'The Rights of the Child' – A Pivotal Human Rights Issue for Drug Policy-makers

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Executive Summary

In today's current global climate, there is much discussion about 'Human Rights', particularly concerning illicit drug policy and practice. This often relates to the abuse of people in some countries, who are drug addicted and/or involved in the manufacture and trafficking of illicit substances. In drug issues, Human Rights have become controversial. We need to ask, 'Whose human rights? How should they be prioritized? Do we include those who manufacture, and/or those who traffic and deal; and/or those who use drugs; and/or those who are addicted?'

There is growing support, at many levels, for the case for the Human Rights of a largely forgotten (and very vulnerable group) - the children of the world. For example, there was specific emphasis given to the United Nations Convention on the Rights of the Child (CRC) at last year's United Nations Commission on Narcotic Drugs (CND), by Maria Larsson, Swedish Minister for Health **(1)** - and again at this year's CND, Yury Fedotov (UNODC's Executive Director) highlighted the work being done to protect children. Of significance, is the fact that the World Federation Against Drugs (WFAD)is leading the way in promoting the Rights of the Child as a vitally important priority, for governments and NGO's globally. **(2) and (3)**

This paper will present the case for those children who have little choice but to live with illicit drugs in various contexts. It will stress the need for Child-centered Drug Policy and will point to two good practice models of how this can be achieved within the existing framework of the United Nations Drug Control Conventions, and the Convention on the Rights of the Child. Most importantly, it will call on UN Member States to seriously consider and meet their obligations to child protection and children's rights, where illicit drugs are concerned.

Introduction

Current drug trends indicate that illicit drug use is now intergenerational, and the cycle of abuse is not only perpetuated, but has escalated, with the earlier onset of use – that is, the age of initiation into illicit drug use is becoming lower. **(4)**

We urgently need a **'Circuit Breaker'** to prevent further abuse. If more countries were to implement preventative illicit drug policy (with a primary focus on the welfare of children) the outcome would be a positive one - greater emphasis on Demand Reduction. The 'Circuit Breaker' is Child-centered Drug Policy, giving priority to:

- Primary prevention
- Early intervention
- Recovery-based treatment.

Child-Centred Drug Policy – the way forward

It is important to note that a 'Child-centered' Drug Policy does not exclude assistance to people who are drug dependent. It does, however recommend greater emphasis on the need for 'recovery-based' treatment, so that more people will have a chance of returning to productive and fulfilling lifestyles. As there is evidence of earlier onset of drug use, recovery-based treatment must extend to those children and young people who have become addicted at an early age**.**

In order to put the need for Child-centered Drug Policy into context, it is important to look at the history of the Drug Control Conventions and what has been achieved over the past 100 years.

Brief History of Drug Control Conventions

International drug control began with the **1912 International Opium Convention**, a treaty which adopted import and export restrictions on the opium poppy's psychoactive derivatives. Over the next half-century, several **additional treaties** were adopted by most countries.

They are the:

- 1961, the Single Convention on Narcotic Drugs.
- 1971 Convention on Psychotropic Substances.
- 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

Parties to the UN Drug Control Conventions are required firstly to *'take all practicable measures for the prevention of the abuse of narcotic drugs or psychotropic substances*. Secondly they should take steps *'for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved',* who may have become dependent upon these substances.

One hundred years of Drug Control Conventions have had a successful impact.
For instance:

- In 2007 drug control had reduced the global opium supply to 1/3rd the level in 1907.
- During the last decade, coca cultivation has decreased by one third and the world output of cocaine, and amphetamine type stimulants have stabilised;
- Cannabis output has declined since 2004;
- Opium production moved from the "Golden Triangle" to Afghanistan where it grew exponentially but has declined since 2008 **(5).**

Introducing the 'Circuit Breaker' to Global Drug Problems – the UN Convention on the Rights of the Child
The size of the problem is still immense and we need to go further to effectively push back. In particular we need to address our obligations to our future generations – those children and young people who will determine the health and viability of our world.

