

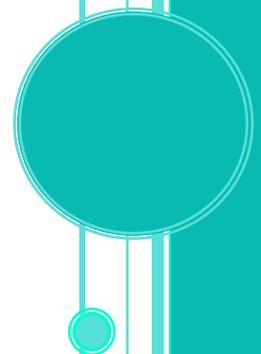
THE 6TH WORLD FORUM AGAINST DRUGS 2018 & THE 25TH ECAD MAYORS' CONFERENCE

International Conference in Gothenburg, May 14-15, 2018.

The conference was a joint project between World Federation Against Drugs, European Cities Against Drugs and the Swedish network of NGO's against Drugs. Three conferences in one; the 6th World Forum Against Drugs, the 25th Mayors Conference and Sweden Against Drugs.

The World Federation Against Drugs

2018-07-04



The 6th World Forum Against Drugs 2018 & The 25th ECAD Mayors' Conference

International Conference in Gothenburg, May 14-15, 2018.

Approximately 370 participants, from academia, non-governmental organizations, civil society, authorities and others attended the forum.

This year 2018 marks the ten-year anniversary of the first World Forum Against Drugs, which was held in Stockholm 2008 and resulted in the creation of the organization World Federation Against Drugs (WFAD). The participants of the first forum united in the assessment that there was a need to have a global network for civil society active in the field of illicit drugs' prevention – And took initiative to create the WFAD which was later founded in 2009 with the main tasks to gather civil society and arrange a Forum every second year. Since the creation of WFAD, the members have increased rapidly and is today composed of over 200 organizations worldwide.

This year's forum was held in Gothenburg, Sweden, 14-15 May 2018 with support from the City of Gothenburg and financially supported by the Swedish Ministry of Health and Social Affairs. The forum was co-arranged with European Cities Against Drugs' (ECAD) 25th Mayors' Conference and Sverige mot Narkotika.

The Forum had three main tracks: Prevention, Recovery and Control.

SESSIONS

DAY 1

Gender, treatment, recovery

International standards on prevention

Supply reduction in Peril

Sustainable cities

Internationell narkotikapolitik
(International Politics of Narcotics)

Treatment and Harm reduction – as a
part of recovery process

Prevention in a changing world

Cannabis, lack of control

Recovery cities

Prevention i teori och praktik
(Prevention in theory and practice)

DAY 2

New research on recovery

Implementation of the UNGASS outcome
document in the global south

Organized Crime, Illicit Drugs and
Terrorism

Vård och behandling (Care and
Treatment)

Recovery ready communities

Recovery initiated from the Criminal
Justice System

Iceland knows how to stop teen
substance abuse, but the rest of the
world is not listening

Polisens nya strategi mot narkotikan
(The Police's new strategy against
narcotics)



KEYNOTE SPEAKERS

Ann-Sofie Hermansson, Chair of the City Executive Board, Gothenburg, Sweden

Sven-Olov Carlsson, International President of World Federation Against Drugs

Viggo Lütcherath, Chair of European Cities Against Drugs

Bertha Madras, Professor of Psychobiology, Department of Psychiatry, Harvard Medical School, USA

Dag Endal, Project Coordinator, Drug Policy Futures

Dr. Victor Okioma, CEO NACADA Kenya

Heiða Björg Hilmisdótti, City Coouncillor, Reykjavik, Iceland

Karin Jordås, Secretary General, Menotor International, Sweden

Wadih Maalouf, PhD, Programme Office, Prevention, Treatment and Rehabilitation Section, United Nations Office on Drugs and Crime

Paul Molloy, Founder and CEO, Oxford House, USA

Peter Boyce, National Narcotics Officers' Association Coalition, USA

Asia Ashraf, Director Psychology, Department, Sunny Trust International

Addiction Treatment and Rehabilitation Centre, Pakistan

Johanna Gripenberg, MD, Ph.D., Head of department, Stockholm Prevents Alcohol and Drug Problems, Sweden

Thomas Pietschmann, Research Officer, UNODC

Boro Goic, Chair, Recovered Users Network

Marina Johansson, City Councillor, City of Gothenburg, Chair, ECAD-Sweden

Robert L. DuPont, President, Institute for Behavior and Health, USA

Senator Joshua Lidani (ändrat?) Senate Committee Chair on Drugs and Narcotics, Nigeria

Željko Petković Acting Director, Office for Drugs and Crime, Government of Croatia



WELCOME ADDRESSES

Welcome to Gothenburg

May 14 – 15 2018

Dear participant and friend

The world drug problem is both grave and serious. The use and abuse of illicit drugs constitute a serious public health problem to individuals, their families and close ones and to their communities. The production and trafficking in drugs undermine integrity of governance and democracies and are associated with violence and corruption across the world.

