People's Power Against Drugs: An International Perspective

Speech by Sandro Calvani
Representative
UNODC Regional Centre
for East Asia and the Pacific

At 2003 Winter School in the Sun:
Trends and Options on Drugs and Alcohol
30 June – 3 July 2003
Brisbane, Australia

PEOPLE'S POWER AGAINST DRUGS:

An International Perspective

BY SANDRO CALVANI

Sandro Calvani is the head of the Regional Centre for East Asia and the Pacific, United Nations Office of Drug Control and Crime Prevention, Bangkok, Thailand. He is the author of three hundred articles and fifteen books on sustainable development and development education. His three most recent books have analyzed the link between drug economies, deprivation, and the conspiracy of silence behind the trafficking of human beings. He is one of the main architects of the new cooperative policies for international drug control.

"Globalisation offers the human race unprecedented opportunities. Unfortunately, it also enables many anti-social activities to become "problems without passports". Among these are drug abuse, which brings misery to millions of families around the world every year, and drug trafficking, which cynically promotes and exploits that misery for commercial gain. If the international community is to deserve its name, it must respond to this challenge. Happily, it is beginning to do so."

- Kofi Annan, Secretary General of the United Nations (Slide 2)

Illicit drugs are a major global commodity. This commodity, like cotton, tea, and coffee, was born in the days of empire-building and mercantile expansion. Just as most countries in the world now drink tea and coffee and use cotton, virtually every country has a drug problem. It is perhaps the most significant cultural and health phenomenon of the late twentieth century. Behind it are such diverse factors as poverty, war, demographic change, trends in fashion and taste, unemployment, drought and natural disasters, ethnic traditions, politics and economics.

A few key figures illustrate the magnitude of the illicit drug threat. The exact number of drug users worldwide is unknown. However, official estimates are reported by national governments to the United Nations through the annual reports questionnaire. As of 2002, there are 200, 000, 000 estimated drug users in the world; that is 3.4% of the world's population: 162, 800, 000 use cannabis; 42, 000, 000 use Amphetamine-Type Stimulants (ATS); 14,100, 000 use cocaine; and 14, 900, 000 use opiates (of which 9,500, 000 use heroin[1]). (Slide 3)

In 2001, 61% of global ATS seizures, excluding ecstasy, were reported in East and Southeast Asia, of which 50% were in Thailand, 29% in China, and 11% in the Philippines.[2] The East and Southeast Asia sub region also has the highest levels of ATS abuse in the world.[3] ATS seizures in Oceania in 2001 were largely concentrated in Australia, which reported 99.5% of all seizures in the region.[4]

In 2002 45% of the global illicit opium poppy cultivation was in Myanmar, while another 8% was in other Southeast Asian countries; primarily Lao followed by Thailand.[5] Myanmar also produced 18% of the global illicit opium poppy production.[6] 50% of the world's opiate users are in Asia.[7] In 2001 91% of all heroin seizures in East and Southeast Asia took place in China.[8] Drug using populations were the first to spread the HIV/AIDS epidemic in China, Indonesia, Myanmar, Thailand, and Vietnam, and they continue to be the largest group of new infections in China, Indonesia, Malaysia, and Vietnam.[9] In 2001, 50% of Injecting Drug Users (IDUs) in Thailand were estimated to be infected with HIV, [10] (70% in China [11], 76% in Malaysia [12], and 65% in Vietnam in 2000[13]). (Slide 4)

This article argues that a new response to the drug scourge is emerging which might prove effective against Southeast Asia's diverse drug problems. Its essential components are: visionary visionary leadership, public participation and increased transparency on drug determinants and outputs of drug control policies. This new drug control framework has yet to be consistently recognized and implemented across the region. However, an analysis of its rationale might help policymakers, given that traditional drug control strategies have been unable to provide a lasting solution to the evolving drug problem.

[1] United Nations Office on Drugs and Crime, *Global Illicit Drug Trends 2003, Pre-Publication Draft*, (Vienna, 2003), 123.