One way forward is for all countries to re-visit the UN Convention on the Rights of the Child or the 'CRC'. The CRC was ratified by the majority of Member States in 1989; thus it is the **most universally endorsed human rights treaty** globally**.**

The Convention sets out these rights in 54 articles and two Optional Protocols. It spells out the basic human rights that children everywhere have:

- the right to survival;
- to develop to the fullest;
- to protection from harmful influences, abuse and exploitation;
- and to participate fully in family, cultural and social life' **(6).**

In particular, the CRC is also very specific about the devastation caused by illicit drugs and the associated need for child protection.

There are a number of Articles within the CRC, which explicitly require Member States to focus their policies on how they will impact on current and future generations.

- **Article 33 states that they** : "*shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances*".

- **Article 3 states that***: 'In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration'*.

- **Article 6 states that "***every child has the inherent right to life and that Member States shall ensure to the maximum extent possible the survival and development of the child"*

- **Article states that 27** *states that Member States "recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development".* ***(7)***

There is a clear rationale as to why Member States should revisit the CRC. It is based on the current status of 'in practice' Child Protection globally. The following provides a snapshot of what is happening to our children across the globe, because of the illicit drug trade.

Fact # 1 - There is a correlation between child abuse and drug abuse.

According to a report compiled by UNICEF entitled '***Drug abuse & its impact on children and young people -2007' -***

'Drug abuse by a family member will have a significant and enduring impact on the family dynamics and functioning. Families encounter great stress, conflict and anxiety as a consequence of trying to protect the family member from the dangers and harms associated with drugs, and to limit the damage arising from their behaviour towards the rest of the family.

- A child's basic needs - diet and nutritional intake, health and schooling - may become neglected if a parent is more preoccupied with drugs.

Child-Centred Drug Policy – the way forward

- A child could be the victim of violence – both physical and mental from a family member who is abusing drugs.
- A child may lose out on their childhood to adopt adult responsibilities having to provide both practical and emotional care for their parents who abuse drugs.
- A child may become the "parent" if both parents are abusing drugs and unable to fulfil parenting roles and obligations. Older siblings may be expected to look after their younger brothers and sisters – to ensure they continue to go to school, to keep the home in order.
- A child faces a mix of anger, sadness, anxiety, shame, social isolation and loss as parents ,brothers and sisters struggle with drug addiction.
- A child may develop drug problems as a result of being exposed to drug culture in the family. **(8)**

In the United Kingdom, the Advisory Council on the Misuse of Drugs (ACMD) produced a report in 2003 entitled ***'Hidden Harm'*** which estimated that more than 350,000 British children are being blighted because their parents are drug users. '*The effects on children can include a failure to thrive, offending behaviour, substance abuse and health problems such as blood-borne virus infections. In the United Kingdom, according to the Office of National Statistics (2007), approximately 5,000 children under the age of 15 die each year. Similarly, the World Health Organization's Vincent research (2010) noted that the true incidence of fatal child abuse in the United Kingdom is unknown, but numbers are likely to be higher than those recorded in official statistics'*.**(9)**

In the United States, NIDA estimates that: *'Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.'* **(10)**

In Australia, a report from the Victorian State Government, released in October 2011 shows an alarming trend – which could well be a reflection of other jurisdications in Australia.

The following is an extract:

'Child protection workers (in Victoria) received a staggering 5828 complaints of neglect in 2010-11. In the worst substantiated cases, overworked investigators found children left in conditions so bad they had to remove their rotted teeth and teach them how to sit at a table. Shocking revelations of abuse included incidents of toddlers being left to starve among human waste, rat infestations and used syringes in their toy boxes'.

Clearly, there is a significant need to implement <u>proactive</u> **prevention and early intervention** strategies.

Fact # 2 - Intergenerational substance abuse is exaserbating issues of child safety, health and protection

- Research from the **United States** indicates that exposure to parental substance use, abuse and dependence is associated with a number of adverse outcomes for children. These include poor emotional and social interaction as toddlers, as well as the development of attention deficit-hyperactivity disorder, oppositional defiant disorder, and conduct disorder.

