Drug Control as a Development Challenge

(Human) Development

The crucial challenges facing the world today are, in short, all development challenges : local and regional security/stability, economic issues and environmental concerns.

Nobel Prize economist Amartya Kumar Sen has defined development as freedom: "the freedom of every person to make decisions about his/her own life … it is not only required for a healthy society but it should be the ultimate goal".

"The basic purpose of development is to enlarge people's choices. In principle, these choices can be infinite and can change over time. People often value achievements that do not show up at all, or not immediately, in income or growth figures: greater access to knowledge, better nutrition and health services, more secure livelihoods, security against crime and physical violence, satisfying leisure hours, political and cultural freedoms and sense of participation in community activities. The objective of development is to create an enabling environment for people to enjoy long, healthy and creative lives".

Mahbub ul Haq

The development challenge is primarily a human challenge, how to lead lives free from want and fear.

Human development is about much more than the rise or fall of national incomes. It is about creating an environment in which people can develop their full potential and lead productive, creative lives in accord with their needs and interests. People are the real wealth of nations. Development is thus about expanding the choices people have to lead lives that they value. And it is thus about much more than economic growth, which is only a means —if a very important one —of enlarging people 's choices.

Fundamental to enlarging these choices is building human capabilities —the range of things that people can do or be in life. The most basic capabilities for human development are to lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living and to be able to participate in the life of the community. Without these, many choices are simply not available, and many opportunities in life remain inaccessible.

This way of looking at development, often forgotten in the immediate concern with accumulating commodities and financial wealth, is not new. Philosophers, economists and political leaders have long emphasized human well being as the purpose, the end, of development. As Aristotle said in ancient Greece, "Wealth is evidently not the good we are seeking, for it is merely useful for the sake of something else".

People must be free to exercise their choices and to participate in decision-making that affects their lives. Human development and human rights are mutually reinforcing, helping to secure the well-being and dignity of all people, building self-respect and the respect of others.

Human development challenges remain large in the new millennium. Across the world we see unacceptable levels of deprivation in people 's lives. Of the 4.6 billion people in developing countries, more than 850 million are illiterate, nearly a billion lack access to improved water

sources, and 2.4 billion lack access to basic sanitation. Nearly 325 million boys and girls are out of school. And 11 million children under age five die each year from preventable causes —equivalent to more than 30,000 a day. Around 1.2 billion people live on less than $1 a day and 2.8 billion on less than $2 a day. Such deprivations are not limited to developing countries. In OECD countries more than 130 million people are income poor, 34 million are unemployed, and adult functional illiteracy rates average 15%.

<u>Developing countries</u>

Health
968 million people without access to improved water sources (1998)
2.4 billion people without access to basic sanitation (1998)
34 million people living with HIV/AIDS (end of 2000)
2.2 million people dying annually from indoor air pollution (1996)

Education
854 million illiterate adults, 543 million of them women (2000)
325 million children out of school at the primary and secondary levels, 183 million of them girls (2000)

Income poverty
1.2 billion people living on less than $1 a day (1993 PPP US$), 2.8 billion on less than $2 a day (1998)

Children
163 million underweight children under age five (1998)
11 million children under five dying annually from preventable causes (1998)

As a result of deprivation, so many people living in poverty, suffering from hunger without access to clean water, health care or education, are suffering discrimination and all forms of desperation and loss of dignity. They represent an enabling environment for the growth of illicit and devastating "quick fix" through production, trafficking and use of drugs

Drugs and Development

The scourge of drugs uniquely distills the challenges of development: drugs are a human problem after all – humans produce, traffic, push and ultimately consume illicit substances.

The influence of illicit drugs continues to grow, drawing an ever larger number of people into a perpetual state of dependence, physiological as well as financial domination by drugs. The drug threat is of such proportion that traditional ways of viewing it need to be reassessed; new perspectives are required. The drug scourge goes far beyond addicts and organized crime issues. Drug dependence is now deeply rooted in community malaise and broader socio-economic concerns.

Drug abuse now transcends law enforcement and health sectors and in fact provides the basic necessities for economic survival for many. In 1992 the drug industry as a whole was estimated to have been worth $500 billion. That same year official development assistance was $62 billion.

