

Drug Laws and Policies: What **works** and What **doesn't**



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Member, National Consultative Committee - Drug Addiction, Govt. of India

Member, Expert Advisory Panel on Drug Dependence, WHO (Geneva)

Today's discussion...

- Understanding 'Drugs' and 'Addiction'
- Interface between drug policies and health
- Issues relevant to India

Terminology: Lay / Law / Health-sciences

What are 'Drugs'?



- 'Psychoactive Substances'
 - 'Addictive Drugs'
-

- 'Controlled'
 - 'Narcotics'
 - 'Psychotropic'
-

- 'Licit / Legal'
 - 'Illicit / Illegal / Banned'
-

- 'Pharmaceutical'
- 'Recreational'

We need to 'control' psychoactive substances....

- Because, they are harmful for the *individual*?
- Because, they are harmful for the *society*?
- Because, their use is wrong *morally*?
- Because, the state needs to control the amount and source of *pleasure*, of its citizens?

We need to 'control' psychoactive substances....

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.....possibly, a combination of all the reasons, above.

Basic Terminology

Use

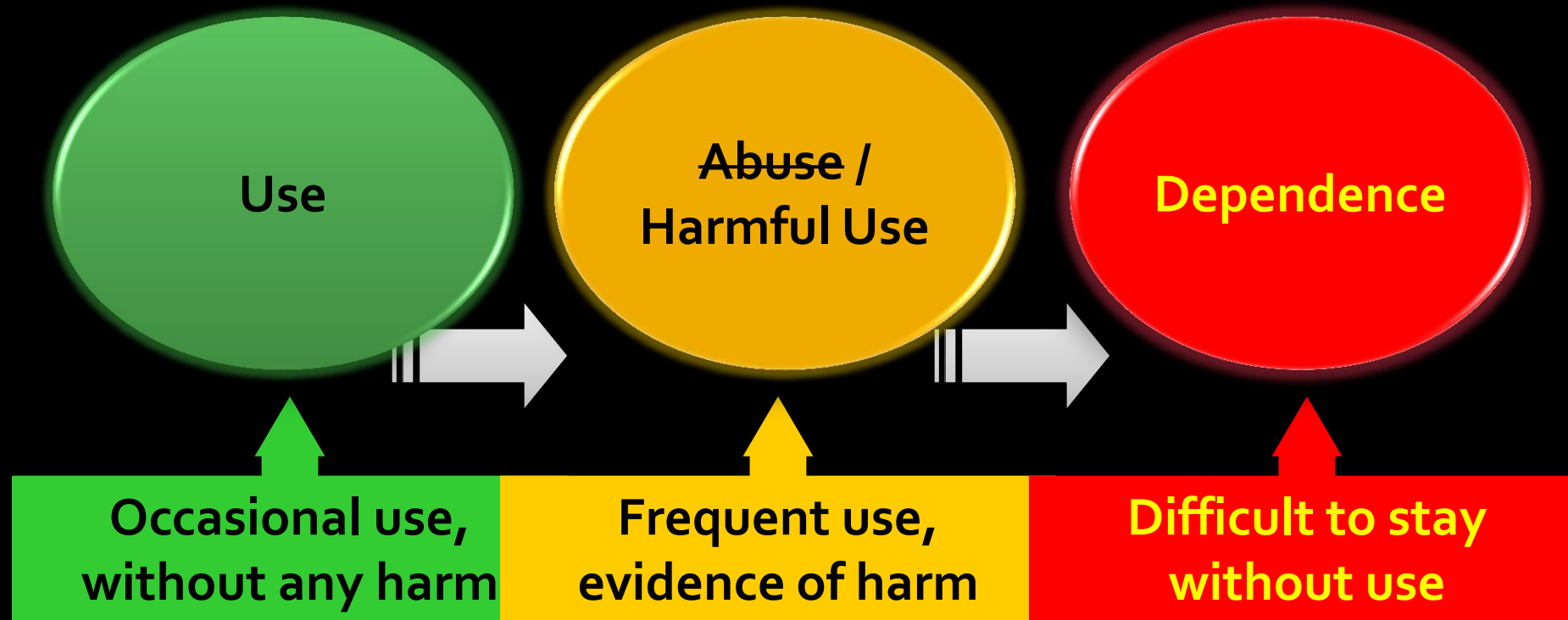
Misuse

Abuse

Harmful Use

Addiction

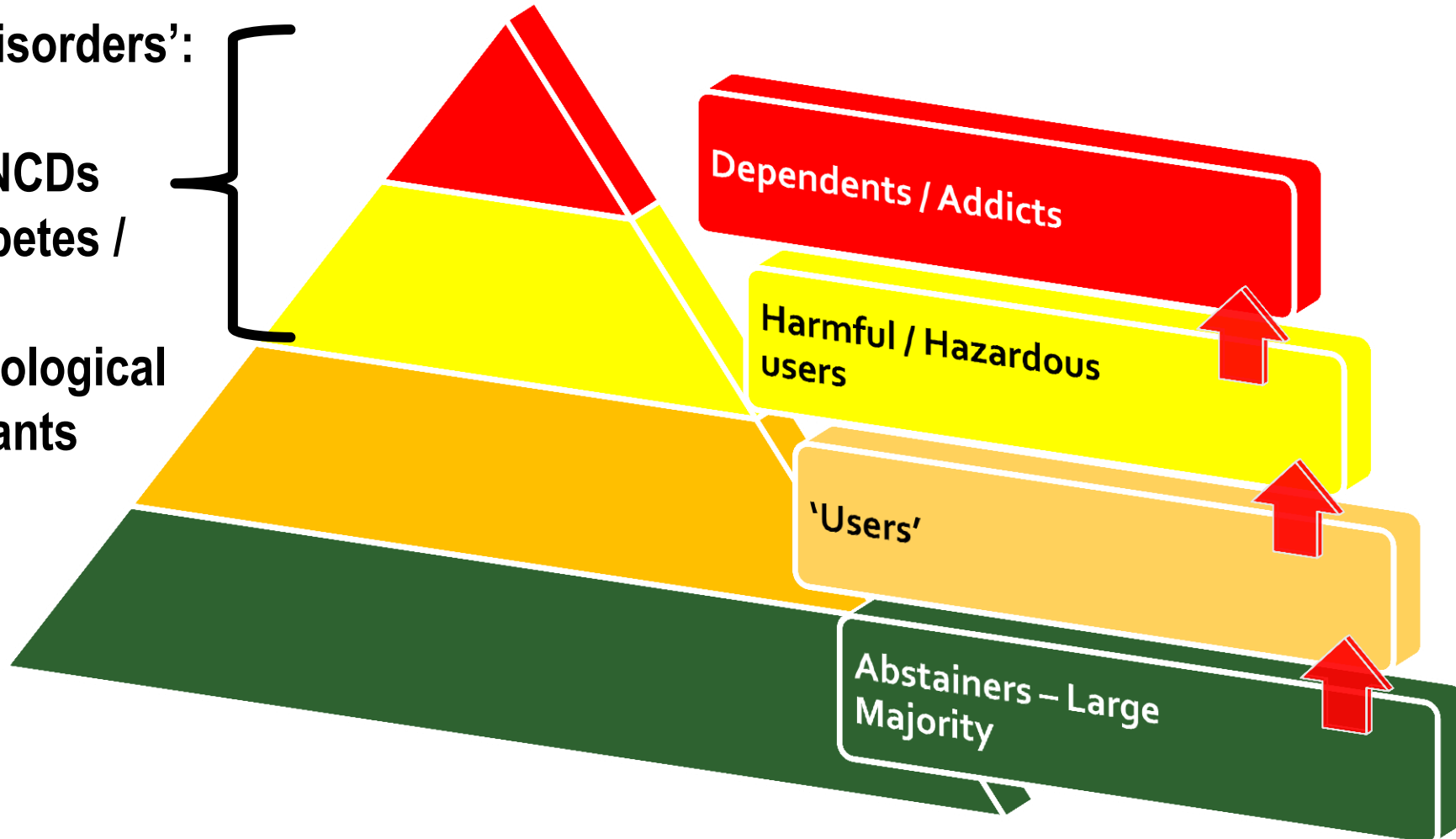
Dependence



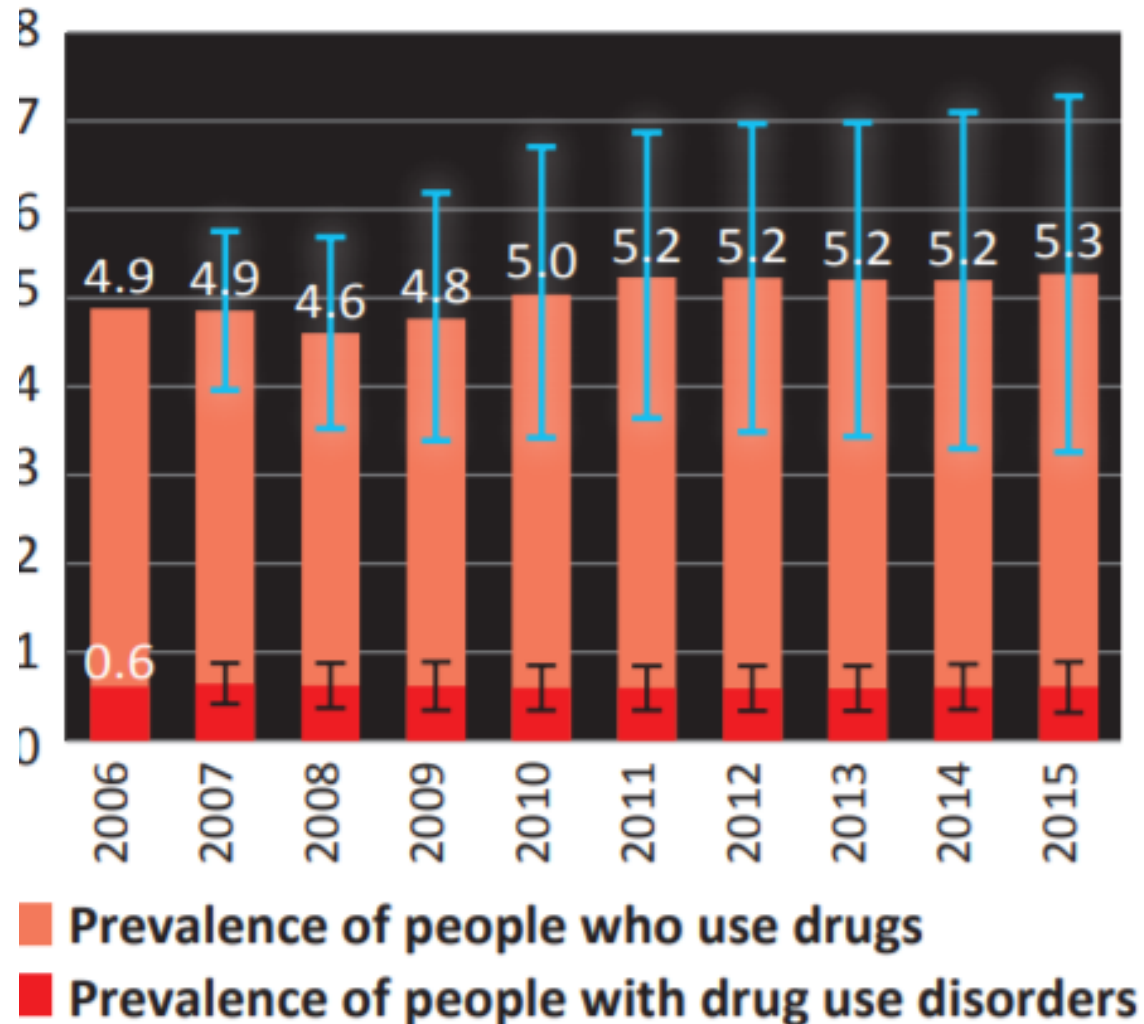
Drug Use: pyramid in the society

'Drug Use Disorders':

- Chronic NCDs (Like Diabetes / HT)
- Strong Biological determinants



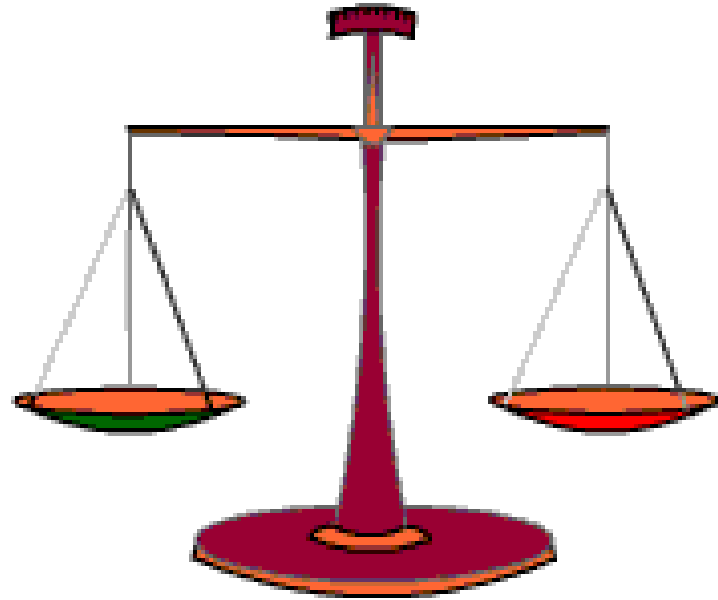
Global trends in the estimated prevalence of drug use and prevalence of people with drug use problems, 2006-2015



Global prevalence almost constant!