[2] Ibid., 317-18, 321.
[3] Ibid., 171.
[4] Ibid., 321.
[5] Ibid., 15.
[6] Ibid., 15.
[7] Ibid., 130.
[8] Ibid., 245-46.
[9] Joint United Nations Programme on HIV/AIDS, Regional Task Force on Drug Use and HIV Vulnerability, *Preventing HIV/AIDS among drug users: Case studies from Asia*, 7-8.
[10] Gary Reid and Genevieve Costigan, *Revisiting 'The Hidden Epidemic': A Situation in the context of HIV/AIDS*, (2002), 208.
[11] The Centre for Harm Reduction, *Manual for Reducing Drug Related Harm in Asia*, revised ed., (Melbourne, 2003), 25.
[12] Ibid., 23.
[13] Ibid., 24

Costs of Drug Abuse

Adaptive changes in drug control strategies are needed because drug abuse, drug production and drug trafficking are devastating the sustainable development of Southeast Asia. The economic aspects of drug abuse and related interventions are relevant to the development of well-informed, evidence-based decisions on drug policy. However, the hidden nature of drug abuse makes it difficult to quantify production, consumption, import, export or price. In the developing countries of East Asia and the Pacific, the difficulties are compounded by the lack of basic data collection systems and the lack of capacity to disaggregate costs of drug abuse, including private (internal) costs and social (external) costs.

Among the tangible costs is health care, specifically the costs of specialized drug treatment services. For example, Thailand estimated in 1999 that the cost of drug treatment services provided by public health institutions funded by government or private grants neared US$7 million. The estimate was based on 38,044 admissions with a cost per admission of approximately US $185.10, equivalent to approximately 8% of per capita GNP. The price paid by families is also considerable, given the poverty of many drug addicts – often the sole breadwinners of their families – who have no savings to absorb the loss of more than two months of income. If one-third of all drug abusers – presently estimated at approximately three million – were admitted, the treatment costs alone would be the equivalent of US $185 million. Additional social costs in Thailand arise from correctional and penal services (other than health institutions), which continue to constitute a preferred form of intervention. In 2000, the national corrections budget of Thailand was the equivalent of approximately US $156 million, with a significant portion of the inmates incarcerated for narcotics offenses. In China, the cost of one admission to a drug treatment institution has been estimated at US $350, which is close to 50% of its per capita GNP. If all 681,000 registered drug cases were admitted to similar institutions in 2000, the cost would be approximately US $2.38 billion.

More People's Power

In the past, the drug trade represented a self-contained criminal activity. Today it has branched out into many other businesses, creating criminal networks associated with the trafficking of arms, the trafficking of human beings, money laundering and terrorism. While the nature of the problem has changed quite rapidly, institutional responses have not developed at the same pace. The public has started to see the drug problem as a social malaise that is deeply rooted in people's behavior, and for this reason they no longer see the government as the only party responsible for drug control. The people themselves are responsible. In addition, governments no longer see drugs as a purely criminal matter requiring only a counter-crime response. The public health issues and the social distress related to drug abuse are now recognized by policymakers. These changes of perspective create more room for non-government initiated reaction by civil society and new collaborations between the public, NGOs and international organizations.

Tangible results have been achieved through traditional measures: modern legislation; crop replacement and alternative development; law enforcement; informal and formal controls; medical advice; detoxification and rehabilitation; youth education and awareness; and military suppression. However, the results have been dwarfed by the magnitude of the drug problem. Traditional methods alone do not work. Indeed, prohibition has not stifled demand and has only marginally reduced organized crime, social destabilization, violence and corruption. Where national anti-narcotics agencies have been successful in keeping drugs out, the problem has often spread to neighboring countries. Countries that have opted for draconian narcotics laws have been unable to exterminate the problem. Where countries have imprisoned or even executed traffickers, others have sprung up to take their place. Many reports indicate that drugs circulate widely in prisons, where non-addicts are often introduced to them. Thus, some critics think that prison budgets may be better spent on rehabilitation and treatment, inner-city infrastructure improvements, job training for the unemployed and after- school recreational programs to keep youth off the streets-and mitigate the social stress that nurtures drug abuse.

The public has started to see the drug problem as a social malaise that is deeply rooted in people's behavior.

My intention is not to propose new uses of traditional measures to counter the drug problem, nor to suggest abandoning any of them. Rather, I wish to focus attention on an important adaptive change in the way that people are responding to the drug problem. "Adaptive change" is called for when a problem cannot be solved with one's existing knowledge and skills, and requires people to shift their values, expectations, attitudes, or habits of behavior. This definition fully applies to the problem of drug control in Southeast Asia. In fact, adaptive change is interwoven with increased drug use and the effects of globalization with regard to trade, culture and entertainment. The abuse of synthetic stimulants is a response to new expectations of workers' performance, the rise in speed and aggressiveness of business transactions, and changes in youth pop culture. ATS delivers the speed that these users look for, and is no longer a small problem affecting only 1% or 2% of the population as was the case five years ago for traditional drugs.

