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Creating an upsurge in amphetamine use in Sweden and Norway

A report of violations of the United Nations' Convention on Psychotropic Substances by government agencies, leading psychiatrists and pharmaceutical companies in Sweden and Norway

The International Narcotics Control Board (INCB) has criticised the sharp increase in the use of amphetamine for children given the label ADHD in Norway [1]. Norway is one of the "top nations" in the world in the prescription of amphetamine (here used for both amphetamine and methylphenidate (Ritalin, Concerta)).

Sweden has not reached the levels of Norway, but has, due to the actions of certain government agencies, leading psychiatrists and pharmaceutical companies, increased its prescription rates since year 2000 six times – more than the increase in Norway [2].

Currently there are ongoing actions in these two countries, supported by government agencies (like the National Board of Health and Welfare in Sweden, and the Directorate for Health and Social Affairs in Norway) to implement the addictive drugs amphetamine and methadone as a "standard treatment" for drug addicts and prisoners (details below).

Drug experiments with amphetamine and methadone, in violation of the Nuremberg Code, are being conducted or are in the planning stages, pending approval (details below).

Sweden has been commended by the UN for its actions against narcotic drugs leading to low levels of abuse amongst adolescents [3]. The restrictive rules against narcotic drugs – in accordance with the international conventions – have been effective. Sweden has, for example, not had any abuse problem in schools of amphetamine legally prescribed by psychiatrists and doctors – of the simple reason that the prescriptions were very restricted and that licenses had to be applied for in each individual case (excepting some clinics which had general license to prescribe amphetamine). The withdrawal of all amphetamines from the market in 1968 after the drug catastrophe created by legally prescribed amphetamine to drug addicts [4], and the upheld restrictions since that time, prevented Sweden from the abuse scene now seen in schools in the U.S.

However certain officials at the National Board of Health and Welfare and the Medical Products Agency, under pressure from leading biological psychiatrists and pharmaceutical companies, have for several years pushed for less restrictions and heavily increased use of amphetamine, both for children and adults. In the Ministry of Health and Social Affairs the

national coordinator for psychiatry, Anders Milton, has initiated actions to increase the use of these drugs and to lessen the restrictions.

The National Board of Health and Welfare has now via its Director General Kjell Asplund made its plans known to completely get rid of the license system for amphetamine by the end of the year, and to let doctors, without restrictions, prescribe these drugs to children and adults. This dramatic decision was taken after it was found out that around 100 doctors had prescribed the drugs illegally. Instead of enforcing the rules and letting the offending doctors be disciplined the National Board of Health and Welfare decided to let the drug lose (details below).

The current actions and directions in Sweden and Norway are good examples of what the INCB wrote about in 2001 in its press release, where the Board pointed to:

> **"*loose regulation, unreliable estimates and information regarding medical needs, aggressive marketing techniques and improper or even unethical prescription practices as the main reasons for the oversupply of such controlled substances as benzodiazepines and various amphetamine type stimulants. Easy availability leads to overconsumption of such substances, either in the form of drug abuse or by fuelling a culture of drug-taking to deal with a variety of non-medical problems.*"**

The current actions in Sweden and Norway are contrary to what the Board expected when it urged:

> ***"government authorities, health-care professionals, pharmaceutical companies and consumers themselves to adopt more responsible and ethical behaviour and adhere to a more rational prescription culture".*** [5]

Drug experiments on prisoners and drug addicts in violation of the Nuremberg Code

In Norway the leading psychiatrist Olav Espegren is since some years leading a drug experiment on addicts where the subjects of the experiment are given a drug cocktail of methadone and amphetamine (methylphenidate). The experiment is financed by the Directorate for Health and Social Affairs.

According to the Nuremberg Code paragraph 1 *"The voluntary consent of the human subject is absolutely essential"*. The person *"should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision"*. This would include that the person gets full information about *"all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment"*. There should be no element of fraud or deceit in the experiment [6].

But the requirements in the paragraph are flagrantly violated in the experiment conducted by Espegren in Norway.