- Success of Drug Control System?
- Failure of Drug Control System?
- Faulty method of estimation?

The Drug Market



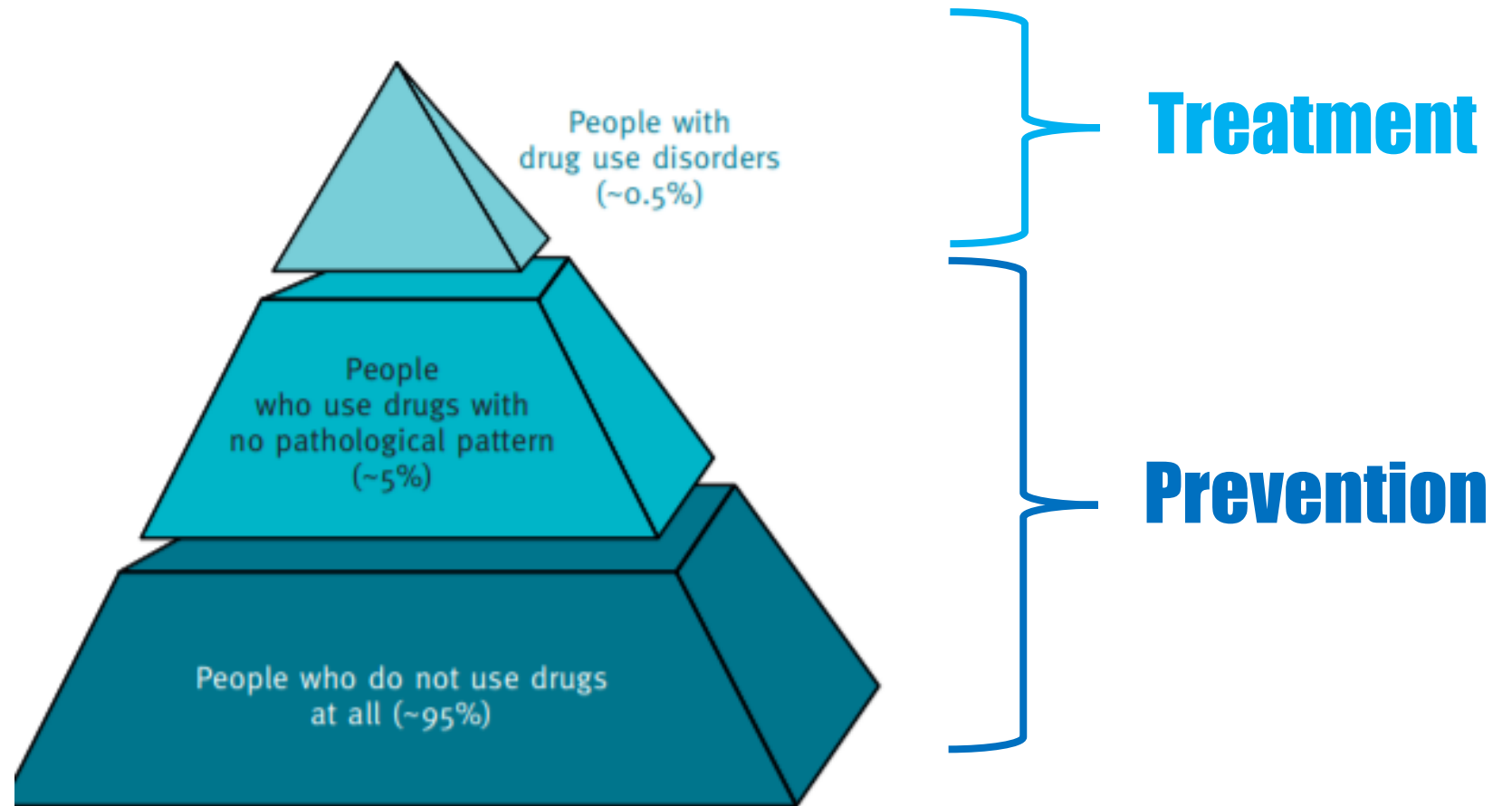
DEMAND

SUPPLY

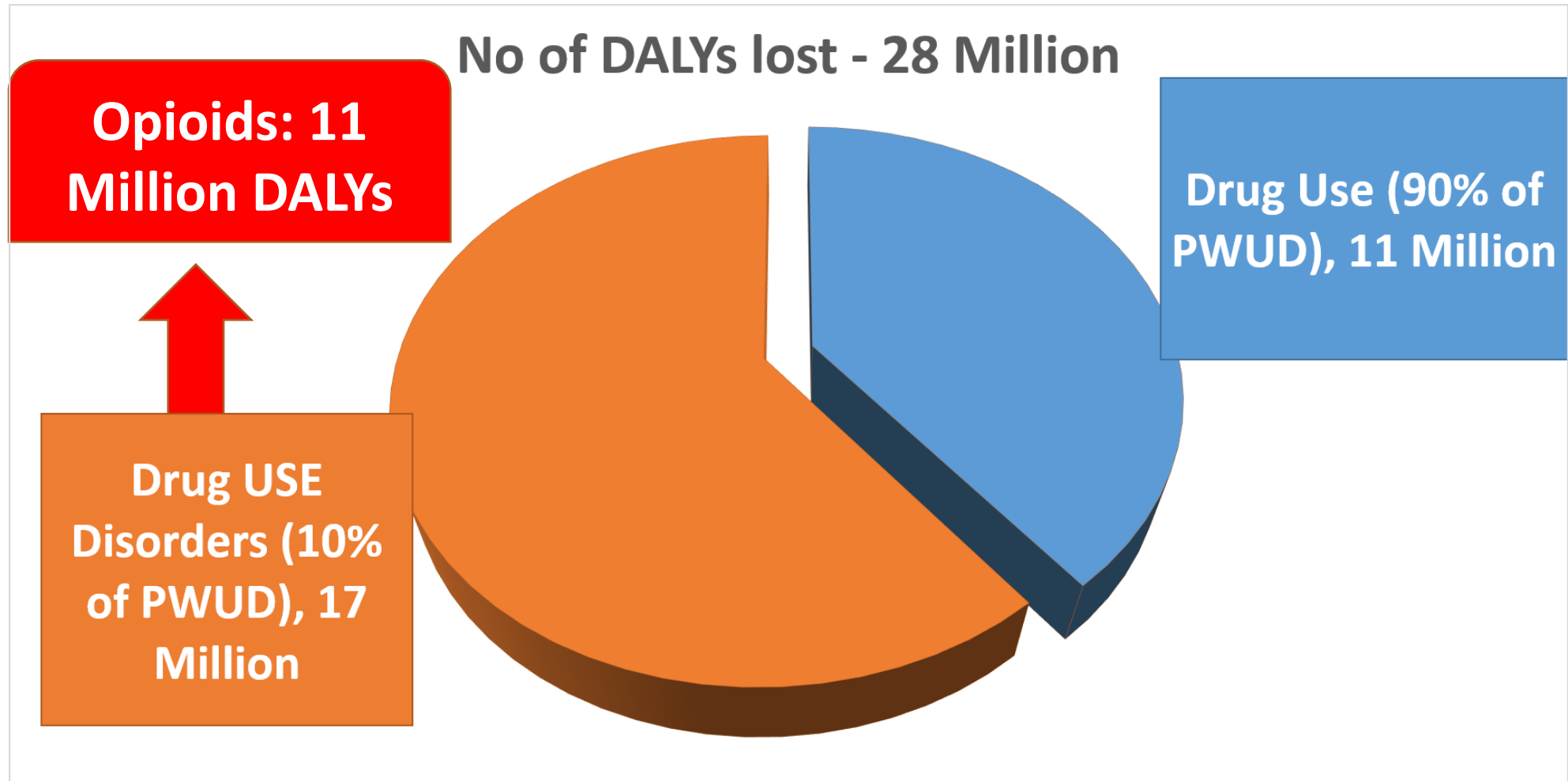
Drug Use Management Strategies



Pyramid of drug use patterns (representational)

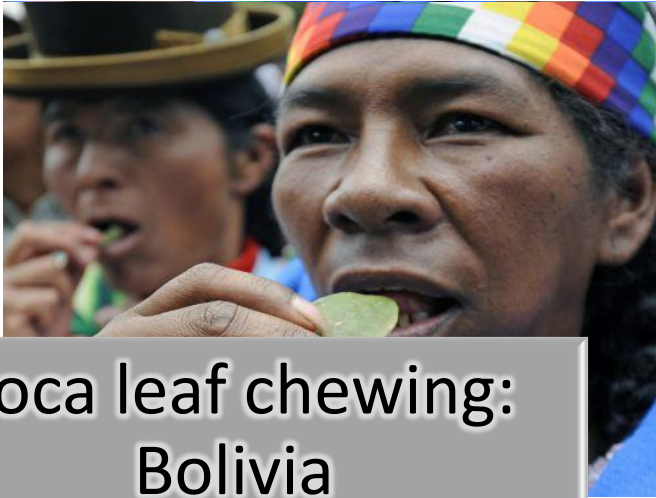


Drug Use Versus Disorder



Evolution of International drug control

- Today's 'narcotics' have had a long history of use throughout the world
- Plants have been major source of drugs:
 - Opioids
 - Cannabis
 - Cocaine
- Drugs have been used as
 - medicines,
 - for recreation
 - as part of social / cultural rituals



