in the United States said to me that to explain this to people who share her passion to civil rights I needed to explain that drug addiction is modern, chemical slavery. Drug addiction is not a lifestyle choice. Let me repeat: drug addiction is slavery.
Why has the modern drug epidemic occurred in recent decades? Several factors have not only changed the drug scene, they have created an entirely new reality. The first factor is the change of values as the world has shifted to tolerate, even to promote, individual choices over behaviours that in previous generations were limited by deeply held, collective values. This new tolerance for diversity, including a tolerance for drug using behaviours, has been exploited by drug sellers creating the second factor in the emergence of the modern drug abuse epidemic: an increasingly globalized, and far more efficient, modern drug supply system. The modern drug epidemic is caused by the synergistic combination of increased social and psychological tolerance for drug use and increased supply of drugs. This change has been accentuated by a third factor: drugs are now often used by far more potent routes of administration, especially smoking and intravenous injection. The fourth factor creating the modern drug epidemic is the huge range of abused drugs now available throughout the world. In sum the modern drug epidemic is the result of the greater availability of a wide range of drugs, the common use of potent routes of administration, increased social tolerance for drug use and the fact that entire national populations, especially youth populations, are now routinely exposed to abusable drugs. While many drugs have been around for centuries, even millennia, today’s drug abuse epidemic is as modern as the computer.

The most important questions facing us at our meeting this week are these:
1) What is the core of the drug problem?
2) What can be done to reduce it?

The answer to the first question is that the heart of the drug problem is the drugs that are illegal under international conventions that are now nearly a century old. Because these drugs have been recognized as serious public health threats they have been prohibited for nonmedical use. When the definition of the “problem” is widened to include a range of behaviours from gambling to sex, and from sweets to credit cards, the drug problem has been trivialized and meaningful action has been derailed. As a person who has devoted his professional life to promoting the public health, including holding some of the highest positions in my own government’s public health efforts all the way to the White House, and based on what you have already heard from me this morning, I have three straight-forward suggestions for you to consider in answering the second question.

1) Reduce Drug Availability. One of the oddest aspects of the often misguided debates now occurring about drug policy is to pit law enforcement against treatment, as if the central policy question is “Do you favour law enforcement or do you favour treatment.” This is a tragically flawed framework. The simple answer is that neither law enforcement alone nor treatment alone is effective. The future of drug policy involves getting them to work together more effectively. One simple statistic makes this point: half of all of the people in drug abuse treatment in the U.S. are there because they have been forced into treatment by the criminal justice system. Taking law enforcement out of the drug abuse prevention equation would cut the treatment population in half. Drug supply, which is now global, flourishes in places that are outside the laws of modern nations. Drug profits are fueling terrorism and anarchy all over the world. Efforts to combat drug supply need to be global in scope and to enjoy robust support from all nations and all people.

2) Reduce the Social Tolerance for Illegal Drug Use. It is vitally important to respect drug users as people who are worthy of help and compassion, but not to respect their illegal drug use. The modern effort to “normalize” illegal drug use, including
comparing it to alcohol and tobacco use, has the effect of decreasing the resistance of legalisation.

3) **Harness The Powers of Faith and Community.** It is no accident that religion is the enemy of drug abuse. The most striking aspect of the drug user’s character is the selfishness and self-centeredness that take over the lives of drug abusers. Belief in something that is more important than one’s own immediate pleasure and a commitment to higher values are not necessarily religious, but they are powerfully anti-drug. Closely related, one of the most striking aspects of addicts’ behavior is dishonesty. In all parts of the world drug use, especially drug use by the drug addict, is seen as unhealth, unsafe and unwise. The only way the drug abusers can keep using the drug is to hide their use from everyone who cares about them. So the antidote to addiction is honesty, especially honesty in the larger community in which the drug addict lives. The 12-step programs of Alcoholics Anonymous and Narcotics Anonymous, which have become global fellowships of recovery, harness both Faith and Community in brilliant, creative and highly effective ways. These free, voluntary programs are the “secret weapon” in the public health war against drug and alcohol addiction.