The good news is that the illicit drug problem has been contained to around 5 % prevalence in the global adult population. In comparison to the health burden from commercialized, legally and culturally accepted drugs such as alcohol or tobacco, which amounts for far many more users, illicit drugs use is a problem that could get significantly larger if drug control was removed. Legalization of drugs is therefore a public health disaster which is hard to undo once it has happened.

The even better news is that science is beginning to map out an answer to how we can address the world drug problem by addressing causes for substance use, strengthening local communities and mobilize them to facilitate the full recovery from addiction. If we can gather political will to act on what we know through science to be working the world drug problem can be made significantly smaller.

We hope that our meeting here in Gothenburg is the first step on a trajectory to a safer, healthier and drug-free world.

Sven-Olov Carlsson, International President World Federation Against Drugs

Ann-Sofie Hermansson, Chair of the City Executive Board City of Gothenburg

WELCOME SPEECHES

Welcome speeches were held by Ann-Sofie Hermansson, Chair of the City Executive Board of Gothenburg and Sven-Olov Carlsson, international president of World Federation against Drugs as well as Viggo Lütcherath, Chair of ECAD opened the conference.

Ann-Sofie Hermansson, Chair of the City Executive Board of Gothenburg, states that there is too little discussed regarding the downside of drug use and negative consequences are often neglected. Drug use is a serious social problem and is linked to organized crime, unfortunately the public debate is influenced by the legalization lobbies. As a society we need to be active in targeting the younger generation. Equal Gothenburg is a program started by the city that involved reducing disparities in living conditions and health within Gothenburg and ensuring that the city develops in a socially sustainable way. Equality is about prosperity and ensuring better public health for all, while inequality comes into play in regard to drug use and addiction.

Sven-Olov Carlsson, International president of WFAD, welcomes the participants and declares that this conference marks the ten-year anniversary of WFAD. WFAD is a global network of over 200 organizations from all over the world, working towards a drug free world. Supporting the International Conventions; Single Convention on Narcotic Drugs 1961 and the Convention on Psychotropic Substances 1988. The goal of these treaties is to limit the use of narcotic drugs and psychotropic substances and their precursors to legitimate medical and scientific purposes. The 2016 UNGASS outcome Document promotes a balanced and restrictive policy that limits drug use, it is a broad policy of what drug policy should be. ‘

Viggo Lütcherath, Chair ECAD. Last years’ focus was preventing drugs, protecting health and policing crime, this year our focus will be on; Prevent don’t promote, Mobilize communities, Rediscover Recovery. The focus should be on primary prevention, promoting the Icelandic model and the new project Recovery cities. It is much more difficult to repair what is broken than to prevent problems from emanating. It is possible and it is something we have to do. We must never give up on persons addicted to drugs and we need to support them into full recovery.

The speakers underlined the importance of the conference theme of ‘Prevent don’t promote, Mobilize communities, Rediscover Recovery.’



Prevent don’t promote!
Mobilize communities!
Rediscover Recovery!

SESSIONS

In this section a few sessions will be presented, if you want to read more. Presentations from the sessions can be found on the conference website www.wfadecad2018.se.

INTERNATIONAL STANDARDS ON PREVENTION

Wadih Maalouf, PhD, Programme Officer, Prevention, Treatment and Rehabilitation Section, United Nations Office on Drugs and Crime.

Wadih Maalouf spoke about promoting an evidence based drug control response, a balanced approach between supply and demand reductions. Prevention that works! The UNODC created international standards on drug use and prevention, creating a tool with two objectives: 1. Help policy members understand what prevention is and, 2. What works and what doesn't when it comes to the science. Wadih Maalouf refers to the sustainable development goals leading to 2030, health is a core component, not just human rights but also components of growth and development.

The primary objective according to Wadih Maalouf is to help youth delay or prevent substance use. The health and safety of youth in general is needed as well as more understanding in treatment.