Coca leaf chewing:
Bolivia



Opium use: India



Khat use: Africa



Cannabis use: India

International Drug treaties



1961

Single
Convention on
Narcotic Drugs

- non-medical use
of narcotics a
criminal offence

1971

Convention on
Psychotropic
Substances

- to cover synthetic
drugs

1988

Convention
Against Illicit
Trafficking

- suppression of
illicit markets
- Extended to
precursor
chemicals

1998

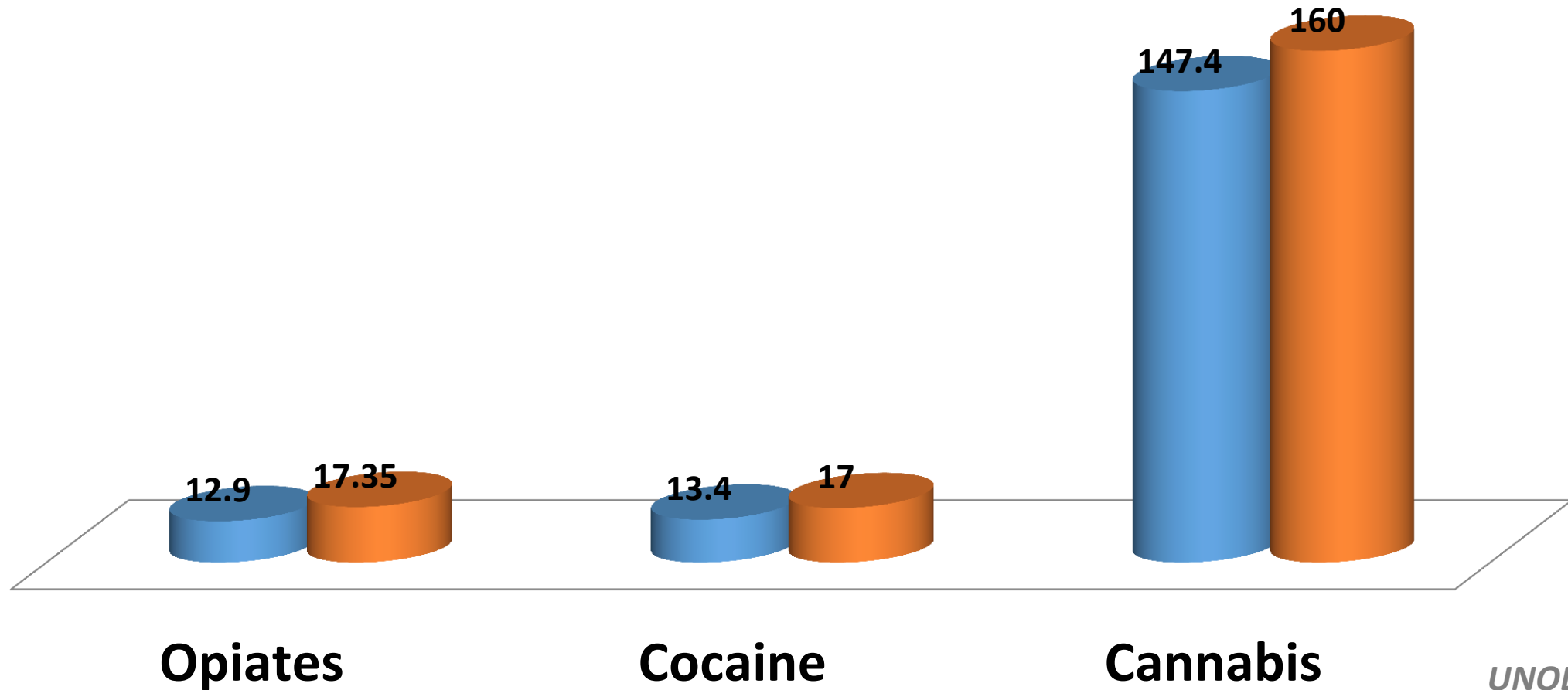
UN General
Assembly
Special Session

- to achieve
reduction of illicit
supply and
demand for drugs
by 2008

“Health and Welfare of Mankind”

Number of users in millions

■ 1998 ■ 2008



UN Conventions: Failure to recognize cultural variations

To control recreational use of heroin and cocaine in rich, developed countries ...

pressure on developing countries to end traditional (medicinal / religious / ceremonial / social) use of opium and cocoa plants !

Chewing coca leaf

=

Injecting heroin

=

Smoking a joint

=

Snorting cocaine

To control this....

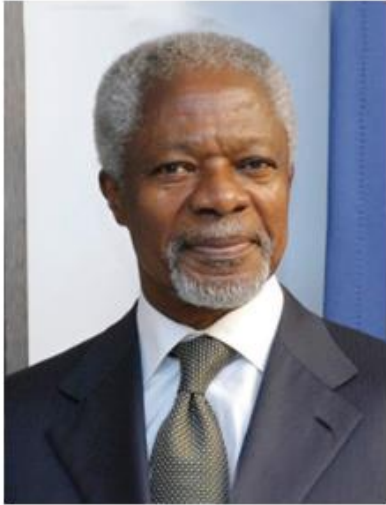
“War on Drugs”

**One of the biggest
myths....**

(now being busted)



GLOBAL
COMMISSION ON
DRUG POLICY



Kofi Annan

Former Secretary General of
the United Nations, Ghana



Joyce Banda

Former President of Malawi



Richard Branson

Entrepreneur, advocate for
social causes, founder of the
Virgin Group, cofounder of
The Elders, UK



**Fernando Henrique
Cardoso**

Former President of Brazil



Anand Grover

HIV and human rights
activist, former UN Special
Rapporteur on the Right to
Health and Senior Advocate,
Supreme Court of India

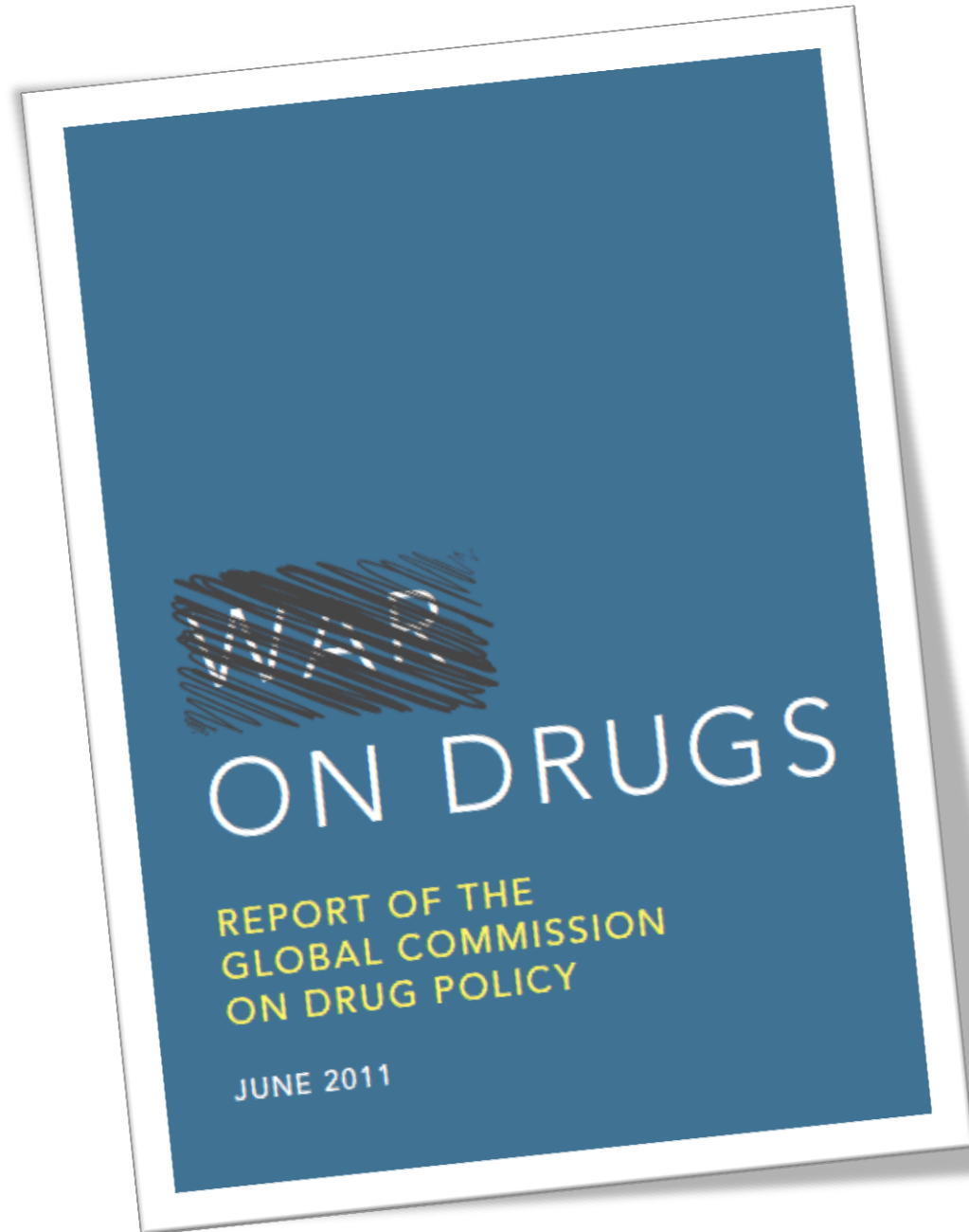


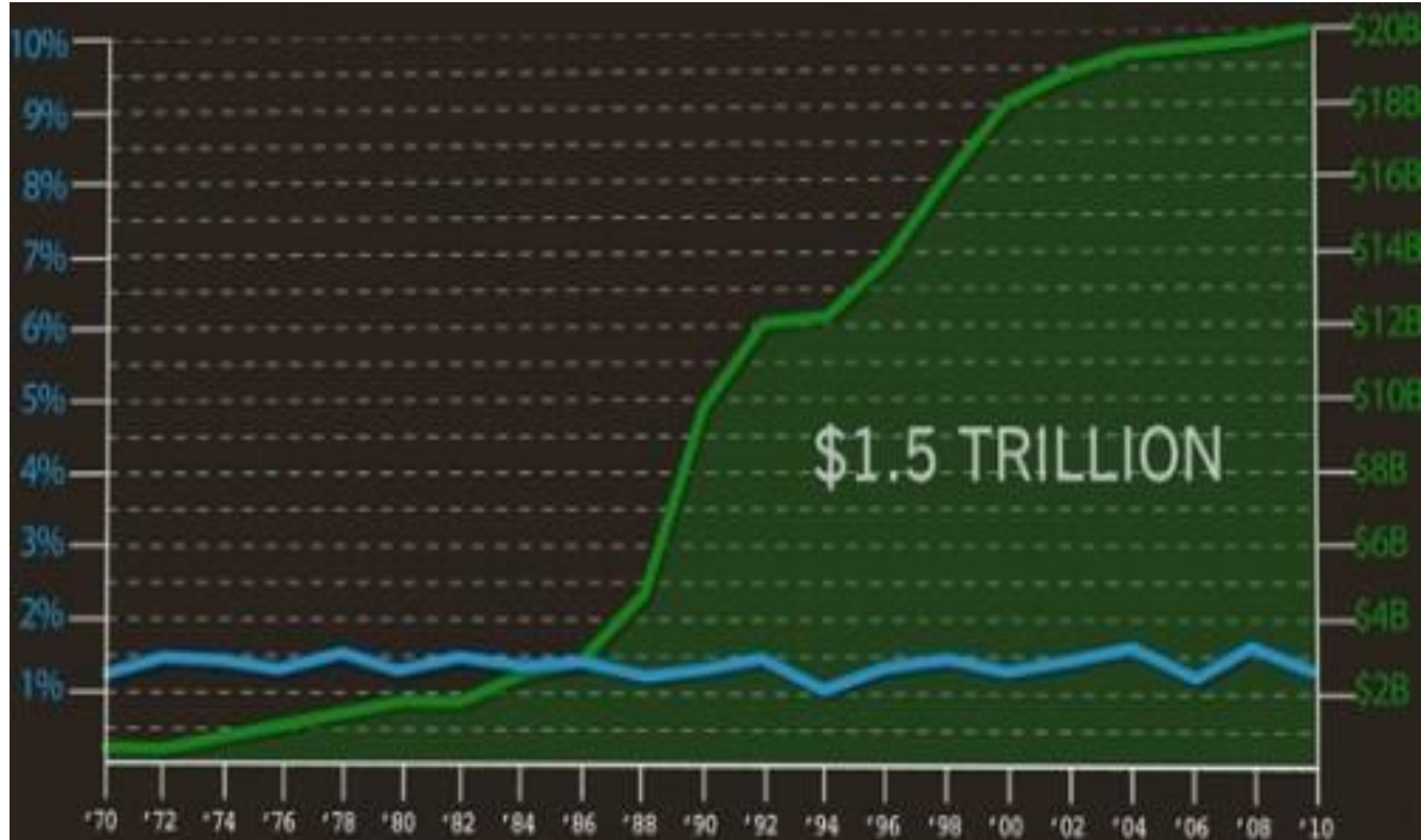
Asma Jahangir

Human rights activist, former
UN Special Rapporteur on
Arbitrary, Extrajudicial and
Summary Executions,
Pakistan

...and many more

**“The war on
drugs has
failed”**





U.S. Drug Addiction Rate, 1970 - 2010
U.S. Drug Control Spending, 1970 - 2010

..A war which no one wants to end.



PDEA: Almost 5,000 killed in Duterte's war on drugs as of Oct. 2018

By: [Cathrine Gonzales](#) - Reporter / @cgonzalesINQ INQUIRER.net / 11:34 AM November 27, 2018



DESTROYING EVIL The Philippine Drug Enforcement Agency is at the forefront of the war on drugs and in charge of operations like this in Trece Martires City, Cavite province, which led to the destruction of P10.4 billion worth of drugs, chemicals and equipment. INQUIRER file photo / NIÑO JESUS ORBETA

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USE CODE **NEW30**

*On first orders.

