

THINK HEALTH NOT DRUGS



Focusing on Drug Education

S.H. MAHMUD

MOST of us use drugs in ways that complement rather than harm our lives. Some individuals, however, become so involved with drugs that a lot of personal and social problems start arising around them -- this is known as drug misuse. Using drugs causes significant transient or chronic minor problems. Drug abuse occurs when individuals use it in such a way that the drug starts to cause a major and lasting disruption in relationships with others.

The causes of drug abuse are exceedingly complex and stem from many different variables including family, individual psychological factors, association with peers who use drugs and possibly even environmental influences. While these factors influence the initial use of drugs, the motivation changes radically once an individual becomes too dependent on it. At one point the addiction may become so powerful that all other needs are ignored. The individual lives only for the next "fix."

Drug production and trafficking

Drug production and trafficking are big businesses. The product is lucrative,

needs little advertising and keeps the customers wanting for more. The criminal organisations running this business are able to counter law enforcement efforts with corruption and violence, bribes and even murder those whose activities threaten their profits.

Their networks stretch from slums to posh localities. Even the international boundaries have no meaning for drug traffickers -- if a government is able to disrupt their activities; they simply move their operations elsewhere.

Over the past two decades, the international community has come to understand that "illegal drug" is a global problem and requires a coordinated international response. Drug control operations must be carried out simultaneously in all major drug-producing countries to prevent the traffickers from evading crop control efforts.

Supply-reduction measures of the producing countries must be matched by aggressive executions of demand reduction plans. As long as there is a significant demand for illicit drugs and money to pay for them, the traffickers will find a way to meet this demand.

International scenario

The international drug abuse situation is serious but not hopeless. During the past decade, drug abuse has increased in US, Europe, Africa, Mexico, Latin America and the Caribbean countries.

Drug problem in Asia continues to grow. Heroin abuse has now reached an epidemic proportion in a number of countries including those who were previously not affected. Bangladesh has only over the last two decades begun to take cognizance of confronting this issue.

Since 1987, every year, the International day against drug abuse and illicit trafficking is being observed on June 26. Governments, organisations and individuals in many nations including Afghanistan, Columbia, Thailand, Uzbekistan and Vietnam are actively participating in large-scale events, involving the mass media, to promote awareness of the dangers associated with illicit drugs.

Drug education

The only long-term hope for dealing with the drug misuse problem lies in the field of education along with the services rendered by police, customs and social workers. Education has to be the initial medium in addressing the problem.

A major target group for such education has to be the young people, even young children. For the older groups, the work will be more about intervention than prevention, about problem-solving rather than avoiding problems.

However, the process of learning and the medium of education are also fundamental. Such drug education (including tobacco) can only make sense if it is offered within a broad context of health and personal social education.

Thus when we talk about drug education it could be extended to helping people make positive, healthy choices, and informed decision, which in turn will help either to avoid or intervene in the behaviour regarding the misuse of drugs.

The key to helping people feel equipped to make positive and healthy choices lies in an educational experience that deals with all areas and ultimately affects behaviour related to drugs and other health issues.

We believe that the best way to promote health and drug education, partic-

ularly that of young people, is through the medium of resource materials; the provision of information, advice and support from professionals who have both experience and expertise to offer; and, wherever possible, linking them with in-service training that will allow people to feel confident and competent about their role as health and drug educators.

In drug education, the first concern is the need to be culturally sensitive while addressing the problem. My work on addictive behaviour with a few international institutions has taught me of the many similarities, but also of the many differences between cultures and that sensitivity to culture is essential in the area of education.

It is not a conflict of cultures between the developed or developing countries. Thus great care should be taken while establishing cultural sensitivity of drug education programmes from other countries.

Another concern is the need to address not only what happens in terms of education, particularly that of the individual, but also economic and social factors that affect behaviour, particularly in the field of provision of opportunities in areas like recreation, leisure and employment.

With such concerns, often philosophy for decision making and healthy choices can be meaningful to so many individuals living lives where such options do not exist, causing a lack of identity and opportunity resulting in boredom, disaffection and anti-social behaviour.

A third concern is the "high risk group." They exist in any social groups, which have potential drug misuses.

How does one respond to the social

needs of such young people? How do you identify individuals without "labeling" them as "users"? And how do you respond once identified?

Drug education (also health education in general) is an entitlement for all. Should it be more available for some than others?

This leads to the fourth concern regarding the issue of preventive education. Prevention has become an undesirable word for many who claim that preventing drug use is impossible, undesirable or unnecessary. Suffice it to say that at this stage there is a need to reflect on what is possible and desirable in the practical arena of drug education. The field of preventive education needs to address prevention of misuse for many, interventions for others and harm reduction for some.

Furthermore, the dialogue between those who promote misuse prevention and harm reduction needs to be conducted at a professional level.

