

# Demand Side Policies and Programmes

The conference moved on to consider policies and programmes that would reduce the demand for drugs by young people.

## Format

Each participant had registered for two of the three following workshops:

- Early intervention strategies
- Management of Dependency
- Prevention Techniques

Each workshop was held twice to allow participants to attend two of the three. These workshops were facilitated by members of the planning teams (Francis Phiri—Early Intervention; Andrew Ball—Dependency; Victoria Martin—Prevention). In the prevention workshop Nancy Comeau, also from Canada, assisted Victoria Martin.

On the completion of the second workshop, a plenary session was held, with 4 participants providing personal feedback on their preferred initiatives in the demand field.

After lunch, regional groupings met to consider policies and programmes relevant to their area.

## 1. Early Intervention Strategies:

This workshop focussed on programmes working with young people in the early stages of drug abuse.

- a) Some of the important **issues** that arose in the course of the workshop included
- If intervention is to be early and appropriate it is necessary to be able to identify the 'at risk' group. But this is not easy because by the very nature of early drug use, it is low profile.
  - The need to clarify and appreciate that different people see the 'problem' in different ways. The youth's perspective may be different to the adult. What is accepted in one culture might be condemned in another. So, one person's perception of a need for intervention might be inappropriate.
  - An understanding of who's problem this is. A person from one set of values might consider that another person has a problem, when the person in question considers it normal behaviour.
  - If an agency sets out to target groups of young people in order to detect drug use and intervene at an early stage, it's strategies need to take into account the nature and situation of the group. Is it inner city or rural; from which culture or racial background; is the group male or female?
  - Whether the intervention of an agency might not actually confirm the drug use of a young person as that person reacts against someone interfering in their life and their life decisions.

# Ideas & Programmes

- The danger of focussing on the drug as the problem when everyone recognised that it is the factors behind the drug usage that are most vital.
- b) Some of the **ideas** developed and **programmes** considered, included:
  - Using questionnaires, observation and surveys, on a confidential basis, to establish the group of young people that were 'at risk'.
  - Involving young people themselves in identifying the real problems as opposed to the 'presenting' problem.
  - Creating in young people, through media campaigns, an awareness of the risks that they are taking if they continue their initial drug use and outlining the options available to them should they require assistance. If the young person him/herself makes the choice to join a programme that is preferable.
  - Co-ordinating the prevention/early intervention and management of dependency strategies at all governmental and non-governmental levels.
  - Developing programmes that focus on increasing young people's self-esteem through their full involvement in decision making within the programmes they are involved in. Decision-making involvement in programmes that affect them, should increase commitment to the outcomes.
  - Adjusting a country's regulations to control drinking and smoking.
  - Placing the emphasis on engaging with young people to discuss drug related issues when they arise rather than lecturing or admonishing them.
  - Involving young people using drugs in surveying the levels of drug abuse and its effect within their own communities.
  - Working with young people to identify and discuss some of the ways of resolving the factors which affect drug abuse:
    - e.g. family breakdown
    - poverty
    - wealth
    - illiteracy
    - school drop-out
    - irrelevancy of the school curriculum
    - inappropriate media coverage
    - too much leisure time
    - negative peer group influences
  - Peer counselling programmes with young people working one-to-one with other young people.
  - Ensuring young people gain alternative 'highs' through risky sports activities, 'clean' social events, and so on.
  - Encouraging young people to complete their own personal self-inventories so that they can understand themselves better.
  - Joining with parents so that they can understand and develop ways to react which will not compound or entrench the difficulty.

- Using youth workers in a more focussed approach to drugs problems.

c) General observations

- There is no perfect programme. As each situation is different due to cultural and geographical factors and each individual is different, a variety of responses are required.

