



Ten Point Declaration

1. Drugⁱ use is a risk factor for a wide range of negative outcomes including mental and other illness, school dropout and academic failure, road accidents, unemployment, low life-satisfaction and relationship problems. Drug use and other social and health problems are intertwined so that drug use is associated with and commonly exacerbates other problems.

2. The first task of a public health-oriented drug policy is to prevent drug-related problems from occurring. Environmental strategies that discourage drug use and reduce the availability of illegal drugs are a central element of prevention. Community-based strategies that promote drug-free environments and supportive social norms are shown to reduce the use of both legal and illegal substances. Environmental strategies should be supplemented by education and evidence-based prevention as well as more targeted interventions that reach high-risk groups and problem drug users.

3. Drug use is particularly harmful to youth. Drug use usually begins in adolescence, making youth the major target for prevention. Drug related harm affects all regions of the world.

4. Drug use does not only affect the drug user. Often, family and friends are the first to experience the problems caused by drug use. In addition drug use has serious consequences for society as a whole, e.g. in the workplace, schools, on the roads, in the criminal justice system and in the health and social services.

5. There is a need for a comprehensive approach to drug-related harm, with a strong focus on prevention and early intervention, as well as control measures, health services, treatment and rehabilitation for users. Drug problems are particularly intractable in the nexus of mental health problems, crime, deprivation and social exclusion. Problem drug users often need comprehensive services including health, housing, education and work. The essential point here is that drug addiction is not only a health problem nor only a crime problem.

6. Nevertheless, **the vast majority of the world population do not use drugs.** Even for the most widely used illegal drug, cannabis, only 4% used it at least once in the past year, compared to over 40% for alcohol.

7. We believe that recovery is the best way for individuals who have developed drug-related problems to minimize their risk of further consequences, to enable them to function effectively in society, to take part in education, work or other activities, to mend the relationships with their families and to empower them to take control of their own lives. Community-based recovery fellowships such as Alcoholics Anonymous and Narcotics Anonymous provide important opportunities for mutual help. However, treatment systems must provide a wide range of effective services to assist people who use drugs in their efforts to recover. These services must be based on the same rigorous evidence and the same principle of non-discrimination that are expected in other sectors of the health system.

8. Law enforcement plays an integral role in drug use prevention by protecting public safety, reducing the availability of drugs and discouraging drug use in the population. Alternative sanctions that require enforced abstinence, but also reduce the use of imprisonment for drug-related offenses should be developed, e.g. Drug Treatment Courts. Instead of being an obstacle to recovery, the criminal justice system should become a powerful engine of recovery. Alternative sanctions should empower people to become drug-free, crime-free and integrated members of society.

9. Tackling the world drug problem requires strong international collaboration. The current international drug control treaties establish an international framework to combat drug-related harm by reducing both drug supply and demand. However, more can be done to reduce any unintended consequences of the current regulatory regime and to ensure access to vital medical treatment and medications. We also believe that further international collaboration is needed to address the problems arising from the criminal drug markets, e.g. combating money laundering, corruption and international organized crime.

10. To promote public health and public safety it is essential that governments adhere to the three main drug control treaties of 1961, 1971, and 1988, as well as the Convention of the Rights of the Child. We believe that the UN drug treaties provide the best framework for reducing nonmedical drug use and its many negative consequences. We urge all member states to recognize that these treaties create a solid foundation on which to build future drug policy innovations.

In summary we put forward the following principles:

- (1) Drug policies should prevent initiation of drug use.
- (2) Drug policies must respect human rights (for users and non-users alike) as well as the principle of proportionality.
- (3) Drug policies should strike a balance of efforts to reduce the use of drugs and the supply of drugs.
- (4) Drug policies should protect children from drug use.
- (5) Drug policies should ensure access to medical help, treatment and recovery services
- (6) Drug policies should ensure access to controlled drugs for legitimate scientific and medical purposes.
- (7) Drug policies should ensure that medical and judicial responses are coordinated with the goal of reducing drug use and drug-related consequences.

ⁱ For purposes of this statement “drug use” is the illegal and nonmedical use of controlled substances. Examples of “drugs” include cannabis, cocaine, heroin and many synthesized drugs of abuse such as methamphetamine and opioids. Since this document is intended to complement the three international drug conventions, the legal drugs alcohol and tobacco are not included, though they also cause great harm.