Goal, Value and ideology of Drug Policy

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GOAL AND VALUE

Zero-tolerance vs Harm reduction

Control
Treatment
Prevention

US vs EU
Sweden vs Netherland

UNDERSTAND THE WORLD TREND(I)

Comparison of countries’ drug Legislations (EU countries)

The score of difference countries on drug law index
**Primary Index for Drug Control Legislations**

<table>
<thead>
<tr>
<th>Offence Type</th>
<th>Response Type</th>
<th>Drug Use</th>
<th>Possession for personal use</th>
<th>Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not an offence (no reaction)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative to punishment (non-punitive reaction)</td>
<td></td>
<td></td>
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<tr>
<td>Non-criminal offence</td>
<td>Lesser offence -&gt; no prison</td>
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<td></td>
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<tr>
<td>Discretionary length prison (possible prison)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mandatory minimum prison sentence (definite prison)</td>
<td></td>
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</tbody>
</table>

Secondary index: The type and quantity of drug, addiction or recidivism of the offender

Score weighting should keep this order: 5, 4, 3, 2, 1

**Comparison**

- This is the structure aspect of legislation, excluding the complex aspect of process and implementation of legislation.
- Lowest scores: Malta, Hungary, Norway, Sweden
- Highest scores: Netherlands, Czech Republic, Austria, Poland
- Estonia has a low score for personal use but a high score for supply.
- Italy has high score for personal use but low score for supply.
- Don’t get simplistic conclusions, it is not a “Repressive-Liberal” scale of countries’ drug policies

*Article: Construction of drug law index (B. Hughes) European Monitoring Centre for Drug and Drug Addiction*
**UNDERSTAND THE WORLD TREND(II)**

Drug Policy Advocacy in Europe

**ADVOCACY OBJECTIVES AND ORIENTATION**

<table>
<thead>
<tr>
<th>Advocacy objective</th>
<th>Advocacy orientation</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Development (65%)</td>
<td>Harm Reduction (60%)</td>
<td>Public health, Harm &amp; Risk Reduction, Health promotion</td>
</tr>
<tr>
<td></td>
<td>Use Reduction (40%)</td>
<td>Prevention, Abstinence, Drug free recovery</td>
</tr>
<tr>
<td>Legislative Change (35%)</td>
<td>Control Reduction (60%)</td>
<td>Liberalization, Decriminalization, Regulation, Legalization</td>
</tr>
<tr>
<td></td>
<td>Control Reinforcement (34%)</td>
<td>Prohibition, increased restriction, Criminalization</td>
</tr>
</tbody>
</table>

**ADVOCACY CONTINUUM**

<table>
<thead>
<tr>
<th>Control reduction</th>
<th>Harm reduction</th>
<th>Use reduction</th>
<th>Control reinforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
<td>39%</td>
<td>26%</td>
<td>12%</td>
</tr>
<tr>
<td>62%</td>
<td>38%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEVELOPING REGULATORY APPROACH**

- Drug control option as continuum
  - Prohibition ↔ Uncontrolled legal market
- Calls for a range of regulatory approach to drug control
- A “one size fits all” regulatory approach will be inappropriate.

Article: Drug policy advocacy in Europe: civil society campaigns for drug control reform (A.O'Gorman)
THE ‘IDEAL’ POLICY DEVELOPMENT PROCESS

- Identify of Harm and Policy Goals
- Identify possible regulatory model
- Evidence about the model
- Selected the most efficacious model

DIMENSIONS OF HARMs

Type of harm
- Health, social/structural, economic, environment
- Functional integrity, material interests, reputation, privacy
- Acute physical harms, chronic harms, mental health, social harm

Bearer of harm
- Users, Dealers, Intimates, Employers, Neighborhood, Society
- Individuals, private-sector entities, government entities, physical & social environment
- User, others

Source of harm
- Use, illegal status, enforcement
- Properties of the substance, measures of social control, modalities of use (patterns & context), individual characteristics of users

POLICY GOALS

- Understanding and prioritizing harms and benefits
- Focus on the most important ones for a particular drug and country
- Develop policy goals:
  e.g. preventing young people from taking up use; reducing the attractiveness of the substance; reducing the harm associated with use.

DIFFERENT METHODS

- Level of coercion or punitiveness
- Alternative type of control: decriminalization
- Civil penalties to criminal sanctions
- Type of market: medical market, open market with tight controls
- Production control, availability controls, accessibility control, use control, etc.
**Example: Regulation on Cannabis**

- Priority harm from cannabis use: potential impact on mental health and the intellectual development of young people.
- A range of associated harms, such as impact on families, poor educational attainment and the impact on employment and productivity
- Specific policy objective: to prevent use by young people as far as possible and to reduce the strength and THC ratio of cannabis available
- Regulatory options: age control on purchase; prescription only supplies for preventing young people’s use, licensed production and sales with associated THC content requirements.

**Different Drug Treatment Court (DTC)**

<table>
<thead>
<tr>
<th></th>
<th>Ghent DTC (in Belgium)</th>
<th>US DTC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
<td>Reach individual treatment goals (value of well-being and quality of life)</td>
<td>Drug abstinence and crime control</td>
</tr>
<tr>
<td><strong>Team</strong></td>
<td>A liaison (counselor): develop treatment plan with client and refer them to independent community drug service</td>
<td>Prosecutor probation</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>Included violent and Mental ill offenders/chronic heroin users</td>
<td>Mild offender and excluded violent and Mental ill offenders/chronic heroin users</td>
</tr>
<tr>
<td><strong>Service period</strong></td>
<td>Average 7 months</td>
<td>Average 12-18 months</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Life domain improvement Significant improved: employment, financial counseling and drug treatment Substance use was not significantly reduced.</td>
<td>Drug abstinence for 6 months Substance use was significantly reduced.</td>
</tr>
</tbody>
</table>

*Article: Psychosocial outcomes of drug court clients: The role of ideology and (drug) policy in comparing Continental European drug treatments, Institute for International Research on Criminal Policy (Ghent), Institute for Criminal Policy Research (London)*