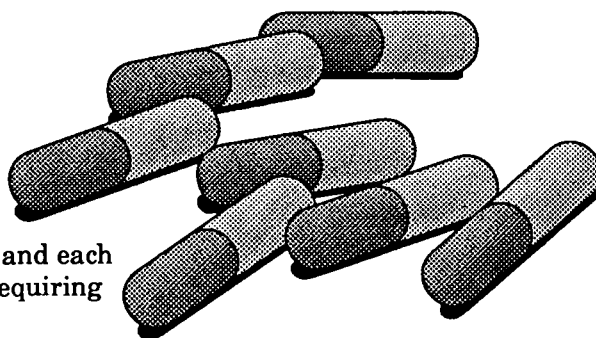
## 2. The Management of Dependency

This workshop focussed on working with people who could be commonly described as 'addicted'.

a) Some of the important **issues** that arose include

- Can people dependent on drugs be helped if:
  - i) they deny they have a problem in the first place?
  - ii) they don't want to change even if they do have a problem?
- Re-integration and rehabilitation are essential if the individual is not simply to begin again but what resources and facilities are needed to help people in the long term when they could be returning to no job, a broken home and poverty?
- Geographic differences will have a particular influence on the amount of drugs available and, therefore, on the need for treatment programmes. The position of the Caribbean between Columbia and the USA and the proximity of some Asian countries to the Golden Triangle ensure significant usage in those countries. At the other end of the spectrum the remoteness of a country such as the Maldives ensures a degree of protection.
- Differing religious and cultural values are likely to influence perceptions about appropriate ways to manage dependency. Choices about dependency management techniques are not solely based on relevant scientific or medical facts. They are culturally and religiously influenced. It may be difficult, for example, for some groups and countries to accept a philosophy where a drug free state is not the goal.
- Dependency management needs to be seen on a continuum of prevention through rehabilitation,
 

e.g. prevention  
early intervention  
treatment  
—detoxification  
—rehabilitation  
—relapse prevention  
harm minimisation
- It is important to offer different management of dependency options as there is no one single effective treatment. Each situation and each person will be different, therefore, requiring potentially different approaches.



ISSUES

- What is success and how do you measure it? Success may mean different things for different people in different programmes and communities:

e.g.

create a situation in which a person is completely drug free

or

ensure that the person is minimising the harm that they do to themselves through their drug use

a positive outcome for the individual drug user

a community that benefits from control of the drugs problem

improved individual health

reduced criminal activity

- In any consideration of management of dependency issues it is necessary to consider the link between AIDS and Intravenous Drug Use. There appear to be different levels of recognition. In one group, participants from Malta, the UK and Australia considered it a major issue whilst those from Malaysia and India did not. This issue is compounded by the different routes of transmission. In the Bahamas, there is not a major IV drugs problem. AIDS is more likely to be spread sexually. High levels of unsafe sex are associated with the use of 'crack'. In Australia and the UK the greatest risk of AIDS transmission is through dirty needles/syringes.

b) Some of the **ideas** developed and **programmes** considered, included:

- Separate 3-6 month treatment programmes for drug users of illicit substances, such as heroin and cocaine, consisting of 3 phases:

i) pre-admission assessment

ii) detoxification

iii) support and after-care to maintain sobriety

The approach staffed by medics and counsellors is multi-disciplinary and wholistic. All involvement is voluntary.

- Separating the treatments of those with an alcohol dependency and other drug dependencies.
- Crisis intervention centres for illicit drug users with 15-20 detoxification beds.
- Rehabilitation involving follow-up at day care centres for up to 3 years.
- A therapeutic community for those who have social problems.
- Compulsory treatment for illicit drug users because the problem is considered to be a security problem in the country.
- Family therapy and home visits as important parts of any programme.
- Banning of alcohol consumption by the local population in countries which are Muslim but making alcohol available to tourists in tourist resorts. Punishment for consumption by the local population includes heavy fines.
- Strong family and community feeling and support are important in any dependency management programmes.
- Religion can be an important part of any programme.