I have been a practicing physician for more than four decades working every week with my own individual patients and their families, often over the course of many years. This experience has powerfully informed my views on public policy. Families typically begin their relationship to drug problems by denying the problem, pretending it is not there and hoping against hope that it will go away. The drug problem gets worse until the family is eventually forced to confront it. When they do they often begin on the assumption that they can love their way out of the problem by “helping” their drug addicts. This too, fails as drug-caused problems mount. Only when families realize that they must intervene to separate their family member from drugs of abuse in the most forceful and sustained ways, is there hope for recovery. Although treatment is often part of this stage, treatment is likely to work only if it is combined with a strong stand that absolutely rejects further drug use.

In thinking about my work with families who have successfully overcome addiction I have considered where in these families’ lists of responses to their drug problems are the common harm reduction approaches to drug abuse to be found. For example, where does giving addicts drugs or giving intravenous drug users “clean” needles fit into the successful family’s strategy? Where does tolerance of continued nonmedical drug use fit into the highly personal family decision making process? Where does tolerance for relapse to drug use fit for these successful families?

My conclusion is simple and clear. I believe that this conclusion is similar to the experiences of all of you here today when you have confronted drug addiction in your lives, in your families and in your communities. When you tolerate drug use and when you make drug use cheaper, easier and safer for the drug user, the drug use continues and usually escalates. When you take a stand and say “no more” in ways that are credible and sustained, drug use is far more likely to end.

Why is this common experience so seldom applied to national and international drug policy? The only reason I can imagine is that most drug abuse policy discussions are political or ideological. They are not rooted in long-term experiences with real people. I am reminded of Professor Bejerot who carefully cataloged his personal experiences with individual drug addicts to come up with the profound truths he articulated so
bravely even though his conclusions were sometimes misunderstood as unsympathetic or even harsh. Nothing could be further from the truth. The compassionate and respectful approach to drug addicts is to separate them from their drugs. To do otherwise is to disrespect them, to neglect their humanity and to perpetuate their chemical slavery.

How do our policy opponents justify their positions, given this every-day reality? There is one more fact I need to highlight which may explain this apparent paradox. Let me give you a factual statistic for perspective: each time a drunk driver gets behind the wheel of a car there is a one in 2,000 chance that that drunk driver will have an accident. That means that 1,999 times out of 2,000 when people are intoxicated they arrive safely at their destinations. Of course the risk of a sober driver having an accident is 100 times less but my point is that even with the dramatically elevated risk of an accident of a drunk driver, the odds of arriving at the destination without an accident are high. That is why it is so important that all nations have socially-imposed consequences to prevent drunk driving. It is not practical to learn from personal experience with those odds. Having worked with many drunk drivers, even when they cause accidents, many of them deny that their drinking had anything to do with the accident. In summary, drunk driving is widely recognized to be a serious problem even though in any single instance of drunk driving the odds are very large that the drunk driver will not have an accident or injure someone else or himself.

Illegal drug use is like drunk driving in that many illegal drug users, especially early in their history of drug use, use drugs without obvious harm to themselves or others. Like the drunk driver in my example they conclude that their drug use is benign. Some drug users escape harm for many years just as some drunk drivers never have accidents.

When drug use is looked at in the community the universal finding is that illegal drug use is associated with virtually all negative outcomes, from accidents and school failures to mental illnesses and violence. Our drug abuse prevention policy opponents look only at the “safe” users of illegal drugs. Their policies protect these people’s “civil liberties,” the rights they have to their lifestyle choices. Why don’t our drug policy opponents also work to protect the civil liberties of drunk drivers given the fact that many times when the drive drunk these drunk drivers do not cause accidents? They do not defend drunk drivers because they know that if they did that they would be hooted off the public policy stage. If alcohol manufacturers were to champion the rights of drunk drivers they would suffer the fate of cigarette manufactures who claimed cigarette smoking was not addictive.

