



## **START WITH PREVENTION**

**– the most effective way to reduce drug harm**

 **FORUT**  
MAKING A DIFFERENCE

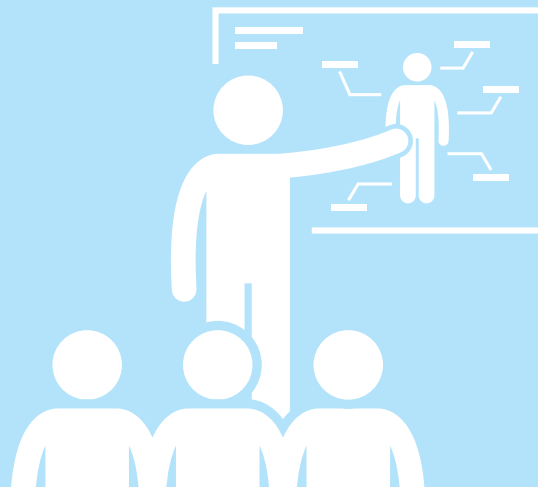
## Drug prevention – an important development issue

Development perspectives deserve far greater prominence in global drug policy discussions, including in the UNGASS process.

For far too long global drug-policy discussions, including the UNGASS process, have inadequately considered the conditions and needs of populations in developing countries. Those discussions have often been dominated by Western experts focused on Western solutions to Western problems, now strongly influenced by a well-organized legalization movement. The resulting dialogue has little to do with drug use issues in the global south and, to a large extent, also fails to reflect drug realities in much of the West.

Simply stated, the poor and marginalized people of the world need no additional burdens beyond the considerable ones they already bear.

Their protection from drug harm is uniquely important because experience shows that substance use, whether legal or illegal drugs, has stronger negative consequences for poor and marginalized people than for those in more affluent groups.



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### 4.7 billion\* adult non-users worldwide represent the norm and that norm keeps drug problems in check.

The World Drug Report 2014 estimates that approximately 95 per cent of the world's population between the ages of 15 and 64 did not use any illicit drugs in 2012. This global reality helps keep drug-related harm relatively low, and it reflects that a large majority of humans reject the risk of developing a drug-related problem as a result of their own behaviour.

Nonetheless, despite the relatively low prevalence of users worldwide, drug taking ranked as the 19th most significant health risk reported in the Global Burden of Disease calculations for 2010.

By comparison, alcohol, a popular, more widely accepted legal drug, ranked as health risk number five. In 2010, 32 per cent of the world's adults consumed alcohol, with disastrous effects for public health and safety. Recent global estimates (Global Burden of

Disease) suggest that in 2012, some 3.3 million deaths were attributable to alcohol consumption. In contrast, 183,000 persons died of drug-related causes.

The global experience with alcohol provides important lessons for public health and safety and the well-being of communities in the developing world. Most importantly, that experience cautions that the key to keeping drug-related harm down is to cap the current relatively low level of prevalence of illicit drug use. Effective drug-prevention policy can help counter illicit drug use and offers substantial support for development, health, and welfare. Prevention should be at the core of drug policy, as it is the most effective means to achieve harm reduction.

\* United Nations Office on Drugs and Crime, World Drug Report 2014 (United Nations publication, Sales No. E.14.XI.7). Page 1. Range: 162 million-324 million; corresponding to some 5.2 per cent (range: 3.5-7.0 per cent)

### A broad, balanced and humane drug policy

The UN drug conventions provide substantial guidance and latitude for countries seeking to design *broad*, *balanced* and *humane* drug policies that are consistent with the principles of human rights.

Those conventions allow a *broad* range of different strategies and measures that can be adopted and/or adapted for a country's particular circumstances. National drug strategies should be *balanced* in that each policy element should be used effectively to achieve its specific purpose and, at the same time, also complement the facilitation of other policy elements. Such a comprehensive policy would be *humane*, because a comprehensive policy is the most effective and sustainable way to reduce human suffering to a minimum.

The most successful means to reduce drug-related harm involves adopting a policy that incorporates a balanced use of measures from several key intervention strategies, including demand reduction, supply reduction, early intervention, treatment, rehabilitation, social re-integration and assistance with acute health problems.

### The third way in drug policies

Drug-policy development, including the UNGASS process, is currently hampered by focussing on the false dichotomy of drug legalization on the one hand and fighting an endless, unwinnable war-on-drugs on the other. That debate is counterproductive for the UNGASS process and for drug policy development in general, for three reasons: the stark contrast dramatically compresses the policy space between the portrayed extremes, limiting the discussion of useful alternative approaches; it constrains the many nuances normally present in policy discussions and promotes simplistic solutions; and it wrongly identifies many effective prevention interventions as part of the meaningless "war-on-drugs" policy argument.

