

**Statement of the Government of the United States of America  
World Federation Against Drugs  
3<sup>rd</sup> World Forum  
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**“Principles of Modern Drug Policy”**

Thank you, Mr. Carlsson, for that introduction and for your work year-round in building the World Federation Against Drugs into a global movement for public health and safety. It is my great pleasure to be with you here today. WFAD is a unique and vitally important forum. I am honored to be here to share the views of the United States.

This is a critical time in our global debate on drug policy. It’s fitting that we are gathered in Sweden, a country with one of the most instructive and diverse drug policy experiences in the history of the field.

Nearly fifty years ago, the government of Sweden undertook a social experiment in Stockholm that today’s drug legalization advocates have suggested: “legal prescription” of drugs for addicts under government and medical supervision. The experiment quickly became problematic as participants began to divert the narcotics into illicit markets, fueling drug abuse. Near the experimental project’s end in 1967, it was found that the proportion of arrestees showing signs of intravenous drug use had risen in Stockholm 65% from 1965. Shortly thereafter, the program was terminated.<sup>1</sup>

Sweden’s experience in drug liberalization is especially poignant today. Over the past few years, I’ve seen the debate about drug control lurch between two extremes. On one hand are people who suggest that drug legalization is the “silver bullet” solution to drug control. But we don’t have to guess how that would turn out—the lessons of a laissez faire approach to drug laws here in Sweden have not been forgotten.

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<sup>1</sup> Source: The United Nations Office of Drugs and Crime, “Sweden’s successful drug policy: a review of the evidence” pg.12 (February 2007)

On the other hand are people who believe that a “War on Drugs” law enforcement centric mentality still drives the U.S. approach to drug policy, and that success is measured by the number of arrests made or prisons built.

The truth is, neither of these approaches is humane, effective, or grounded in evidence. That is why the Obama Administration supports a “third way” approach to drug control—one that is based on the results of a huge investment in research from some of the world’s preeminent scholars on disease of substance abuse. We believe in the efficacy of this “third way” approach because balanced drug policies such as those in Sweden have accomplished much for the countries that have implemented them.

In the United States, we have also made significant progress, particularly with regard to cocaine. According to the National Survey on Drug Use and Health, the rate of current cocaine use in the United States has declined by 40 percent over the past 5 years. This unprecedented reduction in overall cocaine use has been accompanied by lower rates of cocaine use among young people; significant declines in the number of arrestees testing positive for cocaine in many U.S. cities; and historic reductions in the rates of adults testing positive for cocaine in the workplace. These reductions in use translate into decreased harm to our citizens from cocaine. In fact, new data from the Centers for Disease Control and Prevention show that there has been a 42 percent reduction in the number of cocaine overdoses in the United States from 2006 to 2009.

On the global level, the fact that we are all gathered today to learn from each other is an achievement in itself. We owe a debt of gratitude to WFAD for bringing us together. We also should be pleased about the advances in medical science that allow us to better understand how to effectively treat drug addiction. This growing knowledge has helped millions of citizens around the world to overcome their substance use disorders and to sustain their recovery. When I visit treatment centers and talk with patients, both in the United States and around the world, I am deeply moved by the personal journeys of many who have broken free from the grip of addiction and reclaimed their lives. Every year in the United States, during the month of September, we celebrate those in recovery from addiction with marches and rallies. It is truly inspiring to walk among the thousands of people in recovery and leading healthy, productive lives.

In spite of the progress we have made, the public debate on drug policy increasingly lurches between two extreme views. On one side there are very vocal, organized, and well-funded advocates who insist that drug legalization is a “silver bullet” for addressing the global drug problem. Often presenting these policies as

“bold reforms,” many of these advocates are pursuing these policies in support of the ideology that the use of illegal drugs is a fundamental right of the individual, and that the criminal justice system should serve no role in disrupting the markets for illegal drugs.

On the other side of the debate are those who insist on a one-sided, law-enforcement-driven “War on Drugs” approach. Continually filling our prisons with drug users, the logic goes, will at some point in the future just make the drug problem go away.

I will be the first to say that in the past the United States—along with many other countries—has historically been too slow to build out our public health infrastructure to ensure that evidence-based prevention, early intervention, treatment, and recovery services are available to all those that need them. However, over the past decade there has been an explosion of useful research on the science behind drug addiction and treatment effectiveness. Based on this knowledge the Obama Administration is working hard to both expand and, at the same time, continually evaluate and improve these health services.

That is why last month we released a National Drug Control Strategy that pursues a “third way” for our Nation to approach drug control. This approach emphasizes prevention and treatment, while employing the criminal justice system to divert non-violent drug offenders into treatment instead of incarceration. Already, over the past three years, we have spent more on drug prevention and treatment than we have on U.S. drug law enforcement and incarceration. With the passage of our national health reform act, we will also be requiring our health care industry to treat substance use disorders the same way they would any other chronic disease, providing a revolutionary boost to our work to intervene early before drug use ever becomes a criminal justice issue.

