



# **A NEW APPROACH TO REDUCE DRUG DEMAND**

**- ROOTED IN HOPE, GROWING WITH SUCCESS -**

Compiled by  
International Task Force on Strategic Drug Policy



Adopted February 2005  
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**Dedicated to those who have devoted their lives to  
the global elimination of drug use through their work  
in prevention, treatment and law enforcement.**

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# EXECUTIVE SUMMARY

## Introducing the International Task Force on Strategic Drug Policy

The Task Force is composed of drug-policy experts from more than a dozen countries -- including physicians, scientists, attorneys, educators and those directly involved in drug prevention and treatment. A list of Task Force members may be found in the Appendix.

This Task Force was organized in 2001 and to date the Task Force has met in Canada, Argentina, the United States, Belgium and the United Kingdom. Task Force members have been deployed to many parts of North America, South America and Europe to train community leaders in sound drug policy.

The Task Force Report was begun at the Tampa, Florida meeting in June 2004 and finished at the Brussels meeting in February 2005, then revised and reaffirmed at the London meeting in August 2006. For more information on the Task Force, see [www.iftsdp.org](http://www.iftsdp.org).

## Task Force Members Identify Successful Anti-Drug Strategies and Formulate an Action Program

United Nations member states have agreed to reduce drug demand worldwide by 2008. Some are achieving this goal, while others have fallen short. Members of the Task Force met to share experience and knowledge and to identify core principles that reduce drug demand.

A bold new global prevention strategy was forged by those working in the drug abuse field. The strategy is based on a careful assessment of successes and failures.

## Two Major Global Threats to Reducing Drug Demand Identified

- 1. Inertia and maintenance of the status quo.** The Task Force calls for aggressive leadership at the highest levels, long-term commitment of adequate resources and coordinated action on a global blueprint for successful drug demand reduction.
- 2. A multi-million dollar lobby seeking to accommodate drug use through political advocacy for so-called “harm reduction” and/or drug legalization policies.** Task Force members declare it a gross violation of human rights and individual dignity to adopt policies that accept, encourage and/or enable illegal drug use.

## Two Fundamental Keys to Reducing Drug Demand

- 1. Focus on the root of the problem** – Drug use is driven by demand. It is difficult to overstate the impact of drug use on public health, the economy and social problems like crime and mental illness. Preventing drug use eliminates drug-related harm.

Nations must not be confused or deceived by special interests seeking to redefine the drug problem as primarily a problem of drug laws, regulations or policies. The United Nations rightly defines all illegal drug use as drug abuse.

# EXECUTIVE SUMMARY

**2. A Universal Goal and a Bottom Line Standard of Accountability** -- Demand reduction will be achieved by drug prevention, treatment and enforcement. The bottom line standard for every drug policy and activity should be the impact it will have on reducing and preventing drug demand.

## The Core Principles of Drug Policies That Work: The Three Pillars

- 1. Prevention and Education:** The main goal of positive prevention is to build healthy and safe youth, families and communities. It is “for life” and not just “against drugs.”
- 2. Treatment:** The goal is eventual drug abstinence to fully restore the individual’s health, dignity and safety.
- 3. Justice Enforcement/Interdiction:** Law enforcement’s goal is public safety and should support both prevention and treatment by serving as a deterrent to drug use and as a leverage for treatment participation.

## Task Force Identifies Universal Principles of Successful Demand Reduction

Shared cross-cultural demand reduction principles emerged as Task Force leaders examined the programs and policies working worldwide to reduce drug demand. Examples:

**Nations and Communities Must Have Comprehensive Multilevel Prevention Plans** - National, regional and community plans require widespread input from non-governmental organizations (NGOs), citizens, youth leaders and experts with strong leadership at all levels.

**Prevention Must Have a Communitarian Base** - Drug prevention is best developed and delivered at the local community level through an open, participatory process.

**A Clear and Unambiguous Message Must Be Communicated** - National, regional and local norms of behavior must be established that clearly communicate societal values.

## Prevention Practices That Work

To achieve core prevention goals, more than fifty successful practices in the fields of prevention, treatment and justice -- to reduce global drug demand -- were identified.

**Treatment Practices** - Governments must be confronted with the high cost of not treating drug abuse. Treatment availability must be increased. Fifteen specific treatment practices were identified.

**Justice and Enforcement/Interdiction Practices** - Eleven specific practices were identified centered on the coordination of treatment and the criminal justice system. The justice system can identify problem drug users, refer them to treatment and apply fair and progressive accountability.