Clear thinking is difficult when dealing with illegal drugs in part because we must overcome a determined opposition who focus on the “safe” illegal drug users. Our policy opponents begin by claiming that “the war on drugs has failed.” The facts are otherwise. In the United States illegal drug use is down substantially from 24 million users at the peak in 1978 to the current 19 million even though the US population has increased substantially in the past three decades. Worldwide the level of illegal drug use has stabilized in recent years. It lags far behind the use levels of either alcohol or tobacco. People who understand pharmacology know that the levels of use in the world of any of dozens of illegal drugs – from marijuana and cocaine to heroin and methamphetamine – would exceed the levels of use now seen for alcohol and tobacco if they were legalized or made more freely available because they produce far more intense brain reward than either alcohol or tobacco.
“Harm reduction” as a drug prevention policy sounds humane and compassionate. While many diverse policies fly under the harm reduction flag, the central tenant of this policy is the acceptance of the inevitability of increasing numbers of illegal drug users. Once the inevitability of rising illegal drug use is accepted, harm reduction seeks to make better drugs available cheaply and safely to drug users to prevent their turning to crime to support their habits and their acquiring diseases, like HIV-AIDS, as a result of their drug use. Harm reduction seeks to increase the social acceptance of illegal drug use. In drug abuse treatment, harm reduction accepts as inevitable continued drug use during treatment and it accepts relapse to drug use after treatment. However well-meaning, these policies increase illegal drug use and thereby they increase the harm that is caused by this drug use. Harm Reduction policies accept and even extend chemical slavery, as they did in Sweden in the 1960s.

My conclusion about what needs to be done to improve international drug policy is simple: **DO NOT SURRENDER TO ILLEGAL DRUG USE.** The rise in illegal drug use can be stopped throughout the world.

It is not an accident that the name of our meeting is the World Forum Against Drugs. That is the right name for our new global drug abuse prevention policy, a policy that is deeply rooted in, and validated by, the Swedish experience with its initial drug abuse epidemic half a century ago.

The modern illegal drug abuse epidemic is a major threat to our most precious resource: the world’s human capital. The most vulnerable people are youth and those with economic and other handicaps, including mental illness. Although drug abuse is a massive global threat, it is a threat that can be overcome.

At this meeting, and in our important work that is to follow, we must work together to achieve our shared goals to reduce drug availability, to reduce the social acceptance of illegal drug use, and to increase the use of Faith and Community in our efforts to combat this insidious, often misunderstood modern epidemic. Here is a motto that I have found to be helpful:

*You Alone Can Do It, But You Cannot Do It Alone*  
*Together We Can Do More*

Christina Oguz, Head of the UNODC in Kabul, Afghanistan

Looking back on a century of drug control, as well as on the UNGASS decade, we can draw several conclusions. First and foremost, that we may have entered a period during which the number whose life is ruined by drugs has stabilized - whether we speak of farmers living on illegal crops, common citizens victimised by criminal gangs, or addicts wasting away.

This is what we call containment of the world drug problem. But, of course, containing the problem is not enough. We need to start reducing the number of people hurt by drugs, and to accomplish this we need to return to the basic principles of drug control, and base our work on evidence, not on ideology.

Before expanding on this point, let me place the containment question in context. The 2008 World Drug Report confirms that the world drug problem - a tragedy that in the
second half of last century had grown at a fast clip, especially in rich countries - has stabilized since the beginning of this decade.

It has stabilized whether we talk about production or about addiction, or anything in between (trafficking, seizures, prices, purity etc.). Around the world, one person out of twenty (age 15-64) has used drugs at least occasionally in the past 12 months, while some 26 million people (namely about 0.5%) face severe drug dependence.

26 million people is of course an enormous number. Yet, it is a fraction of the number of addicts to the freely available psychoactive substances, like tobacco and alcohol. And the body count is also quite different. While drugs kill 200,000 people a year, alcohol kills about 2.5 million people, and tobacco close to 5 million. This leads me to a conclusion.