In reality, plenty of middle ground exists. That "third way" is already in use by most governments and comes highly recommended by NGOs all over the world. Many effective policy options are available in the large space between the two extreme positions, and their support or implementation require no fundamental changes in UN drug conventions or in most national legislation.

### Prevention first

Preventing problems from occurring or expanding represents by far the best approach to reducing drug-related harm. Prevention is a most cost-effective policy option; it is the most sustainable and people-empowering alternative; and it is the most humane policy option, particularly in the context of assuring the best interests of the world's children.

Effective prevention methods exist and are in use continuously all over the world.

Clearly, prevention is not enough to tame the enormous and complicated problems of illicit drug use. Prevention, the primary strategy, must be supplemented by a comprehensive system of treatment options, health services, and various harm reduction measures. Those services, however, should not replace prevention as the primary strategy.

### Keeping user rates low

A public health approach to drug problems, rather than focussing interventions solely on risk groups or on heavy users, involves strategies that address drug prevalence and consumption levels within the whole population. Given the intractable nature of the problem, reducing overall drug-consumption levels cannot be achieved by control policy measures alone, particularly when many drugs can easily be produced in an ordinary kitchen or purchased with a few clicks on a computer keyboard.

## Five consensus areas

There are many conflict areas in international and national drug policy discussions. However, such controversies should not prevent governments and NGOs from reaching agreement over strategies and measures where a wide consensus is possible, e.g.

- Ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes and preventing the diversion of such substances into the illegal market and for non-medical use;
- Abolishing capital punishment for drug offences, as well as for other offences;
- Providing larger and better treatment and rehabilitation programmes for drug addicts;
- Fostering alternative development programmes for areas and countries where poppy, coca leaf or cannabis cultivation is a common livelihood.
- Stimulating international cooperation to combat the production of new psychotropic substances and the web-based market places for distribution of such drugs.

### Recommendations to governments and NGOs

*Governments and NGOs should reject the simplistic debate choice, that it's either drug legalization or a war on drugs. Instead, they should focus on the "third way," to explore the many available intermediate policy options, as well as tested practical examples and community experiences.*

*The UNGASS process should establish mechanisms that stimulate the exchange of prevention methodologies and practice among countries and regions, including broad participation from civil society.*

*Governments should respect and adopt the Convention of the Rights of the Child's principle that children and young people shall be protected from the illicit use of narcotic drugs and thus aided in achieving their greatest potential.*

*We appeal to governments to systematically monitor the effectiveness of national and local drug prevention strategies by carefully documenting drug use prevalence.*

*We urge governments to use the UNGASS process to propose alternative sanctions to the current focus on incarceration and fines; to freely exchange experiential learning on these issues with other nations and NGOs; to improve and refine these alternative sanctions; and to work to increase their use.*

*We appeal to governments to prevent increasing drug use from becoming yet another burden for already strained health care systems, particularly in developing countries.*

*The international community should put a high priority on assuring that substance use in developing societies does not increase to the levels that exist in Western countries and that the corresponding harms from substance use do not reach the same high levels.*

*Balanced, comprehensive, culturally appropriate, and sustainable programs must be implemented to address socio-economic development in areas where illicit drug production is prevalent. Those programs should be complemented by systematic efforts to improve and sustain good-governance mechanisms.*



The current global ban on non-medical drug use, backed up by the mobilization of civil society groups, community education, and awareness-raising, has been relatively effective to keep user rates and consumption levels down and to maintain low levels of drug-related harm among users and the people around them.

### Prevalence of use: The key indicator

Monitoring prevalence of use rates is a key element of measuring the impact of narcotic drug policy. Prevalence rates should be used as the principal indicator of progress or failure. Such prevalence figures are good indicators of both existing and future levels of drug-related problems. Fortunately, they can be efficiently collected through surveys and they are easy both for the public and for policy makers to understand.

### Reducing availability

Reducing the availability of narcotic drugs represents the most potent factor in reducing drug consumption levels and related harm. Availability is a complex concept and one must consider several of its elements. The concept of availability includes: a) the *supply* of drugs (physical availability); b) the *real price* of drugs, (economic availability); c) the *attractiveness* of the drugs (psychological availability), and; d) the *social acceptance* of drugs within the user's primary reference groups (social availability).