- The Voluntary Sector is important in providing programmes.
- Tailoring of programmes to the individual is necessary because each person and every problem differs.
- Programmes using a range of strategies including medication , psychotherapy, group and family therapy, behaviour modification techniques, self-help groups such as AA and alternative therapy such as acupuncture, have a stronger chance of working. Some of these might not be recognised by orthodox medical institutions.
- There is a need to recognise that many of the factors involved in adolescent drug use differ greatly from those involved in adult drug use. For example, issues of normal adolescent development need to be dealt with when treating adolescents for drugs problems. This could mean that it is appropriate to establish separate adolescent and adult detoxification and rehabilitation programmes.
- Alconfrontation is worth considering. This involves a careful understanding of the history of and an assessment of the present position in relation to alcohol use, including any associated problems. The individual is then confronted with the facts and implications of that use.
- Methadone maintenance programmes can provide an effective and much less harmful substitution for heroin dependants.
- Outreach programmes that meet and treat the drug user on their own territory ensure an environment which may be more conducive to encouraging the user to stop using.
- It is recognised that the small population and island nature of some countries make it difficult to either attract or justify resources for specific drug/alcohol problems. Lobbying of politicians and government officials is also difficult because of the risk of being seen to be aligned with one political party.
- Non-government organisations and voluntary community groups may spearhead developments by initiating programmes.
- Community action groups may be the most appropriate means of influencing government policy in small states.
- Regional treatment centres, established to service a group of countries in close proximity to each other may help to provide a quality service that can be afforded by governments.
- Many countries charge fees for medical treatment. For people with financial difficulties this is a problem. These are also the people who are likely to have a problem. Therefore governments should consider making free beds available for the detoxification and treatment of patients with drug/alcohol problems.
- Although prevention and early intervention strategies should be given the highest priority they should not be resourced at the expense of adequate treatment facilities.
- Motivational strategies should be used to encourage drug users to enter programmes voluntarily. This is the best atmosphere in which to begin treatment.

- Access to treatment should be made simple in order to maximise the number of people who may enter a programme. This can be done by making
  - i) information about treatment facilities readily available through resource directories and telephone information services
  - ii) beds available in hospitals or specialised treatment centres to treat people with drug related problems
  - iii) free or subsidised treatment. In the long term, it will save money
- Treatment programmes need to be integrated with other health care and community services to facilitate referral for treatment and follow-up care and support.
- Wider issues which influence drug problems also need to be addressed. These include loneliness, poverty, unemployment, family background, ethnic and cultural issues. Without addressing these, drug treatment strategies will fail.
- Both the government and non-government organisations should be involved in establishing, funding and developing innovative treatment programmes.
- International aid to developing countries should be sympathetic to funding requests for treatment programmes.
- An international fund should be established to pay for consultants to visit and advise developing countries. It should be noted that, in most cases, it is inappropriate to relocate a programme from one country to another.

### 3. Prevention

This workshop focussed on programmes and policies that could prevent young people experimenting with and abusing drugs.

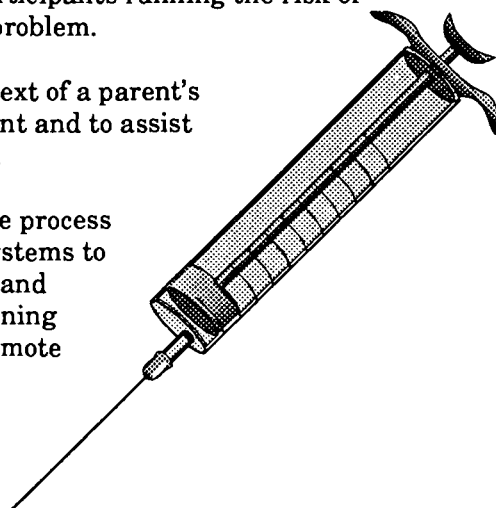
a) **Some of the important issues that arose include:**

- With what age groups should prevention programmes work?
- How can prevention programmes raise awareness of drugs among children and young people in a way that does not encourage use?
- Do scare tactics (frightening posters, etc.) work in either the short or long term?
- How effective are poster and other mass media campaigns? How is it possible to find out?
- Should the content and style of prevention programmes begin at young people's starting points or those of the government or non-governmental agencies involved?
- Should those working in the drugs field examine thoroughly their own use and attitudes to drugs? They will, inevitably, be role models and young people will be quick to recognise any inconsistency between message and action.

- Is the overall goal of prevention the creation of a drug-free society or a drug controlled/limited society?
- Do prevention strategies always need to focus on individuals and their behaviour or can they also concentrate on governments and organisations changing their 'behaviour'?
- Should alcohol and tobacco be included in any prevention work or should programmes only focus on illicit drugs?
- Do the Police have a role to play in prevention programmes?

b) **The workshop considered the following range of ideas and programmes:**

- Using a peer group approach with young people training and working with other young people
- Concentrating on participative approaches that engage young people in discussion and debate.
- Fitting any prevention strategies into broad based personal development, health education and social education programmes, including drugs as one element of that programme. This is preferable to drug specific programmes.
- Pitching the level of emphasis on drugs at the level of awareness that young people have of different drugs at different ages. The prevention should begin as the young person becomes aware of the substance.
- Involving young people who are dependent on drugs as they will be able to relate well to and understand other participants in the prevention programme.
- Clearly thinking through the purpose of the prevention programme, its target audience, the imagery and messages presented and the nature of any media campaign.
- Designing programmes so that they avoid glamorising drugs in any way.
- Ensuring that any prevention programme is part of a general education programme to avoid participants running the risk of being labelled as having a drugs problem.
- Using drugs education in the context of a parent's understanding of child development and to assist good communication with schools.
- Viewing prevention as a pro-active process that empowers individuals and systems to meet the challenges of life events and transitions by creating and sustaining supportive environments that promote healthy behaviour and lifestyles.
- Targeting programmes at the whole community not just the individual.



