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DRUG LEGALIZATION’S THREAT TO OUR CITIES

INTRODUCTION

I would like to thank Tomas Hallberg, the Director of European Cities Against Drugs, for the opportunity to speak at this year’s conference. I would also like to thank Kadir Topbas, the mayor of Istanbul, for providing this beautiful setting for this important meeting. Finally, I would like to acknowledge the distinguished Director of the UN Office of Drugs and Crime, Mr. Antonio Costa.

ECAD represents an important international consensus that illicit drug use cannot be tolerated. Already, 27 member countries and, specifically, 21 capital cities have pledged their commitment through ECAD to fight the disease of drug addiction and upholding the United Nations Conventions. This group is absolutely central to not only the reduction of illicit drug use in Europe, but to global efforts to defeat the well funded, but tragically misguided drug legalization movement.

THE INTERNATIONAL CONSENSUS AND SHARED RESPONSIBILITY

The global threat posed by illicit drugs requires a global consensus. We all share in the responsibility to battle this threat in our communities. The 1961, 1971, and 1988 United Nations Drug Conventions, which carry the force of law, constitute the basis for our united global approach to all aspects of the drug problem. By simply looking out on this audience, you can see the commitment to upholding these vital agreements. With hard work, we have developed a strong international consensus that the drug trade threatens all nations and it is the mutual responsibility of all states to combat drug cultivation, trafficking and use, as mandated by international law.

In 1998, the Heads of Governments of the United Nations met at the General Assembly (UNGASS) in New York. They set out to stress the importance of demand reduction as being an integral part of a comprehensive drug control strategy. The UNGASS Action Plans called on States to implement a wide array of demand reduction initiatives, including: information and educational awareness, prevention, treatment, alternatives to incarceration, and research. The Conventions, along with these Action Plans, have put us on the right path to battle the scourge of drugs that have robbed so many of their lives. Although there is much more work to be done, tremendous progress has been made, due to the tireless efforts of national and local governments, non-governmental organizations, and individual citizens committed to protecting their communities and families from the terrible consequences of drug abuse.

It is almost hard to believe that anyone of sound mind would seek to weaken our controls against dangerous drugs or otherwise lower the barriers we have built to protect our youth from drug abuse. Nonetheless, we face well-funded and shrewd opponents to our strong anti-drug approach. They have worked hard not to take on the U.N. Drug Conventions directly, but to chip away at the spirit of the conventions through incremental steps. I must be very clear – drug enabling “harm reduction” policies, such as needle exchange, injection rooms, heroin distribution, and decriminalization of personal use of drugs pose a dire threat to our work. In the short term, more citizens will fall victim to drug abuse, and fewer will receive the type of drug treatment they need to free themselves from the grip of addiction. The long term threat is even more daunting. We know where the advocates for drug enabling harm reduction are heading – they want to abandon the conventions. We must not let them.

Together, we need to oppose any attempt to weaken the UN Conventions and resist any pressure to abdicate our obligations to our citizens. We all must work towards healing our drug users, giving them the opportunities to become and remain drug-free. Let us not listen to the voices of surrender, let us not sacrifice our youth to the interests of wealthy, elitist political activists. Their campaign is one that must be defeated, and, if we do our part, it will be.

GLOBAL CANNABIS BLIND SPOT

The 2006 World Drug Report brought attention to the global blind spot when it comes to cannabis. Cannabis is the world’s most widely used illicit drug. Yet, many countries are sending mixed messages to their populations about the real risks of marijuana consumption. An avalanche of research shows that marijuana causes serious health and cognitive side effects. The cannabis of today is far more potent and is far more dangerous and addictive. In the U.S., the National Institute on Drug Abuse has noted that the amount of THC has more than doubled between 1985 and 2003. Many more Americans are requesting treatment for cannabis addiction. In fact, among American youth, ages 15-19, marijuana is the primary reason for drug treatment.

Ever more troubling is the disturbing new research demonstrating the link between marijuana consumption and mental illness. The Independent newspaper, which previously supported the rescheduling of cannabis to a class ‘C’ substance, issued an apology to the British people. They cited the almost doubled amount of teens seeking treatment for cannabis use. Figures from the UK’s National Treatment Agency indicate that in 2005, approximately 5000 teens sought help, but in 2006, only a year later, almost 9600 teens were seeking treatment – a 92 percent increase. Recent scientific revelations and the threat of serious mental illness posed to our young people expose drug legalization for the dangerous and irresponsible public health experiment that it is. In the UK, the tides are turning.

We must continue the fight to maintain cannabis’ status as an illicit drug. The evidence is in – marijuana is a dangerous, addictive drug. We don’t want our loved ones using it. We know that both short-term and long-term marijuana can result in negative physical and mental health consequences. We owe it to our citizens, particularly our young people, to have a clear and consistent stance, backed up by action, against marijuana consumption globally.