The conclusion is that, in the absence of the drug control system, illicit drug use may well have had similar devastating consequences for public health as tobacco and alcohol. The perplexity is about the stance adopted by some people who favour curbing tobacco and alcohol use, and yet maintain an equivocal stance about drugs - or even advocate liberalization of their use.

Success in drug control is even more impressive when we take a longer term perspective. Compared to a century ago, global opium production is 70% lower, even though the global population quadrupled over the same period. Drug addiction rates are equally much lower than they were before the first drug control conference (Shanghai 1909).

We at UNODC remain convinced that when governments show commitment, as they have pledged to do under the UNGASS resolution, positive results follow. When, and where, we see slippages - and we do both in supply and demand for drugs - it is not because the UN drug conventions are inadequate, but rather because they are inadequately and unevenly applied by governments.

We are here today to look beyond 2008, not back to 1909 (the beginning of drug control) or 1998 (the beginning of UNGASS). If in the years to come we are to consolidate and build on the progress that has already been made, we must go back to the Conventions and balance drug control policies more effectively than thus far.

Oddly, while statistics speak loud and clear, popular perception is often that drug control isn’t working: there is too much crime, and too much drug money laundered around the world; too many people in prisons, and too few in health care; too much money spent on public security, and not enough on public health; too much eradication of drug crops, and not enough eradication of poverty.

At a more technical level, we have noted further uncomfortable facts: for example, geographic displacement (tighter controls in one region, or on one product, have produces a swelling of activity elsewhere). There has also been substance displacement, for example, when the use of one drug has weakened on the market, suppliers and users move on to another substance (from heroin to cocaine, or from drugs to alcohol).

As a result, while drug markets have stabilized, we have not yet achieved the fundamental objective of the Conventions, namely restricting the use of controlled substances to medical purposes. So, while we can look beyond 2008 in the knowledge
that drug control is working, we should be honest enough to recognize that the situation is precarious, and brave enough to change our mindset and shift priorities.

This includes moving away from simplistic debates about legalization versus prohibition - a world of free drugs as opposed to a drug free world. Moving beyond containment above all requires pursuing policies based on evidence rather than ideology, and return to the first principle of drug control - the protection of health.

The 1961 Convention on Narcotic Drugs was inspired by the need to safeguard the health of people. Over the past few decades, security has taken the lion's share of resources, at the expense of drug prevention and treatment. This is understandable - states need to regain control over unstable regions that are the source of drugs and fight their lethal trade.

While this is necessary, it is not sufficient. Similar attention and resources should be paid to lowering demand for drugs, and treating those who are dependent.

Today this is not happening. In most countries, health - the first principle of drug control - has become the last area to receive funding. As a result, well-intentioned but underfunded NGOs are left to pick up the slack.

This cannot be right. Drug dependence is an illness and should be treated like any other. Gone are the days when leapers, epileptics or persons living with hiv were thrown out of the village. So why do we abandon people who are drug dependent? Why do we misdiagnose their illness, as a manifestation of a lifestyle we do not want to question? An illness is a condition, not a choice. Saying, and accepting the contrary is an abdication of the state's responsibility to ensure the health of its citizens.

I therefore encourage you to support a drug control agenda that puts health first. This agenda should include a comprehensive range of measures, from abstinence and prevention, to treatment, and reducing the health and social consequences of drug abuse - a continuum of care properly financed, and apart of mainstream health and social services.

Measures should be pursued in an integrated approach, starting from square one. The hiv/AIDS campaign is based on the A-B-C principle, with A standing for abstinence. Well. We urge you all to do the same in drug related health programs, and adopt a set of principles that may stretch from A to Z (or whatever you may wish), assigning however the same meaning to A.

In other words, governments, international institutions and you all should not shy away from proclaiming the importance of avoiding drugs: A for abstinence. Unfortunately the opposite is happening in so many societies.