# Ideas & Programmes

- Training high school students to work with other students on drug related problems.
- Parents working with other parents about drugs in the context of child development and communication skills, using role play situations, action learning and making resource material available.
- Working with the Police to increase their knowledge of the social, as opposed to legal, aspects of the drugs problem, including, for example, the place of peer influence and self-esteem in encouraging drug use.
- Developing programmes that are general in their approach to drugs rather than having, for example, one programme for licit drugs and another for illicit drugs. This is because, whether licit or illicit, 'soft' or 'hard', all drugs act as depressants or stimulants to damage people. Therefore the preventive approach should be the same.
- Agreeing school policies on all drugs, including alcohol and tobacco that are binding on all adults, including teachers, as well as young people.
- Identifying the problem, at an early phase through the use of a co-ordinated network of agencies involved in drugs problems e.g. Social Workers, Judicial Staff, Church based workers, Youth workers. This should be complemented by the monitoring of vital statistics.
- Dealing with drugs in a way that, though focussed and intentional, is almost indifferent and lacking in emphasis in its actual style.
- Incorporating National Anti-Drugs weeks or Drugs Prevention days as part of an annual calendar of events. These can provide a focus to the general prevention work.
- Dealing with drugs issues within any religious teaching programmes.
- Countries without a serious drugs problem at present investing in resources to closely monitor the drugs misuse and abuse situation. This is vital because drug misuse and abuse can spread rapidly.
- Educating parents and teachers about the need to consider drug abuse as one of a range of causes of behaviour change in young people they are in contact with and ensuring that they are aware of where specialist assistance can be sought.
- Incorporating some strongly held core principles into any programme. For example, one programme worked to the following principles:
  - i) accurate information
  - ii) personal growth
  - iii) fun alternatives
  - iv) power of youth to make the difference
- Targeting particular groups for emphasis e.g. young people beginning to smoke tobacco.
- Conducting seminars with young people about the dangers of drug misuse and abuse.
- Involving employers in assisting ex-addicts to re-integrate into the work place, thereby helping to prevent them returning to drug use.

- Working in small groups with young people, focussing on developing their life skills in order to assist them to cope with situations and issues which might lead them to be tempted to experiment with drugs.
- Clarifying, because of potential conflicts of interest, the exact role of the police in any prevention work. Recognising that many young people will treat them suspiciously.
- Presenting prevention messages through media that young people are familiar and comfortable with e.g. modern music, contemporary poster design, and 'trendy' comic characters. Recognising that fashions change quickly.

The workshop divided into small groups to share local experiences and develop some agreed thoughts. Three examples of group feedback include:

**Group 1—The holistic approach is most valuable.**

- \* Use of the media, seminars and outdoor education should take place.
- \* Lifeskills are very important in all aspects.
- \* Training for trainers modules should be developed
- \* Preventive programmes should start as early as possible
- \* Young people need to be involved at all stages

**Group 2—Prevention programmes must happen in all countries:**

- \* educate the public
- \* sell the benefits of 'no drug use' to the public
- \* ensure there is governmental support
- \* hold public meetings through local community organisations
- \* train young people in all aspects of the dangers of drug misuse
- \* focus prevention strategies on health in general

**Group 3—Some countries do not yet have a problem, particularly with illicit drugs**

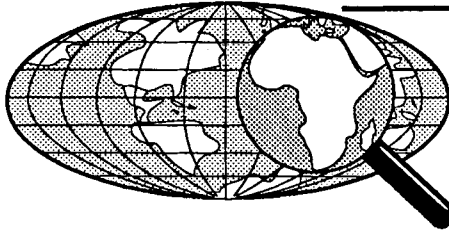
- \* Social workers in these countries should educate and alert individuals and communities to the dangers of drug use and misuse without over-emphasising or dramatising the problem.