An advertisement for Licious, a food delivery service. It features a yellow background with a photo of a wooden plate filled with fresh, pink lamb and goat meat pieces. The text promotes 'WORLD-CLASS LAMB & GOAT MEATS. HOME DELIVERED' and offers a 'GET FLAT 30% OFF*' discount using the code 'NEW30'. A small note at the bottom states '*On first orders.'

LATEST STORIES

MOST READ



ENTERTAINMENT

Amanda Bynes details struggle with drug abuse, says she is nearly 4 years sober

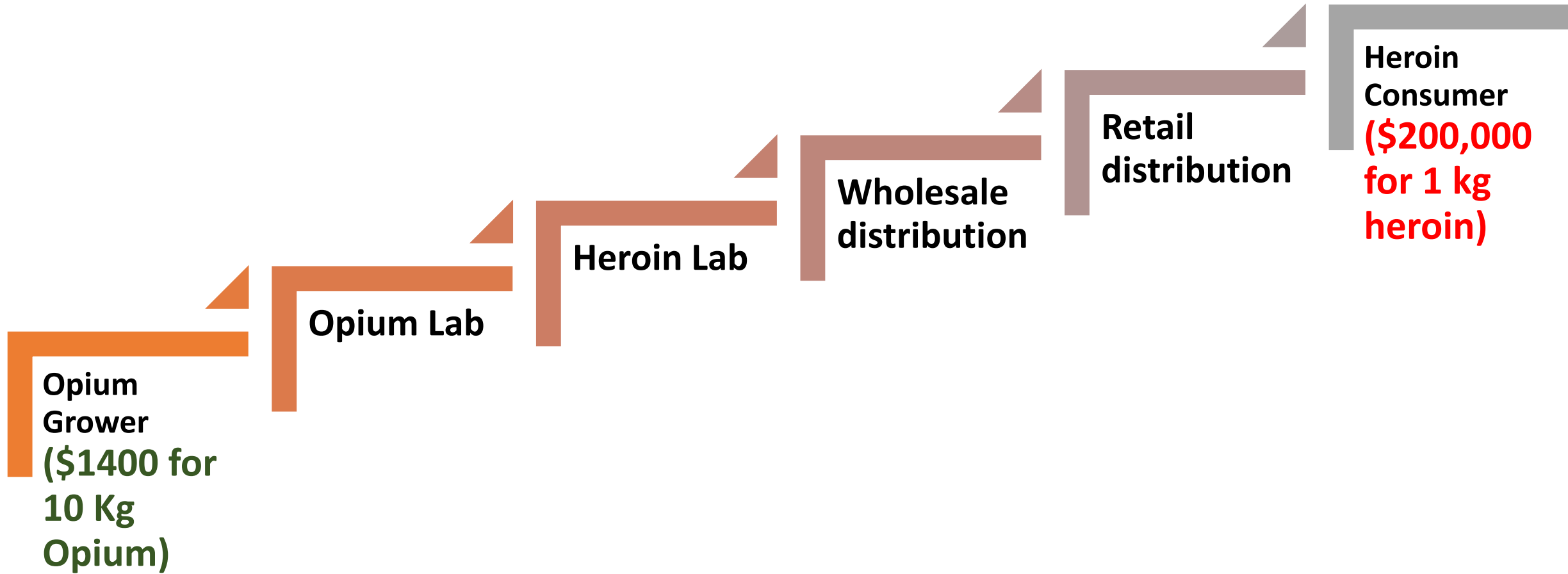
NOVEMBER 27, 2018 04:08 PM



POP

IN PHOTOS: DEAN and

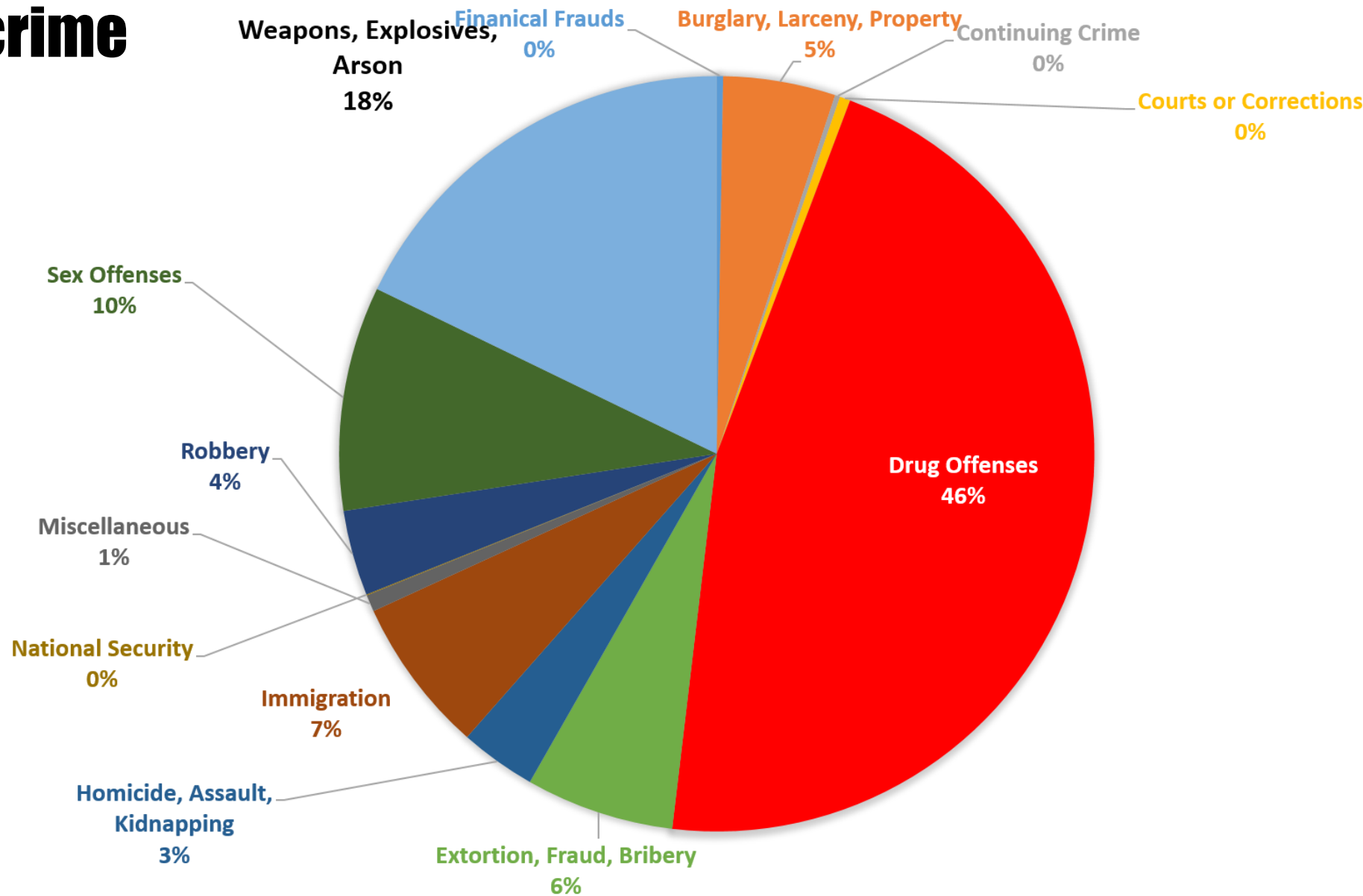
How the cost increases



USA

- World's biggest incarcerator
 - 5% of World Population
 - 25% of World PRISON Population
- Disproportionate representation: Blacks and Hispanics
- Prison, now an 'industry' (Private, for-profit corporations)

US Prison Population: by type of crime



Drug Supply Control - unintended consequences:

**Creation of a
criminal black
market**

**Policy
displacement**

**Geographical
displacement**

**Substance
displacement**

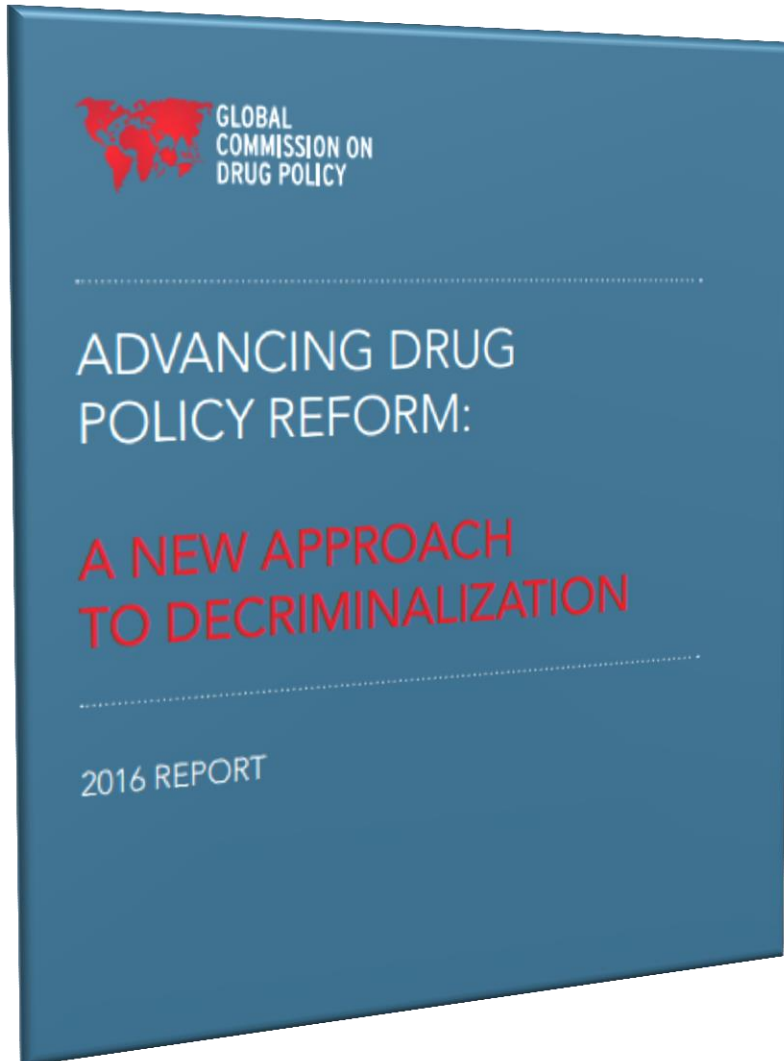
**Marginalization
of drug users
from social
mainstream**



The Iron Law of Prohibition

How Banning Drugs Only Makes Them More Dangerous

Harms of Criminalization



- **FAILURE IN CONTROLLING DRUG PROBLEMS**
- **UNDERMINING THE RIGHT TO PRIVACY**
- **UNDERMINING THE RULE OF LAW**
- **HUMAN RIGHTS ABUSES**
- **PUBLIC HEALTH CRISIS**
- **PRISON OVERCROWDING**
- **TOOL OF SOCIAL CONTROL**
- **“COLLATERAL CONSEQUENCES” OF RECEIVING A CRIMINAL RECORD**

JOINT UNITED NATIONS STATEMENT ON ENDING DISCRIMINATION IN HEALTH CARE SETTINGS

UPDATE

Twelve United Nations agencies commit to working together to end discrimination in health-care settings

30 JUNE 2017



Internatio

Reviewing and
repealing punitive
lawsthat
criminalize or
otherwise prohibit
.....drug use or
possession of
drugs for personal
use.

Decriminalization !

DRUG DECRIMINALISATION POLICIES IN PRACTICE: A Global Summary

About the Authors:

Steve Rolles is Senior Policy Analyst at Transform Drug Policy Foundation and author of *After the War on Drugs: Blueprint for Regulation*, published in 2009.

Niamh Eastwood is Executive Director at Release, the UK centre of expertise on drugs and drugs law. She is a non-practising barrister with extensive experience of service delivery, policy strategy, fundraising and operational development.

The authors would like to thank Damon Barrett and Joanne Csete for providing insightful feedback on an earlier version of this chapter. Thank you also to Ari Rosmarin who co-authored Release's report *A Quiet Revolution: Drug Decriminalisation Policies in Practice Across the Globe*,¹ which provided much of the information for the country summaries in this chapter.