As a result of the new drug abuse scenario, the public understands more and more that drug-affected societies cannot rely on government response alone. The same applies to drug trafficking and production. Communities and their leaders now acknowledge that the cause of the drug problem has cultural and economic roots that the government cannot fully control. Furthermore the decision to use drugs by workers and youth is a personal one, dictated by desired self-image and performance. For example, truck drivers and taxi-drivers want to be able to drive two nights consecutively without sleep to increase their profits. Young men want to show girls how modern and westernized they are. Such

behavior dictated by personal choice cannot be stopped by the government. The public has become extremely concerned by the magnitude of drug use and thus feels the need to counteract the problem through primary prevention. Common people, sometimes encouraged by community leaders, then find the courage to overcome drug-related stigmas, speak out, denounce or confront drug dealers, and expose official complacency toward drugs (including the acceptance of bribes, corruption and law enforcement inertia).

Governments have also increased policy-making transparency, and renounced strategies that were not based on practical evidence. Authorities at all levels are willing to share intelligence and successful strategies. Most policy makers have overcome denial and finger-pointing at foreign scapegoats. A new collective attitude brings more transparency, consistency and sustainability to the four areas of drug control measures: advocacy, supply reduction, control measures, and demand reduction. None of the above solutions (or search for solutions) was conceivable in Southeast Asia five years ago, since perceptions of the drug problem had not reached the threshold of desperate concern that now triggers public reaction. In many areas at high risk for drug abuse or drug production, top political and community leaders are now personally involved in providing a new comprehensive vision of a drug-free society. The leaders' interest and involvement is a direct effect of the magnitude of the drug abuse problem and a deepened understanding that drugs have an enormous impact on social and economic development. Community leaders as well as government leaders are taking a holistic approach to all drug determinants, abandoning the fragmented strategy of treating the problem as isolated health, educational or crime matters.

Organized civil society as well as special interest groups listen to drug producers and abusers to identify methods to reduce the harm from drug-based economies and drug abuse. They demolish the stigma and cultural bias attached to drugs and approach them as a widespread social evil rather than a personal sin. International and national drug control institutions supported by the investigative press increasingly reveal what works (and what does not) in drug control strategies, while exposing institutional complacency and bureaucratic inertia. The quality of the information available on most web sites of drug control authorities in the region, the establishment of toll-free lines on drugs and the more honest reporting by the Chinese press and authorities on drug problems (such as drug-related corruption) are good examples of the new openness toward drug awareness and policy.

There is hope that the redirection of resources toward public involvement against the physical, social and criminal dangers of drug consumption may – in ten to fifteen years – undermine the entire drug culture. The bold surfacing of new people-power in drug control encourages officials to refocus and include all segments of society in the implementation of drug control policies. "People power against drugs" is defined as a drug control policy that entails organization of activities and mobilization of drug-affected communities, mainly by the people themselves. Through the resulting empowerment of communities, drug control policies will have a more immediate impact. People and communities must be given the instruments to act and react, and to become genuinely responsible for their own present and future, so that they can be the catalysts for real and lasting change. Among the more effective instruments are primary prevention and secondary prevention measures.

Common primary prevention measures for non-users are public education, attitude and behavioral changes, and social and public action such as neighborhood improvements. In the area of public awareness, for example, measures such as public service announcements, advertisements, and media coverage have been generated by popular interest. Attitude and behavioral change measures, such as parenting skill training, peer counseling and resistance skills training, have also been well received. In the area of secondary prevention for experimental and casual drug users, hotlines, crisis counseling services, community-based information and referral networks are among the most common examples of people-based measures (often managed by volunteers). Detoxification and after-care services are more institutionalized activities, but public support helps to make the services more accessible.

People's empowerment originated in countries where drug abuse is significant and where the government maintains no monopoly over the response.

People's empowerment against the drug threat has originated in countries where drug abuse is significant and where the government has had no wish to maintain a monopoly over the response (i.e., Thailand, the Philippines, Indonesia). While the changes discussed above were motivated by the devastation caused by drugs on the social fabric of the community, it is also important to analyze how these changes are taking place on the side of drug production in communities that profit from illicit crops. In this regard, Southeast Asia is not just one of the many affected regions in the world, but the heart of the world's drug production.

The Golden Triangle Way

In 1969, the American Bureau of Narcotics estimated that only 5% of the heroin sold on US streets originated in Southeast Asia. This was probably a major underestimate since in 1972 the estimate had grown to 30% and was rising. The source of the heroin was the Golden Triangle, a border area encompassing parts of Thailand, Laos and Burma. For thirty years the region has been an important supplier of heroin to North America, with its share fluctuating around one third of total demand (the rest was supplied by Colombia). Since then, the fame of the Golden Triangle as a drug producing area has increased. As a consequence of the sharp reduction of Afghan opium production in 2001, the Golden Triangle became the number one supplier of heroin. Its market share in 2002 has been estimated by local drug control officials to be close to 50% of global opiate production.