What about proclaiming loud and clear the virtue of drug abstinence? Actually, this is only the first part of a sorrow story. The second part is even more disheartening. Some of the (implicit) messages we hear are startling: take drugs if you wish, and we teach you how to reduce the damage they cause. This is not only counterintuitive - it is plainly wrong. Harm reduction, on its own, is necessary but also not sufficient. If not integrated into more complex drug control processes that start with abstinence and treatment, then harm reduction only perpetuates drug use. Would you tell an obese friend - have more sweets my dear, then get an insulin shot? Of course not. So let us be
evidence-based and coherent. I urge you all to join the Copernican revolution that we have been leading over the years to effect a reversal of priorities in drug policy - not just destroying drug crops and arresting drug traffickers, not just handing out condoms, syringes, needles or soups but implementing a comprehensive package of measures to cover prevention, treatment and reintegration.

In this way we can reach all those who are vulnerable to drugs, or already affected by them. I urge the leaders of the harm reduction movement to join in this call for enhanced prevention and treatment so that we can show the world how balanced we are in our programs.

We must mobilize a broad cross-section of society - the medical profession, social workers, universities, and NGOs, in order to train professionals, disseminate evidence-based practice, and improve access to quality services. We must also involve municipalities and schools to provide support to students and parents. Beyond 2008, drug control should also put a stronger emphasis on human rights.

I believe that although drugs kill, we shouldn’t kill because of drugs. The UNODC office is working with the UN High Commissioner on Human Rights and a number of NGOs to make states more aware of their obligations in relation to human rights in relation to drug control.

Ladies and gentlemen, UNODC is producing discussion papers on a range of issues including harm reduction, principles of drug dependence treatment, and making drug control fit for purpose. Some are already available on the UNODC website, others are coming soon.

We are also supporting the UNGASS process, not least by encouraging states to live up to their commitments. A lax approach in one country or for one type of drug - like cannabis - can unravel the entire system.

After all, to be successful, drug control must be truly global. We are concerned by signs of consumption displacement - from the developed to the developing world. A "supply push", as traffickers look for new markets and new routes to reach old ones, seems to be merging with a "demand pull" as lifestyles and consumption patterns migrate, promoted by ever more interactive media, cheaper travel and higher income. This is a dangerous trend that must be guarded against.

To conclude Mr Chairman, there is still much to be done to solve the drug problem and mitigate its consequences. This is more than an inter-governmental or UN-centric process. It is about the future of our societies. Therefore, we need to hear from those on the front lines - from you.

Moving drug control beyond 2008 requires solidarity - among states taking a shared responsibility, between governments and civil society working together, and among all of humanity to ensure that no one falls through the cracks because of drug dependence.

In that spirit of solidarity I thank you for your dedication.
Good afternoon ladies and gentlemen! I want to extend my congratulations to the conveners of this excellent conference. And the terrific speakers who have provided valuable contributions are to be commended.

It has been very refreshing to see so many of my long-time and my newly found colleagues here participating in this important event. And it has been great to meet many new people. It has been a wonderful opportunity to share our experiences and to learn new information.

I think we can all agree that drugs are a problem. Today we are faced with new and more powerful drugs as well as a society that has, in many countries, become too tolerant of them.

As David Evans mentioned, In the United States, there is a very large and very well financed movement to normalize and legalize drug use and drug trafficking. Much of that movement is funded by a name that many of you know - George Soros, a convicted criminal who has publicly labeled himself as an atheist and yet has claimed that he is God...

Mr. Soros is about power and fame. His philosophy is to destroy societies that he does not like and then recreate them using his "open society" model. He destroys by creating chaos. And what better way to create chaos in society than to have a drug-addicted population that dominates. To have societies with drug-friendly laws and policies will certainly contribute to creating this chaos.

As in some other countries, Mr. Soros seeks to destroy our political system in the US and to create chaos in our judicial and law enforcement systems and even in our military.

He has contributed millions to the drug legalization movement as well as bought many of our politicians. When legislative bills are moving through state legislatures or congressional bills through the US Congress that are pro-drug, anti-treatment, anti-law enforcement, or anti-prevention, we almost always discover that the bills are sponsored by politicians who have taken money from Soros. This is factual and can be confirmed by checking public records of campaign finance.

