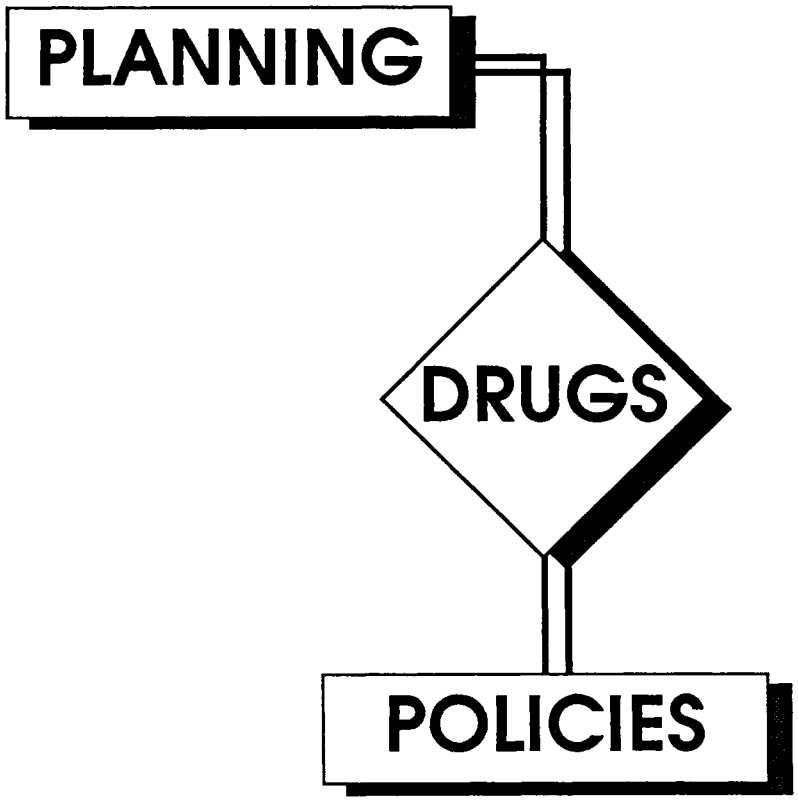
Section 4



Section 4: Planning a drugs policy

The Problem.

Many countries are investing major resources to fund new initiatives to tackle the growing problems associated with drugs use. But each country is different—economically, socially and politically.Each country's drug problem is unique and requires a clear set of aims and strategies relevant to its culture and situation. What broad framework can countries use to develop a national drugs policy that is relevant to their needs and circumstances?

This problem is no less true for organisations. What key questions do they need to answer in order to develop an organisation policy towards drug abuse?

Number	Title	Purpose	What To Do	Use with Young People
13	A National Framework	To increase understanding of a national framework for a drugs policy and to begin the planning of that policy.	Presentation and discussion of a national framework and a case study with a participative planning exercise.	
14	Key National Policy Issues	To identify ways of resolving some key national drugs policy issues.	Creative activities in large and small groups.	
15	An Organisation's Drug Policy	To assist the planning of an organisation's drug policy and develop a code of conduct for staff.	Use of planning 'tool' and an example 'code of conduct' in small groups.	

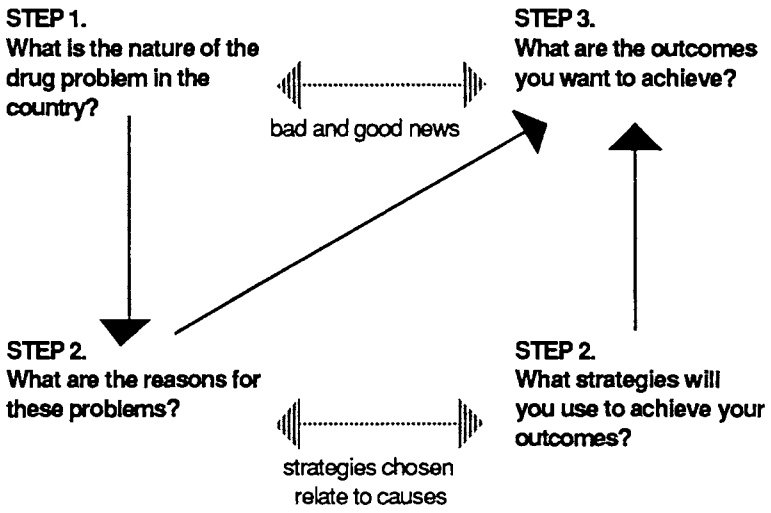
Activity 13: A national framework

Purpose

To increase people's understanding of a national framework for a drugs policy and to begin the process of planning that policy.

