Drugs

Towards a Comprehensive National Policy on Drug Abuse

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Abstract Drug abuse is complex in its causation and ramifications. No country has been able to respond successfully to the problems brought in the wake of drug abuse by having recourse to a single strategy. In 1987 the United Nations adopted a comprehensive multidisciplinary outline for future activities in drug abuse control. This provided, for the first time, a comprehensive framework within which countries can elaborate policies and programmes tailor-made to national situations. However, in order to facilitate the development and implementation of such policies and programmes it is essential that certain conditions exist: strong political will at national level; recognition of the need for an integrated policy; adequate legal framework and enforcement capability; coordinated response at international, national and local level; and recognition of drug abuse in planning changes in different sectors.

1 BACKGROUND

The problems brought in the wake of drug abuse are not new. Some countries in the Asian region have a long history, often going back several centuries, of dealing with such problems. They also have a good track record of having introduced preventive measures.

Thailand and Sri Lanka are two countries which have a long history of regulatory measures to deal with drug abuse. In Thailand, for instance, the use of opium was the subject-matter of the Criminal Code of 1350. In Sri Lanka, a proclamation issued in 1675 not only banned all traffic in opium, but also provided for the dismissal from service of public servants who were convicted of trafficking. Moreover, foreigners who were convicted were liable to be banished from the country. If a foreigner who was so banished returned, he or she was then liable to be imprisoned for a period of five years.

Throughout recorded history the dynamics of drug abuse have been complex in causation as well as in their ramifications. A supposedly stress free social life in the eighteenth and nineteenth centuries spawned a drug culture in some countries, just as much as recourse is now being had to drugs ostensibly to deal with the stresses of modern day life. Seemingly
simple explanations of a link between 'stress' and 'drug abuse', for instance, fail satisfactorily to account for the complexity of the dynamics of drug abuse. Possible explanations may have to be found from a perspective which views the problem as a multifaceted phenomenon, with differing underlying causes and implications for different individuals.

The sophistication with which drugs are illicitly produced, trafficked and distributed has not been matched by the development of equally sophisticated or effective methods to monitor drug abuse, to deal with criminals as well as abusers, and to introduce broader socio-economic structural changes which remedy some of the underlying causes.

2 PROFILE OF THE PROBLEM IN ASIA

Writing in 1976, a noted American drug abuse researcher, Joe Westermeyer, commented on the pro-heroin effects of anti-opium laws. Epidemiological and drug abuse patterns since then have reinforced his view that attempts to eliminate one substance of abuse might result in that substance being replaced by another. In this context it is perhaps important to note that even substances such as alcohol and tobacco come into the equation.

Massive advertising and sales promotion campaigns are often required to change 'brand' loyalties for products like alcohol, cigarettes or even pharmaceuticals for legitimate use. But given the ingenuity with which traffickers introduce drugs of abuse into societies and the swiftness with which the market responds to such drugs, it is not always easy to determine whether there has been a change in the drugs being abused. The scenario can change quickly with a drug abused today being replaced by another within a short time-frame, through a discreet and imperceptible process. Not infrequently, by the time drug enforcement authorities become fully alerted to the change, the new drug has become a 'market leader'.

The Table lists some of the drugs which are abused in different countries in Asia. It is by no means exhaustive; it is intended to illustrate the range of drugs being predominantly abused in one geographical territory.

A number of countries in the region are producers of drugs of abuse, while several others serve as transit points. For instance, opium/heroin is manufactured in Afghanistan, the Lao People's Democratic Republic, Myanmar (formerly Burma), Pakistan and Thailand. Illicit production from these countries finds its way into several countries, both within and outside the region, using Bangladesh, China, India, Japan and Sri Lanka as transit points. As in the case of the Yunnan Province of China, illicit transit traffic exacts a heavy toll by way of the creation of an indigenous drug addicted subpopulation.

Many Asian countries have a large youth population and, not surprisingly, drug abuse is common among them. The human immunodeficiency virus (HIV) disproportionately affects young and middle-aged persons, and in countries with a tradition of intravenous drug use, those who are in their most productive years are now exposed to the 'double jeopardy' of drug abuse as well as AIDS.

