POLICIES AND INTERVENTIONS FOR THE TREATMENT OF MALES ADDICTED TO HARD DRUGS: A COMPARISON BETWEEN SAUDI ARABIA, AUSTRALIA AND THE NETHERLANDS

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ABSTRACT

DECLARATION

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material, which has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgment has been made in the text.

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Finally, I dedicate this dissertation to my father. ~~for the soul of my father ,who was dreaming to see me a high qualified person, before he died.~~This work is also dedicated to ~~Also, I would like to dedicate this work for~~ my country, Saudi Arabia~~"The Kingdom of Saudi Arabia"~~.

Chapter 1

Introduction

~~The~~ This research focuses on ~~focus of this research is~~ a critical review of the policies and interventions for the treatment of males, who are addicted to hard drugs in the Kingdom of Saudi Arabia (KSA). The challenges ~~relating~~ pertinent to drug use, drug abuse, medical treatment~~,~~ and drug abuse ~~-~~rehabilitation ~~for addiction~~ are common to all nations. It is relevant, therefore, to evaluate Saudi Arabia's policies and practices ~~in~~ to an international context ~~by evaluating them~~ in the light of the policies and treatment practices applied in other countries.

This study is set within a period of rapid and profound change for Saudi Arabia. It was in the late 1970s that the country moved to assert ownership and control of its oil resources~~, and~~. ~~the~~ The formation of the OPEC (Organization of Petroleum Exporting Countries) led to a marked rise in the world prices of petroleum products. Since then, the ~~great~~ considerable wealth that has flowed into the country has enabled significant transformation of the economy and the society (Vassiliev 2000). Cities and towns have been redeveloped, large infrastructure projects have been undertaken, housing has improved~~,~~ and the government has ensured that the new wealth has been distributed throughout the country. Top priority has been accorded to~~In particular, priority has been given to~~ education, with new well-equipped schools, and to medical services, with new modern hospitals (Al Rasheed 2002). However, such massive change has been accompanied by ~~some~~ grave problems, one of which has been increased use of drug ~~use~~s. ~~As discussed below, p~~People in the Arabian Peninsula have used various drugs (especially 'qat'[1]) since time immemorial~~for millennia~~, but the availability of new types of drugs in large quantities has obliged the government to develop new drug-treatment services and facilities, and adopt new approaches to solve this problem.

Comment [SP1]: How has this been done

[1] 'Gat' is the leaves of a SW Asian and African shrub, *Catha edulis,* of the staff-tree family: chewed as a stimulant or made into a tea. Qat is a variant spelling of kat or khat in~~-~~ the Saudi Arabian term .

http://www.thefreedictionary.com/khat

Using qualitative research methods, this enquiry investigates the forms of drug treatment and rehabilitation used in the Saudi health services. It examines the changes that have been implemented in recent decades and considers the background to those changes being facilitated. Since the commencement of a modernization program by King Faisal in the late 1960s, the country has endeavoured to adopt methods from Western nations while maintaining its Arabic culture and traditions. Like every country, events in Saudi Arabia have been shaped by both the internal and ~~outside~~ external influences. Consequently, to understand drug treatment policies and practices, it is imperative to ~~necessary to~~ consider ~~those policies and practices~~them within a global context.

Over ~~the~~ centuries, many drugs have been used because of their euphoric, hallucinatory~~,~~ or stimulatory effects on the human senses. Some, such as alcohol and tobacco, continue to be used legally in most societies, while others, such as absinthe, have gone out of fashion. Advances in biochemistry have enabled the creation of new substances commonly referred to as 'party drugs' and 'designer drugs', including psychedelic drugs and hallucinogens, such as MDMA, K~~k~~etamine~~,~~ and ~~rohhypnol~~ Rohhypnol (Robbins 2001; Foster Olive 2004). Some are derivatives of existing drugs~~,~~ formed by modifying their chemical structures. Others have entirely new chemical compositions. It is not possible to consider all of these here. The focus however, is on the commonly ~~-~~used 'hard' drugs that are addictive and cause severe medical problems for users. In particular, this study focuses on heroin, cocaine~~,~~ and amphetamine-type stimulants (ATS), which include forms of methamphetamine and ecstasy.