In the "patient information" to be signed, said to be approved in January 2002, the human subjects get the following information about the drug combination (amphetamine-methadone) used in the experiment:

> *"The opiate-based medications used in the physician assisted rehabilitation and the stimulant medications used in the ADHD-treatment are having an effect on different parts of the brain and will very likely be completely safe to use together."*

It is further stated:

> *"The medication used is often stimulant medication. In other words medications, which in other situations will be seen as narcotic drugs. It is important to know that when the medication is used in the right dose for treating a correctly diagnosed ADHD it will not have any narcotic effect. This will mean that when one has ADHD and gets the correct medication for this one will not experience any narcotic effect of the medication."*

The persons in the experiment get the fraudulent information that two addictive drugs (methadone and amphetamine), which *separately* have serious harmful effects, ***"will very likely be completely safe to use together"***, and they get to know that amphetamines are medications ***"which in other situations will be seen as narcotic drugs"*** **[7]**. It is widely recognized that amphetamine has the same effect on all persons taking it. The information given the subjects that the drug *only "in other situations"* (not when given to a person labelled ADHD) will be seen as a narcotic drug with narcotic effects, is seriously deceitful.

The most glaring point in the "patient information" is however ***the omission of all harmful effects of amphetamine and methadone***. Not a word is mentioned about these effects. The requirement that the person should have full information about *"all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment",* is not at all fulfilled.

The Directorate for Health and Social Affairs, the government agency responsible for and financing this project, has not reacted to the above flagrant violations of the Nuremberg code and has not required an independent scientific evaluation of the project (approved in 2002).

The only publicly available data about the project are the biased data put out by the leading researcher Espegren in media. In an article from 2005, with the heading "More than medications" the project is described, and Espegren says that "the results are positive". Between the lines however, with descriptions like: "it is harder to generalize about this patient groups' total functioning in life", "most of them are weak-functioning", "many psychiatric comorbidities", "several of them works marginally and have always had big problems", another picture is emerging [8]. In August 2005 Espegren, who also is a prison psychiatrist, demands in a newspaper article that *prisoners* in Norway should have easy access to amphetamine. He says that he should take the matter up with the Minister of Health. He is comparing amphetamine with heart medication and demands that persons "with ADHD", as heart patients, *"get medication right away"*. He pushes for early intervention and says about children "with ADHD": *"What is of use for them is stimulant treatment. It is about stimulating the central nervous system with the help of medication."* [9]

In April 2006 Espegren wrote a *Yearly Report* for 2005 about the drug experiment to the Directorate for Health and Social Affairs [10]. From the report it can be seen that Espegren – even if the Directorate or independent evaluators have not yet looked at the experiment – expects that the *"method or way we are working should be implemented in the addiction sector in the country in general"*. The experimenting psychiatrist sees his centre as a national resource and is, according to the report, planning a nation-wide *"certification course"* for other doctors in the methods used at the centre.

It is of course very easy to label drug addicts with the pseudo-scientific diagnosis ADHD – almost all addicts can without problems be found to behave according to the loose set of

symptoms listed for this "condition". It is claimed that one is "treating drug addicts with ADHD", when one in actual fact is just giving narcotic drugs to drug addicts. In the report to the Directorate Espegren also seems willing to drop the ADHD diagnosis as a justification for giving narcotic drugs to drug addicts. He says that the methods used at the centre *"would strengthen the content of all treatments for addiction, especially for patients with AD/HD, but also for other drug addicts who often also are weak functioning to a high degree"*. Using criteria like "weak functioning" in the prescription of narcotic drugs to drug addicts will make certain that the expansion of the legal drugging of addicts has no limits.

In Sweden the national coordinator for psychiatry, Anders Milton, has together with certain officials at the National Board of Health, Stockholm County Council and the National Prison and Probation Service initiated projects to get in amphetamine as the "standard treatment" for prisoners and drug addicts.

On the web site of the national coordinator for psychiatry an enthusiastic press release was posted about the projects: *Stockholm County Council and the National Prison and Probation Service in a unique cooperation project* [11]. It was made known that *"For the first time in Sweden persons with neuropsychiatric disorders admitted to prisons, should get help"*. In the prison of Norrtälje *"250 inmates should be examined as regards to ADHD symptoms* [it should be noted that this would be all inmates in the prison]. *Persons judged to have the diagnosis ADHD (sic!) and registered in the county, will be offered a neuropsychiatric examination."* The target was to treat *"30-40 persons within the project"*. [The other prisoners found *"to have the diagnosis ADHD"* should according to documents in the project be referred to further examination and treatment once released.]