Prevention is looked at as a spectrum, part of a larger strategy of supply reduction, treatment and health centered approach. Prevention should focus on the preventing initial use of all substances not just ones under international control. It should therefore not focus on the drug but rather the behavior leading to drug use. A core component is the function of the brain for social development, each

development stage needs to be addressed in order to prevent drug use and dependence. Early and middle childhood are the most challenging in schools. In adolescence the child is assuming a new role in life; this is where the expression of substance abuse starts to show. In addition to personal characteristics linked to primary outcomes, there are micro and macro level influences.

Furthermore, Wadih Maalouf added family-prenatal infancy. Interventions with pregnant women with substance abuse disorders, should contain parenting skills and not just anti-drug messaging.

In regards to school-early childhood education, policies should be created to help the child in school with personal

Prevention works!
Healthy and safe
development of children
and youth.

and social skills and management skills.

Sue Thau, Public Policy Consultant, Community Anti-Drug Coalitions, USA.

What can communities do? They are talking about the opioid issue because that is where the funding is but the

overall messages looks at all drugs. To be successful you must mobilize the whole community. Reducing access and availability of all drugs, media campaigns, all sectors working together to reduce youth substance use. The best tool is the Strategic Prevention Framework (SPF). The components include: needs assessment, capacity building across sectors, plan, implementation and evaluation. Providing information, building skills and social support focuses on the individual. Reducing barriers/access, changing consequences/incentives, altering physical design and changing policy and rules, is environmental focused.

A comprehensive coalition approach remains the best local option for change.

Case Study- Curt County Drug Free Coalition in Ashland KY. Provided information- media campaign on locking up your meds, doctor shopping and forget about sharing to address

sharing meds. Social Norm's media campaign using billboards, newspaper, radio PSAs, push cards, movie theaters and local events. Building skills- training teachers, peers, parents, school staff, health professionals and youth by using a life skills curriculum in 3rd-9th grade and Generation Rx materials for 9th grade and community groups. Provide Support- law enforcement training through NADDI, funding for drug investigation overtime, funding for substance abuse counselors in schools, lifetime recovery support groups and health professional toolkits. Enhancing- medicine drop boxes, Safe Home Network, Increased DUI/Drug Suppression checks, promoted drug free workplace programs. Changing physical design- GIS mapping, Lock up Your meds. Modified policy- enacted a pill mill ordinance, a policy for veterinarians, and a drug free workplace policy. Outcomes: Went from 12% of youth abusing Rx drugs to less than 2%. There was also a reduction in alcohol, tobacco and marijuana use as well. Test scores rose and graduates went from 83.6% to 99.5% and college readiness went from 23% to 87%.

Author: Amy Ronshausen



ORGANIZED CRIME, ILLICIT DRUGS AND TERRORISM

Dr. Vanda Felbab-Brown, Senior Fellow Brookings Institute

The drug trade is the most lucrative of the illegal economics. The drug trade not only funds current efforts but also conflict in countries. The drug trade is decades old but we have focused more on it since the US 911 attack. States hide drug trade efforts and some use it to help their economy. Effects on society are complex but also provide benefits and this makes effective policies problematic. In some countries, the illicit drug trade is the only way of basic survival. There needs to be a multisector policy approach when it comes to illegal economics, not just law enforcement. There needs to be a reduced threat to public safety by strengthening the bond between local and state policy makers. Illegal economics could employ hundreds of thousands (ex: poppy and cocoa cultivation) and work allows them to meet basic economic needs. When suppressed they might lose food for month. It allows them medical care, ability to send kids to school and is critical for basic survival in some parts of the world.

LARGE SCALE DRUG TRADE THREATS:

- ❖ Political- criminal organizations enter political states. They possess superior capital so they experience great political success. Ex: Cocaine in W. Africa and how rapidly it ran through systems such as law enforcement. Drug traffickers had control of 1/3 of the Columbian Congress. Political power and taking over other resources. Threat to governance.
- ❖ Rule of Law- Judicial. Crime becomes more pervasive. Law enforcement becomes ineffective. Ex: Mexico- effective homicide prosecution rate is 2%. Lowers

investigative and deterrence capacity. Traffickers go to violent means to avoid the law. Efforts to suppress the cultivation of illegal drugs can led to human rights violations. Violent deaths of cultivators. Ex: Miramar, Peru and Bolivia. Threats need to be front and center to make policies. N. Korea is a master of participating in illegal economics.