- Around 25–30 countries have now implemented some form of decriminalisation.

A world map with a light gray background and black outlines of continents. Five callout boxes are overlaid on the map: a green box for the USA, a blue box for Western Europe, an orange box for Eurasia, an orange box for Latin America, and a blue box for New Zealand (NPS) and Australia. Each box contains a list of countries or states.

USA

- Some states

Western Europe

- Belgium
- Germany
- Italy
- Spain
- Netherlands

Eurasia

- Armenia
- Estonia
- Kyrgyzstan
- Poland
- Czech Republic

Latin America

- Argentina
- Chile
- Colombia
- Mexico
- Paraguay
- Peru
- Uruguay

New Zealand (NPS) Australia

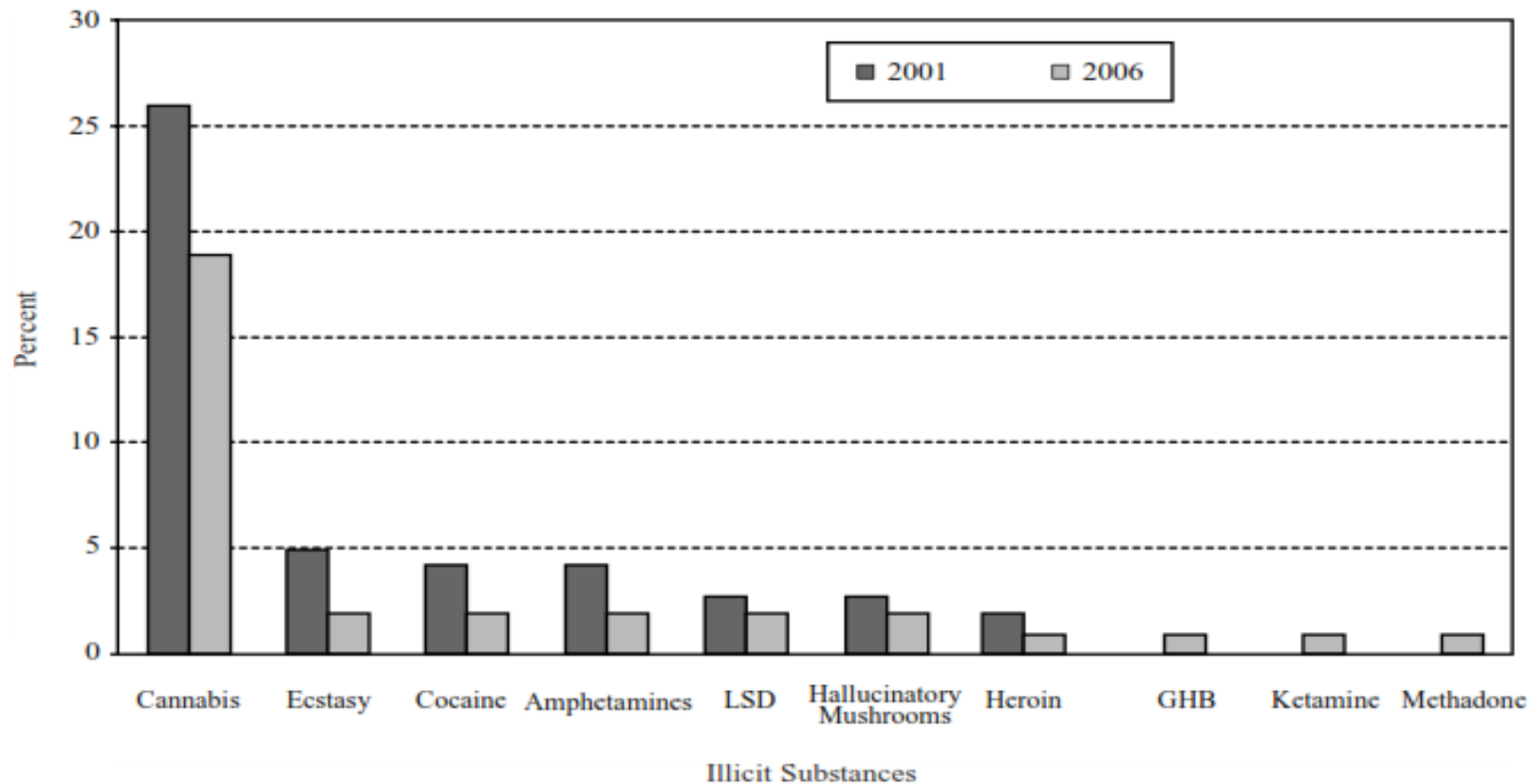
- Some states

Case Study: Portugal

- Decriminalised drug use and possession in 2001
- After finding an individual in possession drugs for personal use → referral to a 3 member panel (dissuasion commission)
 - Medical experts
 - Social workers
 - Legal professionals

Portugal: Decrease in prevalence among adolescents

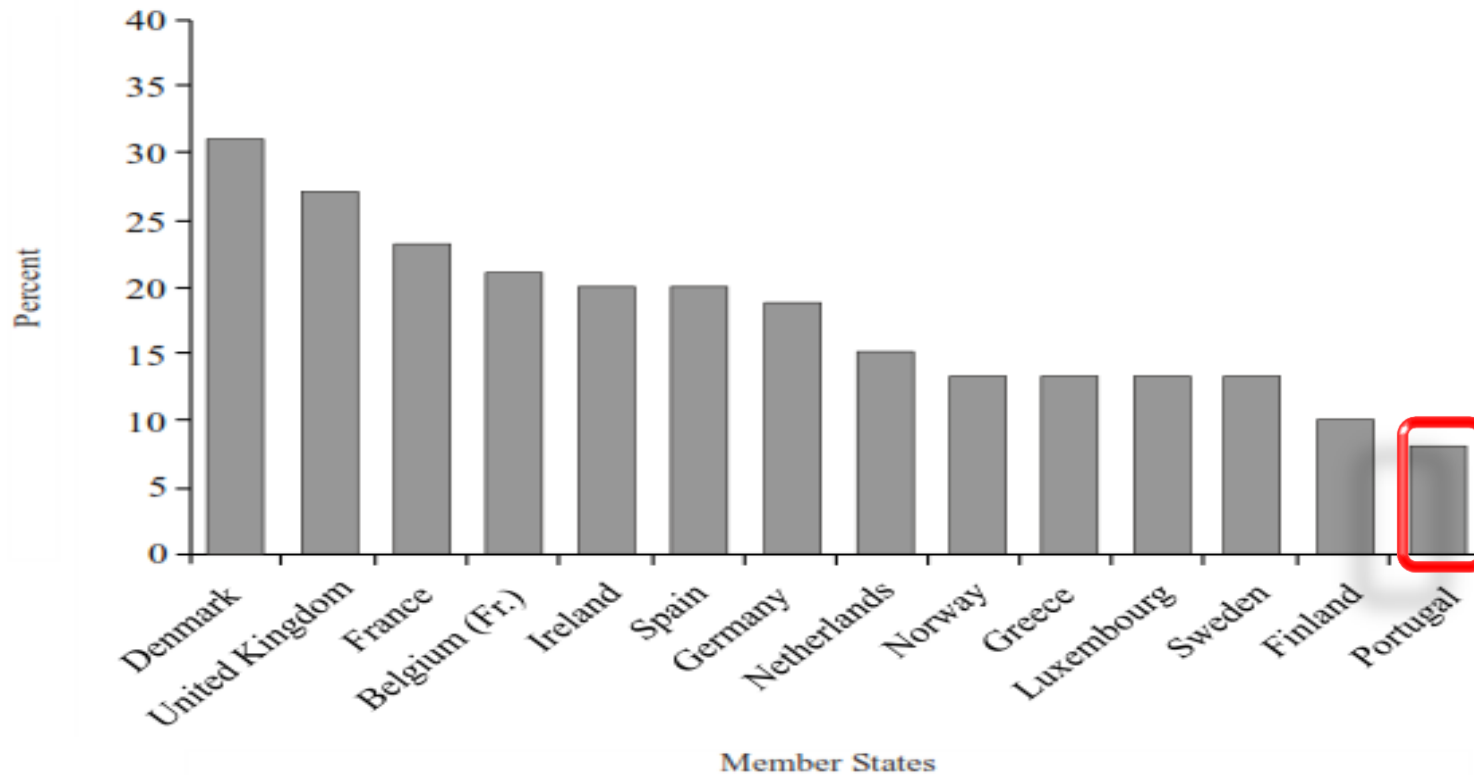
National Investigation in School Environment, 2001 and 2006, Secondary (10th, 11th, and 12th years), Portugal: Prevalence Over Entire Life



Source: Instituto da Droga e da Toxicodependência de Portugal, Draft 2007 Annual Report, slide 14.

Decriminalization effects: Portugal & Other European countries

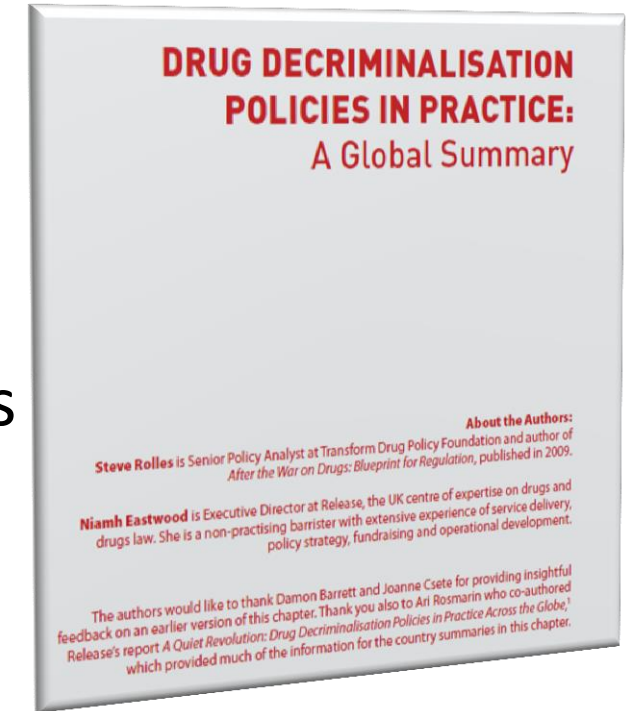
European Union (2001–2005), General Population (15–64 Years), Cannabis, Prevalence over Entire Life



Source: Instituto da Droga e da Toxicoddependência de Portugal (Institute on Drugs and Drug Addiction of Portugal), Draft 2007 Annual Report, slide 9.

Benefits of Decriminalization

- Reduction in drug use
- Increases in the numbers accessing treatment services
- Reduction in Injecting Drug Use
- Significant decreases in HIV transmission rates
- Significant reduction in drug-related deaths
- Saving in Social costs
- Direct savings to the criminal justice system



Are all drugs equally harmful?