The prison experiment was to be run by psychiatrists from Karolinska University Hospital: Nils Lindefors, Ylva Ginsberg and Gunnar Jakobsson. The first problem was however that these psychiatrists already had contracts with the pharmaceutical company Janssen-Cilag, the manufacturer of the narcotic drug Concerta – the drug that should be tested in the prison experiment. They have recently been responsible for the testing of Concerta on adults on Karolinska as part of Janssen's multicenter study in Europe. In Sweden five clinics have been involved in the not yet published test of Concerta – a "marketing test" with the purpose of getting the drug approved for adults in Europe.

Janssen-Cilag was so certain about the result of the study that they made a glowing press release about the study before it was even started. In the press release – *Janssen-Cilag: No treatment for adults with ADHD* – the company lets one of their researchers in Sweden, psychiatrist Niels Guldberg from Malmö, say that the correct figure for adults with ADHD is 3 percent, which would mean 240 000 persons in Sweden. He also says: *"Hopefully it* [the study] *can lead to that thousands of adult Swedes finally get access to medication that can help them tremendously in their life."* [12] The press release from Janssen was issued in cooperation with the interest group (patient group) Attention, the Swedish equivalent to CHADD (Children and Adults with AD/HD) in the U.S.

The psychiatrists from Karolinska, Lindefors/Ginsberg/Jakobsson, have contracts with Janssen in which they have declared that they understand that all information, all data and all material they have got from the pharmaceutical company in connection with the multicenter study is of "a highly confidential nature" [13]. These contracts with Janssen and the involvement by these psychiatrists in the marketing of Concerta in Europe constitutes a

serious conflict of interest – of course they should not have got 5 million Swedish crowns from Swedish tax payers to test Janssen's drug Concerta on prisoners [14]. The outcome was decided already before the study was commenced [15].

However, contrary to the handling of Espegren's experiment in Norway, this drug experiment was *disapproved* by the Regional Ethical Review Board. Neither was it approved by the Medical Products Agency (MPA).

From the applications to the Regional Ethical Review Board and to the MPA it could be seen that also this project would have been a gross violation of the first paragraph of the Nuremberg Code.

The "patient information" to the 250 prisoners about ADHD was "a catch-all" – almost all prisoners would most certainly recognize themselves in the description. In addition to being informed that ADHD was a "biological disorder" stemming from early age the prisoners got to know that ADHD in daily life means *"difficulties in planning and organizing one's life as regards studies, daily routines and work. It can for example be difficult to be in time, handle one's economy and to keep order."* Probably there is not a single prisoner who would think the opposite was a good description for the life they had lead outside the prison. The patient info continued: *"Sometimes it can be pretty easy to concentrate, for example if one is doing something funny and stimulating. But it can be much more difficult to do things experienced as boring and monotonous."* Who would not agree and who would not start to believe that they maybe had this "disorder"? If the prisoners were not convinced at this point the end phrase would for sure convince them: *"The risk to get into addiction and criminality is increased for some persons with untreated ADHD."* [16]

In its disapproval of the study the MPA said the following about the catching description of ADHD: *"The background is written in such a way that also persons who do not have ADHD can recognize themselves in the symptom picture."* [17]

In the "patient information" (presented in the applications) the following information was to be given the prisoners about the *risks* with Concerta:

> **"What are the risks?**
> The risk with the medication treatment is that you experience discomfort from possible side effects, which however often are mild and temporary. The most usual side effects are head ache, lessened appetite, stomach pain and difficulties in falling asleep." [16]

This was, as anyone with a little insight in the subject knows, an extremely fraudulent description of Concerta. Especially when the *positive side* of the narcotic drug was described with the following words:

> **"Are there any advantages?**
> The advantage is the well documented effect of methylphenidate on ADHD symptoms, which should lead to increased life quality and even lessen the risk for relapse in crime."