Likewise, when voter initiatives appear on state and local ballots in the US to alter our drug laws towards a more permissive practice, such as legalizing marijuana as a so-called medicine, funding needle giveaway programs, prohibiting judges from sending drug dealers to jail, or legalizing drugs, these initiatives are always funded by Mr. Soros and/or some of his business colleagues.

Just since the beginning of 2008, we have seen an extraordinary increase in drug legalization efforts and activities in the US. During this short time period, no less than 91 different pieces of pro-legalization voter initiatives and legislation have been filed in 26 states and a number of cities across the nation. This year, we have also been confronted with two federal bills: one that seeks to legalize marijuana as a so-called medicine throughout the nation and one that seeks to legalize the possession of up to 3.5 ounces of marijuana for non-medical use. For those of you who do not know - 3.5
ounces will roll somewhere between 210 and 420 joints, depending upon the quality of
the marijuana.

The good news is that, thanks to hard work of many committed individuals and much
collaborative work, only 6 of the 91 proposed actions ultimately were approved and 4
of those will most likely not be able to be implemented.

This tells me two very important things: 1) it is not the will of the public to have these
permissive policies; and 2) when we all work together and push back, we can indeed
win.

Clearly, we are under attack. And this attack is not limited to the borders of the United
States as has clearly been demonstrated from the presentations of others here at this
conference. My work at Drug Free America Foundation takes me to many countries. I
have had the honor and privilege of working with colleagues from around the world.
And everywhere I go, the name and evil influence of Soros is known. His drug
legalization blueprint is promoted globally.

This blueprint has a common theme with specific strategies that we see promoted
worldwide:
Harm reduction
Marijuana and other illegal drugs as medicine
Human rights issues

Now no one would argue against reducing the harms of drugs but, this term is greatly
misapplied and abused by those seeking to normalize and legalize drugs. The concept
of harm reduction has become associated with needle exchange and so-called safe
injection site programs which not only accept drug use without attempting to help
people become drug free but, also were established without solid evidence that such
programs actually reduce HIV and other blood-borne infections. The drug legalization
proponents who advocate for these programs claim that abstinence is unrealistic and not
a desired goal of their strategy.

The United Nations Office on Drugs and Crime has issued a very clear statement about
harm reduction. They have said that if ‘harm reduction’ is done exclusively, namely
without prevention, treatment, and law enforcement, it will make a mockery of any
control system, send the wrong message and only perpetuate drug use.

I suggest that the only sure way to prevent drug-related harm is to prevent or to stop
drug use. Any efforts that fail to strive toward this goal should be viewed with
skepticism and challenged as "harm promotion" rather than harm reduction.

Drug policies that embrace harm reduction strategies without a goal of leading the user
to abstinence inevitably ignore the harms of the drugs themselves and instead focus
solely on the harms caused by their use. They create the perception that drugs are not
dangerous and ok if "safely" or "responsibly" used, a perception that undoubtedly
increases drug use. These strategies undermine prevention messages as they prolong
addiction.

The legitimate concept of harm reduction understands minimizing harm within the
context of prevention, treatment and law enforcement with a primary focus on
prevention - a dramatic difference from sustaining the addiction of individuals and losing sight of their human rights to be drug-free and productive members of society.

Those who advocate for softening our drug laws and normalizing and legalizing drugs continuously raise the human rights issue. And certainly we all recognize that human rights are precious and should not be violated. But, these advocates have pushed the envelope too far when they began espousing that it is the "human right" of individuals to use drugs and endanger not only their own lives but the lives of others. With rights, come responsibilities and that is something that drug users know or care very little about.

I maintain that the harm reduction strategies promoted by the drug legalization advocates are a gross violation of human rights. Your and my rights who are drug free but would be affected by drug users - and the rights of addicts who are entitled to effective drug policies and treatment that will help them to get well.