What To Do

1. Give a presentation on the possible framework of the national drugs policy (Handout 20). In presenting this, make clear the importance of the sequence and links in the first four steps.



   It may be useful to illustrate the sequence by using an example: Handout 21 summarises the national policy for one country.

2. Lead the group through questions of clarification and identify areas for further debate and discussion —
   eg.
   - Do you agree with the country's policy aim of minimising the harm drugs do rather than creating a drug-free society—what are the arguments on both sides?
   - Do you agree with the country's approach to controlling the supply of drugs?

3. Ask the group to draw up the basic outline of a national strategy that would be appropriate for their country.

   Divide into small groups and ask each group to draw up a national policy using the key headings. Depending on the time available, you could either—
   - give them some relevant basic factual information about drug use in the country and existing programmes

   or
   - ask them to carry out the necessary research over a period of time.

4. Each group should present its findings. This could be followed by further debate and discussion with a view to creating a consensus proposal for a national drugs policy. Focus on what the right balance is between:—
   - strategies to reduce demand versus strategies to control supply versus strategies to minimise harm;
   - prevention/early intervention/treatment and rehabilitation;
   - help and advice versus threats and punishment.

Reference 11

Handout 20

PLANNING DRUGS POLICIES

National Drugs Policy Framework

The Framework of a National Drugs Policy

① What is the nature of the drug problem in the country?.

- The drugs being used and the demand for drugs?
- People using drugs—ages, gender, ethnic groups, employment status
- The supply of drugs into the country
- The damage or impact that drugs and drug-related problems are having.

② What are the reasons or causes for these problems?

- Reasons why certain drugs and not others are used in a harmful way
- Reasons why particular groups of people are using them
- Reasons why drug use is having the impact it is
- Reasons for the current nature of facilities/services provided.

③ What outcomes do you want to achieve?

- A drug-free society?
- Reducing demand for drugs?
- Controlling the supply of drugs?
- Minimising the harm drugs do?

④ What strategies will you use to achieve your outcomes?

At national, local and community levels, what will be actively done concerning:

Reducing the demand for drugs
- Prevention strategies
- Early intervention in the lives of drug users
- Treatment and rehabilitation of drug dependents

Controlling the supply of drugs
- Improved customs procedures
- Harsher penalties
- Better international cooperation

Minimising the harm drugs do
- Needle exchange schemes
- Controlled drinking programmes
- Family support groups

Handout 20 (continued)

National Drugs Policy Framework

PLANNING DRUGS POLICIES

⑤ Resources to implement and support the drugs policy

- Which agencies are implementing and will implement the policy?
- How much money is being spent and will be needed?
- What training, information and support is and will be required to implement the policy?

⑥ Management of the policy.

- How is the policy being managed or co-ordinated now at national and local levels and in the future?
- What systems for communication will be developed?
- Who is and will be making decisions about resources at national and local levels?

⑦ Evaluation of the policy

- How will the changing nature of the drug problem be monitored?
- How will the success of the various current and future programmes be evaluated?
- How will the efficiency of the implementation of the current and future programmes be monitored?

ON-LINE PROJECT

Handout 21

National drugs policy case study

PLANNING DRUGS POLICIES

① The nature of the drugs problem

Surveys of drug use by young people have been conducted in the country since 1971. These surveys show that in the fourteen to nineteen year age group the main drugs used are alcohol, tobacco, analgesics and marijuana. Opiates are only used by a very small percentage of young people.