In several countries in the region the average age of abusers has decreased over the years. In Pakistan, for instance, in 1982 the average age was 35. By 1986 it had decreased to 25. In India, a survey done in 1986
revealed that more than 80% of heroin ('brown sugar') abusers were in the age group 11 to 26 years.9

Comprehensive surveys of the demographic and other features of drug abusers have not been done systematically in all the countries in the region that are experiencing a major drug problem. Hence, it is difficult to construct a picture of the typical drug abuser in Asian countries. Profiles from some surveys in selected countries, however, reveal the complex socio-economic and environmental context which spawns addiction to drugs. In Hong Kong,9 for instance, the typical drug abuser is in the age group 21 to 30 years; lives in overcrowded housing; has had limited education, often not more than six years of schooling; is employed as an unskilled or semi-skilled labourer or as a factory worker, and is either a bachelor or is separated from his spouse.

Surveys from other countries provide additional information on the profile of drug abusers. In Thailand,10 for instance, 27% of those who sought treatment in 1989 were 'unemployed'.

The reasons advanced for dependency on drugs vary according to age group as well as country. In Thailand,10 for instance, those who were admitted to treatment in 1989 gave the following reasons for their initial use of drugs: persuasion from friends (19.9%); curiosity (47.3%); leisure use (10.9%); pain relief (3.1%); mental stress (14.2%); increased productivity at work (0.7%); other (3.9%). Self-medication for illnesses and examinations related stress, for instance, are two other reasons often cited by drug dependent persons in certain other countries in the region. It is important to recognize that often more than one factor come into play.

3 INTERNATIONAL GUIDELINES FOR POLICY MAKING

The development of any national policy is guided as much by the nature and magnitude of the problem at home and in the region as by international obligations imposed by the three international drug control treaties (the Single Convention on Narcotic Drugs of 1961, as amended by the Protocol of 1972; the Convention on Psychotropic Substances of 1971; and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988).

In 1981 the United Nations Commission on Narcotics Drugs articulated the following objectives of its international strategy:

a improvement of drug control systems;
b achievement of a balance between the demand for, and the supply of, narcotic drugs and psychotropic substances for legitimate purposes;
c eradication of the supply of drugs from illicit sources;
d reduction of illicit traffic;
e reduction of the demand for illicit drugs and the prevention of inappropriate or illicit use of licit drugs; and
f treatment, rehabilitation and social integration of drug abusers.

At the International Conference on Drug Abuse and Illicit Trafficking held in Vienna in 1987 a Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control (the Comprehensive Multidisciplinary Outline) was adopted. It is a compendium of practical action which may be taken
by governments, the United Nations system, intergovernmental and regional organizations, non-governmental organizations, academic institutions and individuals in combating drug abuse and illicit trafficking. In its four chapters, 35 action targets are set that are realistically attainable over the next ten to 15 years, existing problems are defined and a course of action to attain these objectives is suggested.\textsuperscript{12}

The 'Introduction' to the Comprehensive Multidisciplinary Outline suggests certain general principles to be followed in carrying out the strategy:\textsuperscript{13}

\begin{itemize}
  \item[a] a clear set of achievable objectives should be defined;
  \item[b] target groups should be clearly identified, priority being given to initiatives aimed at reducing drug abuse among young people;
  \item[c] a balanced approach should be adopted for dealing with illicit demand, illicit supply and illicit trafficking;
  \item[d] programmes should be comprehensive and long term;
  \item[e] the development of the programmes and their implementation should be supported by research into the extent of drug abuse and its aetiology and consequences;
  \item[f] the achievements of the programmes should be evaluated periodically;
  \item[g] the work of all the agencies concerned at their national, regional (cantonal, provincial) and local levels should be part of a coordinated plan;
  \item[h] the formulation of the national strategy should take into account in the first place the existing resources and, in the implementation of the strategy, a cost-effective approach should be adopted, with external support if necessary;
  \item[i] the potential of community actions should be recognized and developed; and
  \item[j] the national strategy could make the fullest possible use of the experiences and attainments of other countries in fighting drug abuse and illicit trafficking, and the coordinating agency might offer to share its experience with corresponding foreign authorities.
\end{itemize}

From the 35 targets set out in the Comprehensive Multidisciplinary Outline countries will have to identify priorities for action. Some of the targets, for instance, target 16 on the 'redevelopment of areas formerly under illicit drug crop cultivation', will have no relevance to certain countries.

While the initiatives to formulate guidelines at the international level are to be applauded, certain basic conditions must exist at the national level for a comprehensive national policy on drug abuse to be formulated with a serious commitment to implement such a policy. The absence of these conditions often explains the failure to develop policies which are truly comprehensive or to implement them fully in the spirit in which they were formulated.