- Drugs differ in their propensity to cause:
 - Health harms
 - Addiction
 - Social and Economic harms

Harm caused by drugs

Nutt et al, 2007; Lancet

100=maximum

■ Harm to others ■ Harm to users

Alcohol

Heroin

Crack cocaine

Methamphetamine

Cocaine

Tobacco

Amphetamine

Cannabis

GHB

Benzodiazepenes

Ketamine

Methadone

Mephedrone

Butane

Qat

Anabolic steroids

Ecstasy

LSD

Buprenorphine

Mushrooms

Parameter

Physical harm

One

Acute

Two

Chronic

Three

Intravenous harm

Dependence

Four

Intensity of pleasure

Five

Psychological dependence

Six

Physical dependence

Social harms

Seven

Intoxication

Eight

Other social harms

Nine

Health-care costs

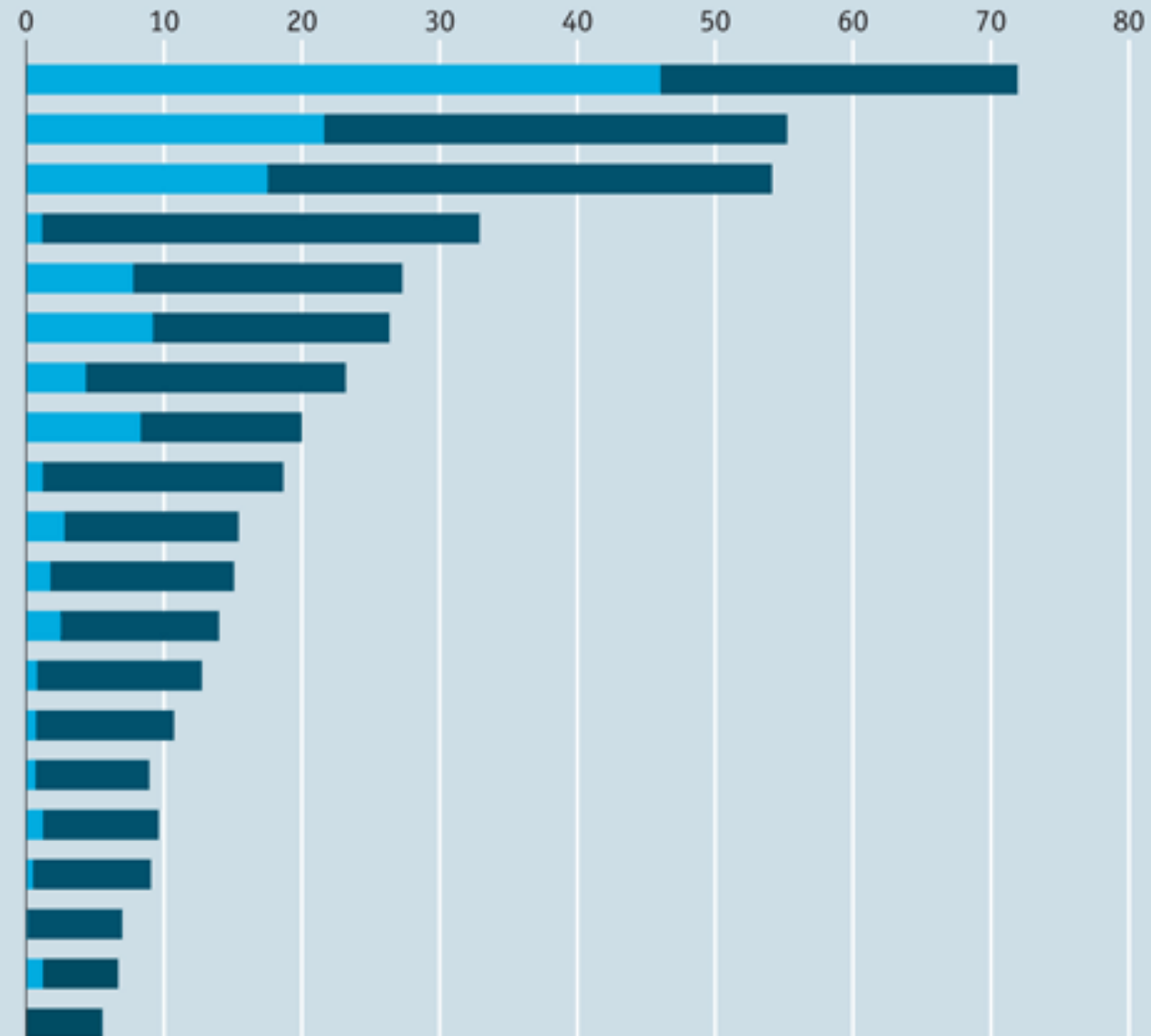
Source: "Drug harms in the UK", by David Nutt et al. *The Lancet*

Harm caused by drugs

Nutt et al, 2007; Lancet

100=maximum

■ Harm to others ■ Harm to users



Source: "Drug harms in the UK", by David Nutt et al. *The Lancet*

- Does it make sense to keep cannabis, heroin and cocaine in the same category?

and,

-to criminalize the use?

Criminalizing Drug Use: Indian Experience

FROM ADDICT TO CONVICT

THE WORKING OF THE NDPS ACT IN PUNJAB

VOLUME 1

- Analysis of NDPS cases registered in Punjab
- “Deterrent punishment has not resulted in lowering drug crimes.”
- Most registered cases of ‘users’ rather than ‘traffickers’
- Poor access to treatment
- Prison overcrowding



Prohibition has led to addiction to drugs: Bihar doctors find out

Divided into two batches, these doctors are undergoing training on the Virtual Knowledge Network at NIMHANS to deal with disorders arising from substance abuse.

867
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Written by **Kaunain Sheriff M** | Bengaluru | Published: April 8, 2017 5:28 am



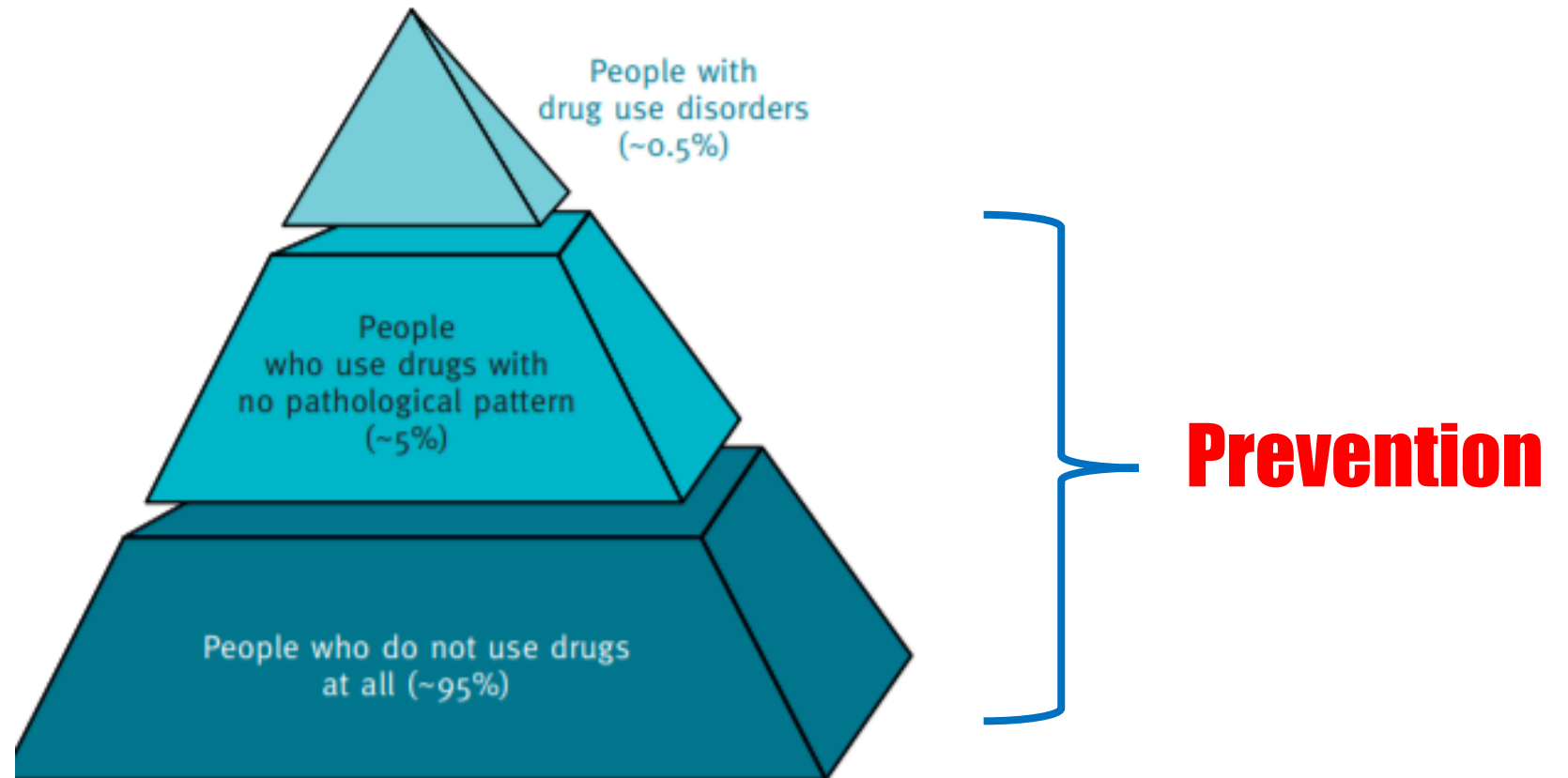
*Not
Surprising if
this has
happened....*

Bihar's prohibition crackdown: Two years later, OBC, EBC, SC, ST face the brunt

Under sections 29 to 41 of the Bihar Excise and Prohibition Act, which came into force on April 6, 2016, consuming, storing, selling and manufacturing liquor are non-bailable offences.

Drug Demand Reduction: What Works

Pyramid of drug use patterns (representational)





UNODC

United Nations Office on Drugs and Crime



**World Health
Organization**



International Standards on Drug Use Prevention

Second updated edition

UNODC and WHO, March 2018

Prevention of Substance use

- Very popular, in most countries
- Largely, Merely Lip Service
- Most prevention activities – limited evidence base of effectiveness

Prevention of Substance use: *What Works*

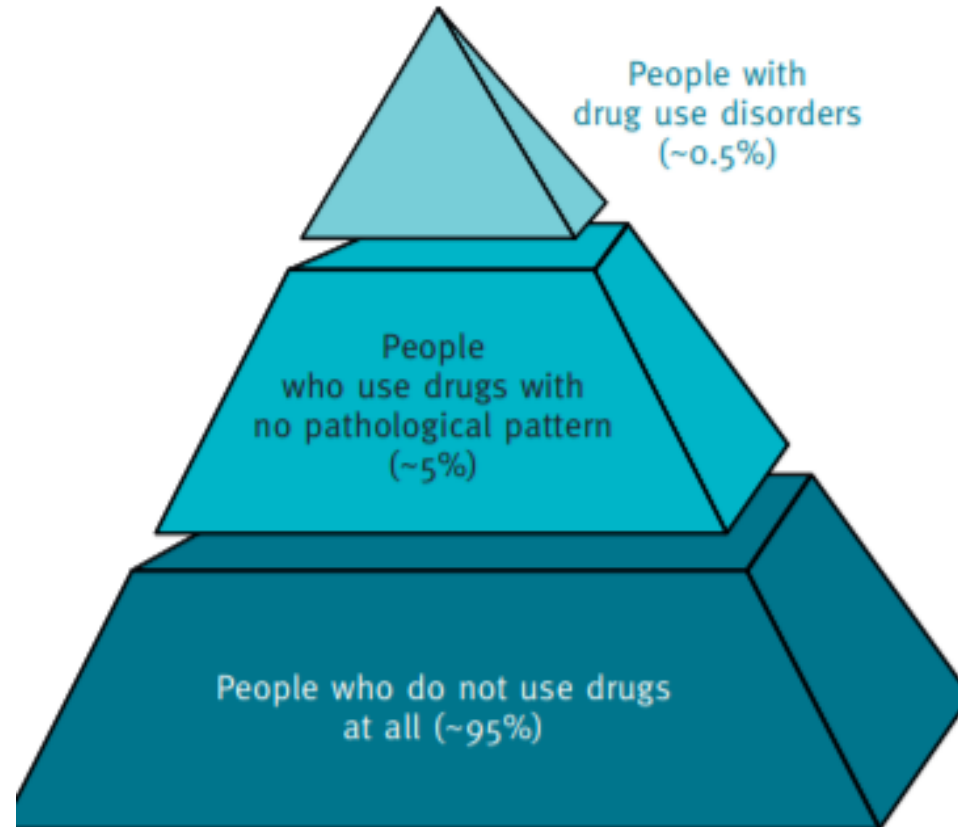
Level / Setting	Interventions with good evidence
Family	Parenting Skills
School	Early Education Social Skills
Community	Alcohol and Tobacco Policies Multi-component initiatives
Workplace	Workplace Prevention
Health sector	Brief Interventions

Poorest evidence:

Media Campaigns

UNODC and WHO, April 2018

Pyramid of drug use patterns (representational)



Treatment



International Narcotics Control Board

Monitoring and supporting Governments' compliance
with the international drug control treaties



Report of the International Narcotics Control Board for 2017

[Foreword by the INCB President](#)

[Contents](#)

[Explanatory Notes](#)

Chapter I

[Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction](#)

A. Background

B. Treatment, rehabilitation, and social reintegration as essential components of demand reduction

C. Basic concepts related to drug use disorders

D. Factors associated with drug use disorders



INTERNATIONAL NARCOTICS CONTROL BOARD



Report
2017



UNITED NATIONS

UN/INCB
The United Nations
International Narcotics Control Board
New York, 2017
Copyright

Importance of drug dependence treatment

- Global burden of disease attributable to alcohol and illicit drug use: **5.4%** of the total burden of disease
- ‘Peer pressure’ as the factor for drug use initiation:
Treatment for one is prevention for others !
- Treatment is cost effective
- Sustainable Development Goal (SDG) no. 3: “Ensure healthy lives and promote well-being for all at all ages”
 - Target 3.5: ‘Strengthen the prevention and treatment of substance use’

Global Treatment Gap

- Number of beds for treatment of drug and alcohol dependence: **1.7** per 100,000 people
 - Higher / Middle Income countries: **7.1**/100,000 people
 - Lower Middle Income countries: **0.7**/100,000 people
- Access to treatment: **1 in 6** drug dependent people
- Psychosocial treatment: more than a third of countries
- Pharmacological treatment: less than one fourth of countries

International Standards for the Treatment of Drug Use Disorders

Draft for Field Testing

© United Nations Office on Drugs and Crime, March 2017.