The MPA was exceptionally clear in the disapproval of this aggressive marketing hype of Concerta: ***"The part about risks with medical treatment is almost nonexistent and lacks the most central side effects of Concerta for example increase in blood pressure, risk for addiction, and risk for mental effects including depression and psychosis development respectively."*** [17]

Also the Regional Ethical Review Board was clear in its disapproval when they questioned the formulations in the application of *"offering"* the prisoners narcotic treatment, and said that *"the neuropsychological tests used are pretty insensible and it should be possible to replace them with tests of more scientific value"*. [18]

But no matter the violations of the Nuremberg code, the destructive action of "treating" criminals (often addicted) with narcotic drugs, and ***"fuelling a culture of drug-taking to deal with a variety of non-medical problems",*** the psychiatrists and pharmaceutical companies behind this project will not give up. There is too much money at stake – this project in Norrtälje in Sweden is supposed to be a pilot project, which would form the basis for expansion of the "treatment" into the whole prison system.

The Ethical Review Board and the MPA will get amended applications for the project until it is approved.

The forces pushing out amphetamine in society made their plans known in a meeting in Amsterdam 2005.

A meeting to get psychiatry and pharmaceutical companies to take over the handling of drug addiction – with the "standard treatment" of ADHD drugs

In the meeting in Amsterdam in December 2005, financed by the pharmaceutical companies Janssen Pharmaceuticals and Eli Lilly, leading psychiatrists from Europe and the U.S. came together to plan out how to make ADHD drugs (amphetamine and Eli Lilly's Strattera) the "standard treatment" for drug addiction.

Representatives from Sweden were the famous psychiatrist Cristopher Gillberg and his wife Carina Gillberg, from Norway psychiatrist Olav Espegren.

In an astonishing document it is revealed that good collaboration is needed between psychiatrists in Europe and transatlantic countries *"to get important issues on the political and research agenda"*. *"According to the attendees the research agenda should be driven by the need to get ADHD and substance abuse on the political and public agenda."* (p. 7)

There are also other important reasons for good collaboration: *"Another major argument for collaboration is to be able to resist parties that strongly oppose to certain types of research and treatment."*(p. 7)

It is revealed that money is needed to get "treatment programs" going, and the meeting agrees that one way of lobbying for money would be to use an unnamed ***"personal contact of Mr. Espegren at the European Commission-top"***. With the advice of this "personal contact" an application for money from the European Commission would be initiated. It is said that this type of project is not part of the priorities on EU level, *"but could be linked to the EU priorities by formulating the proposal in public health terms"*. It is further stated: *"Somebody needs to be paid to get the application in progress."* (p. 10) It is a bit unclear who this "somebody" is, but it seems that the money should get paid for Mr. Espegren's lobbying activities at the European Commission-top.

Meanwhile: *"A pilot project could bridge the period spent on funding application. A pilot centre is a hospital or clinic that can relatively easy organise data collection and test the research protocol. The unit of Mr. Olav Espegren, in Kristiansand (Norway), may be a suitable place for such a pilot project. Local funding may be possible."* (p. 8)

This means that an extension of the unethical drug experiments in Norway, described above, should form the basis for "treatment" of drug addicts in whole of Europe – and be the pilot from which an application to the European Commission for funding of "treatment programs" could be written.

With the use of Mr. Olav Espegren's personal contact at the European Commission-top the pharmaceutical companies involved expect to get funding for their drug project without being seen as the originators of the application.

But the psychiatrists at the meeting realized that they might fail in convincing the European Commission to give them money for their project. What is left then is that the pharmaceutical companies to gain, fund the project *directly*. From the discussions at the meeting one can understand that this is a sensitive matter. It must be kept a secret otherwise *"this might provoke attacks from hostile action groups"* (p. 10). And then there of course would be need for even more good collaboration in order *"to be able to resist parties that strongly oppose to certain types of research and treatment"* (p. 7). [19]

This meeting most definitely was not in alignment with the urge of the INCB of 2001, that ***"... health-care professionals, pharmaceutical companies ... adopt more responsible and ethical behaviour and adhere to a more rational prescription culture".*** Instead it is a plan to spread controlled substances widely by making amphetamine the "standard treatment" for drug addicts.

That the drug experiment of Mr. Olav Espegren in Norway is supposed to be a model for the "treatment" of drug addicts in Europe is a frightening thought – most likely also for the INCB.