—This should be done in the context of a holistic approach.

—Recovering addicts should only be used in Rehabilitation programmes, not in an education role.

## Regional Perspectives

Participants met in regional groupings to focus on programmes/policies, relevant to their regional setting. Some of the results include:



### African Region

#### Statement from the African region:

'We the participants of the Commonwealth Africa region recognise the present drug situation that affects the African region especially substance abuse/trafficking among our people especially the young.'

We therefore invite the attention of our fellow participants at this conference to the following:

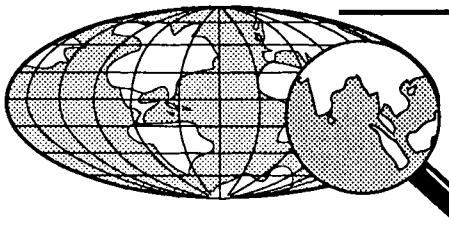
- Adopt the following policies and programs:

**Policy -** Improvement of basic social conditions of people with special reference to youth

Introduction/improvement of health education system at national and regional levels and increase public awareness (parents, peer-groups, schools, local community).

**Programmes:** Employment programs such as self-income generating enterprising schemes to provide both work experience and financial support to the youth.

Commonwealth Regional Centre should endeavour in conjunction with member governments to organise national training programs for youth workers (e.g. skill training, counselling, leadership training related to drug problems, audio visual aids, posters, pamphlets, related to the particular area).

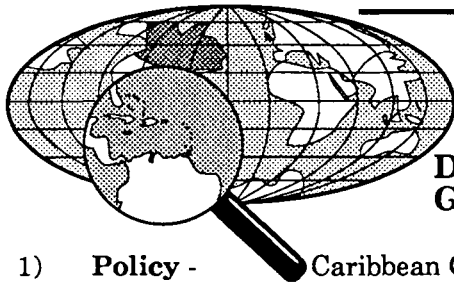


### Asian Region

#### Recommendations to reduce demand

1. Religious Teachings
2. Compulsory Treatment—as it exists in Malaysia
3. Financial assistance by the Government for preventative programmes by non-Governmental organisations.
4. Self-help programmes to generate awareness about the potential which a drug addict possesses but lacks the initiative to use.
5. Get together of First Ladies working on the prevention of drug abuse in the Asian Region.

6. Training programmes for overall personality development.
7. Branches or offices of the **Commonwealth must come forward to assist all those voluntary organisations** who are working for the prevention of drug abuse.
8. Regional Secretariat to be established in India, to exchange information about anti-drug activities and to mobilise youth to work against drugs.
9. Laws should apply to diplomats in case they become involved in drugs trafficking.
10. Uniformity of death penalty in all the Asian countries.



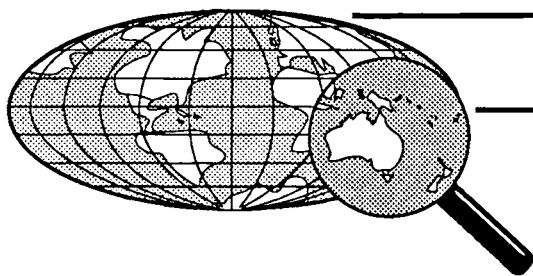
## Caribbean Region

### Demand Side—Caribbean Regional Group

- 1) **Policy -** Caribbean Governments to establish or intensify a drugs education programme.  
**Programmes:** Inclusion of drugs education in school curriculum at primary and secondary level.  
 Establishment of a peer counselling programme.
- 2) **Policy -** Caribbean Governments to establish or intensify an adult education programme to impact on drug abuse prevention.  
**Programmes:** Provision of education material on drug abuse prevention. Education of parents and teachers through Parents-Teachers Associations and by means of workshops.  
 Establishment of workshops organised by parent groups for other parents.  
 Use of entire mass media to sensitise to the drug abuse issue.

Time constraints prevented the addition of further programme details. Earlier discussion had included mention of the following:

- sending out a questionnaire to young people asking about issues such as where they go in their free time, what they do, what music they listen to and so on, with a view to preparing material which would have particular relevance to young people and therefore be more effective.
- some countries in the region already had some of the proposals underway, but the point was made that the programme could be regarded as a 'shopping list' which countries could pick and choose from, as required.
- any children's education programme must be entertaining and fun for the participants.
- 60% of the Caribbean population was still at school, and there was therefore plenty of scope for education programmes.