**Prevention Practices** - Twenty-four successful prevention practices were identified. Effective prevention must be reinforced at every level of society.

# EXECUTIVE SUMMARY

## Major Task Force Recommendations

*International Task Force on Strategic Drug Policy* hereby recommends that:

- Each nation, the United Nations and global and regional multinational bodies adopt drug policies and goals in line with the recommendations provided herein;
- This global drug prevention plan be adopted worldwide;
- Drug prevention be the cornerstone of all drug policy and programs and that drug use be targeted as the primary source of drug problems;
- Research and science-based approaches be applied and promoted and that further research on effective prevention be undertaken;
- NGOs experienced in youth and adult drug prevention be equal partners and consulted in developing drug policy; and
- Accommodation with and acceptance of drug use is a form of surrender that must be rejected and that positive and forward-looking approaches should be pursued.



# A NEW GLOBAL APPROACH TO REDUCE DRUG DEMAND - ROOTED IN HOPE, GROWING WITH SUCCESS -

*“Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries, in particular drug abuse affects the freedom and development of young people, the world’s most valuable asset. Drugs are a grave threat to the health and well-being of all mankind, the independence of States, democracy, the stability of nations, the structure of all societies, and the dignity and hope of millions of people and their families.”*

*Special Session of the General Assembly Devoted to Countering the World Drug Problem Together, 8-10 June 1998: Political Declaration; Guiding Principles of Drug Demand Reduction; and Measures to Enhance International Cooperation to Counter the World Drug Problem.*

## I. ROOTED IN HOPE

In 1998 member nations of the United Nations agreed to a 10-year goal to reduce worldwide demand for drugs by the year 2008 through both demand and supply reduction initiatives. Prevention guidelines were issued, and a five-year UN review session was held in 2003. To reach this goal and to move beyond 2008, a solid plan of action based upon proven research must be cooperatively implemented.

Drug prevention was declared a fundamental pillar of the UN’s drug strategy. Prevention is a long-term ongoing process. Funds and programs require continuity and long-term resources to work. Governments and the private sector must make long-range plans and commitments.

Nations agreed to “pledge a sustained political, social, health and educational commitment to investing in demand reduction programs” in the United Nations Declaration on the Guiding Principles of Demand Reduction. Nations were further urged to “demonstrate commitment by allocating sufficient resources to demand reduction ...” in an April 15, 2003, Committee on Narcotic Drugs resolution.

In addition, the private and non-governmental sector must help. Businesses and philanthropic foundations should invest in drug prevention.



### A. Global Leaders Choose Prevention; Reject Accommodation

In establishing the goal to reduce drug demand, world members were faced with two alternative approaches to the drug issue. A proactive and united mission to prevent and reduce drug demand could be undertaken or a position of surrender and accommodation, which would accept drug use and only attempt to manage the widespread damage.

A position of hope, based upon evidence and science, was decisively taken. Recognizing the realities and complexity of the drug problem, the global response was comprehensive and balanced. Drug prevention was declared a fundamental pillar of the strategy to reduce demand. Prevention was declared “indispensable in solving the drug problem.”

The alternative approach rejected was one of pessimism, accommodation and surrender. In place of

preventing and reducing drug use, this position accepts and enables drug use while attempting to exert limited control over some of the harms associated with select externalities related to such use. The basic premise is that there is no hope and that society should stop trying to prevent and reduce drug use. While often masked in compassionate or clinical sounding terms, this alternative accepts and enables the chemical enslavement of a proportion of the world population.

The International Task Force on Strategic Drug Policy rejects the more pessimistic view and wholeheartedly agrees with the world community and the United Nations. Drug problems can and must be prevented and treated. There is hope, and together we must reduce drug demand and create a safer and better world for our citizens and especially our youth.

The UN's call for a balance of demand and supply reduction strategies is necessary to reduce drug demand. This document focuses on global demand reduction strategies but recognizes the vital role of supply reduction to disrupt drug markets through cooperative interdiction, eradication, enforcement, precursor chemical control and financial controls.