To adequately understand the organization of the Golden Triangle's illegal drug industry, we need to look at the remote areas around the Thai/Myanmar/Chinese/Laotian borders. Opium cultivation is concentrated in Myanmar and Laos, with some significant cultivation also taking place on the Laos/Vietnam border. Elimination is a tough job – when eradication and crop substitution measures have been successful in one part of the region, there has often been a corresponding increase in opium poppy cultivation, heroin production and trafficking in other areas.

The production of opium and heroin has very recently been supplemented by rapidly increasing production of Amphetamine Type Stimulants, in traditional production areas and also around major markets such as big cities. The growing demand for ATS is the main reason for this trend. Heroin users do not migrate to ATS use unless they are pushed by a serious shortage of heroin. Most production of ATS in the form of methamphetamine is recorded in Myanmar and in China, while chemical precursors are trafficked mainly from China and India, where they are also produced. ATS seizures in East Asia in 1999 were approximately 12 times higher than in 1995. There is a new trend showing that traditional heroin production is being increasingly complemented by synthetic drugs which are easier to produce, yield higher profits, are more "designable" and whose production is harder to detect.

The supply network for ATS and heroin is essentially the same, since most ATS production originates from past or current producers of heroin who are involved because of the higher profitability of ATS. It is quite easy to produce amphetamines, and a number of producers exist inside Myanmar, Thailand and China. Four or five years ago a lot of amphetamine production occurred in the central region of Thailand. It was mainly enforcement that drove amphetamine production outside of the country (to Myanmar). This once again confirms the balloon effect theory, which hypothesizes that if one squeezes the problem on one side, it will bulge on the other side. Factories have moved from larger-scale to smaller-scale temporary facilities since they are much easier to disguise and relocate. Small factories also require less start-up money, and for big producers, small factories minimize losses if they are destroyed by law enforcers.

Drug trafficking within and from the Golden Triangle continues on a large scale and the region ranks as the primary supplier of heroin and ATS to the world market. While drug production might be concentrated in specific areas, drug abuse and drug trafficking routes cut across national boundaries, affecting to varying degrees all countries in the region. The population of production areas consists of independent hill tribes for whom opium has been a part of everyday life for centuries. Extreme poverty, lack of access to markets for rural products, and poor health and education often produce strong incentives to grow opium poppy as a self-marketing cash crop and an all-purpose analgesic. Feudal systems of land administration and of local security by private or ethnic armies in politically autonomous regions make the concept of "illicit" cultivation quite vague in the absence of rule of law. In Myanmar, cease-fire agreements with ethnic minorities often assign law enforcement responsibility to local ethnic authorities. Therefore, the political will of the central government may be weak in the periphery.

Geographic conditions and environmental features support the emergence of successful criminal organizations. Among the natural characteristics of Southeast Asia are relatively porous and un-monitorable land and maritime borders, which are conducive to smuggling and piracy; extensive hinterlands made virtually impenetrable by dense jungle, deep valleys, and steep mountain ranges, which have helped to create fortified "no-go" areas beyond the formal control of the government; and, at least, with respect to the Golden Triangle, near perfect climatic and topographical conditions for the cultivation of the opium poppy.

The change in response to drug production was ignited by agents external to the communities.

Traditionally, itinerant traders, often of Chinese origin, have moved through villages purchasing opium and selling trade goods. The opium was subsequently sold to warlords and drug merchants, some of whom commanded forces of several thousand well-trained and well-armed soldiers. Nowadays, the same traders have devolved to the villagers the task of transporting the ATS pills. But major opium poppy growing and heroin and ATS-producing areas still remain under the control of trafficking groups with extensive military and financial resources, and links to syndicates often located in countries outside the region. In many instances, traffickers have the resources to command favors from corrupt officials, particularly in border areas.

The region is in a state of flux, with different forces fighting to control production and trafficking. Amidst alternating military supremacy and ever changing alliances, drugs remain the ultimate source of money and power. In the Golden Triangle, this means big business. While organized crime has greatly affected people's lives, changes are now taking place that may subject "criminals without borders" to the people's will.

Adaptive Changes In Alternative Development.