Fact # 2 - Intergenerational substance abuse and issues of child safety con't

Other emotional and behavioral problems that have been associated with maternal substance use include anxiety, emotional dependency, peer conflict, and social withdrawal. Further, parental drug use is associated with more exposure to violence within and outside the home, which has been shown to contribute to adverse psychological outcomes in adolescence, including higher rates of depression and post-traumatic stress disorder . Finally, children of substance users are more likely to use substances themselves. **(11)**

- **In Australia,** in 2008, research compiled by the Australian Institute of Family Studies (AIFS) found that a substantial number of Australian children are living in households where adults routinely misuse alcohol and other drugs. The AIFS research further shows that in cases of substantiated child abuse or neglect, 64% of parents experienced significant problems with substance and alcohol abuse. And disturbingly, it is estimated that 30% of abused or neglected children go on to maltreat children in some way when they are adults. It also warns that existing data underestimates the impact of drug and alcohol abuse on children, because current national surveys do not collect information on parental status or child care responsibilities. **(12)**

  According to the Australian Research Alliance for Children and Youth: *'A focus on **Primary Prevention** prioritises the overall safety and wellbeing of all children. Preventive programs target whole communities and promote wellbeing and family functioning. A truly preventive approach to protecting children would ensure support for all families as and when they need it and would mean that Australia's most vulnerable children, parents and families are provided the assistance they need as soon as possible – before it's too late.* ***Just as a health system is more than hospitals, so a system for the protection of children is more than a statutory child protection service'*****. (13)**

Fact # 3 Lack of robust and consistent reporting in child abuse cases in many regions. For example:

- The World Health Organization (2002) estimated that worldwide, 57,000 children were victims of homicide in 2000, but stated that many child deaths were not routinely investigated (WHO, 2002). and more recent data are not available.

- In the **United States,** there was an estimated 1,740 child deaths due to child abuse or neglect between October 2007 and September 2008 according to the US Department of Health and Human Services (2010) report Child Maltreatment 2008. United States' child maltreatment data indicate that 79.8% of children who died due to abuse or neglect were less than four years of age. Like the World Health Organization, the ***United States Advisory Board on Child Abuse and Neglect*** recognise this is an under-estimation **(14).**

- In **Australia,** according to the National Crime Prevention Council (NCPC) 'It is difficult to obtain accurate statistics about the numbers of children who die from child abuse or neglect in Australia because comprehensive information is not currently collected in every jurisdiction'.**(15)**

Examples of Good Practice Models

If we are to truly see real success in global demand reduction and break the cycle of intergenerational drug use, we **must** begin to consider the merits and achievements of policies such the two summarized herein:

Child-Centred Drug Policy – the way forward

Model # 1 - Sweden

For decades, the overall objective of the Swedish drugs policy is: *a drug-free society.*

Sweden's efforts to prevent and reduce child abuse have been carried out hand-in-hand with their drug policy for decades. The country's illicit drug use rates remain the lowest in Europe, and OECD.

Correspondlingly, all available evidence indicates that 'Sweden has been extremely successful in reducing rates of child physical abuse over the past few decades and that reduction has been maintained since the passage of the corporal punishment ban'**.** In the same report Durrant demonstrates that Sweden's child abuse fatalities are proportionately far less than those of the US and Canada. **(16).**

The Swedish action plan on narcotic drugs 2006–2010 states that *'long-term preventive work to achieve a drug-free society must continue. Children, young people and parents will be given special priority as target groups in the coming years.*

The drugs policy is based on people's right to a dignified life in a society that stands up for the individual's needs for security and safety. Illegal drugs must never be allowed to threaten the health, quality of life and security of the individual or public welfare and democratic development.

Swedish drug policy is part of public health policy. The national public health policy is to help preventing the use of drugs by means of coordinated efforts at all levels of society. To achieve a drug-free society there are three sub-objectives.

These are to:

- *reduce recruitment to drug abuse*
- *induce people with substance abuse to give up their abuse*
- *reduce the supply of drugs'*.

Importantly the Swedish drug laws are well aligned and committed to the principles of the three UN Conventions on Narcotic Drugs (1961, 1971, 1988). The combination of resources for preventive activities such as:

- information to school children,
- different types of treatment programs, both community based and in correctional institutions, and
- an efficient control policy within the Criminal Justice system, has been responsible for Sweden having amongst the lowest number of Narcotic drug addicts in Europe.

In particular, preventive work in schools is well regarded and highly effective.

It is acknowledged that school is one of the most important environments in the community for promoting the health of children and young people and preventing drug abuse and other risks to which young people are exposed. The school environment not only has an impact on pupils' learning, but also on their physical and mental well-being. Getting pupils to enjoy school is one of the most crucial factors for protecting them against different forms of abuse, violence, criminality and mental problems.