- ❖ Economics-Negative effects are rapid inflation, rise of real estate and price of land. Individuals cannot buy land unless through sharecropping, paying back through drugs. Pushes out legal productivity. Drug money on the other hand allows for the establishment of restaurants, pumps and perishable goods.
- ❖ Environmental Damage-Ex: Yemen- CUD (Khat) production depletes water resources. Cocoa cultivation leads to deforestation and the destruction of natural resources.
- ❖ Security of State- critical to survival of state. Mexico- extremely violent. Extreme rates of murders, numbers that topple the scale of civil war. In Mexico 30,000 died mostly linked to the drug trade. Since 2006, over 200,000 as a result of the drug trade. Drug trafficking groups in SW Asia are not as violent with the exception of Miramar.
- ❖ Huma Rights- Philippines- 7 to 9,000 people have been killed by law enforcement or linked to state sponsorship.

Nexus of terrorism. What happens when insurgents sponsor the drug trade? Numbers vary widely. Taliban is said to have made 100,000 million off the opioids but it is believed to be more around tens

of millions. With them money they can pay combatants, buy better weapons and it gives them freedom of operations. Making money from the drug trade is less time consuming than kidnapping and robbing banks. Counter narcotics often point to eradication. This hasn't worked anywhere it has been tried for two reasons. 1). Military groups have a variety of means at their disposal. For example, the Taliban tax all economic activity in their areas. In fact the biggest supply of money came from taxing NATO trucks. They also tax international aide. In Colombia the FARC switched to gold mining when there was a suppression of Cocoa. Drug farmers can adapt by hiding illicit crops in legal crops, they replant, grow resistant crops. 2). Significant political capital is expended to protect the drug trade. As seen with FARC, they were protected with political capital.

If there were plenty of jobs and good economy, states would not rely on the drug trade. For example: The IRA tried to get into the drug trade in Northern Ireland. It back fired on them because the local population mobilized and the IRA went out of the drug business. Character of the drug trade. There is a difference between production of cocoa and the production of synthetic drugs. Synthetics are not labor intensive and there is no political capital. What the state does to the illegal economy. Eradication fails to reduce financial foals

and strengthens bonds with local traffickers. We must stop thinking of the drug trade merely as an activity that needs to be suppressed.

WHAT WORKS?

- ❖ State building efforts, counternarcotics not only suppresses but reduces threat from public safety.
- ❖ Complex development policy. Urban development, proper sequencing (Ex: Thailand- first they provided rule development and then they suppressed eradication).
- ❖ Center on creation of legal jobs, access to markets, micro credit, irrigation, human capital.
- ❖ Addressing street crime not just transnational crime (Ex: Gangs in Rio).
- ❖ Providing access to legal and justice opportunities
- ❖ Focus on protection of human rights

If there were plenty of jobs and good economy, states would not rely on the drug trade.

Author: Amy Ronshausen



RECOVERY CITIES

Prof David Best, Head of Department of Criminology at Sheffield Hallam University and Prof Charlotte Colman of Ghent University held the session on Recovery cities and outlined how recovery city should look like in practice.

THEORETICAL BACKGROUND

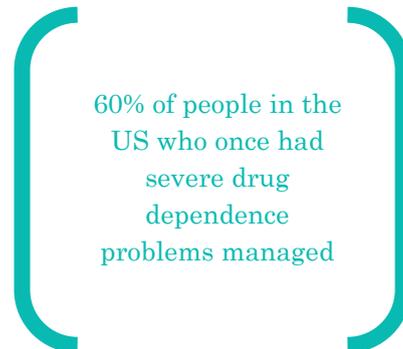
The session began with a story about Peter, an individual in recovery, and the story carried a message that every person first has to choose to be alive but that being in recovery is a daily struggle. Peter has repeatedly had problems with employers who were unwilling to give him jobs, landlords blocking him from renting houses, and also adds that communities are reluctant to create treatment centers.

According to Life in Recovery research an average career of a drug user lasts 17.7(women) - 22.4(men) years, which is very long and means that people may have multiple opportunities to start their recovery journeys much sooner. There is solid evidence from the US that nearly 60% of people who once had severe drug dependence problems managed to resolve them and they are now in stable long term recovery. Also according to research chances for relapse drop down from 50-70% after 1 year to 15% after 5 years of abstinence and we need holistic approaches to get people to that point. These data have led many addiction and recovery scientists, among whom William White is the most eminent, to argue that recovery is not a linear pathway, not everyone will get there, but people do and recovery is not only possible but probable.