For thirty years in the Greater Mekong Sub-region, United Nations bodies, foreign aid agencies, NGOs and local governments have been involved in a complex process of changing the informal illicit economies. Drug production has always been the greatest challenge, but arms smuggling, illicit logging, trafficking of humans, and money laundering are also targets of change. In contrast to the changes in reducing the demand for drugs, the change in response to drug production was ignited by agents external to the communities. Peasants were not self-motivated to abandon illicit crop production, but they eventually embraced the change.

The communities reached by the alternative and licit development endeavors have become enthusiastic advocates of change. In the period from 1971-2001, Thailand achieved a historical milestone by liberating its highlands from economies and lifestyles based on opium and opiates. It

has been a journey of successful and complex change, achieved peacefully with high public participation. Production of fresh vegetables, peaches, red kidney beans, coffee, cabbage, sugar, cut flowers, and tea were introduced first. Watershed and forest land use projects followed in a second phase. The new crops changed community lifestyles by eliminating the isolation and violence associated with illicit crops. Hundreds of thousands of hill tribe families were the first "demonstration cases" to see their quality of life improve at an impressive speed. Annual economic growth higher than 100% was not rare among villages participating in the Royal Projects in Thailand and those targeted by the Thai-UN crop replacement programmes in the 1980s.

The Thai formula is an example of "no-nonsense, back-to-basics" development design with the following components: public awareness, public interest, evaluation and trial period, visionary leadership, national unity and political will, commitment of ample resources, and public participation. One of the most impressive examples, the Doi Tung Hill program in northeast Thailand, became one of the most recognized in the world and won several sustainable development awards. In the Doi Tung Hill case, the transformation of rural economies was a bit more sophisticated than the national formula. More risk-taking was possible thanks to the skilled support of the Mae Fah Luang Foundation. Instead of the alternative crops introduced by other Royal projects, village leaders felt confident enough to enter into cooperative production of niche products which require more advanced marketing techniques. They learned and pioneered the production of shiitake mushrooms, sa-paper and macadamia nuts. Their rapidly increasing income was invested in the training and hiring of professionals for advice on initiating ceramic production, silk weaving and carpet production. The final result was that opium production decreased from approximately 18,000 hectares and 145,000 kilos in 1966 to 300 hectares and 3000 kilos in the year 2000. In Thailand the people have won, and opium has lost.

In the 1990s, Vietnam, Laos and Myanmar followed the same example. Vietnam achieved the near total elimination of opium poppy cultivation, while Laos and Myanmar have reduced production by more than 50%. In 2002, Myanmar reduced opium production by approximately 30% in areas targeted by alternative development strategies similar to those introduced in Thailand. However, the Myanmar case is different. For the Wa, Shan and Kokang ethnic groups in northeast Myanmar during the 1990s, opium was the only source of income used to buy food from traders. They lived and self-administered an area with little access to food markets, energy and communication. They did not benefit from any significant national and international financial aid due to international sanctions against the military government of Myanmar. Often, they resorted to investing the previous year's opium profits into new legal crops or rural activities with some limited but well-targeted technical support by the United Nations International Drug Control Programme (UNDCP) in the field of rural development. Their goals were also more modest than in the Thai case, in that they aimed to achieve food security through the production of wheat, sugar, chicken and pork. Tobacco production for the "Golden Triangle cigarettes" is the only non-food item among the alternative development priorities. Only the production surplus in excess of local consumption was exported to produce cash income. In contrast, local food production was already well-established in the Thai case, the profits from the alternative crops could thus be funnelled entirely into new industries to replace opium.

Nevertheless, the process of change through leadership and people's participation in Myanmar was similar to that in Thailand, even though resistance to change was stronger in Myanmar due to lower education levels and superficial understanding of the process. Good results were achieved notwithstanding rumors spread in the villages that the price of opium might soon increase significantly due to shortages in the international market caused by opium ban decrees in Afghanistan in 2001 and 2002. Yet the process of change in Myanmar is not sustainable if the international community does not end its embargo on foreign aid, which is presently applied not only to aid for government-controlled areas but also to drug-producing autonomous regions where public works are not the responsibility of the central government.

While drug production might be concentrated in specific areas, drug abuse and drug trafficking routes cut across national boundaries.