## South Pacific Region

**Training/Policy:** Commonwealth Youth Programme Youth and Development Diploma

**Programme 1:** As the 1990 Programme is soon to be planned could we suggest that an alcohol and other drugs component be included into the Diploma course.

Material for inclusion in the Diploma Course should be provided from the Pacific area where alcohol and other drug training is currently being used with young people.

**Programme 2:** A sub-regional workshop on a Bi-Annual basis for the Pacific Island Region should take place to bring together those working in the Drugs Prevention/Intervention area.

The CYP Programme should fund such a sub-regional workshop.

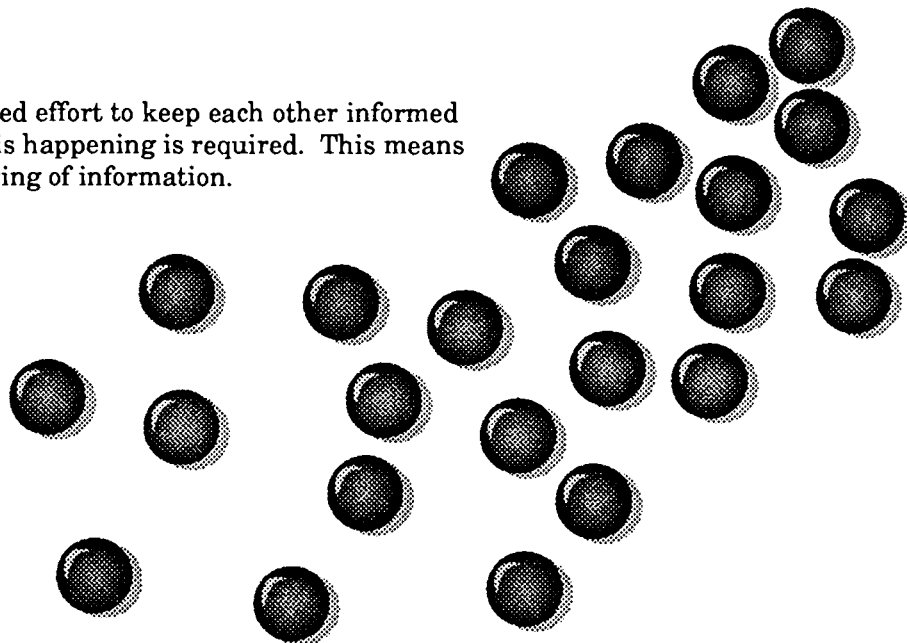
**Programme 3:** Dissemination of information

**Recommendation:**

1. That young people involved in the CYP Diploma course as part of the their course take responsibility for gathering available information and programme initiatives from the Pacific Island region.
2. Direct dissemination of information to Pacific Island communities through appropriate agencies identified by the Pacific Islands.

**Note:**

A co-ordinated effort to keep each other informed about what is happening is required. This means regular sharing of information.



## Final Plenary—Demand Reduction

At the final plenary session on the demand reduction side the Chair introduced the session by explaining that the purpose of the plenary was to begin the process of thinking about action that should be taking place on the demand reduction side. A panel of four participants had been invited to give their perspectives.

The actions proposed were:

### i) Skills Training,

e.g. communication skills leading to better relationships between parents and children. It was pointed out that young people who took to drugs considered them a solution to their problems of insecurity and being unloved.

### ii) Family Approaches,

i.e. parents should spend more time with their children. Assistance was especially necessary at times of culture shock e.g. if a young student was travelling to a country in which drugs were a problem.

### iii) Alternative Activities,

including games and relaxation in a happy atmosphere.

### iv) Progress to Reach the Family

e.g. to point out to parents that their children will enquire and be curious about the pleasure they believe can be gained from alcohol.

## From the floor, other suggestions were made including:

- i) the importance of heightening young people's interest in society and its problems,
- ii) the need for action to cover alcohol and tobacco as well as illicit drugs. By permitting the advertisement of alcohol and tobacco, governments could be said to be promoting drug use,
- iii) while prevention is mentioned by most people, treatment of dependants is a very important topic,
- iv) countries must be cautious about importing successful programmes from elsewhere because those could be culture-specific and therefore not appropriate programmes to another country.