#### Other FORUT publications on aspects of alcohol, drugs and development:

*"Alcohol and Development"*

*"Prevention Works; A toolkit for addressing alcohol and drug problems in a development context"*

*"Cheers to the Family"; Intimate partner violence and alcohol" (published together with the IOGT-NTO movement in Sweden and IOGT International).*

*"Alcohol and HIV/AIDS"*

## Key Issues Regarding Drugs, Development, and Prevention

*Global and national drug policy discussions involve a large number of sub-themes; sometimes discussed separately, others times mixed together. The following is reflections by FORUT over key issues related to drugs, development and prevention.*

### A public health approach

Drug use is not only a health issue that can cause severe consequences for individuals; it is also an important matter of public health. Unlike clinical medicine, which focuses on the care and cure of diseases in individual cases, public health policies affect larger population groups.

Those policies serve both to define and understand the structural causes of drug use within a society and help to determine interventions that can reduce drug-related harm at the population level. A public health approach to minimizing harm from narcotic drugs involves measures that aim to reduce the number of individuals who are exposed to drug use in their environment.

Addressing risk factors on a population level has dramatically improved both the health of individuals and populations during the last century; for example by addressing risk factors for alcohol-related harm. The overall positive health benefits of population-based approaches far exceed those that are available only from clinical interventions on the individual level.

### The role of health services

The use of narcotic drugs is a complex, multi-faceted problem that must be considered from numerous perspectives, including legal and law enforcement, public health, welfare, and development. All countries would do well to strengthen and expand their health

services to assist people with acute drug problems or drug addiction. In too many countries today such services are almost entirely lacking.

Despite the great need and the potential for enormous benefit, one must be realistic about how large a role health services can play in a national drug strategy. Not even the world's richest countries – those with highly developed public health services – can afford treatment systems capable of assisting all those in need; particularly given the widespread and heavy use of alcohol or narcotic drugs in those societies. Tackling the consequences of regular narcotic drug use, in addition to the massive harm caused by existing alcohol use, is generally far beyond the capacity of health services in all nations.

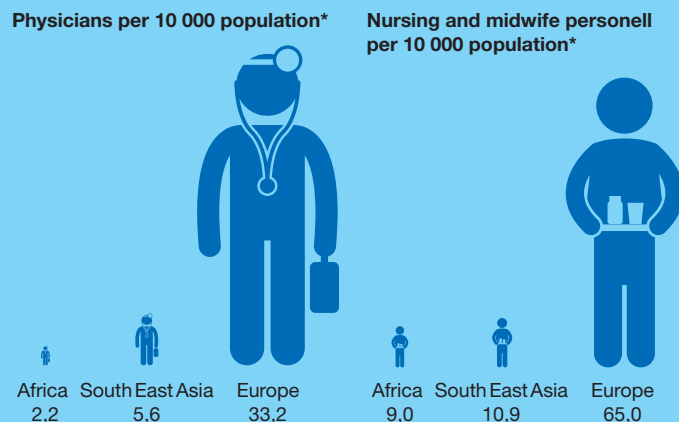
That reality is far more evident in many developing countries, where the health service systems are already overwhelmed by the typical diseases of poverty, including malaria, TB, and malnutrition.

### The role of harm reduction

“Harm reduction” typically describes policies and practices that aim to reduce the harms associated with drug use by people who are unable or unwilling to stop. Unlike prevention, the focus is not so much on changing the person's drug-using behaviour, but rather on protecting the user (and perhaps others) from foreseeable harm.

An emphasis on such facially appealing harm reduction programs, however, confuses drug policy discussions and could easily divert attention from prevention programs and early interventions that are by far more comprehensive and successful in working to reduce drug-related harm and human suffering. Broad interventions aimed at larger population groups are also more humane because they prevent or limit

The capacity of national health system vary greatly between countries and regions, measured in numbers of physicians and nursing and midwife personell



Country/region	Physicians per 10 000 population	Nursing and midwife personell per 10 000 population
Malawi	0,2	2,8
United Kingdom	27,4	101,3
Vietnam	12,2	10,1
Sri Lanka	4,9	19,3
Senegal	0,6	4,2
Brazil	17,6	64,2
Peru	9,2	12,7
Denmark	34,2	160,9

\*Selected figures from World Health Statistics 2012, published by the World Health Organization. Chapter 6. Health Workforce, Infrastructure and Essential Medicines, from page 122.

suffering at a very early stage of development. Furthermore, population-based initiatives are more effective than harm-reduction efforts to reduce harms to others than the users; they are also quite cost-effective because they address problems long before they grow severe, when they are much easier to manage.

Unquestionably, providing health and social services to heavy users and addicts to manage acute problems is an important and integral part of a public health-based drug or alcohol policy. Those programs and limited harm-reduction interventions, however, will never be sufficient to replace a broad and balanced policy aiming at preventing drugs problems from occurring.