Recent field research has demonstrated that successful formulas of alternative development to replace illicit economies remain the same as in the past, with some adaptations to modern needs such as financing through micro-credit, land reform and administration, and the marketing of alternative development products such as those discussed above. But the new paradigm is now centered on public understanding and participation of all groups, including women and youth. The empowerment of the people is now the most important determinant of success in remote and isolated areas, and is often even more important than government support. In the past, opium elimination was the target for community leaders while development was the tool to achieve it. Nowadays the advancement of people's fundamental rights and their entitlement to development know-how, including food security, are the top priorities. Opium elimination is no longer a target in itself, but a side effect of the new rural economy with the people at its center. All of the above examples, as well as cases in other parts of the world, testify against international embargoes and generic sanctions against poor and uneducated communities involved in drug production. Isolation as a form of punishment is more likely to perpetuate marginal and illegal production than to stimulate a transition towards a legal economy.

Prevention is Better than a Cure

Hundreds of communities and institutions across the region are engaged in demand-reduction initiatives to prevent the use of illicit drugs and to rehabilitate drug users. Those who choose primary prevention are possibly the smartest of all drug controllers. When all of the aforementioned costs of

drug use are considered, primary prevention measures are easily the most cost effective and socially accepted strategies.

Some communities and governments have understood the need to re-engineer previously fragmented and unbalanced drug control policies. There are many examples of such innovative strategic thinking, such as the new Philippine Drug Control Plan, called Vision 2010. It is based upon the UN philosophy of human security, which is targeted to achieve freedom from want and freedom from fear. The plan recognizes the drug problem as a crisis of citizenship and of governance. It proposes a synergy between people's knowledge and experience and the government's capacity to organize and authorize through barangays, the smallest unit of administration at the neighborhood level. Each section of the administration is assigned a specific responsibility, to be carried out in a way understandable to people with only primary education. Private citizens and neighborhoods receive cash incentives from authorities for successful implementation of the plan at the local level. The size of the awards varies but is linked to tasks such as neighborhood surveillance, tips leading to drug seizures, and activities to keep youth out of street gangs. The result is that the people become active participants in their self-liberation from drugs. Government officials are supporters and facilitators of bottom-up strategies, rather than the suppliers of top-down services and law enforcers.

Some communities and governments have understood the need to re-engineer previously fragmented and unbalanced drug control policies.

Among NGOs in the region, the Indonesian Yayasan Cinta Anak Bangsa (YCAB) is another example of good planning and effective utilization of modern tools in primary drug prevention. One of the prevention services designed and carried out by YCAB is an innovative youth mobilization program called Youth Against Drug Abuse (YADA). YADA membership is offered through schools and is voluntary. To become a member, young applicants must attend five seminars that impart essential information on the nature and effect of drugs, along with techniques of drug resistance including ways to endure peer pressure. Admission to higher seminars is granted upon successful completion of lower ones. At the completion of all seminars, new YADA members are admitted in a graduation ceremony that celebrates their effort and achievement. An English-language diploma and membership card (a status symbol for Indonesian youth) are then presented. The YADA credit card entitles the owner to discounts on a variety of purchases, such as garments, sporting goods, and entertainment. The system is self-financed through a small percentage of revenues from purchases administered through a major consumer club. YADA has been independently evaluated and has proven its effectiveness in the drug resistance of 200,000 youth reached by the program: its members' drug resistance is five times greater than that of non-participating youth. Its business plan is currently being studied for application in other countries. In June 2001 YCAB organized the first peaceful mass demonstration against drugs, asking car drivers to switch their lights on in daylight to show their support for more public information and transparency on drug control policies.

Other parts of the region are also becoming more active and creative in the fight against drug abuse, in the workplace as well as in the public arena. For example, the University Sains Malaysia in Penang has developed a workplace drug prevention program and tested it in ten companies. Awareness training is provided for senior and middle- level managers. Information on drug prevention and rehabilitation services is provided to workers and their family members. A distance learning system to provide the same training is being designed with the goal of making it available online. Even in societies where NGOs have not been prominent in recent years, like China and Myanmar, new instances of primary prevention are now evident. A good example is Myanmar's "Civil Society Initiative", launched in October 2001 through two programs including the "Stars against Drugs" event involving a group of local celebrities who lend their names, status and time to drug prevention campaigns targeted to youth. Eight Myanmar-based NGOs and the UNDCP committed themselves to a consortium through which projects and activities can be planned and implemented in a coordinated fashion. The consortium will concentrate its efforts on drug abuse awareness-raising; provision of wider access to treatment and rehabilitation for drug users; HIV/AIDS prevention among drug users; community-based drug abuse prevention; and poverty alleviation by generating alternative means of income for opium growing communities plagued by food shortages. All these activities are new to Myanmar. The innovative character of these programs lies in their initiation and organization by the people for the people, with marginal or no government control. The first program resulted in the creation of positive role models for youth ("cool youth don't do drugs"). The results of the next program are not yet known, but the process itself is an achievement in communities where volunteer action against social ills is uncommon.