② Causes of the drugs problem

Research has shown that the use of illicit drugs only occurs after use of legal drugs has taken place. This has meant that the main emphasis of the country's work in the drugs and youth area has been with legal drug use.

③ Aim of the country's drugs policy

A national campaign against drug abuse has been in operation since 1985 with the aim of minimising the harmful effects of drugs, both licit and illicit, on society.

④ Strategies for achieving outcomes

i) Strategies for minimising the harm drugs do

The current strategy emphasises activities aimed at reducing demand for drugs through prevention and treatment services while maintaining and selectively enhancing drug supply control measures. Whilst it is necessary to maintain both treatment and preventive education services in a comprehensive national policy, most benefit in the longer term would flow from an increase in preventive strategies. The major emphasis in the next trienium will be placed on prevention, and that the special requirements and circumstances of young people be addressed in all drug programmes and campaigns.

Handout 21 (continued)

National drugs policy case study

ii) Methods for reducing the demand for drugs

- Each of the regions are involved in a **variety of programmes** for young people ranging from drop-in and counselling centres to education programmes, peer leadership programmes, tertiary student programmes, training of youth workers in drugs and alcohol, families-in-action, smoking cessation programmes and assertiveness training.
- **Videos and other resources** have been made which are used as part of overall approaches to drug education.
- Programmes are to be placed within a broad framework of **health education**, linked to other activities and to be part of ongoing programmes.
- Ensuring that all other **government departments** who make policies and conduct programmes which may affect youth consider their activities in light of youth needs, including drug-related issues.
- **A major alcohol and youth media campaign**, including television commercials, magazine inserts and posters and the development of a computer software programme on alcohol.
- Many **schools** are involved in drug education programmes from early years until the end of schooling and into the post secondary years.
- **A pilot study** aimed at producing a statement/framework to include drug education as part of the curriculum in order to make sure the process will be ongoing. This pilot stage will be completed in 1990.
- **A Youth Workers Training Programme** has been developed over the past two years. It was developed in consultation with youth workers around the country and is based on dealing with workers' attitudes towards drug use and their own dependency situations.
- **A peer programme** which works with youth leaders who then teach other young people about drug issues is based on research which shows that peers learn best from their own age levels.
- **Families In Action** is a programme run by a non-government organisation. It implements community-based activities which enhance young people's ability to make choices about drug taking which are conducive to health and/or promote healthy home and community environments. Activities include workshops, street theatre, drug information media campaigns, lobbying, etc. In many instances these activities are initiated by young people.

Handout 21 (continued)

PLANNING DRUGS POLICIES

National drugs policy case study

iii) Methods for controlling the supply of drugs

- Customs controls provided by the Customs Service.
- Collecting intelligence about drugs by the Criminal Intelligence.Bureau
- Coastal protection and surveillance.
- Air cargo security.
- Tracking the proceeds of illicit drugs activities.
- Access to tax files.
- Waterfront security.
- Security of drugs in community pharmacies.
- Drugs squads employed by the State Authorities.
- Mutual association with other countries on trafficking, extradition, etc.
- Legislation on control of designer drugs, forfeiting of assets, telephone and mail interception, detention and search, control of barbiturates.

⑤ Resources to implement and support the policy

A total of $32 million was made available in 1985-86 for expanded and 5new initiatives in attacking drug abuse. The total allocation for 1985–86 was:

	$m
Treatment and rehabilitation (contribution to cost-shared programmes)	18.5
Education (contribution to cost-shared 6 programmes)	2
Media/Information Campaign National Education Initiatives Research and Evaluation	3
Centres of Excellence Information and Monitoring	1.5
TOTAL:	15

A total of $500 million was provided for the ongoing National Drug Education Programme in 1985-86.