“GOVERNMENT ENDORSED DRUG DISTRIBUTION”

There are those in the world who believe drug addiction can be cured through a rubric of drug use enabling ‘harm reduction’ policies. They call for governments to provide self-styled ‘drug-injection rooms; the 21st century opium den, which are akin to government-sponsored drug promotion. Many call for government-sponsored needle exchange to facilitate “safe” IV drug use. There is no such thing as safe heroin use. Those afflicted with the disease of addiction should receive treatment, not needles. Some have argued that needle exchange reduces HIV/AIDS and other diseases. Many in the international community, and even in the United States, find this a compelling supposition. But the evidence suggests that drug-induced risky behavior is the root causes of disease transmission, not addicts’ inability to gain access to clean needles. Finally, heroin maintenance programs have governments distributing doses of illicit narcotics to addicts as “treatment.”

The International Narcotics Control Board (INCB), the monitor of the UN Conventions, has consistently rejected these methods as counter to the conventions. In their 2006 report, the INCB repeatedly urges those governments to implement fully the UN Conventions by discontinuing injection room and heroin maintenance policies. They equate these practices to government-endorsed drug distribution. Instead, the INCB calls on all nations to provide adequate drug treatment services and facilities in compliance with international law.

Instead of treating drug addicts with proven interventions and therapies, “harm reduction” policies serve to sustain the use of dangerous, addictive drugs. Countries should invest in treatments to end an addict’s drug use altogether. We must show compassion to drug users. We must treat the primary illness, not just the symptoms. Drug use enabling harm reduction policies of needle exchange only show a government’s lack of will to heal the problem. It hides addicts in need of treatment behind walls and tells them there is no hope. Responsible and humane public health policies do not abandon the sick, but rather provide those in need with the resources to fight their illness. This is true of cancer and other disease, and it ought to be true of the disease of addiction.

EVIDENCE BASED TREATMENT

The United States has proven that a well-balanced strategy reduces drug demand and abuse. Since 2001, past month youth drug use has declined 23.2 percent. We have experienced even greater reductions in specific drug use: 60 percent for LSD, 50 percent for methamphetamine, 56 percent for Ecstasy, 21 percent for steroids, and 25 percent for marijuana.

The U.S. National Drug Control Strategy takes a long-term, holistic view of the country’s drug problem and recognizes the overwhelming impact of drug abuse on public health and safety. We have learned that we must have a balanced policy, which addresses all aspects of drug abuse. We work to prevent drug abuse with our young people, intervene before a problem develops, and to treat the drug user with compassion to heal their addiction.

Our efforts include:

Student Drug Testing

Non-punitive Student Drug Testing in the U.S. is used as a prevention program. The primary purpose of Student Drug Testing programs is prevention – to provide students with a reason not to use drugs and resist peer pressure. If a test is positive, the information is restricted to parents and a counselor, with the child offered counseling or treatment, if necessary. Drug tests are not used to punish students; results are *never* reported to law enforcement. Rather, the test results are used to identify those who need help—before it’s too late. Studies have shown that if children do not use drugs before the age of 17, they are much less likely to use drugs as adults and will encounter fewer educational, employment, and criminal justice challenges later in life. Drug testing is a valuable tool, perhaps one of the most promising new approaches available to us. I encourage you to consider Student Drug Testing for schools in your own cities. My office would be happy to provide more background information on this subject. This information is also available at our website: www.WhiteHouseDrugPolicy.gov or www.RandomStudentDrugTesting.org.

Award-Winning National Youth Anti-Drug Media Campaign.

The Administration is requesting \$130 million—an increase of \$30 million—to help teens resist peer pressure through a focused paid advertising campaign. The campaign, through its “Above the Influence” message, appeals to teens’ sense of individuality to counter negative messages in popular culture and “unsell” the idea of drug use. The media is a key partner in this effort, providing two units of advertising space for every one that the campaign buys. The messages provided through the media campaign on television, in newspapers and magazines, on the radio, and on the Internet, reinforce our broader societal messages against illicit drug use.

Drug Courts

Within the United States, drug courts have become an alternative-sentencing approach established specifically to handle non-violent drug offenders. Drug courts provide the most comprehensive and effective control of drug-using offenders’ criminality and drug usage while under the court’s close supervision. It offers drug offenders effective treatment, drug testing, community supervision, and structured monitoring as an alternative to incarceration. Drug courts have been proven to be a cost-effective means to reduce drug use and to drive down criminal activity by program participants. Drug courts have demonstrated considerable success in helping people conquer their drug problems and prevent re-arrests. In 2006, 1,927 drug courts were functioning in every state in the country. This included 1,115 Adult Drug Courts, 408 Juvenile Drug Courts, 229 Family Dependency Treatment Courts, 67 Tribal Healing to Wellness Courts, 20 Reentry Drug Courts, and 2 College Campus Drug Courts. Others are in development. To date, more than 312,000 adults and juveniles have enrolled in drug court programs, and 70 percent of all participants complete the program.

Drug-Free Communities Program.