A final concern is the need to know when to make the transfer from an educational input to a counselling or referral situation. Drug education and health education in general should not be about problems but about how one might encounter them. The teacher/communicator needs to know what to do at this stage, and where to go for appropriate assistance. It appears again that need refers to more training support and more money. Government should be committed to address the drug education issue. Government policy can have the most far-reaching effect when it serves as a catalyst for private and community action.

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South Asia in drugs

ABDULLAH AL MAHMUD

THE 1857 revolt which stands firm in the history of the subcontinent is treated as the uprising of soldiers in popular thought. How many of us actually know that along with the soldiers the oppressed poppy farmers also took part in a big way in that uprising?

Are we clearly concerned about the two wars that took place between the colonial British Raj and China during the 19th century just to get the rights to supply drugs in China by the English? Dr. M. Emdadul Haq focuses on such topics in his *Drugs in South Asia*, first published in 2000 in UK by Macmillan Press Ltd and in US by St. Martin's Press Inc. in the same year.

The author maintained his work without giving priority to rhetoric values. One exceptional observation in this book is the presentation of history in a transitional manner, rather than a traditional one. In a recent note, Professor Emirates of Australian National University Dr. Robin Jeffrey has mentioned that "Drugs in South Asia remains the starting point for any analysis of narcotics in the region." The theme of this book, identified by the author, is to define "Drugs in South Asia: from opium trade to present day." Drug trafficking in South Asia is not just a present day concern; rather it demands a deep discussion dating back to the 18th century.

The author focuses on drug trafficking in six different chapters that includes the colonial drug trade, Anti-opium pressures, British macro-diplomacy, India resurgence, Pakistani dilemmas and the Bangladesh panorama.

The chapter on colonial drug trade reflects on the introduction of drug trade in the subcontinent and its subsequent impact. Through British East India Company, opium, traditionally used medicinally, became a non-medicinal business commodity. The author mentions the introduction where the Burmese drug lord Khun Sa states: "We must remember the opium trade is originally a creation of the West. The British fought major wars with Asian nations to ensure their monopoly on, and freedom to trade in opium."

This bitter statement was made probably in regard to the Anglo-Chinese opium wars in the 19th century. After nearly a century of British rule, the peasantry devastated by frequent famines and crushed by new economic burdens under the

Bengal Opium Monopoly of 1773 and the permanent settlement of 1793, eventually became desperate; leading to the great revolt of 1857.

As public opinion in US, UK, India, Sri Lanka, Myanmar, China started to rally against the colonial opium trade, the adoption of international control on supply of drugs from India, Hong Kong, elsewhere became imperative. Many domestic and cross-regional pressures contributed to the initial direction of South Asian opium in the first decade of the 20th century. Driven by its socio-economic objectives, the US government initiated an international move to regulate the opium trade in South Asia.

A chapter titled "narco-diplomacy," a term used for the first time reflects on the British diplomacy dealing with drug business. In retort to US-led international actions, the British-Indian government pursued a "one step forward and two steps backward policy" on drug control during the early 20th century. The government gradually reduced opium exports by 1920; however, its heavy reliance on excise revenue accelerated the dispersal of drugs for local consumption. The British government had to accept the international regulations about the universality of drug addiction in India, China and elsewhere as a matter of international concern.

During their 190 years stay in the subcontinent, the colonial government continually remained addicted to drug revenue. Being condemned both home and abroad, the colonial authority surrendered its trade supremacy and transferred power to the local leadership in 1947.

The move was accompanied by the state of division and disunity among the two great communities: Hindus and Muslims and two new countries -- India and Pakistan -- came into being.

The author clarifies the conditions of drug trafficking in India and Pakistan. The narratives about the resurgence of India as a major consumer and supplier of contraband drugs in the world during the early 1980s are complex and numerous. He argues that in regard to its drug policies, India is in the grip of a colonial mode of thought that goes back to the British opium trade in South Asia during the 19th century.

Things are not very difficult in Pakistan. According to the author, the fruitless attempts of the Pakistani leaders to revive the licit opium industry, coupled with the geo-strategic changes in South-West Asia

at the beginning of 1980s, eventually helped the rise of illicit production of and transit trafficking of heroin in Pakistan.

For revenue purposes, Pakistan retained the century old drug laws that facilitated the illicit production of opium poppy by pathan cultivators.

In the end of the book, the author describes the present condition of drug trafficking and abuse in Bangladesh. The rise of Bangladesh as a major consumer and geographical crossroad for contraband drugs occurred as a result of colonial drug laws at the beginning of the 20th century, coupled with the spread of the illicit drug trade in South Asia during the 1980s.

Bangladesh is now confronted with the tremendous rise in drug abuse, country's current addict population being approximately 3 million, and the abundance of cross border drug supplies. Affected by the narcotics and psychotropic catastrophes, US government has been waging "war" against drugs in recent years, and has engaged its Marines along the sea lines to help control the supply of drugs from overseas. Given the escalation of drug threat around its borders, a grave concern has been created for Bangladesh in combating the vulnerability.