Innovative Regional Partnerships

The ATS epidemic began in Thailand in 1997 and spread to neighboring countries two to three years later. By early 2000, all the countries of Southeast Asia as well as China recognized that they have a common interest in a drug-free region. Past drug control strategies had been highly fragmented. Specialized drug control fields such as supply reduction, law enforcement, demand reduction, alternative development to illicit crops and drug awareness often excelled individually, but insufficient and inefficient co-ordination among them resulted in duplication of efforts and a waste of resources. Co-ordination was insufficient because it was never seen as essential; commonalties in drug control situations and experiences were not widely recognized. Nationalism and distrust of neighboring peoples and nations contributed to the problem. The lack of a common language and insufficient documentation on the drug determinants in and responses by foreign countries also crippled collaboration.

Regional leaders met in Bangkok in October 2000 to discuss the situation and design a new paradigm for coopera-

tion. The international congress "In pursuit of a drug-free ASEAN 2015: Sharing the vision leading the change" gave an opportunity for an honest and comprehensive diagnosis of the difficulties encountered by regional drug policies. Through a consultation with almost four hundred delegates at the Congress, prime ministers, cabinet ministers and social workers designed a new framework for a regional drug control partnership. The resulting plan was called "ASEAN and China Co-operative Operations in Response to Dangerous Drugs" (ACCORD).

ACCORD is now the only integrated regional drug control plan, with clear objectives, measurable targets, established timelines, a business plan, an online monitoring and co-ordination mechanism, and a strategy for funding. ACCORD rests on four pillars: advocating civic response and awareness of the danger of drugs; building consensus and sharing successful strategies of demand reduction; strengthening the rule of law; and eliminating the supply of illicit drugs by boosting alternative development programs. There are more than fifty different targets and timelines for various areas of drug control. For example, a regional ATS abuse surveillance system is to be set up by the end of 2003. This system will collect data on the levels, patterns and consequences of ATS use. Needs assessments will then form the basis for decisions about treatment and prevention programs. The monitoring of existing treatment will allow the adoption of best practice models of intervention and care.

The innovative character of these programs lies in their initiation and organization by the people for the people, with marginal or no government control.

Interactive computer-based law enforcement training should be available in the whole region by 2004. A system for the exchange of intelligence will be operational by end of 2002. All countries will do their utmost to have a competent money laundering control authority by 2008. According to the plan, the cultivation of illicit opium should be eliminated in the region by 2008; 33% reduction of all illicit production will be achieved by 2003 and 66% by the year 2005. The total business plan has a price tag of approximately US $95 million. If fully implemented, richer countries will assume greater financial responsibility. All ACCORD activities are managed by ad-hoc task forces made up of experts and senior officials.

Will it work? Surin Pitsuwan, the Foreign Minister of Thailand in 2000, was optimistic: "For decades, we have all exerted great efforts and allocated tremendous resources to eradicate the illicit use of drugs. Despite a good deal of progress, some aspects of the problem are somehow persistent and keep transforming. It is said that the quickest way of ending a war is to lose it. Naturally nobody should take that road. Existing programs are now integrated in the ACCORD plan of action, with a more holistic approach and new strategies. We have shared a common vision, let us now lead the necessary changes."

Leaders and people in Southeast Asia clearly want more effective and consistent drug control. To obtain this, efforts must be linked to achieve common goals. In my view ACCORD is a transmission chain that can keep all the moving parts synchronized in a new mechanism of international cooperation for drug control. Its engines are the people's and government's will. Its wheels are the policies that are being implemented. Its target and timelines are ambitious, but the most important innovation is that government and civil society have decided to set such targets and timelines. In contrast to the past, success and failure will be measurable and transparent. Unmet targets will be identified and consensually redefined. Furthermore ACCORD is a collective plan, jointly funded and executed. All the partners are on the same boat, and will sink or swim together.

There are two likely difficulties. Setting up the planned funding strategy will be difficult because it requires a significant level of trust among countries that are not used to making multilateral investments of their taxpayers' money. It will also not be easy to maintain a high level of commitment and determination, especially when failures become apparent. ACCORD has the potential to alleviate these difficulties by supporting slower-moving partners.