The speakers emphasized that recovery is part of a broader movement and goal of social justice, and we as a society need

to switch to a relational basis that relies on a continuity of care model and partnership model within the community to support people across the five years to stable recovery. The aim of recovery is not to solely address the pathology of addiction but to improve lives of not just individuals but families and the community. Recovery is a personal journey within a social context and there are 3 components of recovery which also form the recovery capital crucial to individuals' successful recovery:

- ❖ personal-health, self esteem, identity, resilience, coping and communication
- ❖ social- relationships with people in recovery and who are non-addicts
- ❖ community – recovery as a co-production that relies on support from the community



60% of people in the US who once had severe drug dependence problems managed

Promising examples from different cities across the globe indicate that there are successful efforts which make recovery visible and promote recovery at local, community levels. Those community-based initiatives build community recovery capital and create safe environments where recovery can flourish, be visible and attractive to those in need. Also the Life in Recovery research has found that 79.4% of people in long-term recovery have volunteered since the beginning of their recovery journey, which is twice as much as volunteering activities of general

population who have never had drug related problems. The society doesn't need to start from the scratch and there are many examples of successful initiatives on local levels: recovery cafés, social enterprise models, recovery marches, bike rides and many other recovery celebration events which support long-term growth and maintenance of recovery. And these are the assets that local recovery communities must build on.

People in long term recovery are doing better than well!

However, there is also negative community recovery capital:

- ❖ No access to meaningful jobs or stable housing
 - ❖ Social exclusion and stigma from gatekeepers
 - ❖ Disclosure of criminal records preventing people moving forward with their lives
- Stigma, marginalization and exclusion still pose a major obstacle to stable long term recovery. Recovery is hard enough in itself, but when combined with discrimination, social exclusion and stigma, people in recovery may feel they are neither welcome nor accepted as citizens.

Furthermore, a research study on stigma in the UK by the UK Drug Policy Commission has shown that 42 % of UK households said NO to living next to an addict even if the person is in recovery but it was even more devastating that 66% employers –said NO to hiring former user of heroin or crack even if

they were fit for the job. Also the study showed that respondents made no distinction between recovering and active users- people generally don't believe in recovery.

It was highlighted that:

- ❖ It is not enough to make treatment better but more efforts to address exclusion, as part of negative recovery capital, are essential to maximize the chances for stable recovery. We should invest in beating stigma and discrimination by providing access to housing and jobs to focus on social connectedness and belonging.
- ❖ Change of negative mindset in society can promote sustained recovery- and improve the access to opportunities for community participation, and the resulting sense of belonging and engagement in the community.
- ❖ Central idea is that no one should walk alone – and we need to invest more in recovery events, jobs and houses as people recover by watching others –by social learning, and promotion of active participation in recovery communities.
- ❖ Recovery cities model aims to create sustainable connections and networks in each city that will not only benefit individuals with addiction problems by creating pathways to hope and reintegration but that this will create sustainable partnerships within the city and generate community cohesion and active participation in community activities, which should consequently minimize negative recovery capital and make recovery visible.

IN PRACTICE

The concept of an Inclusive City is founded on an empirical evidence base, consisting of recovery models such as **CHIME** (Connectedness, Hope and optimism about the future, Identity, Meaning in life and Empowerment) and **Recovery Oriented Systems of Care** (community and peer participation and empowerment) and a model that promotes wellbeing for professionals and family members as well as people in recovery.

The aim of Inclusive Cities is to minimize negative recovery capital and to make recovery visible, to celebrate it and to create a safe environment supportive of recovery, known as a therapeutic landscape for recovery.

The role of the community can range from educational campaigns, over establishing partnerships to promote social inclusion, to carrying out activities and setting up structures to change attitudes and reduce stigma towards recovery, providing incentives for employers to employ persons in recovery and implementing anti-discrimination policy.

Becoming an Inclusive recovery City is a process mostly focusing on making recovery visible in the community by taking small steps such as raising public awareness, but also involving strategic leadership and partnership from civic leaders working with addiction professionals and those from mental health, criminal justice, primary care and education and training.

The aim of recovery cities
is to create an
environment supportive of
recovery!