## **B. “Harm Reduction” Does Not Reduce Drug Demand**

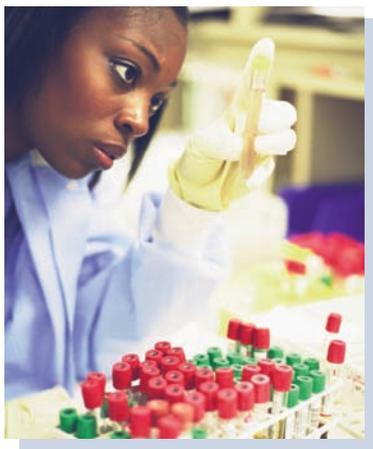
The UN definition of demand reduction notes that demand reduction is “separate and distinct” from harm reduction. Nations cannot meet their international and treaty obligations to reduce drug demand through so-called “harm reduction” initiatives.

Prevention is the only proven method for reducing and avoiding substance abuse. When drug use is prevented, drug-related harms are eliminated. Efforts that merely seek to reduce certain harmful externalities of drug use, often termed “harm reduction,” are not demand reduction initiatives as they do not aim at, nor do they succeed in, reducing the demand for drugs.

Social policies built around harm reduction inevitably ignore or accommodate drug use and focus only on the limited harms to some caused by its use. Harm reduction strategies can undermine and contradict drug prevention messages to society and youth.

Resources expended on harm reduction do not contribute to drug prevention or demand reduction efforts. If utilized, the employment of harm reduction strategies closely linked to proven abstinence-based treatment programs should be but one small part of a comprehensive treatment outreach strategy. Care must be taken to ensure that these programs follow the UN's definition of being “separate and distinct” from demand reduction efforts.

To meet international drug demand reduction goals, drug prevention should be given resource priority.



Nations were urged to “demonstrate commitment by allocating sufficient resources to demand reduction ...” in an April 15, 2003, UN Committee on Narcotic Drugs resolution. Policies can be implemented to ensure that precious demand reduction resources are not diverted to harm reduction programs. Existing harm reduction resources can be redirected to more positive and proven drug prevention practices to meet international goals for demand reduction.

## **C. Science Supports Prevention**

A position of hope and positive action is more than an optimistic viewpoint or wishful thinking. Scientific research and historical evidence and experience clearly demonstrate that there is reason to hope and that drug

use can be reduced and prevented. Evidence also demonstrates that a negative mentality and accommodation of drug use does not reduce drug use or drug problems.

Although world drug consumption has climbed, there are nations that have dramatically reduced drug use and reversed drug epidemics, especially among youth. Within nations there are communities that have reduced drug problems even as other areas have had drug problems increase.

Researchers and prevention experts now can supply scientific evidence identifying what works and reveal methods to achieve success in reducing drug demand. While each nation, culture and community differs, there are cross-cultural universal principles that can be applied.

## II. GROWING FROM SUCCESS

To reach the UN's goal for reducing drug demand by the year 2008, new positive and proactive practices and policy must be initiated. The knowledge and lessons learned must be applied with renewed creative energy and dedication.

### Build Upon Success

Society must work smarter and not just try harder. Pessimistic approaches and accommodation must be rejected. Every policy and practice must communicate a message of hope that does not leave any person or nation behind.

Building upon the experience and work of the United Nations, global and regional drug coordinating organizations and five world drug conferences, the International Task Force on Strategic Drug Policy of experts from around the world have put together a plan to advance drug policy and programs into the future. Grounded in hope, this plan takes our knowledge base, science and experience into the future to meet the goal of reducing drug demand.

*Every drug policy must communicate a message of hope that does not leave any person or nation behind, users and non-users alike.*

## III. DRUG USE DRIVES DRUG DEMAND

The major root of the drug problem, and the one that drives drug supply, is drug demand. Without a worldwide demand for drugs, the drug traffickers and producers would disappear. Fifty years ago, if one dropped a ton of cocaine on the streets of most major cities of the world, the street cleaners would be called out, and the drugs would be swept in the gutter. Today, drug users and sellers would cause chaos. This demonstrates that the culture of values and goals drives demand more than any other single factor.



There are those who argue that drug policies and laws are themselves the main drug problem and that drug use is not the major issue. This false theoretical view disintegrates when one views the drug problem from the perspective of the common citizen or child.



## A. Drug Use Causes Most Drug Problems

### 1. The Individual

For the ordinary citizen, it is drug use that causes the most serious problems related to these substances. When drugs come into individual lives and begin to take over those lives, individual will and reasoning power is impaired or destroyed, and individual dignity is lost. Because each individual is interdependent, the damage caused impacts all of society. While many claim a “privacy” right to drugs, the cost and damage from drug use is very public.