\section*{4 BASIC CONDITIONS FOR POLICY FORMULATION AND IMPLEMENTATION}

There are at least five basic conditions which facilitate the task of formulating comprehensive policies and implementing them.
4.1 Strong Political Will

Given the enormous amount of money generated by illicit drug trafficking, politicians and their policy advisers need to muster a great deal of courage and conviction to take decisive action to deal with the problem of drug abuse. Piecemeal actions, or the adoption of policies which are never intended to be implemented, often serve to make peace with drug traffickers who do not wish their status quo to be interfered with. Such actions or policies not only do little to advance the goal of achieving the policy objectives but they are also counterproductive. At best, they serve as a smokescreen, or as a convenient excuse, diverting attention from the main problem at hand.

Political will, on a continuing and sustained basis, is required to

a) identify the problem;
b) recognize its multidimensional character;
c) assign the priority the problem warrants;
d) allocate responsibilities and the resources required;
e) mobilize all relevant sectors;
f) monitor and evaluate the impact of policies; and

g) guarantee independence of action and non-interference.

In some countries drug abuse policies tend to be formulated in the context of an inadequate appreciation of the totality of the problem involved. The multidimensional nature of the problem is often recognized, but without any clear perception of the implications of the problem for all sectors and agencies. This is particularly true when the lead agency for policy making or coordination is the law enforcement agency. In the fight against drug abuse, it is an important and critical agency, no doubt, but by virtue of its mandate and conviction it is an agency which is primarily concerned with the supply side, rather than the demand side, of the equation. Where the health sector takes the lead, issues relating to supply and interdiction as well as education and crop substitution, do not receive much attention. The executive and legislative branches of government must decide how serious the problem is and identify the modalities of developing the policy instruments. In some instances, the head of the executive such as the president or prime minister may have to take the initiative to bring together all the concerned sectors and agencies with a view to developing a comprehensive national policy response.

It is no longer possible for one agency or for one sector to shoulder on its own all the responsibilities and expenses involved in translating the policy into action – all concerned sectors and agencies must harness their resources. The question of the allocation of responsibilities and resources must be determined at the highest possible level. (In one country, for instance, friction between the police and customs officials on the proportion in which reward money should be shared resulted in a total breakdown in law enforcement efforts – a situation which lasted for several weeks much to the benefit of traffickers.) Policy making is often perceived to be an activity to be done only once and which should then be allowed to fade into oblivion.
Very few countries in the Asian region have a legal or administrative requirement that policies and programmes in place must be periodically evaluated and reported on to executive and legislative bodies so that progress can be reviewed and further measures, if any, can be determined.

Law enforcement efforts flourish best in a context where there is no political interference. Law enforcement officers, selected for their competence, loyalty, impartiality and integrity, need to be able to work in an environment in which decisions can be made without fear or favour.

4.2 Recognition of the Need for an Integrated Policy

The multidimensional character of the problem of drug abuse requires that an integrated policy be developed. 'Integration' is a concept which is much talked about, but in reality few examples exist of how such integrated policies have worked in the field of drug abuse. In countries where a psychotropic substance such as amphetamine is a problem, a truly integrated policy will require the direct involvement of, at least, the following agencies and sectors to perform the functions and shoulder the responsibilities assigned to them:

a. Pharmaceuticals control bureau: to identify weaknesses in production/supply chains; to tighten prescription/dispensing requirements; to liaise with medical practitioners to identify dependent persons, etc.

b. Law enforcement agency: to prevent production/importation; to act against traffickers and suppliers; to coordinate with other enforcement agencies in the region; to divert abusers to treatment.

c. Health sector: to establish facilities for dependent persons; to monitor drug use; to promote rational use of drugs, etc.

d. Social services sector: to establish rehabilitation facilities; to introduce social welfare measures, etc.

e. Education sector: to promote health and drug education.

f. Voluntary services: to provide non-governmental organizations' outreach programmes, education programmes, etc.

Without an integrated policy, no major onslaught can be made on the drug problem. Drug abuse policies need to be formulated within the broader health care system. It is not only treatment facilities which must be provided through the health care system. Controls over legitimate drugs need to be strengthened. This includes controls over counterfeit drugs. The rational use of drugs needs to be promoted, so that when law enforcement agencies intensify their enforcement activities against a particular substance, abusers will not change to another drug and bring about the 'pro-heroin effects of anti-opium laws' situation which Westermeyer has referred to.