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The Swedish National Institute of Public Health was initially assigned the task of spreading knowledge to decision-makers and civil servants in local authorities, and to schools (including upper secondary level) concerning effective methods of strengthening anti-drug efforts. **(17)**

Model # 2 - the United Kingdom

A new direction was taken in the UK, in its 2010 UK Drug Strategy, with its completely new focus on drug prevention and the special needs of young people. Following the lead of Sweden, one of its key overarching objectives in its current drug strategy is: '**Reducing demand**. This is crucial to **reducing the huge societal costs**, particularly the lost ambition and potential of young drug users'.

It also recognises that young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life.

Statistically, each year approximately 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible.

An extract from the UK Drug Strategy shows the clear change in direction:

"Specific and measurable strategies are in place that will aim to:

- *break inter-generational paths to dependency by supporting vulnerable families;*
- *provide good quality education and advice so that young people and their parents are provided with information to actively resist substance misuse;*
- *intervene early with young people and young adults;*
- *consistently enforce effective criminal sanctions to deter drug use; and*
- *support people to recover, as set out below in the section 'Building recovery in communities'.*

Family Nurse Partnerships will develop the parental capacity of mothers and fathers within potentially vulnerable families, through intensive and structured support from early on in the pregnancy until the child is two years old.

A national programme will focus on helping to turn around the lives of families with multiple problems.

Education and information for all

All young people need high quality drug and alcohol education so they have a thorough knowledge of their effects and harms and have the skills and confidence to choose not to use drugs and alcohol. Schools have a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities to pupils.

School Staff will be provided with information, advice and the power to:

- *Provide accurate information on drugs and alcohol through drug education and targeted information via the FRANK service;*

- *Tackle problem behaviour in schools, with wider powers of search and confiscation. We will make it easier for head teachers to take action against pupils who are found to be dealing drugs in school; and*
- *Work with local voluntary organisations, the police and others to prevent drug or alcohol misuse.*

Teaching materials will be shared from successful schools and organisations online and promote effective practice.

All young people should be able to remain in education or training until the age of 18. As part of raising the participation age, we will ensure financial support is available to the most disadvantaged young people, giving them the best start to adulthood and preparing them for employment or higher education.

Vulnerable groups - such as those who are truanting or excluded from school, young offenders and those at risk of involvement in crime and anti-social behaviour, those with mental ill health, or those whose parents misuse drugs or alcohol - need targeted support to prevent drug or alcohol misuse or early intervention when problems first arise.

Developing responses to these needs is best done at the local level, supported by consistent national evidence and advice on effective approaches. Some family-focused interventions have the best evidence of preventing substance misuse amongst young people. Local areas are already using a range of family-based approaches. These have led to significant reductions in risks associated with substance misuse, mental ill health and child protection and have led to reductions in anti-social behaviour, crime, truanting and domestic violence.