Treatment:

- Essential for a majority of affected population
- Needs to be
 - Long-term; outpatient
 - Voluntary; respect for human rights
 - Integrated with health and welfare framework
- Outcome: need not be only abstinence

Treatment Modalities (Which work)

**Community-
based outreach**

**Screening, brief
interventions,
and referral to
treatment**

**Short-term
inpatient or
residential
treatment**

**Outpatient
treatment**

**Long-term
residential
treatment**

**Recovery
management**

**“Harm
Reduction”**

Other 'innovative' approaches

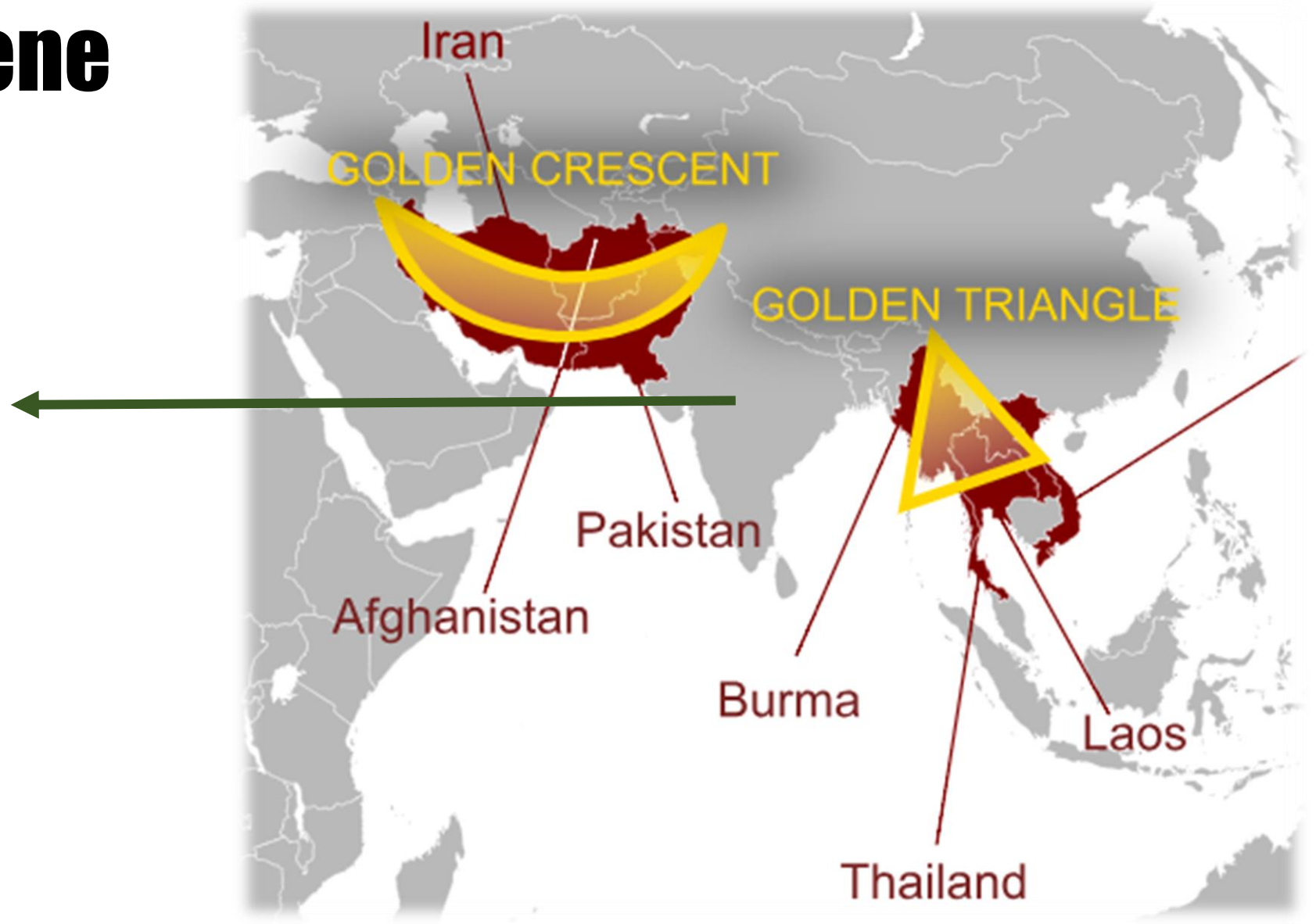
- Prescription heroin maintenance
- Supervised Injection Facilities / Drug Consumption Rooms
- (Indian) Opium Registry?

Cost Effectiveness of treatment

- Every 1 rupee spent on treatment: Saving of 4-7 rupees
- Domains of economic benefits
 - Criminal activity,
 - Health service utilization
 - Employment earnings
 - Expenditures on drugs

Indian Scene

Traditional
cultivation and use
of Cannabis and
Opium



News Home » India

Punjab sinking in Pak drugs worth Rs 7,500 crore per year: AIIMS

Shimona Kanwar | TNN | Jan 15, 2016, 04:40 AM IST

✉️ 🖨️ A- A+

Manly Oceanside Accommodation
from \$98 See best prices for your ideal room : TripAdvisor

Ads by Google



CHANDIGARH: At a time when the nexus between terrorists and drug smugglers in Pakistan has come under a harsh spotlight after the Pathankot airbase attack, a new study by AIIMS has found that opioids worth Rs 7,500 crore are consumed in Punjab every year. 🐦 Of these, heroin's

Tuesday, April 05, 2016

The Tribune

VOICE OF THE PEOPLE

HOME | NATION | WORLD | PUNJAB | HARYANA | HIMACHAL | J & K | UTTARAKHAND | CITIES | OP

FLASH

Jaipur: Six persons, including 2 BSF jawans, dead after consuming adulterated liquor in

Punjab » Community

Posted at: Jan 15, 2016, 1:56 AM; last updated: Jan 15, 2016, 1:54 AM (IST)

2.3 lakh opioid-dependent in 10 Punjab districts

76% aged between 18-35 years, admission to de-addiction centre reported by just 8%: Survey

Share 0 Tweet 1 Share 0 Email 0 Print

New Delhi, January 14

There are about 2.3 lakh opioid-dependent people in Punjab, of whom
eindia.com

Also in this section

State high on liquor

Business Standard

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No rehab, only jail term for drug addicts in Punjab, reveals study

Press Trust of India | New Delhi

Last Updated at August 26, 2018 12:25 IST





Narendra Modi
Prime Minister



Government of India
Ministry of Social justice & Empowerment
Department of Social justice & Empowerment

“ Drugs lead a
person to a blind
path of destruction.
There is nothing
left in its trail but
devastation”

NATIONAL SURVEY ON EXTENT AND PATTERN OF SUBSTANCE USE IN INDIA

(NATIONAL DRUG USE SURVEY)

National Drug Dependence Treatment Centre
AIIMS, New Delhi



....Report expected in early 2019

Strategies for Drug problems: Indian Scene

Supply reduction

- Department of Revenue, Ministry of Finance
- Narcotics Control Bureau, Ministry of Home
- Central Bureau of Narcotics, Ministry of Finance
- ...many others

Coordination: Challenge

Harm reduction (IDU)

- National AIDS Control Organisation (NACO), MoH&FW
→ NGOs and Govt. Hospitals

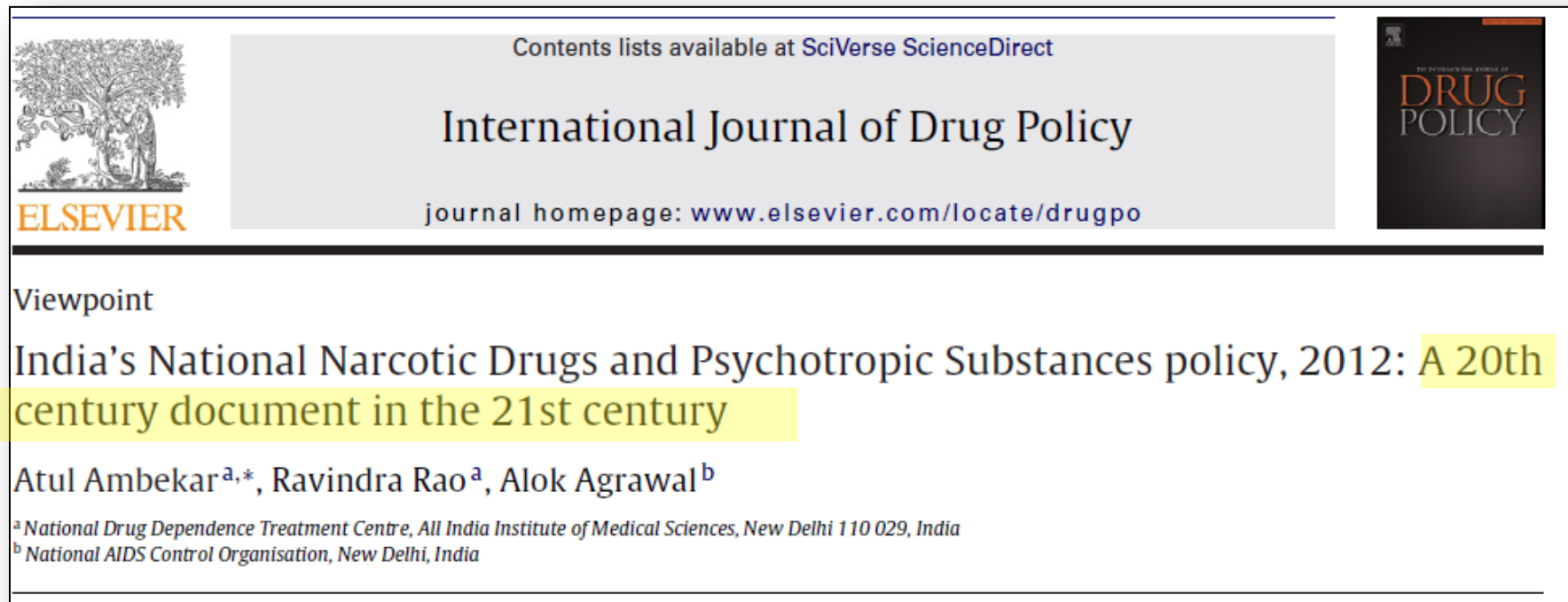


Demand reduction

- **Prevention and Rehabilitation:** Ministry of Social Justice and Empowerment → NGOs
- **Medical Treatment:** Ministry of Health and Family Welfare → Govt. Hospitals

National Narcotic Drugs and Psychotropic Substances (NDPS) Policy (2012)

- Talks about a combination of supply, demand and “Harm Reduction” approaches
- Harm reduction – reluctantly endorsed; Only for IDUs



Narcotic Drugs and Psychotropic Substances Act, 1985

- Drug Use a criminal act
- Provision for treatment in lieu of jail term for Drug Users
 - Onus on accused to prove that s/he is a drug user; not a trafficker !
- 2014 amendment
 - 'Essential Narcotic Drugs' for medical use; Subject to central rules; state licenses not needed

India: NDPS Act Amendment 2014

Central Government shall take all such measures for the purpose of ...