THE FIRST STEP:

a) Bringing together actors from different organizations responsible for employment, housing, social welfare (including the city council, public and private organisations, treatment providers, employers, landlords and neighbors, practitioners and policy makers), in each city **b)** to make an overview of existing practices for people in recovery, as well as **c)** to identify gaps. The group should than be tasked **d)** to define the city's mission, vision statement and related (short-time and long-term) goals and actions to support recovery, in line with the available resources and the needs of people. People in recovery and their families should also be included in defining these actions; leading to services being better used and tailored to their needs.

THE SECOND STEP:

Implementing the identified actions, while monitoring and evaluating the process, adapting along the process. We should celebrate success and promote and support recovery activities across Europe.

WORKSHOP:

The session also provided the workshop on the following topics:

- ❖ Ideas for innovations in social justice and social inclusion?
- ❖ What would you like to change in your community?
- ❖ Risk of disintegrated shaming?

Author: Mulka Nisic

PREVENTION IN A CHANGING WORLD

Mentor Arabia Foundation, Lebanon

Focus on prevention of drugs and risky behaviors and empowering individuals to live healthy lives and make sound decisions. Mental health is the single largest source of economic burden. Their 5-year strategy is to see the link between mental health and substance abuse. Depression and anxiety led to substance abuse. What they have found doesn't work: simply providing information, one dimensional approach, telling people do or don't, stand-alone medial campaigns.

To build capacity
of disadvantaged
youth!

What does work: community based, content adapted, evidence based, life skills focused, alternatives, sustainable and cost effective. The strategy should always be monitored, evaluated, documented and disseminated. Common trends include; policy and legislation (regulation strategies), advocacy and knowledge, capacity building (community, family, school). Continuum of Care Model allows for a comprehensive approach. Schools based intervention is vital, intervene as early as possible. Unplugged is a program that was adopted by the ministry of education and adjusted for each region for 12-14 year olds. It resulted in a 30% reduction in tobacco use and 23% reduction in marijuana experimentation. Challenges

include: cultural awareness, political instability, capacity strengthening, overload on school curriculum, lack of standardized approach, limited data and limited funding opportunities.

DARE Youth Advisory Board, USA.

Youth Advisory Board trains students about drugs and alcohol. There were several youths who presented on what they were doing in their areas. They produced videos, participated in advocacy efforts and speaking engagements. They emphasized the value of community curative and recommending organizations to employ a youth advisory board.

Immaculate Nanziri, Uganda Youth Development Link, Uganda

To build capacity of disadvantaged youth start with creating self-awareness and the creation of a protective environment. Areas addressed include: child protection, HIV education, income generating activities and education on drugs and alcohol. 41% of the children they serve have used drugs, 5% have been trafficked, 11% gave birth before the age of 18 and 34% experienced child sexual exploitation. Marijuana is cultivated in Uganda and alcohol is marketed to kids. Alcohol is very cheap and accessible to children. The number one reason for use is accessibility. They offer the following services: parenting and caregiver sessions in the community, school outreach, social research, peer to peer educational approach, skill training and development, media engagement, community drama shows, law enforcement training, engage in sports, aerobics, music and dance. They also have graduation ceremonies.

Author: Amy Ronshausen

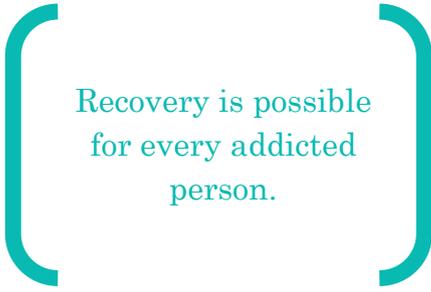
CLOSING REMARKS

**Robert L. DuPont, President,
Institute for Behavior and Health,
USA**

The world faces a deadly drug epidemic that is spreading and changing rapidly. I have wrestled with this global health problem for five decades – since the end of my medical training in 1968. While this epidemic is endlessly complicated, there are some basic ideas that can guide the global community to turn back the epidemic. There is much that is menacing in the current drug scene including not only the legalization for “recreation” of marijuana but also many well-meaning activities that enable drug users who have had repeated serious problems resulting from their drug use to continue using these harmful substances. Added to this is a record-high and increasing number of drug overdose deaths.