### 2. The Family

The basic unit of society, the family, is the first to suffer. Divorce, abandonment, poverty, child abuse, spousal abuse, fetal injury and addiction, runaway children, accidents, illness and disease, neglect and family dysfunction are all highly correlated with drug use. Physical, behavioral and emotional damage also can be caused by drug use.

### 3. The Community

Drug use has a major impact on many communities, especially related to public safety and order. Human rights are taken from innocent citizens when open drug use and drug dealing markets arise unchallenged. Crime of all types rises as drug impairment levels rise, and a public nuisance and health hazard is created. Public resources must be diverted for rehabilitation and street control of the problem. The entire educational system is drained of resources to deal with the negative behavioral and academic impact of drugs.

### 4. The Economy

Economic ills such as unemployment, workplace illness and injury, accidents and lost productivity also are highly correlated to drug use. In many areas of the world, poverty and a poor economy are facts of daily life; however, drug use ensures that these situations will never improve and only increase the misery, suffering and difficulties faced.

### 5. The User

#### **a. Non-dependent users –**

Traditionally, people who used drugs in variable amounts or frequencies but who did not fulfill the criteria for addiction were labeled as “recreational” or “experimental” drug users, which caused little harm to the community. This



## Drug Abuse

Illicit drugs are used for the purpose of intoxication. Using legal drugs solely for the purpose of intoxication is a form of drug abuse. UN drug conventions define any consumption of a controlled substance [without a doctor's prescription and as prescribed] as abuse.

Drug use intoxication is highly correlated with accidents, crime, violence, public nuisance, poor academic and work performance and other behaviors that infringe upon the rights of both users and non-users.

Even first time drug use, especially by risk tolerant and developing youth, increases the risk of harm to self and others.

In many nations accidents are the leading cause of death of teens and young adults. The abuse of alcohol and use of marijuana are major contributors to accident-related death and injury of youth and adults.

Those who use a substance to seek and enjoy intoxication also are at higher risk of addiction and compulsive use.

labeling must be rejected since it conveys that drug use is akin to a simple, harmless activity like tennis or stamp-collecting.

Instead, the “non-dependent” user, who does not perceive consequences of his drug use, acts as a model for his peers to follow. This situation is extremely problematic because although consequences may not always be evident immediately, non-dependent users serve as a reservoir for addiction and do demonstrate behaviors damaging to themselves, others and the community. Non-dependent users must be intervened on before their harmful behavior matures into disease.

#### **b. Dependent users and addicts –**

Dependent users and addicts, who by definition are severely injured by drug use, must acknowledge their problem and receive proper, abstinence-based treatment. The issue with dependent users is not so much that a waiting list is preventing them from getting help, but more that denial is a barrier from their becoming drug-free. The addict’s social circle must support the addict’s success in finding treatment.

### **6. The Environment**

Drug users produce and/or provide a market for drugs that can devastate the environment. Drug laboratories and processing plants release poisonous chemicals into the environment with no health or safety protection. Drug growers waste precious natural resources to produce drugs. Drugs that are smoked release carcinogens and other hazardous elements into the air.

### **7. Terrorism**

Drug users provide the profits and support the links noted by the United Nations “between illicit drug production, trafficking and involvement of terrorist groups, criminals, and transnational organized crime.”

## **B. All Drug Use Increases Risk**

It is critical to understand that all drug use, even first time use, creates an unacceptable risk to the health and safety of both users and non-users alike. Addiction and compulsive use exacerbate these problems, and the risk of addiction starts with first drug use.

One may intend to be responsible when straight, but forget to act this way once intoxicated on drugs. Nations do not excuse drug-impaired crime because of the culpability one has for becoming impaired in the first place.

*The mental ability to act responsibly is itself impaired by drugs, making the term “responsible use” nonsense and contradictory.*

Even first time and irregular drug use increase the risk of accidents, neglect, risky decision-making and family violence. Illicit drugs and abused pharmaceutical and certain legal drugs are used for the purpose of intoxication, and intoxicated persons pose a risk to public safety and order.





## Alcohol, Tobacco and Illicit Drugs Distinguished

The intoxication effect is a critical distinction to make when comparing illicit drugs with tobacco and alcohol. Marijuana, cocaine, heroin and illicit drugs intoxicate and impair mental function nearly every time that they are used, and they are used primarily for this intoxicating effect. Tobacco, a costly and deadly drug in terms of disease that also should be targeted for demand reduction, generally does not have the intoxicating and behavioral impact on accidents and safety issues. Alcohol, when used for intoxication, does have this impact and its abuse is a major health issue, but the drug also may be used as a beverage with very minimal mental effect.