Drugs as a development challenge: No more are developing countries simply producing drugs to be consumed in industrial societies. In fact, development problems exacerbate production, trafficking

and consumption of illicit drugs that in turn nurtures poverty, health and other development problems and erodes the necessary framework for sustainable human development.

The link between drugs and the spread of HIV is well documented. The link between drugs and poverty, income problems, health and education issues, marginalization of social and ethnic groups, violence, crime, corruption and other governance problems is less studied and understood, but not less devastating in developing countries.

Therefore drug and development problems are not only closely related but also interrelated. As a consequence, drug control is not simply about the control of certain substances but really it is impossible to obtain sustainable control outputs without alleviating poverty, ensuring sustainability, improving participation and access to public goods and services, strengthening the framework for sustainable development and good governance.

Drug control within the framework of development is a dual challenge: drug problems are in fact problems of sustainable human development and failure in one field can exacerbate the other.

Badly planned or poorly managed drug control activities can also have unintended negative consequences and exacerbate both development and drug problems.

The impact of drug abuse on development can be identified in four major areas :
employment and productivity, HIV/AIDS, environment, conflict situations.

Employment and productivity
Economic gains from the illicit drug industry should be seen against opportunity costs, i.e., what could have been achieved with the resources used by the illicit drug activity. Opportunity costs of the drug trade include:

- Lost investment in legitimate enterprise as farmers and processors funnel their savings into illicit drug cultivation and production (high risk, short term ventures)
- Lost investment in human capital as drug-related employment provides a false sense of security to its "workforce"
- Future costs to the quality of the workforce as children get caught up in the drug trade
  - The spillover effect: production leads to trafficking leads to increased consumption
  - Urban children especially at risk for abusing solvents; poverty exacerbates the situation

This is not to mention total drug prevention and suppression costs to Governments as well as other associated costs of the drug trade (money laundering, corruption, etc.)

HIV/AIDS
While the primary cause of transmission of HIV in the developing world is heterosexual activity, intravenous drug use accounts for a substantial portion of AIDS-related cases.

More than ninety-five percent of all HIV cases are in the developing world. Success on controlling AIDS will hinge on targeting the epidemic amongst IDUs. This of course requires political courage based on evidence based policy.

Conflict situations

- Drug-related dimensions can exacerbate ethnic conflicts as minority groups turn to the drug trade to finance their activities.
- In various part of the world authoritarian Governments often justify counter-insurgent campaigns with unconvincing claims that they are acting in the name of drug control.
- Governments use narco-strategic concessions to ethnic groups, playing them off one another by offering them access to the drug trade in return for support.

In situations of armed conflict, the illicit drug industry can develop into an integral part of the local economy. When countries are attempting to rebuild from previous conflicts, they are at their most vulnerable. Afghanistan, Peru, Lebanon, Myanmar and Columbia are all examples of countries where armed conflict is the result of or has produced a breeding ground for illicit drug activity.

Environment
The impact on illicit drug production on environment is devastating.

- Deforestation (already a problem throughout the region)
- Soil degradation (including pesticides and erosion)
- Water pollution (ATS and heroin refineries)

Therefore sustainable human development should not be used merely as an instrument for drug control but should be considered the overall goal of drug control. Drug control is thus an essential instrument for development. Being recognized as a foundation of an enabling environment for sustainable development, drug control strategies should be formulated accordingly.

Sustainable development, health and education for all, economic growth, environmental protection, population management, respect for human rights, good governance, are in fact shared goals of both drug control and development.

Similar tools (common solutions) for both drug control and development: strengthening educational services, income generation, rural micro-finance schemes, institutional capacity building, upgrading health care, improving transportation, enhancing marketing skills, raising awareness of health risks, and mobilizing society for public welfare.

Drugs and human security

Uncontrolled drug production, trafficking and abuse, and uncontrolled AIDS are threats to human security and a clear and present danger for sustainable development.

Economic, food, health, environment, personal, community and political security are important elements of drug control. Illicit production, trafficking and abuse can have negative repercussions on the economic, food, health, environment, personal, community and political security.