Here I want to focus on one very positive recent development: the emergence for the first time of a large and vocal community of people in recovery from addiction, people who have worked their way out of chemical slavery. These individuals have useful stories to tell, in three parts: what their life was like when they were using alcohol and other drugs; what happened to get them to stop using and how they did it; and finally, what life is like for them now that they are drug-free.

I encourage everyone, especially members of WFAD, to listen to the wisdom contained in these stories. There is a remarkable similarity to these unique stories of addiction and recovery. In retrospect, life using drugs was slavery. It was miserable. What happened was always an event imposed on the individual – related to health, legal, family, work, etc. – that powerfully



Recovery is possible
for every addicted
person.

delivered the message that his or her life using could not continue. This is often called “hitting bottom.” Then the addicted person engaged in the challenging and time-consuming activities required to build a drug-free life, sometimes with treatment and often with a community of others in recovery such as but certainly not limited to the 12 Steps of Alcoholics Anonymous and Narcotics Anonymous. The third phase, recovery, always includes a sobriety date – the date when the addicted person last used any alcohol or other drugs. This date itself is a joyful celebration of emancipation. This is not like recovery from other serious illnesses where the goal is to return to the premonitory state. Recovery from addiction includes a better character, a better quality of life, than the person had even before he or she first used drugs. Recovery, like addiction, is contagious. Unlike addiction, however, recovery is inspiring to all people around the recovering person.

Recovery is possible for every addicted person. Recovery is fully compatible with the use of medication-assisted treatment, when the patient is taking the medicine as prescribed and when the recovering patient is not using any alcohol or other drugs. With this perspective, the misguided war between addiction treatments that use and do not use medications can be ended and all forms of treatment can be evaluated on their

ability to produce lasting recovery. I have promoted a unifying goal for all treatments of five-year recovery.

WFAD is rooted in the drug-free goal for treatment because WFAD rejects the modern chemical slavery of addiction to alcohol and other drugs. This core value also inspires prevention efforts to help youth grow up drug-free. While there is dispute about adult use of alcohol (and now also for some, marijuana), there is no dispute over the goal for youth of growing up drug-free. The vast majority of drug problems begin in adolescence, a critical time of development when the brain is uniquely vulnerable to the life-long threat of addiction.

WFAD is home to people of widely differing views from remarkably

different cultures. **In our diversity we share two clear and important goals:**

- 1) For addicted people, becoming drug-free and entering into sustained recovery, and
- 2) For youth, growing up alcohol- and drug-free.

In the confusing conflicts and disputes in global drug policy today these two goals distinguish WFAD. They inspire and define our leadership as the world grapples with the modern drug abuse epidemic.

Summary of Robert L. DuPont, MD, closing remarks.



WORLD FORUM AGAINST DRUGS

This year's World Forum Against Drugs, the 25th ECAD Mayors' Conference and Sverige mot Narkotika was well visited and well received. For two days 14-15th of May, participants from over 40 countries attended sessions and networked. The focus on prevention, recovery and control was clear throughout the plenaries and sessions and Gothenburg received us with blistering sun.

Out of 366 participants, 150 answered the evaluation. Overall, the Conference was well received with predominantly positive feedback deriving from the evaluation. Many participants stated that the conference was a great experience, provided many new valuable input and contact as well as was excellently arranged. In general, the breakout sessions were highly rated and understood as informative and useful in daily work – with a variety of topics, giving examples and sharing experiences from many parts of the world. The conference was understood as a balanced, strategic and comprehensive conference, “driving the agenda of primary prevention and clarity on a drug free culture”.

Furthermore, the conference provided many opportunities for networking and exchanging ideas, some participants hoping that future forums may be held in other parts of the world.

In total, 366 participants attended the Conference, representing 45 countries from all over the world: Afghanistan, Australia, Austria, Bangladesh, Belgium, Bosnia-Herzegovina, Cameroon, Chile, Croatia, Denmark, Estonia, Finland, Germany, Ghana, Hong Kong, Iceland, India, Indonesia, Iran, Kenya, Latvia, Lebanon, Liberia, Lithuania, Malawi, Malta, Nepal, New Zealand, Nigeria, Norway, Pakistan, Romania, Russia, Serbia, Sierra Leone, Singapore, Spain, Sri Lanka, Sweden, Switzerland, Tanzania, Uganda, United Kingdom, USA, Zambia.

On behalf of the organizing committee, we would like to thank everyone who contributed to the conference.