The book also examines the resurgence of Indian traffickers in recent years and presents an extensive overview of the Afghan crisis that endorsed money from heroin trafficking to support the war in Afghanistan. The author tells the story of the US-led inaugural for controlling colonial opium trade during the early twentieth century.

Drugs in South Asia explains why the ensuing governments in India, Pakistan and Bangladesh barely changed the remains of the British drug laws until the mid-1980s. It offers a comprehensive overview of the Afghan crisis and the equivocation of US, the biggest crusader against drug trade that ignored the deflection of drug money to support the war in Afghanistan. The US-Pakistan Cold War compatibility has created a relentless environment on drugs from which no country in the region is immune.

Emdadul Haq has drawn the scenario of drug trade so carefully that his book is often recognised as a reference in the study of narcotics. The book is also being translated in Chinese in China. Students, teachers and those interested will truly benefit from this book.

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| The New York Times EXCLUSIVE

Call off the global drug war

JIMMY CARTER

IN an extraordinary new initiative announced earlier this month, the Global Commission on Drug Policy has made some courageous and profoundly important recommendations in a report on how to bring more effective control over the illicit drug trade. The commission includes the former presidents or prime ministers of five countries, a former secretary general of the United Nations, human rights leaders, and business and government leaders, including Richard Branson, George P. Shultz and Paul A. Volcker.

The report describes the total failure of the present global antidrug effort, and in particular America's "war on drugs," which was declared 40 years ago today. It notes that the global consumption of opiates has increased 34.5%, cocaine 27% and cannabis 8.5% from 1998 to 2008. Its primary recommendations are to substitute treatment for imprisonment for people who use drugs but do no harm to others, and to concentrate more coordinated international effort on combating violent criminal organisations rather than nonviolent, low-level offenders.

These recommendations are compatible with US drug policy from three decades ago. In a message to Congress in 1977, I said the country should decriminalise the possession of less than an ounce of marijuana, with a full programme of treatment for addicts. I also cautioned against filling our prisons with young people who were no threat to society, and summarised by saying: "Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself."

These ideas were widely accepted at the time. But in the 1980s President Ronald Reagan and Congress began to shift from balanced drug policies, including the treatment and rehabilitation of addicts, toward futile efforts to control drug imports from foreign countries.

This approach entailed an enormous expenditure of resources and the dependence on police and military forces to reduce the foreign cultivation of marijuana, coca and opium poppy and the production of cocaine and heroin. One result has been a terrible escalation in drug-related violence, corruption and gross violations of human rights in a growing number of Latin American countries.

The commission's facts and arguments are persuasive. It recommends that governments be encouraged to experiment "with models of legal regulation of drugs... that are designed to undermine the power of organised crime and safeguard the health and security of their citizens."

For effective examples, they can look to policies that have shown promising results in Europe, Australia and other places.

But they probably won't turn to the US for advice. Drug policies here are more punitive and counterproductive than in other democracies, and have brought about an explosion in prison populations. At the end of 1980, just before I left office, 500,000 people were incarcerated in America; at the end of 2009 the number was nearly 2.3 million. There are 743 people in prison for every 100,000 Americans, a higher portion than in any other country and seven times as great as in Europe. Some 7.2 million people are either in prison or on probation or parole more than 3% of all American adults!

Some of this increase has been caused by mandatory minimum sentencing and "three strikes you're out" laws. But about three-quarters of new admissions to state prisons are for nonviolent crimes. And the single greatest cause of prison population growth has been the war on drugs, with the number of people incarcerated for nonviolent drug offenses increasing more than twelvefold since 1980.

Not only has this excessive punishment destroyed the lives of millions of young people and their families (disproportionately minorities), but it is wreaking havoc on state and local budgets. Former California Gov. Arnold Schwarzenegger pointed out that, in 1980, 10% of his state's budget went to higher education and 3% to prisons; in 2010, almost 11% went to prisons and only 7.5% to higher education.

Maybe the increased tax burden on wealthy citizens necessary to pay for the war on drugs will help to bring about a reform of America's drug policies. At least the recommendations of the Global Commission will give some cover to political leaders who wish to do what is right.

A few years ago I worked side by side for four months with a group of prison inmates, who were learning the building trade, to renovate some public buildings in my hometown of Plains, Ga. They were intelligent and dedicated young men, each preparing for a productive life after the completion of his sentence. More than half of them were in prison for drug-related crimes, and would have been better off in college or tradeschool.

To help such men remain valuable members of society, and to make drug policies more humane and more effective, the American government should support and enact the reforms laid out by the Global Commission on Drug Policy.

The writer is the 39th president of USA and the winner of the 2002 Nobel Peace Prize.

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