Therefore, while alcohol, tobacco and illicit drugs should all be targeted in demand reduction efforts, these critical differences should be kept in mind.

## C. Preventing Drug Use Is the Solution

Drug use is the driving force behind the world's drug problems, contributing to nearly every major health, social, economic and ethical obstacle to a safe and healthy global community.

There are two levels to the drug problem. There is the need to control drug production, precursor supply, manufacturing, transportation, illicit finances and marketing, commonly referred to as supply reduction. The drug market is global in scale, and the role of each nation varies by type of drug. One nation may be a consumer and transshipment point for drugs like heroin and be a manufacturer and supplier of drugs like ecstasy. Every nation is involved, and each one impacts the world community.

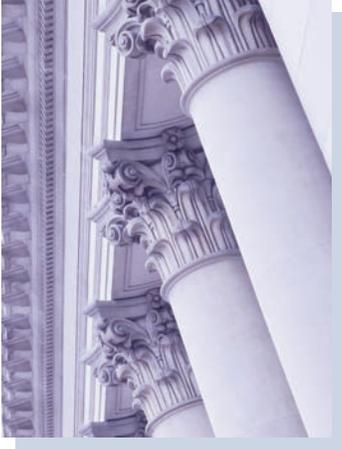
Supply reduction and disruption are necessary components for reducing drug demand as drug availability and price impact drug use. However, without a demand for drugs, the supply would soon dry up. The long-range solution to the world's drug problem is to reduce drug demand through drug prevention.



*THEREFORE, it is the overwhelming consensus of this body, in agreement with the UN and many national governments and NGOs, that the number one goal of all drug policy should be to reduce the demand for these drugs through a balance of demand and supply reduction.*

## IV. THE CORE PRINCIPLE OF DRUG POLICIES THAT WORK

The uniqueness of each culture and community must be respected when designing drug policy and programs; however, certain core cross-cultural principles emerge. These core universal principles include:



### A. The Three Pillars of Successful Drug Policy

Demand reduction is supported by three interrelated pillars: 1) drug prevention and education; 2) drug treatment; and 3) drug enforcement/interdiction. Every drug policy and plan should consider what impact it will have on reducing and preventing drug demand.

#### 1. Prevention and Education

Foremost among these are drug prevention and education, which aims to stop drug demand before it starts by preventing first drug use from ever occurring. This is the key, long-term solution that will reduce the pool of future drug users and thereby strip demand.

The main goal of positive prevention is to build healthy and safe youth, families and communities – it is “for life” and not just “against drugs.” This is done by building upon community and family factors that prevent drug use and reducing and eliminating risk factors correlated with using drugs.

Prevention also works to intervene and redirect early drug use to more positive and healthy activity – preventing first use from becoming regular use.

#### 2. Treatment

Treatment focuses on those with drug use problems and addictions to break the cycle of drug use and lead to more positive lifestyles. Treatment can take numerous forms, from community-based support group sessions to intensive, inpatient professional care. The goal should be eventual drug abstinence to restore individual health, dignity and public safety.

#### 3. Enforcement/Interdiction

Supply reduction disrupts drug markets, increases or maintains high prices and lowers availability or prevents availability growth.

Law enforcement can support both prevention and treatment by serving as a deterrent to first drug use and leverage for treatment participation. Laws are one of the most visible signs of community norms. To maintain respect, the justice system must ensure that legal consequences rationally correspond to the level of seriousness of the offense. Consequences can range from required drug education attendance, monitored abstinence and treatment, community service and fines to imprisonment for more serious and dangerous drug criminals.

Targeted enforcement can work to reduce drug demand at the local level by eliminating open-air drug use and markets and directing early users into effective intervention and prevention programs. Enforcement also can require those with drug problems to participate in treatment programs and maintain abstinence through drug testing, together with appropriate sanctions.



*Demand reduction is supported by three interrelated pillars: 1) drug prevention and education; 2) drug treatment; and 3) drug enforcement/interdiction. The main goal of positive prevention is to build healthy and safe youth, families and communities - it is "for life" and not just "against drugs."*



## **B. A Global Drug Prevention Plan and Commitment Is Needed**

Many nations have joint drug enforcement-related treaties and goals, but few have comprehensive multinational drug prevention plans or treaties in place. A global drug prevention strategy, applying the principles and goals of this plan, should be approved by the UN and regional and multinational bodies.