4.3 Adequate Legal Framework and Enforcement Capability to Regulate Pharmaceuticals

Concern with the three international drug control treaties has resulted in less attention being accorded to the need to have a highly developed pharmaceuticals regulatory framework. Where legal controls over pharmaceuticals are weak, it is much easier for drug smugglers to exploit the situation
to their advantage. Where controls over the legitimate manufacture of pharmaceuticals are not strictly enforced, precursors and chemicals needed for the manufacture of illicit drugs can be easily diverted.

Countries faced with a problem of drug abuse need to accord attention to the regulation of pharmaceuticals, an issue which has been neglected for far too long. A comprehensive drug abuse policy must address the weaknesses of current controls over pharmaceuticals and propose remedial action.

4.4 A Coordinated Response at International, Regional, National and Local Levels

The problem of drug abuse transcends all man-made and geographical barriers. Political tension between countries and regions often results in international and regional cooperation being relegated to the background. At national level, coordinating mechanisms, where they exist, may not serve as effective channels of communication across all the sectors involved. Nongovernmental organizations, for instance, lack visibility within official structures. Where community based resources can be deployed, communities need to be empowered to set in motion those courses of action which can change the lives of addicts and prospective addicts, but at times, community leaders may not receive the blessings of officials responsible for community based developmental activities. Large sums of money are often allocated for such developmental activities, but drug abuse prevention is rarely allocated any funds.

4.5 Recognition of Drug Abuse in Planning for Changes in Different Sectors

In most countries the traditional approach has been to view the problem of drug abuse from the perspective of supply and demand, law enforcement and treatment. There has been no systematic attempt to consider the possible implications for drug abuse of various policy, and similar, changes in different sectors. For instance, a policy to locate new industries in an area where there are already slums, a high incidence of crime and drug abuse, may, in fact, further exacerbate the situation. A policy for the introduction of high technology equipment might result in a large number of manual workers losing their jobs - a situation which might lend itself to increased drug use in societies where the unemployed abuse drugs. To give another example, a new policy in terms of which treatment, including treatment for drug and alcohol abuse, has to be paid for might result in a large number of abusers who were planning to seek treatment being denied access to the system because of their inability to meet the treatment costs. Changes of this sort can impact on drug abuse, even though policy makers would never have intended such consequences to flow from the policy changes.

As in the case of 'environment impact statements' in relation to major developmental activities, it is possible to examine the likely impact of certain policy changes on existing drug abuse. Obviously not every policy change needs to be so examined; where it is clear that a policy change might impact on drug abuse, some consideration, however, needs to be given to this aspect.
5 CONCLUSIONS

This article attempts to underline certain areas where drug abuse policy making can be further strengthened. A comprehensive and integrated approach to drug abuse policy making can hopefully stimulate national, regional and international activities designed to curb drug abuse. The AIDS pandemic has sharpened the focus on the need for more integrated, comprehensive and targeted interventions, and the time is opportune for all countries to undertake a major review of current policies on drug abuse. It is a problem which is high on the agenda of the United Nations International Drug Control Programme, the World Health Organization and related agencies. The time to act is now. Action taken today will surely enure to the benefit of the present and succeeding generations. Further inaction will continue to exact a toll which will only be heavier with every passing day.

Notes

3 Westermeyer J The Pro-heroin Effects of Anti-opium Laws in Asia 1976 Arch Gen Psychiatry 33: 1135–1139.
5 ibid.
7 ibid 57.
8 ibid 54.
9 ibid 53.
11 On the first two treaties, see further Rexed B et al Guidelines for the Control of Narcotic and Psychotropic Substances In the Context of the International Treaties (1984).
13 ibid 8–9.
15 Westermeyer 1976 Arch Gen Psychiatry 33: 1135–1139.
16 Jayasuriya DC Regulation of Pharmaceuticals in Developing Countries: Legal Issues and Approaches (1985).
### TABLE: Drugs which are Predominantly Abused in Selected Countries in the Asian Region

<table>
<thead>
<tr>
<th>Substance</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>Australia, China, Hong Kong, India, Malaysia, Nepal, New Zealand, Pakistan, Singapore, Sri Lanka, Thailand</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Australia, Hong Kong, India, Japan, New Zealand, Sri Lanka, Thailand</td>
</tr>
<tr>
<td>Psychotropic substances</td>
<td>Australia, Hong Kong, Japan, New Zealand</td>
</tr>
<tr>
<td>Cocaine</td>
<td>Australia, Japan, New Zealand</td>
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