Handout 21 (continued)

PLANNING DRUGS POLICIES

National drugs policy case study

⑥ Management of the policy

Chain of Responsibility	Membership
Premiers' Conference	The Head of Government and each Regional Premier.
Ministerial Council on Drug Strategy	Two Ministers responsible for either health, law/attorney-general's or police portfolios from each Region.
Standing Committee of Officials of the Ministerial Council on Drug Strategy	Senior executives of the departments responsible for the relevant portfolio areas
Committees Sub-Committees Working Groups	Officials, expert advisors drawn from academics, professionals and community

⑦ Evaluation of the policy

The campaign against drug abuse has been evaluated by an independently led Task Force and concluded that it had moved a long way towards its goal of minimising the harm caused by drugs in society. The campaign was assessed as a major success having established a sound base on which to build.

More quality data on drug use are needed to identify the most appropriate targets for action, and to measure progress in achieving the objectives of the campaign.

Activity 14: Key national policy issues

Purpose

To identify ways of resolving four key national drugs policy issues, namely:

a) on researching the nature of drug use;
b) achieving drugs goals;
c) making drugs programmes relevant and effective, and
d) government social policies.

What To Do

1. Four of the issues raised at the Commonwealth Youth Conference on tackling drugs are given on Handout 22:

   ① The need for proper research of the nature of the drugs problem as a starting point for planning a response.

   ② The choice between the overall goals of seeking to achieve a drug-free society versus seeking to minimise the harm drugs do to society.

   ③ Ensuring that programmes aimed at reducing the demand for drugs are relevant to the needs, concerns and positions of drug users.

   ④ Recognising that other government policies on homelessness, unemployment, and so on may be contributing to problems of drug abuse and needing action to prevent this happening.

   (If the group feel that other major areas are more important to discuss and work on, then substitute these issues and adapt the rest of the exercise accordingly.)

2. Work in four groups.

Group One:	Produce a set of proposals for ways of finding out the real nature of drug use among different groups in their country.
Group Two:	Write a dialogue between two people on the arguments in favour of aiming for a drug-free society and arguments in favour of seeking to minimise the harm drugs do.
Group Three:	Produce an action plan for ensuring that new programmes aimed at reducing the demand for drugs are relevant to the target groups concerned and not just ideas someone thought might work.
Group Four:	Write a newspaper article that criticises the government's general social policies for making the drugs problem worse; and a press release produced by the government saying how well the government's overall social policies help to reduce the demand for drugs.

Each group should then decide how they will present the outcomes of their work to the group in a way that involves the whole group in a participative way.

For Example:

1. If Group One feel that youth workers could conduct a street survey among young people, then this idea could be presented by asking the group to role play doing a street survey.
2. The dialogue produced by Group Two could be copied out and people in pairs asked to read it out and then carry on when the script runs out.
3. Members of the group discuss the action plan but do so whilst acting out the roles of the different target groups for drugs programmes.
4. The group are asked to write 'letters' to the newspaper in response to the article and the press release.

Activity 15: An organisation's drug policy

Purpose

To assist people to plan their organisation's policy and work on drug use, and to develop a code of conduct for their staff.

What to do

1. Distribute Handout 23, which is a planning tool to assist workers in an agency develop their organisation's drug policy, and Handout 24, which is a draft code of conduct for workers in an organisation.
2. Lead the group through the first handout explaining what the questions mean. Deal with any questions to help clarify what is being asked for.

   Divide the group into pairs and ask people to try to fill in the policies.

   Note— If people are from the same agency, they can fill it in together or do it separately and compare different outcomes!

   If people are from different agencies, they can take it in turns and help each other.
3. In the whole group ask each pair to report back:

   (a) key issues arising from trying to complete the task.

   (b) how they could use the handout in their own agency.

Reference 10

Handout 22

National drugs policy issues

PLANNING DRUGS POLICIES

Some key issues in developing a national drugs policy

Research: How to find out what's really going on

What methods can be used to get an accurate picture of the drug problem in our country? Sample survey (like opinion polls) in local communities. School based surveys? Surveys and reports by local people who work in the community? Reports by doctors and treatment centres, crime statistics.

Aims: Drug-free or harm minimisation?

Is aiming for a drug-free society an unachievable goal? Would a more realistic, achievable and acceptable goal be to minimise the harm drugs do to individuals, families and the community as a whole? Or should we not surrender our ideals and aim for a society free of all (illegal) drugs.