The research topic addressed in this thesis is of broad relevance because drug-use policies within Saudi Arabia, as elsewhere, are constantly changing. No country tackles such medico-social issues alone; each looks to other jurisdictions to see what is being done and ~~to~~ sees what works. This is not a comparative study as such, but some consideration is given to the policies and practices in The Netherlands and Australia to help place the Saudi experience within ~~a~~ the broader global context. As detailed below, The Netherlands is discussed because it is considered to be most tolerant of drug use, and its policy-makers and medical researchers have been keen to explore new approaches to dealing with this issue. Drug policies and interventions

in Australia are included because this country has mainly adopted a 'middle' approach; that is, it is neither as tolerant as The Netherlands nor as severely punitive as ~~countries such as~~ Singapore. Also, medical and welfare authorities in Australia have generally been amenable to exploring new methods of treatment for drug abuse.

Background

Policies and practices for drug abuse and treatment for addiction are large issues. Much has been written on these subjects, but the literature is in constant flux as new approaches are trialled and refined, and 'old' policies discarded. In very broad terms, governments have usually been concerned with developing strategies for preventing drug use and ~~for~~ promoting community awareness of the dangers of taking harmful and addictive substances. For example, drug control authorities in Saudi Arabia have launched an educational program about the damage that drugs cause. This program is run through "The national program of prevention", which targets more than five million students in the public education sector (Al Sakran 2011). They have also been responsible for establishing the legal framework for regulating drug use and forms of intervention. However, while governments have provided the resources to ~~aid in the care of addicts~~help take care of addicts~~,~~ generally, they have not specified particular forms of treatment or rehabilitation~~,~~; matters, which are often~~usually~~ ~~left to~~under the jurisdiction of medical and welfare specialists.

Comment [SP2]: Interventions as treatment or crack downs on drug roups?

At present, there is a range of policies and approaches in use in different countries (Gahlinger 2004; Hanson et al. 2009; Hart et al. 2008; Harrison et al. 1996; Inciardi 2004). At one extreme are those nations that have adopted policies of firm repression and 'zero tolerance', meting out harsh punishment even for minor infractions. Singapore is an example. Described in ~~more~~ greater detail below, it adopts harsh measures against trafficking (including capital punishment), and although drug addicts are offered treatment, the terms and methods of rehabilitation are stern and uncompromising. In January 1995, the Singapore Government established ~~a~~the ~~-~~National Council against Drug Abuse (NCADA), consisting of civic leaders whose role ~~is~~ would be to advise the government and support educational and preventive programs. This development ~~represents~~ represented a broadening of official action to address growing tolerance of drug use by young people. ~~A key~~The

NCADA has alsorole has been to spearheaded the "Partnership for a drug--free Singapore" by mobilizing the wider community whilst adhering to the underlying principle of 'zero tolerance' (NCADA 1995, 96).

At the other extreme however, are societies that have adopted policies of tolerance, permitting some personal use of soft drugs while punishing the manufacture and trafficking of hard drugs. The A prime example is the The Netherlands, where drug use is not an offence. Dutch society has long been tolerant of the use of 'soft' drugs, and although the possession and trafficking of hard drugs is a criminal offence, the government is compassionate and caring in its treatment of addicts. This has led to the erroneous belief that the Dutch Government permits drug use. This is not so. While it does not use capital or corporal punishment, terms of imprisonment apply for to the production and trafficking of hard drugs (*Opium Act*, 2009). (It should be noted that The Netherlands's Government government does not condone drug use, and 'tolerance' in this context merely means exemption from prosecution). In respect of the supply side of the drug market, The Netherlands broadly follows the international norm of deterring and punishing drug manufacture and distribution. However, their focus is more on the demand side, a key feature being the notion of market separation (Martin 2006), in which it is believed that users of soft drugs are less likely to come into contact with users of hard drugs, and so will be less likely to try hard drugs. In accordance with this notion, the Dutch government has been classifies classifying drugs according to the risks posed and pursues pursuing policies that serve to isolate each market. The drug abuse problem in the The Netherlands is not seen as a problem of police and justice but rather, a problem of social well -being and health (Marlatt 2008). The Netherlands began changing its drug treatment approaches early in the 1970s, partly to eliminate harsh sentences for drug possession and use, and to reduce the risks of incarceration for those who wanted to use drugs on a daily basis (Marlatt 2008).