Other important effects of illicit drugs on national security are the following :

On economic security. Lack of government access to the illicit proceeds of drug production and trafficking has a negative impact on the gross domestic product, and direct correlation with the strength of the underground economy.

Agriculture production opium cropping, at best provides temporary relief to cash crisis in the short term, but it makes poverty more endemic and strongly rooted in the longer run.

Drug dependence in the opium producing communities increases risk of communicable and other diseases arising from the general deterioration in personal health care.

Food security. Law enforcement against primary bread winners who are producing, trafficking or abusing drugs have immediate tragic consequences for survival of the spouse and children, and long lasting devastating effect on their health, education and economic opportunities.

Environmental security. Slash and burn techniques to remove highland forest areas contribute to soil erosion. The pollutants from the synthesis of opium represent significant environmental damages.

Personal security. Enormous pressure has been placed on the juvenile and adult correctional systems.

Personal level – stigmatization and isolation

Community security. The resulting corruption is often sufficient to at least create community conflict and at worse create grave or total community fragmentation.

Direct effect on national security. Cross border incursion of traffickers and their attempts to maintain their own security through the use of fire arms as well as moderately sophisticated weaponry the connection between insurgency, drugs and arms.

In a nutshell, it can be said that illicit drug production, drug trafficking and drug abuse for sure are too often the fuse which ignites a human security crisis, where other variables have already created some forms of vulnerability.

But more importantly, and irrespective of other variables, drug production and drug trafficking are also an essential condition for most extreme situation of lack of human security to become endemic, and resilient to corrective measures.

Exactly as a fire in a slum, drugs enter easily as a spark, but are very difficult to extinguish. They often are put out only when the whole neighbourhood or affected society is completely burnt out.

In the discussion in the work groups, I have prepared some ideas for discussion on drugs and community development.

The UNODC response to drug control as a development challenge:

The ACCORD Plan of Action

Ultimate goal: In pursuit of a drug free ASEAN 2015

What is the ACCORD Plan of Action?

- The ACCORD Plan of Action (ASEAN and China Cooperative Operations in Response to Dangerous Drugs) enables a cooperative network to respond to the dangers of new drugs and measure the progress.
- Result of the International Congress "In pursuit of a drug-free ASEAN 2015: Sharing the vision, leading the change"
- Adopted by 36 countries and 16 international organisations

ACCORD establishes a dynamic Plan of Action which rests on four pillars:

1. Proactively advocating civic awareness on dangers of drugs and social response.
2. Building consensus and sharing best practices on demand reduction.
3. Strengthening the rule of law by an enhanced network of control measures and improved law enforcement co-operation and legislative review.
4. Eliminating the supply of illicit drugs by boosting alternative development programs and community participation in the eradication of illicit crops.

Why ACCORD?

- Weak regional coordination;
- Fragmented strategies;
- Limited regional information sharing, processing and analysis;
- Absence of a comprehensive political and monitoring framework for regional drug control;
- Call by ASEAN Ministers at their 33rd ministerial meeting

ACCORD is the sole ASEAN + China comprehensive framework for regional drug control cooperation

The Regional Co-operative Mechanism to Monitor and Execute the ACCORD Plan of Action (AD/RAS/00/F73)

Objectives of the Project

- To establish and maintain a suitable coordination mechanism to facilitate the execution of the ACCORD Plan of Action among participating states;
- To monitor progress;
- To create a regional information sharing network;
- To carry out in-depth analysis on drug control trends in the region.

A regional computerized information network

- National Focal Points in each participating country;
- Information collected and exchanged;
- Drug control reports and analysis generated and disseminated;
- Partners linked permanently via on-line web site.

Partnership Unit
A Partnership Unit within the project will better coordinate resource mobilization and private sector linkages. The Partnership Unit will also serve as the primary link between an up-to-date ACCORD Business Plan and possible donors.

ACCORD will be a success if all partner Members commit to:

- Ownership of the process and the outputs;
- Active participation and commitment;
- Collaborative and transparent processes;
- A new cooperative culture

Appendix : drugs and community development

Critical success factors in community development
Participation by

- Community Leaders : Residents ; men, women, youth.
- Assessment : social and economic – implementation

Lessons Learned

Sustainable rural drug demand reduction is feasible if:

- There is participation, consensus, commitment and action at the individual, family and community levels.
- There is a community managed and owned process.
- The community is empowered with information, methods, skills, financial and technical support.
- All levels of government support the community.
- The treatment continuum (prevention through rehabilitation) is integrated into a single community managed process.