This effort should be spearheaded by NGOs with experience in youth and drug prevention. It must be supported at the top levels but implemented and tailored at the local community levels. Funding should be directed to the local level with resources widely available in many languages.

## **C. Nations and Communities Must Have Comprehensive Multilevel Prevention Plans**

National, regional and community plans should be developed with widespread input from citizens, youth and experts to deal comprehensively with the drug problem. The United Nations developed a ten-year plan, and the Caribbean has a five-year plan. Rio de Janeiro and the Prevention Cities South American initiative also have strong plans in place. The prevention plan must establish drug prevention as a priority and coordinate interaction. National plans also must include international prevention coordination.

Prevention plans must be based upon a clear assessment and diagnosis of the community drug problem and be designed to meet local needs. The decision-making process must be inclusive and solicit the voices of NGOs, youth, parents and community groups. High-level leadership is needed to support prevention as a priority and to keep the issue up front.

## **D. Prevention Must Have a Communitarian Base**

Drug prevention is best developed and delivered at the local community level, based upon local needs and assets. Community organization and commitment through an open participatory process ensures coordination and cultural adaptation of prevention that works.

Drug prevention is a communitarian effort, and the local community can instill and reinforce values and norms conducive to a healthy lifestyle. The Preventive Cities initiative, promoted in Latin American countries, is a prime example of prevention coordination at the local level. The local community must be strengthened and valued.



## **E. A Clear and Unambiguous Message Must Be Communicated**

National, state and local norms of behavior must be established, clearly communicating societal values and goals. Youth must both see and hear a consistent message that drug use is wrong and unacceptable

and that liberty and dignity can only come with freedom from chemical impairment of reason and will. A positive culture must be supported and developed.

## **F. Effective Prevention Is Positive and Forward Looking**

Prevention strives for life filled with freedom and human dignity and opportunity. It is not just a reaction against drugs – it is for life. Prevention looks to form a culture that will encourage and support youth to live healthy, safe and positive lives. There is an important role for the faith community.

## **G. A Multi-Faceted and Multi-Disciplinary Response Is Needed**

The drug problem is multi-faceted, and it requires cooperation and coordination from diverse disciplines – youth, parents, sport coaches, media and entertainment, health, education, medical, treatment, employers, clergy, law enforcement and counseling professionals must all work together.

## **H. A Commitment to the Future Must Be Made**

The drug problem did not appear overnight, and patience and perseverance is needed. Effective prevention requires a continuous and sustained commitment and resource flow, with full coordination and review. Misleading quick fixes, such as legalizing drugs, are illusions and only exacerbate problems.

## **I. Evaluation and Assessment Are Important Tools**

Policies and programs must be results-driven and demonstrate that they reduce demand. Research is an important tool to measure success and need. Policies and programs must be based upon scientific data, evidence and facts and be cost effective. Without control and accountability, programs will not succeed. The evidence base and research must be expanded for all activities.

## **J. Respect for Human Rights Is Critical**

An humanitarian approach is needed with the goal of building healthy societies where individuals can attain their hopes and aspirations by using their will and reason to its fullest ability by preventing the use of toxic chemicals that impair and cloud this ability. In addition to protecting and setting the drug user at liberty, the human rights of non-users must be protected and valued. Where drug use is rampant, the rights of non-users are deprived to the extent that citizens cannot even walk the street safely or sleep at night in peace. Draconian drug policies with harsh penalties for minor offenses, lack of civil rights, unfair and unjust trials and police practices also violate human rights. Everyone has the right to live in a safe and drug-free community.

It is a gross violation of human rights and individual dignity for society to promote policies that accept, encourage and/or enable some degree of the use, abuse and/or addiction to drugs. By definition, drug dependence and addiction impair or override individual free will by altering brain chemistry. Any policy that would attempt to contain drug problems by allowing a proportion of the population to remain chemically or psychologically enslaved to drugs is inhumane. Such a policy makes society an accomplice to the degradation of the individual user and the source of a dangerous mixed message of drug toleration to youth.

Policies that often enable drug use go under misleading clinical sounding names such as “medicalization” of drugs or “harm reduction.” These policies undermine drug prevention and work for normalization and acceptance of drug use. Any positive aspects of these strategies are already incorporated into the three pillars of demand reduction. Known users may have progressive plans to become liberated from drug use – as long as a continuum is set and followed through.