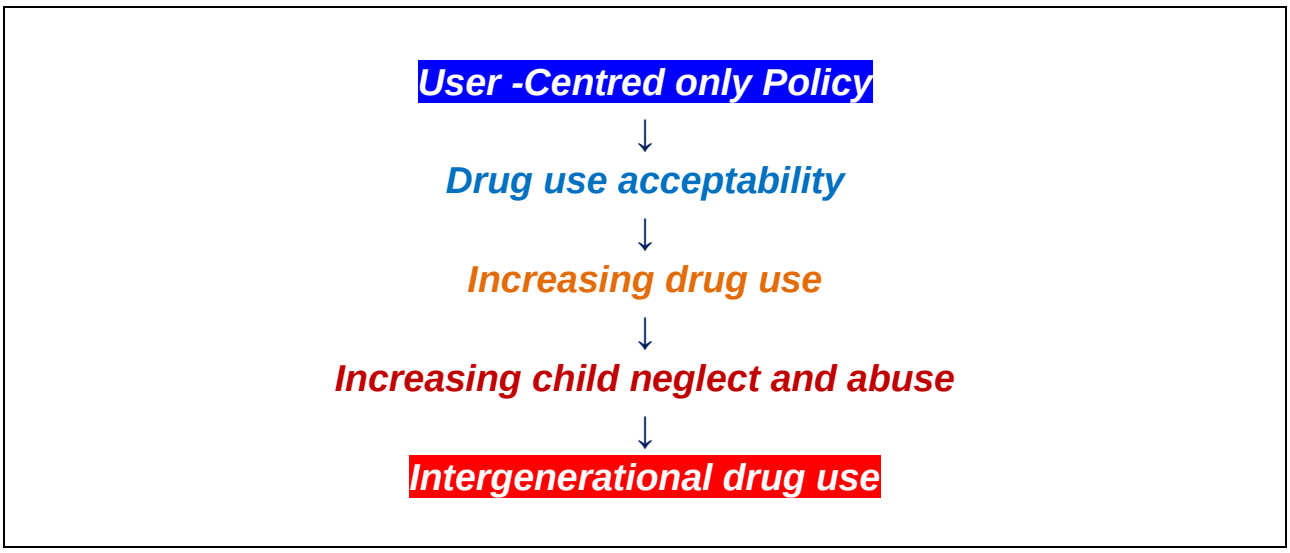
Leaders in a number of local areas are redesigning their services so that they are better equipped to respond to the demands that families with multiple problems make on services, and to use evidence-based family support to prevent further problems from developing. Intensive family interventions are highly cost effective with every £1 million invested achieving £2.5 million in savings to local authorities and the state.

For those young people whose drug or alcohol misuse has already started to cause harm, or who are at risk of becoming dependent, they will have rapid access to specialist support that tackles their drug and alcohol misuse alongside any wider issues that they face. Substance misuse services, youth offending, mental health and children's services must all work together to ensure this support is in place. The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people from becoming drug or alcohol dependent adults.

In relation to drug dependence and offending, the sentencing framework must support courts to identify options, other than prison, which will help an offender tackle their drug or alcohol dependence, whilst recognising that, for some offenders, custody is necessary'. (18)

By contrast, in Australia, it is an unfortunate reality that more priority is given to harm reduction, rather than demand reduction and the resourcing of primary prevention initiatives. The plight of those who are drug dependent is far too often dealt with, by using drug maintenance approaches, instead of focusing on recovery-based rehabilitation.

The impact of Harm reduction (or Harm Minimization), is reflected in the flow chart below:



Current statistics support this poorly prioritized drug policy. According to a recent report in the **'Lancet' Australia and New Zealand are the highest users of cannabis, speed and crystal meth in the Asia Pacific region.** To quote:

- *'An estimated **10 to 15 per cent of people aged between 15 and 64 smoked the drug i**n those two countries in the past year, the report says.*
- *This compared with rates of 1.2 to 2.5 per cent in Asia, the region with the lowest usage.*
- ***Australia and New Zealand also share the highest rate of usage of drugs such as speed and crystal meth, with 2.8 per cent** of their populations having ingested, injected or inhaled them over a 12-month period'* **(19)**

Conclusion:

Harm Reduction without effective prevention, is like putting an ambulance at the bottom of a cliff, instead of building a fence at the top to prevent harm in the first place.

Recommendation:

Child-centred drug Policy is the much needed 'Circuit-Breaker' in reducing drug demand for our future generations.

What can our political leaders in our countries do to implement this recommendation?

- **First** – look closely and adopt the policies of countries that have successfully low illicit drug use rates, such as Sweden. Examine, in detail their strategies and initiatives and translate them into your country's cultural context. (This has already begun in Britain and in the United States).
- **Second** - begin with the 'big picture, at your national strategic level – where possible with your country's National Drug Strategy. Ensure that the spirit of the relevant Articles in the Convention on the Rights of the Child are documented in that strategy, in the introduction, and then detailed in relevant sections**.**
- Where National Child Protection strategies are in place, ensure that similar principles are cross-referenced and aligned with the National Drug Policy.
- Where such national strategies are yet to be established, ensure that this becomes a high priority.

Child-centred Drug Policy (that incorporates and practices the spirit of the of the CRC) is not an option any longer. It is an obligation to ensure the health and welfare of our future generations**.**

Drug Free Australia, in conjunction with the World Federation Against Drugs, would like to offer assistance with this task, via a series of informative workshops, to interested governments and community groups.

All jurisdictions are urged to make early contact with DFA or WFAD on this matter.

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