In this research project, The Netherlands is seen as an appropriate country for the purpose of comparison because for almost a century it has been a leader in the development of policies regarding drug use and the treatment of drug users and addicts for almost a century (Solinge 1999, 2004). Dutch policies in with regard to hard drugs are defined in that ce country's *Opium Act* of 1995 (EMCDDA, 2011). The

core features of the Dutch system were established in 1976 and have remained essentially the same with the exception of the addition of ~~adding~~ new drugs to the schedules of restricted substances. These schedules are compiled on the basis of the mind-altering properties of each drug, the health damage it causes~~,~~ and the costs of its use to society ~~of its use~~. One schedule lists 'soft' drugs, such as cannabis products, which are not harmless but are deemed to be of limited risk. The other schedule lists substances considered to be dangerous to both users and society. ~~It~~ This includes heroin, cocaine, amphetamines, LSD and ecstasy.

Acknowledging that complete eradication of drugs is impossible, the Dutch ~~Government~~ government has adopted a pragmatic approach, introducing policies that are grounded in the concept of harm reduction; that is, the minimization of the risks and hazards of drug use rather than the suppression of all drugs. Using this approach, the government has set clear priorities based on the perceived risks of particular drugs. Overall, public health remains the main concern.

In order to implement its harm reduction strategy, the Dutch ~~Government~~ government pays considerable attention to educational programs and the Dutch health service provides treatment for all forms of drug addiction (Martin 2006). If full rehabilitation is not an option, the aim is to improve the addict's health and minimize the risks. For example, users can exchange their used needles for new, sterile ones free of charge, thus reducing the risk of HIV or ~~hepatitis~~Hepatitis. Also, treatment is provided with controlled doses of methadone and heroin, and addicts are provided with drop-in centres where they can use these substances under medical supervision.

By comparison, Australia has consistently maintained policies that fall between the two extremes of Singapore and The Netherlands. As discussed in Chapter 3, Australia has not applied capital or corporal punishment for drug offences, but has imprisoned ~~imprisons~~ those who produce, possess~~,~~ and traffic hard drugs~~,~~ while providing care and treatment for the ~~and provides care and treatment for~~ users. Australia is a useful point of reference in one important respect; accessing illegal drugs via the ~~i~~internet. There have been some changes in patterns of drug use in Australia (and especially the increased use of "designer" or "synthetic" drugs, "which are often manufactured to have similar effects to ecstasy and are given street names

such as "Miaow" or "bubbles") (~~wW~~White 2010 ~~),~~). It has been ~~and it has proved~~ difficult for law-enforcement to keep ~~up-to-date~~pace ~~-~~with the changes and equally ~~difficult~~ trying for medical authorities ~~-~~to be able to identify and treat the use of such chemicals. Moreover, recently reports of cases ~~there have been reported cases~~ in South Australia ~~of~~ entailing drug deaths from illicit imported substances have been doing the rounds of the country~~,~~. These drugs are made from chemical formulae, such as 25B-NBOMe and 25-NBOMe but have ~~, which have~~ not yet reached the street market~~s levels sufficient~~fast enough to warrant a common street name (Rice 2012). Bizarre behaviour has been recorded among people taking these drugs. Examples include death caused by running into stationary objects, such as trees and 'stobie' (telegraph) poles. Police drug agencies have uncovered international black market ~~i~~internet supplies of these drugs originating in China. The drugs contain two hallucinogens (2CB and 2CL), both of which are ~~which are both~~ banned substances in South Australia. The combination produces effects similar to LSD, also a banned substance. Known side-effects of the new drugs include "paranoia, anxiety, fear and lack of cognitive reactions. Rises in body temperature may result in seizures" (~~-~~Rice 2012). The authorities are still dealing with the ramifications of this new type and source of illicit drugs and thus, there is a need for a change in policy