Our Drug-Free Communities Program brings together coalitions from different sectors of communities to address local problems with drug abuse. These coalitions, funded by small

federal grants, encourage community leaders; professionals in health care, law enforcement, and education; the clergy; and others to provide grassroots solutions to substance abuse. Coalitions work to identify specific drug problems impacting their citizens and then come up with solutions to combat them. The Drug-Free Communities movement continues to grow, with capable, experienced coalitions acting as mentors for newly created coalitions.

Screening, Brief Intervention and Referral to Treatment

SBIRT is a prevention and treatment program employed in healthcare settings to identify and assist those with drug problems. The majority of people who have a diagnosable abuse or addiction problem remain unidentified by the medical community. These people often do not appreciate the extent of their addiction problem and do not seek treatment. The medical community, in partnership with the U.S. government, has developed an important strategy to address this treatment gap called Screening, Brief Intervention and Referral to Treatment. This program has been implemented in hospitals, health clinics and university campuses across the country. If a problem is detected, a medical professional immediately performs a brief intervention. These brief, and inexpensive, interventions have repeatedly been shown to reduce substance abuse and increase drug abstinence. This “teaching moment” for patients has the potential to make a significant impact in the lives of substance abusers and reduce progression to addiction at low cost.

Access to Recovery

After being referred to a treatment program, those seeking help are able to utilize our Access to Recovery Program (ATR), which is designed to make it easier to match individuals to an appropriate treatment program by providing treatment vouchers. Many people who experience addiction face barriers to treatment, from finding child care while they are in a recovery program, to accessing transportation services to take part in job training. Access to Recover now supports services such as child care, transportation aid, and mentoring services as part of the voucher program. ATR focuses on the person dealing with an addiction by specializing recovery programs to fit key elements of the client’s life.

CHALLENGES AHEAD

Despite significant progress made, there is still work to be done. Drug abuse remains unacceptably high in the United States. Our National Survey on Drug Use and Health indicates that more than 19 million Americans, 12 years or older, are current users of an illicit drug. Of those Americans, 7 million exhibit the diagnostic criteria for drug dependence or abuse. Prescription drug abuse is rampant in this population, and it is currently the second most common form of illicit drug abuse. The abuse of prescription drugs, principally narcotic analgesics such as OxyContin and Vicodin, is the only category of illicit drug use that has grown in the United States since 2002.

This same data also suggest how we can best intervene. For instance, of the majority of non-medical users of prescriptions drugs, about 60 percent receive the drugs from a friend or family member. Another 17 percent receive them from a doctor. This information argues for robust

Prescription Drug Monitoring Programs, as well as effective education programs on the proper disposal of unused prescription drugs.

Another challenge, to which you are bearing witness, is the growing cocaine problem in Europe today. According to UNODC's 2006 Annual report, Europe consumes about one quarter of the world's cocaine supply. Spain's cocaine use population has surpassed rates in the U.S. for the first time with 3 percent of the population. The UK is not far behind, with 2.4 percent. UNODC reports that of those seeking treatment in Spain, 42 percent need treatment for cocaine, up six times from 2002. The International Narcotics Control Board 2006 report notes with concern a dramatic increase in cocaine trafficking through Africa into Europe, with Europol stating that about 250 metric tons of cocaine a year comes into the continent. Yet, cocaine is a challenge we face together. Colombia, under the strong leadership of President Uribe and with steady assistance from the U.S., has made great strides in reducing coca cultivation, as well as attacking the traffickers and terrorist organizations that thrive on the cocaine trade. Europe is also doing its part to increase monitoring of precursor chemicals necessary to produce cocaine and intensifying airport and border controls in most countries. It is important to continue these efforts and our cooperation in order to prevent cocaine from reaching our citizens.

CONCLUSION – NEXT STEPS

Together, we have made great progress in the fight against illegal drugs. We must remain vigilant, however, because there is still much to be done. It is our responsibility, our obligation, to bolster our case for drug control and to counter the policies of surrender. We know through our experiences that sustained, balanced policies do work to control and reduce the drug problem. Harm reduction policies that promote or facilitate drug consumption will inevitably lead to more drug addiction and certainly more despair for our most vulnerable citizens.

In 2008, the United Nations Assembly Special Session on drugs (UNGASS) will have its ten year anniversary. Over the ten years, the international community has had many successes. Actions taken in Colombia, Afghanistan, Southeast Asia, to name a few, have yielded positive results. The Government of Colombia has eradicated over 210,000 hectares of coca in 2006 and coca cultivation has fallen by 15 percent since 2001. In Afghanistan, our goal for 2007 is to increase the amount of poppy free provinces from 6 to 12. Our strong political will and commitment will continue to push Afghanistan towards a sustained economy without poppy. Countries in Southeast Asia, which once were close competitors with Afghanistan, are almost free of opium cultivation. Progress in these countries alone, in addition to demand reduction measures implemented in many United Nations Member States, supports our cause in fighting against the international drug epidemic. Let us use the 2008 UNGASS as a milestone. It is a call for renewed commitment to a common and vital goal: a drug-free world.

We, a body of like-minded states, have much to be proud of but, also, much more work to accomplish together. Thank you for your continued work against drugs in our communities and for this opportunity to speak to you today.