Still, we must do more. We must back up our advocacy for public health interventions by developing sufficient capacity and devoting more resources to help the many that remain in need.

Further, the United States and other developed countries must not only provide these health services to our own citizens, but we must also help our international partners develop their own demand reduction capacities. My Nation, which is responsible for funding about 85 percent of the world’s research on drug use, can and will do more to share what we learn with our partners. Of course, we have long provided assistance to our partners in the areas of drug interdiction, law enforcement, and drug crop eradication—these important programs will continue.

In fact, we are working with our international partners in drug source and transit nations to update and improve international law enforcement and supply reduction programs. But we must also look at ways to expand the sharing of demand reduction best practices, technical and professional exchanges, and capacity building programs.

As part of our effort to promote drug policies for the 21<sup>st</sup> Century, today we are publicly releasing a new document, entitled “Principles of Modern Drug Policy,” which will explain in straightforward language what we stand for—a “third way” that rejects the false choice between an enforcement-centric “war on drugs” and the extreme notion of drug legalization. The document lays out an approach that recognizes the continuing role of the UN Conventions—in their current form—as a solid basis for the development of new, evidence-based, and modern approaches to reducing drug use and its consequences in the 21st century. I hope you find the document of use and will share it with your friends and colleagues.

The document—attached in full to the printed copy of this speech—has ten principles. They cover the full spectrum of drug issues. I would like to discuss four of these principles in detail in the few moments I have left to speak today and refer you to the full document for the others.

### **We Must Ensure Balanced, Compassionate, and Humane Drug Policies.**

Modern drug policies must acknowledge that drug addiction is a chronic disease of the brain that can be prevented and treated. Public health and public safety initiatives are complementary and equally vital to achieving reductions in drug use and its consequences. The drug policy challenge facing the world today is not a choice between an enforcement-only “war on drugs” on the one hand and the notion of drug legalization on the other. Rather, the challenge lies in combining cost-effective, evidence-based approaches that protect public health and safety.

There should be no doubt that helping those with substance use disorders break free from addiction is compassionate and humane. Maintaining legal restrictions on drugs is fundamental to a public health approach to reducing the disease of addiction. Our approach aims to prevent the onset of drug use, while, at the same time, providing access to health services for those that need them.

**We Must Protect Human Rights.** Respect for human rights is an integral part of drug policy. Citizens, especially children, have the right to be safe from illegal drug use and associated crime, violence, and other consequences—whether in their family or the community. Drug-involved offenders who have contact with the criminal justice system deserve to be supervised with respect for their basic human

rights and be provided with services to treat their underlying substance use disorder.

By reducing drug use we are protecting the human rights of our citizens, particularly children. At the same time, we have to be careful not to make ourselves vulnerable to the charge of violating the human rights of those whose substance use has led them to be brought under criminal justice supervision. All those who have a substance use disorder should receive evidence-based treatment services, whether in prison, on probation, or in the general population. We must be extremely careful not to confuse punishment with treatment. There is no evidence to suggest that imprisonment helps to address substance use disorders. In no case should prison, or the involuntary confinement of those arrested on drug charges in labor camps, be equated with evidence-based drug treatment. Such approaches need to be phased out and replaced by modern, research-validated best practices.

### **We Must Work to Reduce Drug Use to Reduce Drug Consequences.**

The best way to reduce the substantial harms associated with drugs is to reduce drug use itself. Public health services for drug users, including HIV interventions for people who inject drugs, should be implemented in the context of comprehensive, recovery-oriented public health systems that also provide drug users access to treatment for addiction. Policies and programs that increase or sustain harm, such as injection rooms and drug legalization should be opposed because they would not lead to decreases in drug use or its consequences.

We should support research on various methods of treatment, including use of medication-assisted therapies. We should recognize that it may take some time—and several relapses—for those struggling with a substance use disorder to firmly establish their recovery. Nonetheless, we cannot lose sight of the fact that the purpose of public health interventions for those with substance use disorders is to end drug use. Any policies or programs that accept permanent drug dependence should be opposed. This opposition is grounded in the recognition that addiction is a disease and the belief that we cannot give up on individuals struggling with substance use disorders.

**We should Reform Criminal Justice Systems to Support both Public Health and Public Safety.** Criminal justice systems play a vital role in breaking the cycle of drug use, crime, incarceration, and re-arrest. While individuals should be held responsible for breaking the law, the criminal justice system should help bring them into contact with treatment services if they are suffering from a substance use disorder. This includes providing treatment services in correctional facilities, providing alternatives to incarceration such as drug courts for non-violent drug-

involved offenders, and using monitoring, drug testing, and other means to ensure recovery from illegal drug use.