Cornerstones for Success in Community Development with Youth

Strategy: Targeting evidence based risk factors for improved risk management

- Evaluation
- Focused implementation
- Resource assessment
- Establish priorities
- Needs assessment
- Community readiness

Stages of Community Readiness

(Excerpt from Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools, 1997, National Institute of Drug Abuse, p. 13-15)

Through extensive research on community development and substance abuse prevention efforts, Oetting and colleagues (Oetting et al. 1995) have identified nine stages of readiness through which communities develop: the higher the stage of development, the greater the degree of readiness. The following are descriptions of the nine stages and the characteristics of communities at each stage:

Stage 1: Community Tolerance/No Knowledge

Community norms actively tolerate or encourage the behavior, although the behavior may be expected of one group and not another (e.g., by gender, race, social class, or age). The behavior, when occurring in the appropriate social context, is viewed as acceptable or as part of community norm. Those who do not engage in the behavior may be tolerated, but might be viewed as somewhat deviant.

Stage 2: Denial

There is usually recognition that the behavior is or can be a problem. Community norms usually would not approve of the behavior, but there is little or no recognition that this might be a local problem. If there is some idea that it is a problem, there is a feeling that nothing needs to be done about this locally, or that nothing can be done about it.

Stage 3: Vague Awareness

There is a general belief that there is a local problem and that something ought to be done about it. Knowledge about local problems tends to be stereotypical and vague, or linked only to a specific incident or two. There is no immediate motivation to do anything. No identifiable leadership exists, or leadership lacks energy or motivation.

Stage 4: Preplanning

There is clear recognition that there is a local problem and that something should be done about it. There is general information about local problems, but ideas about etiology or risk factors tend to be stereotyped. There are identifiable leaders, and there may be a committee, but no real planning.

Stage 5: Preparation

Planning is going on and focuses on practical details. There is general information about local problems and about the pros and cons of prevention programs, but it may not be based on formally collected data. Leadership is active and energetic. The program may have started on a trial basis. Funding is being actively sought or has been committed.

Stage 6: Initiation

Enough information is available to justify a prevention program, but knowledge of risk factors is likely to be stereotyped. A program has been started and is running, but it is still on trial. Staff are in training or just finished with training. There may be great enthusiasm because limitations and problems have not yet been experienced.

Stage 7: Institutionalization/Stabilization

One or two programs are running, supported by administration, and accepted as a routine and valuable activity. Staff are trained and experienced. There is little perceived need for change or expansion. Limitations may be known, but there is not much sense that the limitations suggest a need for change. There may be some form of routine tracking of prevalence. There is not necessarily permanent funding, but there is established funding that allows the program the opportunity to implement its action plan.

Stage 8: Confirmation/Expansion

Standard programs are viewed as valuable and authorities support expanding or improving programs. New programs are being planned or tried out in order to reach more people, those thought to be more at risk or different demographic groups. Funds for new programs are being sought or committed. Data are obtained regularly on extent of local problems and efforts are made to assess risk factors and causes of the problem.

Stage 9: Professionalization

Detailed and sophisticated knowledge of prevalence, risk factors and etiology exists. Some programs may be aimed at general populations, while others are targeted at specific risk factors and/or at-risk groups. Highly trained staff are running programs, authorities are supportive, and community involvement is high. Effective evaluation is used to test and modify programs.

Oetting and colleagues (Oetting et al. 1995) have found that as communities achieve successively higher stages, they realize greater improvement in their degree of readiness. Therefore, to increase a community's readiness for prevention programming and thereby improve the likelihood that a prevention effort will succeed, it is important to give careful consideration to these nine stages of community readiness development during the process of conducting an objective assessment of community readiness.

Oetting, E.R.; Donnermeyer, J.J.; Plested, B.A.; Edwards, R.W.; Kelly, K.; and Beauvais, F. Assessing community readiness for prevention. International Journal of Addictions, 30(6):659-683, 1995.