Prior to 2014,
Section 4, stated
as follows:

In 2014, Section
4 was amended
as follows:

***“Preventing &
combating abuse of
illicit traffic in
Narcotic Drugs,
etc...”***



***“.....and for
ensuring their
medical and
scientific use”.***

“MEDICAL AND SCIENTIFIC USE”

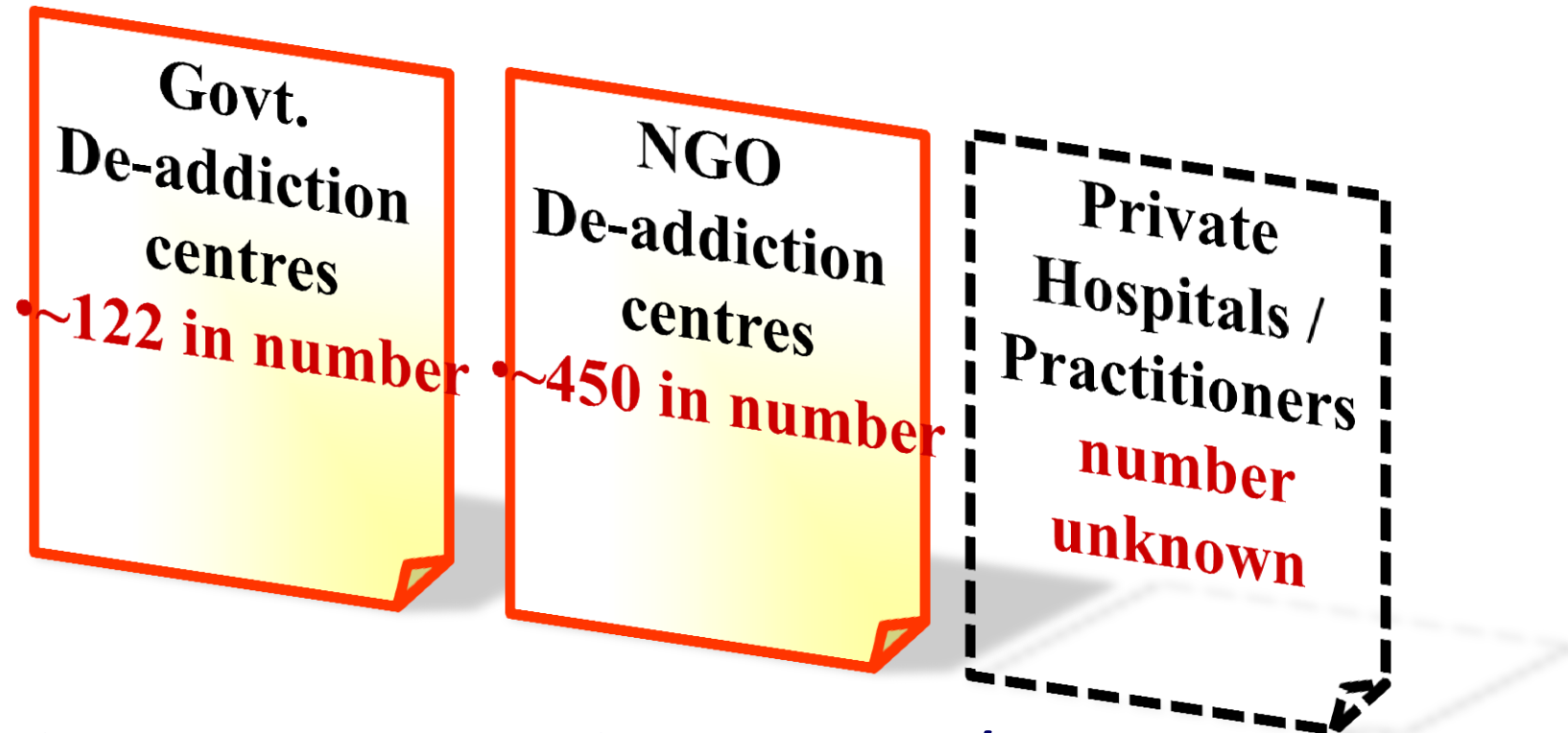
- Scope?
- Only those products prescribed by a doctor and packaged as a medicine?
- What about household use?

Relatively under-discussed issues in NDPS Act

- Treatment and Rehabilitation of people affected by drug addiction
 - Use of 'controlled' substances for treatment
 - Ways of dealing with 'drug market forces' versus 'legitimate entities'

Availability of treatment services in India

- Major 'players'



- Additionally, 'Alternate approaches': AA, spiritual / religious groups etc.

Addiction Treatment in India

- Poor resource allocation; Too inadequate in scale
- Wrong Focus (on residential treatment)
- Disproportionate control over availability of medications
- Service providers – hindered and harassed, rather than facilitated
- Unscrupulous practices in the name of treatment and rehabilitation; serious human right violation

LEGITIMATE ENTITIES: “LOW HANGING FRUITS”

Thursday, June 04, 2015

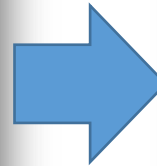
The Tribune

2 docs held for selling medicines to addicts

Posted at: Dec 20 2014 12:52AM



Gurminder Singh Grewal and Jaswant Shetra
Khanna/Jagraon, December 19



DOCTORS' ARREST

Psychiatrists to stop use of de-addiction tablets at clinics

Vandana Singh
vandana.singh@hindustantimes.com

DOCS TO OBSERVE TWO-HOUR PEN DOWN STRIKE TODAY

LUDHIANA: The Ludhiana psychiatric forum has decided to discontinue the use of buprenorphine in their clinics to mark protest against the arrest of two psychiatrists.

Dr Sudha Vasudev and Dr Ashish were arrested from Mullanpur last week on the charges of selling de-addiction medicine without licence and 18,500 tablets of buprenorphine were recovered from them. A case under the Narcotic Drugs and Psychotropic Substances (NDPS) Act was registered against them.

Punjab and Chandigarh branch of the Indian Psychiatric Society (PUNCIPS) president Dr Satish Verma also backed the decision of Ludhiana psychiatric forum. All private practitioners, including Dr Rajeev Gupta, Dr Pankaj Verma, Dr Puneet Kathuria, Dr Naresh Bansal, Dr PS Khurana, Dr Anshu Gupta, Dr Pami Singh and psychiatrists from Dayanand Medical College and Hospital, Christian Medical College and hospital and GTB Hospital and others, have unanimously decided to stop the use of buprenorphine in their clinics till the issue resolves.

"As the Punjab government has announced that it will provide adequate treatment and medicines to the state's drug addict population via their own de-addiction centres, we the Ludhiana psychiatric forum have decided to refer patients of opioid addiction to these centres," said Dr Rajeev Gupta.

Dr Puneet Kathuria said, "We can resume the services once various administrative, legal and clinical issues are resolved with the administrative and government agencies."

The PUNCIPS president said, "All psychiatrists of Punjab will discontinue the use of this medicine, which is considered best for de-addiction purpose."

MEMO SUBMITTED TO DC

The psychiatrists association submitted a memorandum to deputy commissioner (DC) Rajat Agarwal and assistant civil Surgeon Dr KS Saini on Monday. The members said, "The doctors were competent to prescribe the medicine and were not selling drugs but the de-addictive medicines for those who need help. They should not be treated as drug peddlers. Administrative action can be initiated by the government for private practice, but no criminal case should be registered."

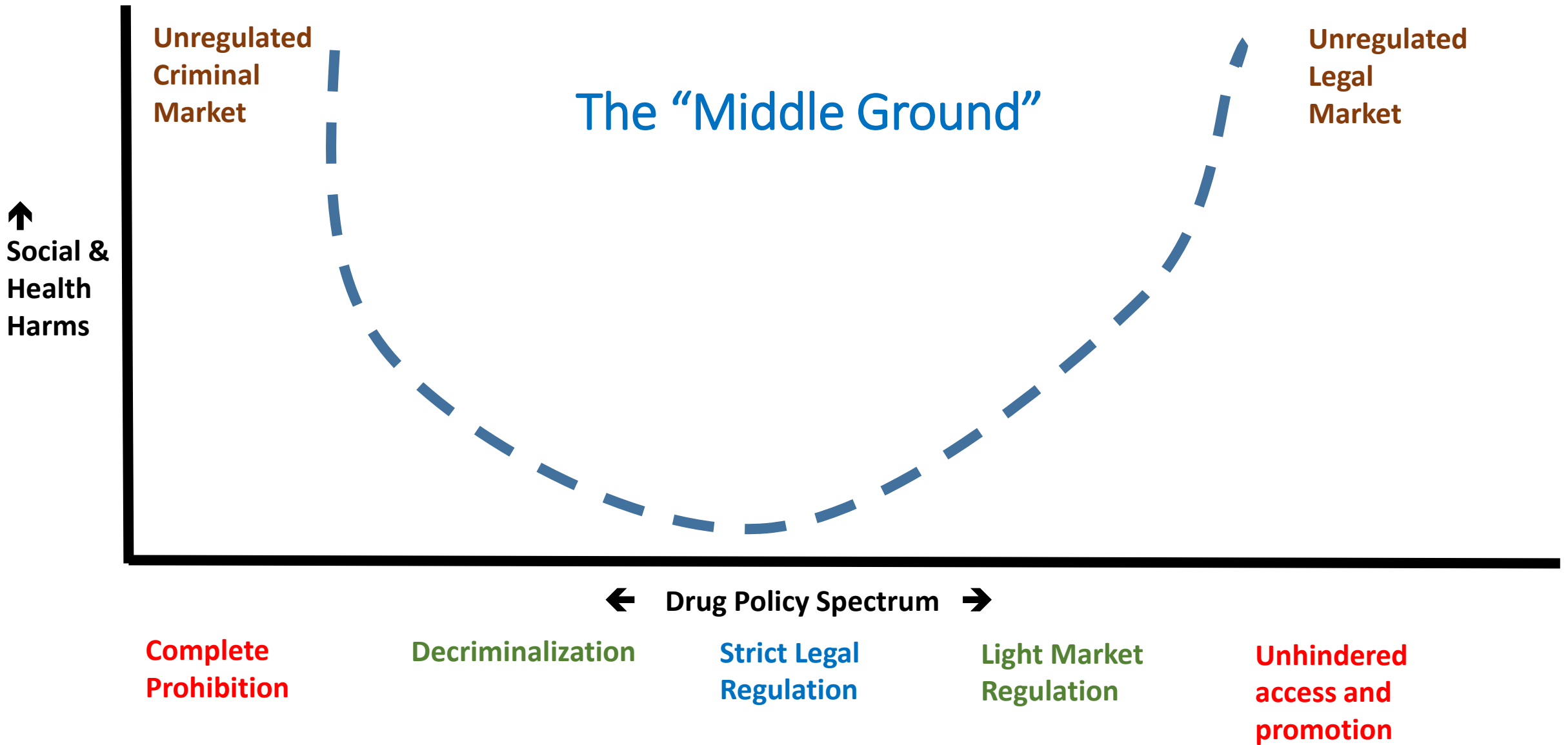
tors were using for treating drug-addicts were also being used by doctors in government hospitals and these were not banned drugs.

"A doctor can store and dispense the drug to his patients under law, then why these doctors are being harassed by the police? These doctors were prescribing and dispensing these drugs for the welfare of drug addiction patients. It is the duty of a doctor to cure suffering patients. If the use of these medicines is against the law, then why these are being manufactured by the companies?" said Dr Jindal.

The association warned the government that if the case registered against the doctors was not withdrawn, the state-wide agitation would be intensified.

Conclusion

- Drug Policies: More harm than good?
- A case of misplaced priorities and poor implementation
 - Overreliance on supply control
 - Demand reduction – grossly inadequate (resources, focus)
- Time for a fresh, radical approach
- Not a war to be won....an irritant, we need to learn to live with



Conclusion

- Time has come to correct the historical wrongs
- Serious debate and discussion is required, which is **EVIDENCE-INFORMED**
- India must present itself as a progressive, thinking nation which is not going to just tow the line of global 'superpowers'!



Kofi Annan ✓
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I believe that drugs have destroyed many lives, but wrong government policies have destroyed many more. KA
[#WorldDrugDay](#)

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Thank you

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