Methods: How to make drug programmes relevant

How can we be sure that the methods and programmes used for reducing the demand for drugs are relevant to the needs, concerns and positions of drug users?

Government Policies: Who's to blame: the government or the individual?

Should a national drugs policy make the government assess how much its housing, employment, education and social security policies are creating conditions that will lead to increases in drug use and policies? For example, if homeless people steal to get money to buy drugs to help pass the day quickly, then policies that create homelessness lead directly to increases in drug use. Or is it an individual's responsibility for taking drugs so people should not pretend it is someone else's fault? Who will implement the policy on drugs—the government, other organisations?

ON-LINE PROJECT

Handout 23

Developing my organisation's drug policy

PLANNING DRUGS POLICIES

1. **What is the nature of the problem in the geographical area covered by my agency?**

The drugs that raise most concern are: ①

The problems in our area:

Draw a rough map of the area covered by your agency and write in the situation as you see it.

Handout 23 (continued)

PLANNING DRUGS POLICIES

Developing my organisation's drug policy

The main problem is: ②

Health problems:

Legal problems:

Other problems:

The groups of people whose drug use is of most concern are: ③

The response of other agencies and the community so far includes: ④

Handout 23 (continued)

PLANNING DRUGS POLICIES

Developing my organisation's drug policy

2. The role my agency should play in response to these problems is: (comment on each option)

Set up a specialist drug centre within our agency ①
Comments:

Integrate drug-related work into all our work ②
Comments:

Refer people we encounter with a drug problem to other agencies. ③
Comments:

Set up an inter-agency response with other agencies. ④
Comments:

Other ideas: ⑤

Handout 23 (continued)

PLANNING DRUGS POLICIES

Developing my organisation's drug policy

3. Code of conduct for my agency

The draft code of conduct attached is:

4. Support needed in my agency

In order to improve our work on drug issues we need: (fill in your views)

- personal support for staff
- training for staff
- resources
- working groups
- other ideas

ON-LINE PROJECT

Handout 24

Drugs code of conduct

Draft code of conduct

Source: This extract is taken from "High Profile", material for British Youth Workers, published by ISDD.

The agency has drafted a Code Of Conduct indicating the proper course of action for our staff facing certain situations involving legal or illegal drugs. Following consultations, the Code will be modified and then incorporated into the conditions of employment of the agency.

Note that this (draft) Code Of Conduct applies only to certain situations in which consequences of not taking action could be very serious. It will not be practical or desirable to take action in the case of every instance of an alcoholic drink or cigarette being consumed by young people.

1. Management of premises

Immediate action must be taken, involving the police as expedient, to curtail the following activities.

- use of illegal drugs on the premises of the agency, or
- supply of alcohol or illegal drugs on premises.

These activities place both the worker and the agency at risk of prosecution.

2. Confidentiality

Staff may maintain confidentiality and are not obliged to inform the police or line manager in the following circumstances.

- When the worker learns that a young person has used alcohol,solvents or any illegal drug;
- When the worker observes young people in possession of illegal drugs away from the agency's premises.

Nevertheless, staff may decide it is in the best interest of the young person, themselves and/or the agency to take action.

3. Obstruction

Staff must not obstruct the process of police investigations as this is a serious offence. The offence of 'obstruction' involves a positively and actively obstructive act, such as the physical concealment of illegal drugs or of a person who possesses them, or helping such a person to escape the police (eg. by creating a diversion or providing means of transport).

4. Confiscating drugs

In the case of a young person who possesses small amounts of drugs for his or her own use, the staff (or any other member of the public) may receive the illegal drug from the young person in order to give it to the police or to destroy it.

Ideally, the transfer of the drug from the young person to the worker should be witnessed by at least one other adult so that the worker has a defence against any suggestion that the drug might be their own. Likewise, if the drug is destroyed (eg. by flushing down a toilet), then this too should be witnessed.