Australian policies regarding hard drugs have remained essentially the same for over ~~thirty~~ 30 years. As noted below, the upsurge in drug use in the 1960s was met with mixed responses by governments, welfare, and medical agencies. It was not until various enquiries and studies were conducted that alternatives to repression and imprisonment became apparent. Since 1985, the National Drug Strategy (NDS 2010-2015) has enunciated Australia's official government approach. The ~~Strategy~~strategy, with its overarching approach of "harm minimization", was developed by all the Australian states working with the Commonwealth Government to ensure a unified national policy. The ~~Strategy~~ strategy has been reviewed and refined every five years, but harm minimization has remained, and will remain, the core principle until 2015. Prevention is an integral theme throughout the ~~Strategy~~ strategy and is inherent in the three key elements:

- *Demand reduction;* this is intended to prevent the uptake and/or delay the onset of use of drugs and to support people to recover from

dependence and reintegrate them within the community. Techniques for helping reduce demand include various forms of community information and education; for example through school-based and public awareness campaigns. Other approaches include early intervention programs, diversion, counselling, treatment, rehabilitation, relapse prevention, aftercare and social integration, all of which can help drug users reduce or cease their drug use.

- *Supply reduction;* this entails preventing, stopping, disrupting or otherwise reducing the availability of illegal drugs. Reducing the supply of illegal drugs requires activity at Australia's borders to prevent and disrupt importations of illegal drugs, and within Australia to prevent cultivation, manufacture and distribution of illegal drugs. Legislative frameworks exist and require constant enforcement to ensure a reduction in the supply of illegal drugs. These frameworks complement the demand-reduction strategies described above.

- *Harm reduction*; is discussed in ~~more~~ greater detail below, but in general, it refers to reducing the adverse health, social and economic consequences of drug use. Since the 1970s, most instances of drug use have been considered ~~a~~ medical issues rather than ~~a~~ criminal matters, and the ~~Strategy~~ strategy has fostered programs to divert offenders from the justice system into the treatment or other health interventions that increase the chances of recovery and reduce the likelihood of individual recidivism harming the community.

Saudi Arabia maintains hard-line policies against drug importation and drug trafficking, meting out harsh penalties to those caught in the act. As will be discussed in chapters 2 and 3, for some time, it was intolerant of drug users, regarding drug use as a crime rather than as a medical or health issue. However, since the early 1980s, Saudi Arabia has adopted new approaches to the treatment of addictions. In order to fulfil this study's aims, the researcher first seeks to identify the current extent of drug use and the levels of addiction to hard drugs in Saudi Arabia as a basis for examining the policies adopted by the Saudi Government~~,~~ along with ~~and~~ the treatments and rehabilitation services ~~now~~ available today.

Aims

The main aims of this research are 1) to describe and examine the policies regarding hard drugs in Saudi Arabia; 2) to assess the effectiveness of hospital interventions for hard-drug users and addicts; and 3) to compare the policies and treatments ~~of~~ in KSA with ~~two other countries,~~ The Netherlands and Australia, to give the Saudi situation ~~place the Saudi situation into~~ an international context.

Objectives

This study has four objectives:

1. To examine the nature, scope and effectiveness of drug treatment policies, practices~~,~~ and interventions in Saudi Arabia.
2. To explore the nature, scope and effectiveness of drug treatment policies in ~~the~~ The Netherlands and Australia.
3. To compare the current Saudi Arabian policies and practices related to hard drugs with the policies and practices of The Netherlands and Australia.
4. To suggest ways in which, policy changes in KSA ~~could~~ may be improved.