Drugs are not a private matter – individuals are interdependent, and everyone pays the cost and faces the risk of persons with impaired minds and bodies.

*The message to drug users must be clear - we care about you too much to leave you where you are, and we will not allow you to destroy yourself and those around you.*

## **K. Prevention Should Be Inclusive and Not Leave Anyone Behind**

Drugs are an equal opportunity destroyer, and every child is at risk. No one can be certain when non-dependent drug use will cross over into regular abuse and addiction. The chemicals in the drugs are the same for rich and poor alike. It is an elitist view that certain genetically superior people are not at risk for addiction and should be allowed to use drugs.

## **V. PREVENTION PRACTICES THAT WORK**

### **A. Treatment System Prevention Practices**

1. The goal of treatment should be abstinence from drugs, and progression should be made toward this end. Maintaining addicts on illegal non-therapeutic drugs only enables addiction and continues chemical enslavement and dysfunction.
2. Treatment should support drug abstinence by development and growth in life skills and must not only rehabilitate, but when necessary, habilitate users to become positive people with hope, values and full participation in society.
3. Treatment must be based on scientifically-backed and evidence-based methods and practices that work and that are supported by research.
4. Treatment systems must be accountable and able to demonstrate results to independent assessors. Drug testing can be a useful tool to measure progress.
5. Treatment requires a continuum of care, from initial detoxification to follow up care. Treatment must be viewed as an ongoing process, not a one-time intervention. It must include a relapse prevention strategy, progressive goals and use working models.
6. Treatment includes a range of strategies tailored to individual needs such as support groups, outpatient care, inpatient care, intensive care, detoxification, therapeutic communities and a full range of support services.
7. Treatment must be integrated with other social and family systems, and a coordinated multi-disciplinary referral system should be supported.

8. Treatment availability must be increased, and it must be recognized that treatment saves and prevents far higher health, criminal justice and other costs from being incurred. Governments must be confronted with the high cost of not treating drug abuse. The correct level of treatment for a given individual must be assessable.
9. The faith community must get involved, educated and offer support to those struggling with addiction.
10. Drug testing can be used therapeutically as well as for accountability purposes. If drug abuse is a primary health problem, then drug testing can be helpful in the medical assessment of one's condition and progress.
11. Successes in treatment should be shared by both treatment systems and by individuals who overcome addictions.
12. Social stigma should not be on those who are getting help with drug abuse through treatment but rather on those who decline to seek help.
13. Treatment must be family centered and incorporate the whole family.
14. Treatment should help instill values and goals consistent with a positive life and reasons to live without drugs.
15. Special consideration should be given to coordination of treatment and the criminal justice system. The justice system is in a unique position to identify problem drug users, refer them to treatment and apply accountability through fair, progressive sanctions to ensure abstinence and treatment participation.



## **B. Justice and Enforcement System Prevention Practices**

1. The criminal justice system must tailor its response to the level of offense and type of offender. A broad array of sanctions and consequences should be available including: mandatory drug education, drug use assessment, fines, community service, regular drug testing with progressive sanctions, treatment, boot camp, intensive treatment, treatment in jail and prison and prison for hardcore, violent and repeat offenders.
2. Courts should focus on abstinence from drugs related to criminal behavior and not just treatment participation. Courts must require regular, frequent drug testing as a condition of release that offenders can be required to pay for, if able. Abstinence from drugs, with or without treatment, should be mandated. Offenders should be required to remain drug free, and treatment should be made widely available as a means of keeping off of drugs for those who desire it.
3. Special drug courts with experienced judges can be established to process and follow up on drug cases.
4. Offenders who violate drug abstinence conditions should face a progressive continuum of responses and sanctions; it is more important for the responses to be consistent and immediate than to be overly harsh. In this way the criminal justice system can be applied as a form of behavior modification with immediate, progressive results.

5. The justice system should be hardest on the large-scale profiteers and traffickers and those who market to children. The goal must be to protect and serve the law-abiding public.
6. The justice system must be responsive to the community and accountable for its enforcement of drug laws. Laws should be applied equally, regardless of socio-economic status or race.
7. The civil law system should also be applied, and drug dealers should face lawsuits and sanctions, as would any other purveyor of hazardous waste and chemicals. Nations should consider enacting the provisions of the Model Drug Dealer Liability Act (see [www.modelddla.com](http://www.modelddla.com)).
8. Courts should use creativity and alternative sentences to apply fair and meaningful consequences. Drug enforcement should be applied to reduce drug demand and to aid drug prevention. Drug use should not be tolerated, and revenue from fines imposed upon drug users can be applied to prevention and treatment programs.
9. Drugs in prison must be eliminated with drug testing, progressive sanctions and treatment and support groups in prison.
10. Drug laws and enforcement should work to protect the rights, dignity and freewill of all citizens and not special interests alone.
11. The justice system must be accountable for results and practices to the public.