Actions to spread amphetamine to children and adults in Sweden

According to the report from CASA, the Center for Addiction and Substance Abuse, in the U.S., presented July 7, 2005 [20]: One in ten teenagers had tested *legally prescribed amphetamines to get high* (p. 34). The increased abuse is coincident with the increased prescription of stimulants for the "treatment of ADHD" (p. 18). Quote from the report: *"Abuse of Ritalin, Adderall and other stimulants is increasingly prevalent among high school and college students. Some use the drugs at parties to get high; others to stay awake and focused when studying; still others to control their weight. Students who abuse prescription stimulants exhibit higher rates of alcohol and other drug use."* (p. 18) The students had stolen the pills, or bought them from other teenagers who had got them from doctors "against ADHD" (p. 60). As one of the students said about the road to addiction of legally prescribed amphetamine: *"I realized that taking drugs was fun so I wanted to experiment. Before that I was against it but this* [Adderall] *was a pill from a doctor that helped you take tests better...There couldn't be anything bad about it. --Addicted Prescription Drug Abuser, Age 21"* (p. 16).

This scene is the ultimate result of what the Board called ***"loose regulation, unreliable estimates and information regarding medical needs, aggressive marketing techniques and improper or even unethical prescription practices."*** It's a scene where easy availability has led ***"to overconsumption of such substances, either in the form of drug abuse or by fuelling a culture of drug-taking to deal with a variety of non-medical problems".***

Sweden has however for many years adhered to the United Nations' Convention on Psychotropic Substances, and the prescription of amphetamine has been held to a minimum. Accordingly there has been no diversion or abuse of legally prescribed amphetamine.

This was obviously not seen as positive by leading biological psychiatrists, pharmaceutical companies and certain government officials in agencies like the National Board of Health and Welfare, and the Medical Products Agency.

The aforementioned Professor in psychiatry Christopher Gillberg initiated the campaign for neuropsychiatric disorders in Sweden, which started for real with the publication of an article by Gillberg in 1997, where he claimed that 120 000 Swedish children had neuropsychiatric disorders: *"Around 10 percentage of all children has considerable neuropsychiatric problems."* [21] In 2001 Gillberg demanded from the National Board of Health and Welfare that 10 000 children needed to be put on amphetamine, that this was a *"low calculation",* and that it was *"deeply unethical"* to *withhold* the drugs from the children [22]. Around 3000 children was at that time getting amphetamine. (In 1997 when Gillberg wrote the campaign article only around 600 Swedish children were prescribed amphetamine.)

Christopher Gillberg has also been instrumental in ***"fuelling a culture of drug-taking to deal with a variety of non-medical problems"*** in Norway. As leader for a project aimed at increasing the use of neuropsychiatric labels he in 2001 pushed for more drugs to children – despite the fact that Norway was a "top nation" in drug prescription already at that time. In an article Gillberg said that the medication usually had a *"very good effect"*. The usual marketing line that the *"treatment reduces the risk for later depression, drug abuse or criminality"* followed. He also said that the marked increase in the use of drugs in the U.S. for children with ADHD *"had led to a critical review of the practice in the U.S.,* ***with no proof found that too many children are prescribed drugs****. Instead it looks as if many children earlier did not get the treatment they should have got. It is a continuing problem that many children with ADHD do not have access to effective medications, or* ***are treated with too small doses to get a real good effect.****"* (Emphasis added.) [23] The view of Gillberg was in other words that there was no reason for worry about too many children in the U.S. getting narcotic drugs; his continuing problem was instead that too few children got drugs or got too small doses.

Otherwise psychiatrists and pharmaceutical companies work hard to mislead the public that children get a *low dose* of amphetamine. The actual fact is that they do not. In the background material about Ritalin the Swedish MPA writes about the dose a 6-year-old child *can* get: *"…the maximum dose is 60 mg daily (for a 6 year-old weighing 20 kg, this gives at maximum 3 mg/kg)"*. [24] If that dose would be given to an adult on 80 kg it would correspond to 240 mg/day. This can be compared with the publication *Assessment of the risks with narcotic drugs* from the Office of the Public Prosecutor, from December 2005. This publication gives the definition of *"dose of abuse"("missbruksdos")*(p. 4): *"An intoxicating dose ("dose of abuse") is that dose which for a naïve (non-dependent) person brings about a noticeable intoxication in form of a clear change in the state of mind."* The *"dose of abuse"* for amphetamine is also given in the publication (p. 27): *"A dose of abuse is considered to be between 0,1 and 0,2 gram."* [100-200 mg] [25]