The Economic and Social Committee of the UN General Assembly has since approved a resolution recognizing the innovative character of the regional drug-control paradigm and calling on all UN member states to support the process. ACCORD began to operate in April 2001. One might conclude that fragmentation is part of the DNA of the region due to its diversity. However, by persistent consensus building and "think outside the box", countries and communities have initiated a quiet but resolute journey toward the reduction of drug abuse. Millions of lives – and possibly sustained economic growth – depend on the quality of leadership, public participation and transparency of this Asian coalition in the years to come.

THE G QUOTA OF DRUG CONTROL

Illicit drugs affect everybody, thus everybody has an opinion on the nature of the problem and on appropriate response measures. Over the past years, my personal analysis has been focused mainly on people's participation in drug control measures. More recently I have observed an area of the drug control transmission chain which seems not fully syn-

chronized with the rest of drug policy. My observations are based on my experience of twelve years of field activities in drug control in Latin America, the Caribbean and East Asia.

The design of national and regional drug control policies is normally based on a collective understanding of the drug problem in the framework of local research capacity. We could define data collection and data analysis mechanisms as the drug intelligence "quota" or "IQ". The IQ on drugs has always been growing significantly, and practically everywhere. Governments, people, press and academia, with few exceptions, have made a significant effort to know more while monitoring drug control policies, with a growing evidence base.

The European Monitoring Centre on Drugs and Drugs Abuse is an example of excellent and consistent regional cooperation to improve the understanding of illicit drugs, based on scientific research and on evidence provided by field based social research. In addition, the quality of global reports by the UNODC and the WHO has continuously improved during the past decade in particular when and where the quality of basic data collection has provided excellent grass roots information.

However, in my opinion, the growing weight of evidence based knowledge has only marginally affected, positively or negatively, the other essential component of drug control policy making, which is the "emotional quota". The EQ of drug control has been consistently high in recent decades. However, cross fertilisation between EQ and IQ on drug control policies has not grown at the same pace.

Often, a higher IQ on the impact of drugs on children, the environment, or the dramatic neurotoxic effect of synthetic drugs, does not ignite any growth of emotional sympathy for drug prevention and control policies where drug control EQ has been low. Interestingly, in other regions, where policy makers have very high EQ, it does not seem to facilitate more understanding of the evidence of HIV/AIDS vulnerability to society from injecting drug use, and it often minimizes the need for more scientific knowledge of the diversity of drug neurotoxicity. Strong emotions surrounding drug trafficking may completely delete the obvious knowledge that drug abuse is fundamentally a mental health disease and that drug users are sick people and not always criminals.

In international policy discussions, I have often had the impression that those who have a greater knowledge of illicit drug science, often do not feel a strong empathy with those who have high emotions on drug control matters. IQs and EQs on drugs do not grow together and have not developed an easy dialogue.

Furthermore, the decision making and the implementation of drug control measures often belong to another group, who call themselves the "doers". Governments, NGOs, and a growing number of international organisations who are responsible for drug control activities. The quantity and quality of such action is what in the end makes a real difference in drug problematic environments. Such actions are often pragmatic, regardless of being promoted by a high IQ and/or a high EQ, or a mix of high and low IQ and EQ on illicit drugs.

Practical drug control action is an attempt to "govern" the drug problem. Even thinkers and policy makers who do not like the guidance provided by international drug control treaties, do propose, and experiment with alternative ways to deal with the practicalities of drug production, drug trade, and drug abuse.

A "governance quota" or GQ of the drug problem could then be measured from the "street side" similar to the "urban score cards" that some UN programmes have developed to measure the quality of the governance of other community problems.

In my opinion should such "GQ" be measured, many areas of low GQ would be identified. Again, low cross fertilization between IQ and EQ, or between what people know on drugs and what they feel should be done on drugs, may result in a low "GQ" of drug control.

People are often not really in control of drugs, even where their IQ and EQ on the subject are high, because little attention has been given to what works in practical terms and what does not work in a specific community, regardless of the collective expectations of IQs and EQs.

In order to improve the GQ of drug control much more attention should be given to the impact of drug control policies and to develop simple and pragmatic communication between protagonists of drug control actions. More transparency on what is done in practice to fight drugs and on the situation before and after information and enforcement campaigns, should be a must to enhance the local, regional, and international "governance quota" of drug control.

Author's acknowledgements: The opinions expressed herein are the personal responsibility of the author. They do not necessarily represent the view of the United Nations Office on Drugs and Crime. The author is indebted to colleagues at the UNODC Regional Centre in Bangkok and UNODC Headquarters in Vienna for the substantive advice they have provided and in particular to Ms. Martina Melis and Mr. Wayne Bazant who have contributed concepts and peer review. The author's biography, list of publications, speeches, and interviews are available at www.sandrocalvani.com.