The criminal justice system is a vital component of anti-drug efforts, but it must be deployed smartly. I have spent my career in law enforcement, prior to serving as President Obama's drug policy advisor. It is essential that we must make a very clear distinction between those whose criminal acts are driven by their drug addiction, even if they are involved in drug sales, and those that are significant criminals. The first group must be directed into supervised treatment so their underlying addiction can be addressed. The second group must face justice. Professionals in law enforcement know the difference between hardened criminals and violent gang leaders and those that have been drawn into criminal activities by their substance use problem. We must be very careful to not lump both groups together.

As I have discussed justice reform issues with colleagues around the world it has become very clear that many nations do not have sufficient alternatives to incarceration available to them. To put these programs in place significant policy and legal changes must often be made. The United States is eager to provide any technical assistance we can on this issue—and to learn from the experience of other nations. Together we must move forward in increasing the availability—in all our countries—of effective alternatives to incarceration.

These are just four of the ten principles—I hope that you will take the time to read the full document and can find a way to use it within your own countries. I recognize that it will require a long-term, sustained, serious effort to ensure that truth prevails in the global drug policy debate. Agenda-driven advocates who stand in the way of science-based drug policies will always seek to undermine mainstream efforts to protect public health and safety. But we remain united and look forward to working with all of you to ensure that all of those struggling with substance use disorders receive the help they so desperately need while also protecting public safety. Thank you very much for your attention today and for the vitally important work each of you does on this critical issue.

# Principles of Modern Drug Policy

The three United Nations drug control conventions are the foundation of the global effort to reduce drug use and its consequences. To implement the conventions in the 21st century, the United States commits itself to the following principles and encourages other nations to do the same:

- 1. Ensure Balanced, Compassionate, and Humane Drug Policies.** Modern drug policies must acknowledge that drug addiction is a chronic disease of the brain that can be prevented and treated. Public health and public safety initiatives are complementary and equally vital to achieving reductions in drug use and its consequences. The drug policy challenge facing the world today is not a choice between an enforcement-only “war on drugs” on the one hand and the extreme notion of drug legalization on the other. Rather, the challenge lies in combining cost-effective, evidence-based approaches that protect public health and safety.
- 2. Integrate Prevention, Treatment, and Recovery Support Services into Public Health Systems.** Public health approaches, such as evidenced-based prevention, screening and brief interventions in healthcare settings, drug treatment programs, and recovery support services, are vital components of an effective drug control strategy. There is overwhelming scientific evidence that drug prevention, treatment, and recovery services are cost-effective ways to reduce drug use and its consequences.
- 3. Protect Human Rights.** Respect for human rights is an integral part of drug policy. Citizens, especially children, have the right to be safe from illegal drug use and associated crime, violence, and other consequences—whether in their family or the community. Drug-involved offenders who have contact with the criminal justice system deserve to be supervised with respect for their basic human rights and be provided with services to treat their underlying substance use disorder.
- 4. Reduce Drug Use to Reduce Drug Consequences.** The best way to reduce the substantial harms associated with drugs is to reduce drug use itself. Public health services for drug users, including HIV interventions for people who inject drugs, should be implemented in the context of comprehensive, recovery-oriented public health systems that also provide drug users access to treatment for addiction. Policies and programs such as injection rooms, drug distribution efforts, and drug legalization should be opposed because they tolerate drug use and allow the debilitating disease of addiction to continue untreated.
- 5. Support and Expand Access to Medication-Assisted Therapies.** Recent innovations in medication-assisted therapies have demonstrated increasing effectiveness in reducing drug use and its consequences. These medications should be further studied to identify new therapies and best practices in program implementation.
- 6. Reform Criminal Justice Systems to Support both Public Health and Public Safety.** Criminal justice systems play a vital role in breaking the cycle of drug use, crime, incarceration, and re-arrest. While individuals should be held responsible for breaking the law, the criminal justice system should help bring them into contact with treatment services if they are suffering from a substance use disorder. This includes providing treatment services in correctional facilities, providing alternatives to incarceration such as drug courts for non-violent drug-involved offenders, and using monitoring, drug testing, and other means to ensure recovery from illegal drug use.
- 7. Disrupt Drug Trafficking.** Transnational criminal organizations should be targeted with a focus on the arrest, prosecution, and incarceration of drug traffickers, the seizure of illegal assets, disruption of drug production networks, control of precursor chemicals, and the eradication of illegal drug crops. International cooperation on information exchange, extradition, and training and technical assistance should be strengthened to eliminate safe harbors for transnational criminal organizations.
- 8. Address the Drug Problem as a Shared Responsibility.** Drug use, production, and trafficking are increasingly globalized problems and pose challenges to all of our nations. Because of the global nature of today’s drug markets, international cooperation is essential to protect public health and safety.
- 9. Support the UN Drug Conventions:** The three UN Drug Conventions are the foundation of our global drug control efforts and are effective in their current form. Efforts to renegotiate the Conventions should be opposed.
- 10. Protect Citizens from Drugs:** Drugs are illegal because their use is dangerous not only to users but to society as a whole. We are committed to protecting all citizens, including those in recovery, from the tragic consequences of illegal drug use.