Before the psychiatric amphetamine campaign started in Sweden the view of the National Board of Health about the legal prescription of amphetamine was sound and in accordance with the international conventions. In 1996 the national Board wrote:

> *"The National Board of Health and Welfare is in very strong doubt about widening the indications for treatment with central stimulants, even with the strict rules suggested. The reason for our position is as follows: Many of the around 8000 drug addicts in the country will set great hopes on ´legal´ prescription. During the 90-ties the National Board of Health and Welfare has only for 4-5 patients supported prescription of central stimulants on license, in statements to the Medical Products Agency. Every matter is requiring lots of resources, often followed by appeal and sometimes even threatening calls from the persons whose applications have been disapproved. It will be possible even for amphetamine addicts to claim that they have a diagnosis requiring treatment and to demand analysis to get license prescription. The boundaries will be hard to tell. Sweden will be considered a more drug liberal country. Increased legal prescription of central stimulants will obstruct the fight against narcotics."* [26]

However the push from psychiatrists and pharmaceutical companies for amphetamine to children and adults finally led to the National Board of Health and Welfare publishing its new recommendations in 2002. (The actions before 2002 have been described in detail in two earlier reports to the INCB: *The use of central stimulants for medical purposes in Sweden*, December 29, 2001, and *The use of central stimulants for medical purposes in Sweden, Part II,* August 3, 2002 [27].)

In 2002 the Medical Products Agency (MPA) approved Concerta for children, and in internal documents from the MPA and the National Board of Health and Welfare the officials (as Nils Feltelius and Lars Hellgren) working for increased prescription revealed that they aimed at the adult population as well.

In the beginning of 2005 an article exposed that around one hundred doctors had prescribed Concerta without license (granted by the MPA) [28]. At the same time it was revealed that Janssen-Cilag, the manufacturer of Concerta, had helped the interest group Attention (Swedish CHADD) with their invitation to the yearly conference. The invitation sent out to school nurses, doctors and psychologists had the logotypes Attention and *"Team Concerta"* at the top and said that Jansen's *"Team Concerta" "had the pleasure together with Attention"* to invite to a conference about neuropsychiatric disorders [29]. The interest group Attention also got sponsored by Eli Lilly and in 2004-2005 got around 1 000 000 million Swedish crowns (around 150 000 US dollars) [30]. With the money Attention could do "investigations" about the queues to neuropsychiatric examinations – or more correctly to the drugs prescribed. As expected the queues were far too long – not that too many children were *put* in the queues, but that it took too long to get the "treatment". This was a successful PR trick and all over the country media reported about the long queues, and politicians guaranteed that children and adults should get "treatment".

In June 2005 the MPA put Ritalin on the market again. Ritalin had at that time been banned in Sweden for 37 years [31].

And in September 2006 a fantastic headline proclaims: *"Agency will let everybody prescribe ADHD drugs"*. In the article it is told that the Director General of the National Board of Health and Welfare, Kjell Asplund, suggests that the whole license system for amphetamine is cancelled. The reason offered is that too many doctors want to prescribe the drugs and then the system becomes *"unwieldy"* [32]. And Gunnar Alván Director General of the MPA agrees.

Another way for Kjell Asplund and Gunnar Alván to describe the decision would be to say that they have given in to the pressure from leading biological psychiatrists, from big pharmaceutical companies and from some influential officials within the agencies themselves.

The Swedish restrictions against narcotic drugs are degraded as *"unwieldy"* – where they in actual fact have prevented many adolescents from being hooked on amphetamine and other drugs, have kept the Swedish school yards free from sales and exchange of prescribed Ritalin and Concerta, and have prevented a ***"culture of drug-taking to deal with a variety of non-medical problems".*** Part of that "culture" in the U.S. is that children in summer camps now line up to get their daily doses of narcotic drugs as the first thing in the morning [33], and that the harmful effects of amphetamine and other ADHD drugs are "treated" with even more toxic substances, creating life time patients for psychiatry and pharmaceutical companies [34]. The *"unwieldy"* restrictions in Sweden have prevented this kind of chemical abuse of children.

Therefore they should be defended and the authorities named in this report should be forced to adhere to the conventions signed.

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