### Substance use and poverty

Substance use and poverty have strong links, but the relationship is complex. For example, alcohol and drug consumption may lead to poverty because their use degrades the user's ability to perform daily duties and functions in the family or at the workplace. This

condition may result in absenteeism, loss of income, and eventually the loss of a job and income. Additionally, poverty may result when expenditures for alcohol or drugs divert large parts of a poor family's income away from basic necessities, such as food, clothing, shelter, and education. Intoxication can also lead to behavioural changes resulting in the victimization (mostly) of wives and children, who may become abandoned or may have to flee violence without resources. For vulnerable poor people living hand-to-mouth, even small changes in income levels can dramatically destabilize their daily lives.

But it could also be that the misery and hopelessness poor people face daily are also drivers of substance use. Many have observed that poor people resort to drinking to cope with their hardships. Whether substance use leads to poverty or poverty leads to substance use, it is clear that the two scenarios are interrelated, creating an even more vicious downward spiral accompanied by increasingly severe problems.

Poverty itself contributes to bad outcomes from alcohol and drug use. According to well-established findings, the poor suffer greater harm than more affluent populations from equal amounts of consumption.

### Community mobilization

Community-based prevention has great potential for helping young people grow up drug-free. Mobilizing at the local level, particularly as part of a national strategy that involves many communities, appears to yield success. Parents' groups, schools, local authorities, police, social services, NGOs and religious and business associations, among others, can provide important contributions to coordinated community prevention efforts that help keep youthful environments free from drug use and its promotion.





The experience of Iceland offers a striking example of how such an approach can yield substantial and well-documented results within a short time. The Icelandic model is now being tested in larger cities throughout Europe.

### Good governance

War lords thrive in environments of poverty, corruption, lawlessness and abuse of power by authorities. In a number of countries organized criminals have destabilized society, corrupting governments and trapping large population groups in a reign of terror.

Such conflicts have come to be called “drug wars” due to the role that production and sale of drugs have played as important income sources for the criminals. However, such groups also earn a large share of their revenues from other sources than drug trafficking; like the sale of weapons, slave trafficking, prostitution, money laundering, blackmailing, extortion, and other sources.

The best way to counter this social disintegration in some drug producing countries is to attack the root causes of the so-called drug wars by promoting good governance by the authorities and economic development for the people.

### Alternative sanctions to imprisonment or fines

Rather than emphasizing the punishment of drug users, the ban on non-medical use of narcotic drugs primarily intends to minimize the social acceptability and the prevalence of both experimental and regular drug use. An important element of the anti-drug strategy therefore involves reintegrating marginalized segments of society and bolstering their respect for the law. Too many current policies seem to have a contrary effect.

The prosecution – or management – of minor drug offences should focus on rehabilitating drug users – reducing or eliminating their use – rather than on incarcerating them. Numerous other remedial interventions that avoid punitive incarceration or fines are also available and consistent with the framework of existing UN drug conventions. Several countries have already implemented an array of diversion programs, including dissuasion commissions, youth contracts, drug courts and rehabilitation programs for young and experimental drug users. Many of those programs have shown promising results.



### Medical marijuana – a non-issue

Legal medical use of narcotic drugs is recognized in the UN drug treaties. The preamble of the Single Convention from 1961 states that: "...the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes."

Because ingredients from the cannabis plant may be helpful for medical purposes, they should be explored, tested and approved through the ordinary systems used in the development of medicines. Medical marijuana

should not be considered in the context of policies enacted to regulate non-medical use of drugs.

Globally, authorities must expand efforts to secure the necessary supplies of opioid pain killers, develop safe and approved medicines based on other narcotic drugs, and to ensure the strict regulation of such medications in effective systems of government control.

A specialized web site on alcohol and drugs  
as a development issue:  
[www.add-resources.org](http://www.add-resources.org)









**ADD**  
Alcohol, Drugs  
and Development

 **FORUT**



Start with prevention; it is the most effective and humane way to reduce harm from drug use. It is the most cost-effective policy option; it is a sustainable and people-empowering strategy; and it is in the best interest of the world's children.

Drug prevention is an important development issue. Development perspectives therefore deserve far greater prominence in global drug policy discussions. Poor and marginalized people of the world need no additional burdens from drug use beyond the considerable ones they already bear because of poverty, poor housing and malnutrition, TB, HIV/AIDS etc.

FORUT is a development NGO specialized in alcohol and drugs as a development issue. It is based in Norway and works together with NGOs and governments in Africa and South East Asia.

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