And speaking of getting well - let's talk a minute about the fraudulent campaigns to legalize marijuana as a so-called medicine. This illusion that has been created by the Soros minions that marijuana is a so-called medicine is a huge violation of human rights! Truly sick people who deserve legitimate medical treatment have been duped into believing that marijuana will help them, while in reality it is hurting them. All because a special interest group is advancing a hidden agenda to normalize and legalize marijuana use. The sad thing is that people smoking pot probably do feel better even if they are not getting better but they could also feel better by smoking crack cocaine or injecting heroin. Will these be the next drugs to legalize as so-called medicine?

The drug legalization movement certainly has more money than we do but, we are on the right side. We have science and solid data behind us. History has shown that restrictive drug policies do work. The very successful restrictive drug policy of Sweden is a perfect example of what works! On the contrary, history has shown that permissive policies are flawed and do not work, as evidenced with the permissive policies based upon so-called harm reduction rather than the goal of abstinence in countries such as Australia.

Obviously, our policies should be humane and compassionate but should not tolerate drug use and drug trafficking. Drug policy should be well balanced with prevention, treatment, and law enforcement and interdiction efforts.

Contrary to what the drug legalization advocates claim, it is not the restrictive drug policies that are harmful, it is the drug itself. There are no "safe" ways to use drugs. Policies that condone and prolong drug use should not be tolerated. Such policies are a travesty and a gross violation of the rights of individuals who suffer from addiction. These individuals should never be thrown away through programs that take the easy way out by maintaining them on drugs rather than leveraging them toward sobriety.

A great and honorable man once said "The ultimate determinant in the struggle that's now going on in the world will not be bombs and rockets, but a test of wills and ideas, a trial of spiritual resolve, the values we hold, the beliefs we cherish, and the ideals to which we are dedicated." That man was former American President and world leader, Ronald Reagan. He uttered these words over 2 decades ago but they are even truer today.
My friends, we are at a crossroads in history with drug policy. It is a struggle like we have never seen in our lifetime. A struggle in which we cannot surrender. A struggle we cannot ignore. A struggle that requires ALL of us to engage and push back with a mighty force.

Former President Ronald Reagan told us Americans long ago "If we continue to accommodate, continue to back up and retreat, eventually we have to face the final demand - the ultimatum." And I say to you today in this battle that we find ourselves - engaged against the scourge of drugs and against those forces that seek to normalize and legalize drugs by weakening our drug laws and policies, "If we continue to accommodate, continue to back up and retreat, eventually we will indeed have to face the final demand - the ultimatum of a world fueled by drug use, drug trafficking, and all of the social ills associated with such a society. We absolutely cannot continue to accommodate, back up and retreat on the drug issue. We must face it head on. We must stand firm with restrictive, yet compassionate and humane drug policies - for the future of our children and the future of our human race.

When we are born, we are not patted gently on the back and wished well in life. We are smacked on the rear end and thrown into life with a series of challenges that require us to accept individual responsibility for our personal destiny. Shortly after being born we begin to cry. Some choose to go thru life whining while others take action. In going through life, it is helpful to remember the old saying - "If it is to be, it is up to me."

My fellow colleagues, I suggest that if we are to win this battle it truly is up to me and to YOU. YOU must get involved and stay involved. It is a battle worth fighting and it is one that is winnable.

This is why I am endorsing the Declaration put forth from this conference and I encourage you to also take the time to sign on with your endorsement and then not let this conference be the end of your commitment. Let's all stay connected, take a stand, and fight this fight together because as we say in America, "United we stand, divided we fall!"

At the beginning of this Forum Minister Larsson declared, "Let the Games begin". As this Forum closes I say "Let the Games continue".

I will conclude with my favorite quote from Ronald Reagan - "You and I have a rendezvous with destiny. We will preserve for our children this, the last best hope of man on earth, or we will sentence them to take the first step into a thousand years of darkness. If we fail, at least let our children and our children's children say of us we justified our brief moment here. We did all that could be done."