Significance

To date, relatively few large-scale studies (detailed in Chapter 3) have been conducted regarding the extent of drug use in Saudi Arabia, or ~~of~~ the nature, scope and effectiveness of interventions being provided to users of hard drugs in that country. Most studies have reported ~~on~~ drug use and drug treatment in specific, localized regions of the country. In the past decade, epidemiological records have been published for some of the major hospitals and clinics, providing some indication of the types of drugs being used and the interventions being applied. The present research topic is of broad relevance because drug-use policies are constantly changing and it is important that Saudi policies be reviewed in the light of international experiences. This study is new insofar as it will examine both policies and interventions currently provided in a number of Saudi public hospitals and will use qualitative research methods to assess the overall effectiveness of the treatments. It should be noted here that~~-~~, the research was conducted in the major

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Al Amal public hospitals in the western city of Jeddah, the centrally-located capital Riyadh and the eastern city of Dammam. Saudi Arabia has both public and private hospitals, and while there are differences between them ~~on~~ in matters of detail, for the most part, they offer similar services and treatments. The Al Amal hospitals were selected for this project because they are the main centres for drug rehabilitation.

Comment [SP4]: Please make the spelling consistent

Relevance of the study to social work

This study is directly relevant to the field of social work because practitioners in Saudi Arabia are often involved in the care and rehabilitation of people, who take drugs or who may be addicted to hard drugs. Social workers are in a distinctive position insofar as they serve as connecting links between patients, families, the community~~,~~ and the hospital service. Findings from this study can be used to ~~inform and~~ update social work knowledge about drug treatment policies and practices in KSA as well as to ~~making~~ make ~~the~~ social workers in KSA more aware of the range of options offered elsewhere, such as in Australia and ~~the~~ The Netherlands. The study also aims to highlight recent research in this area and thus assist practitioners in KSA to improve drug treatment policies and practices, and help ~~to~~ reduce drug use, drug abuse~~,~~ and recidivism in Saudi Arabia. It is important~~,~~ too, because social workers, like all healthcare professionals, need to have comprehensive and up-to-date information about current practices. The result of this research will be a significant review of the policies and practices for the treatment of drug addiction in Saudi Arabia, how these policies and social work practices have changed over time, and what forms of intervention have proven to be most effective. This work is also relevant because it will help strengthen the professionalism of social work practitioners in Saudi Arabia, where social work has not yet gained complete acceptance. The researcher believes that the subject of 'Treatment for Drug Addiction' should be included in social work courses in universities in KSA. He also believes that it will help him introduce study materials related to social work intervention methods and techniques.

Social Work and Drug Treatments

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Social workers are integral members of the teams of healthcare workers who manage drug rehabilitation programs. In this respect, the duties and responsibilities of social workers are fundamentally the same in KSA, Australia, and The Netherlands (Paylor 2012). ~~In~~ With regard to their work in the treatment and rehabilitation of drug users, social workers generally support ~~fulfil a supporting role to the~~ medical specialists who diagnose and oversee the care of patients. Social work practitioners are especially important for interventions with drug users because they tend to have regular and intimate contact with clients, making them~~-~~ well-positioned to provide counselling and support during periods when addicts are experiencing maximum distress (Maki & Riggar 2003; Paylor 2012). Social work practitioners work with both patients and their families. Their role can be summarized as follows:

- assist patients to cope with issues in their everyday lives, to deal with their relationships~~,~~ and solve personal and family problems;
- collaborate with doctors and other healthcare professionals in order to identify problems and implement individualized treatments for addicts;
- provide mental health counselling for patients~~,~~ and conduct regular meetings with patients;
- assist the families of drug addicts;
- mediate between the patient and others in situations of conflict;
- co-ordinate medical and welfare services that are available for the support of patients;
- ~~Act~~ act as an advocate for patients~~.~~ (Paylor 2012; Webber 2011).

Thesis Outline

This thesis is structured as follows.

Chapter 1 consists of an introduction to the topic, a brief outline of the situation in Saudi Arabia, a brief outline of the illicit drug policies in The Netherlands and Australia~~,~~ and a statement of the aims and objectives of the research project.

Chapter 2 discusses the different categories of drugs, their effects, and treatments.

Chapter 3 reviews the literature on drug use and treatments in KSA, Australia, and The Netherlands.

Chapter 4 explains the methodology for surveying practitioners in KSA.

Chapter 5 provides an analysis and discussion of the research results.

Chapter 6 comprises a discussion of the findings, and recommends areas for future research.

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