Handout 24 (continued)

Drugs code of conduct

Whichever action is taken, destroying or handing to police, it must be carried out as soon as possible. In no circumstances should staff keep drugs on the premises or their person over night.

If the drug is given to the police, the worker is not obliged to give the name or other identifying characteristics of the young person from whom the drug was taken, and it is the policy of the agency that names should not be given by anyone other than senior management.

However, the worker must in all such cases immediately (within 12 hours at the most) inform senior management, who will than ask the worker for background details before deciding any line of action.

5. Contacting parents

Under normal circumstances, when dealing with the younger age range (under 18) as opposed to young adults, parents should be contacted in cases of confirmed and repeated use of alcohol, solvents or any illegal drug whenever there is any indication of serious risk to health.

In all cases the worker should first negotiate any such contact with the young person concerned, so that it may be done on his or her terms as far as possible.

However, in cases where the worker judges that family relationships may be an important contributory factor to drug use, or where he/she suspects contact with parents may not be beneficial for the welfare of the young person concerned, the situation should be discussed in the first instance with their line manager before any decision not to contact parents is taken.

6. Preventing death and serious illness

Immediate action should be taken to prevent the following activities which carry the highest risks of death.

- sniffing aerosols and butane (risk of suffocation due to the vocal cords going into spasm, and/or heart failure);
- drinking alcohol and sniffing any solvent within an hour of each other (sedative overdose);
- drinking alcohol and taking a tranquilliser or sedative drug within hours of each other (sedative overdose);
- injecting any substance, since using unsterilised syringes carries a risk of contracting diseases such as hepatitis B, or becoming infected with the HIV virus, leading to AIDS.

Disposal of syringes

In the event of staff finding or taking possession of any syringe that may have been used for injection, extreme caution should be exercised. The following precautions should be taken.

The syringe should be removed to a strong, preferably metal, container, taking great care to avoid any contact with the needle during the transfer. At the first opportunity the container and syringe should be taken to a hospital, which will have facilities for these items to be safely disposed of.

Management should be informed of the incident as soon as possible.

Handout 24 (continued)

Drugs code of conduct

Loss of consciousness

Any person who appears to have lost consciousness following use of drink and/or drugs, and/or solvents should be placed on their side in the 'recovery position'. If breathing or heartbeat is shallow, then get an ambulance or other immediate transport to the nearest A & E hospital department. Such action, possibly saving a life, must take priority over any other considerations.

7. Drug supply

In the case of a young person or an adult whom the worker knows or strongly suspects has been or is supplying any illegal drug to any young person with whom he has contact, the worker must inform management who will, in the ordinary course of things, pass on this information to the police.

8. Advising and counselling young people

It is desirable to give accurate information to young people. For example, staff may reasonably say—"X is illegal, Y is not; W is more dangerous than Z". Such information can be given to those who are already using, or who seem about to use.

Giving advice about acts which are not illegal

Furthermore, staff may make direct, life-saving suggestions in relation to acts which are not illegal (eg. drinking, solvent sniffing). For example, a worker may reasonably say—"Stay away from the agency, stay away from aerosols, and stay away from the canal. Sniff glue down the park, if you must do it somewhere".

Avoid agreeing that an illegal act should take place

However, staff must take care that they are not inadvertently drawn into any conversation with young people in which they become a party to an agreement that illegal drug use take place. This danger arises if workers who are under pressure give direct instructions along the following lines—"Don't smoke cannabis on club premises—do it over the wall".

Such a conversation might conceivably be grounds for a charge of Conspiracy (an agreement between two or more people that one or more shall break the law) or of Incitement (encouragement by one person to another to commit an illegal act).

Source: This draft is taken from 'High Profile', material for British youth workers, which also includes advice on conducting consultations for drawing up policies appropriate to local circumstances. High Profile is available in sets of 20 newspaper-style materials with 80 colour posters/games. It costs £48 including postage by seamail from: Publications Unit, Institute for the Study of Drug Dependence, 1 Hatton Place, London EC1 8ND, UK. In 1990 the ISDD will publish more materials on the practicalities of drawing up local policies.