### **C. Effective Prevention Practices**

1. Prevention is a long-term, ongoing process. Funds and programs require continuity and long-term resources to work. Governments and the private sector must make long-range plans and commitments.
2. The private and non-governmental sector must help. Businesses and philanthropic foundations should invest in drug prevention.
3. Drug prevention must be broad-scoped and communitarian in practice. It includes the entire community, which often centers around the school, faith community and family.
4. School-based drug education should be integrated in the curriculum, start early and be continual throughout all grades. It must raise the perception of risk of drug use. Longitudinal, evidence-based prevention programs must be the norm.
5. Drug prevention must be reinforced by experts from all fields: the home and community environment, entertainment, advertising and the schools.
6. Effective prevention must have an unambiguous, clear message of no use of an illicit drug and no abuse of a legal substance – this standard must be enforced; abstinence must be the goal.
7. The message must be coordinated and consistent. It must be reinforced by the total community that drug use is not acceptable.
8. Student random drug and alcohol testing can be a valuable part of a comprehensive drug prevention program. National laws, customs and resources will determine the process of implementation.

9. Community interventions are essential, and drug use must be confronted and solved at all levels.
10. Social interaction, games, drama, music and the arts should be applied to support a drug-free message and lifestyle.
11. The media must be enlisted as a partner in prevention and assertive outreach, and mutual understanding must be applied.
12. The entertainment industry also must be educated and participate in prevention activity; the industry must be held accountable to place the common good of the children before profits.
13. Community coalitions and partnerships - joining youth, parents, police, schools, recreation, entertainment, health professionals and community programs - provide the best forum to assess drug issues and plan and implement appropriate responses.
14. Youth must be an equal partner and enlisted as a big part of the solution. The youth voice needs to be heard, and peer-to-peer groups should be encouraged and supported.
15. Drug prevention must be cost effective and based upon proven evidence-based principles.
16. Effective prevention promotes values more important than money and pleasure and redefines success with truths of what is really important. Prevention must foster and encourage the drive to care about others and to put people first. Therefore, it must reward what it values and reinforce youth who give of themselves.
17. Communities should work together to increase activities that are desirable alternatives to drugs – recreation, sports, arts, scouting, vocations, drug-free clubs, volunteering, community activism and public service opportunities are examples of prevention tools.
18. Prevention must educate the educators and ensure that those in positions of influence know the facts about drugs and prevention strategies.
19. Prevention must be culturally sensitive and speak in a relevant way to the culture. It also must be inclusive and not leave any child behind.
20. It is critical that drug prevention conveys the risk and dangers of drugs through effective communication. These facts must be clear and evidence-based. The impact of drugs on the brain is especially relevant. More than 25 years of research demonstrates a direct inverse correlation of the degree to which drugs are perceived as dangerous and the use of drugs.
21. Computer technology, virtual reality, new technologies and multimedia must be used as tools and allies to promote drug prevention.
22. It must be kept foremost in mind that prevention is the goal, education is the tool, and knowledge alone is not enough. Prevention must be reinforced at every level of society.
23. Success stories from around the world must continue to be shared, and prevention must build on successes that recommend sound strategies and systems.
24. Communities must hear the tragic stories of families who have lost a loved one to drugs.

The ***International Task Force on Strategic Drug Policy*** hereby recommends that:

- Each nation, the United Nations and global and regional multinational bodies adopt drug policies and goals in line with the recommendations provided herein;
- This global drug prevention plan be adopted worldwide;
- Drug prevention be the cornerstone of all drug policy and programs and that drug use must be targeted as the primary source of drug problems;
- Research and science-based approaches be applied and promoted and that further research on effective prevention be undertaken;
- NGOs experienced in youth and parent drug prevention be equal partners and consulted in developing drug policy; and
- Accommodation and surrender and acceptance of drug use be rejected and that positive and forward-looking approaches be pursued;

**APPROVED and ADOPTED February 2005, by the International Task Force on Strategic Drug Policy.**

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