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SOCIAL INTEGRATION AND DRUGS

Social Integration and Drugs

The new Hemispheric Drug Strategy (CICAD 2010) dedicates space to the theme of social integration:

> Article 2. "In addressing the world drug problem, its impact on poverty and exclusion must be given special emphasis while encouraging the implementation of policies and actions that foster social inclusion and a reduction in those vulnerabilities."
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> Article 15 "Demand reduction policies should include as essential elements universal, selective and indicated prevention, early intervention, treatment, rehabilitation and related recovery support services, with the goal of promoting the health and social well-being of individuals, families and communities, and reducing the adverse consequences of drug abuse."

The Executive Secretariat of CICAD has received in recent years, and within the framework of various projects under implementation, technical assistance requests that include measures for social integration. This paper is a contribution from the Executive Secretariat to define a conceptual framework of social integration and its various components and action areas.

The starting point for achieving this definition was to take into account the new Hemispheric Drug Strategy, which outlines two key points: respect for human rights as the basis of any policy or action on drugs, and recognition that the drug-dependant user suffers from a disease, which generates complex processes of exclusion and difficulty in social integration.

Whereas Article 25 of the Universal Declaration of Human Rights[1], on what is relative and applicable to the world drug problem, and incorporating the notion that the excluded drug-dependant user is the main subject of actions directed to social reintegration, the Executive Secretariat proposes to implement a work program on social integration and drugs, with emphasis in the political and technical fields, including, inter alia, the promotion of research and identification of intervention models and best practices as well as those necessary and conducive to the definition and development of public policies on this issue. To achieve this purpose the Executive Secretariat proposes the creation of a working group composed of international experts in related areas, through which to generate and provide evidence-based knowledge in the area of social integration and to define a theoretic and conceptual framework for CICAD member states' reference.

What we understand as *"social integration"*?

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[1] Universal Declaration of Human Rights, 1948: Article 25 (1): Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Since the purpose of this document, rather than achieving the conceptual purity of subject matter, is to make an initial proposal to generate guidelines for future work of CICAD in this area, the Executive Secretariat plans to promote precisely the discussion on what constitutes, or should mean "insertion", "reinsertion", "inclusion" and "social integration." In this paper, meanwhile, and for practical purposes, the term "social integration" is utilized given that its use includes activities focused on both the person (normalization, recovery of autonomy, qualifications, etc.) and society (modification of the social imaginary, dynamic environment, promotion of solidarity, etc).

The word *integrate* is defined as "to bring together or incorporate into a whole." Therefore a person will be integrated into society when s/he is part of and participates in society. However, as indicated by the strategy recently adopted by the Commission, the problems related to drug trafficking and consumption have a complex character which involves elements of various kinds, both individual and collective. Therefore, the actions of social integration of drug-dependent persons require a comprehensive intervention to consider different variables: health, consumption, housing, income, social and family network, family and psychological resources, legal status, vocational training and employment, both from the point of view of the drug user and the social environment which s/he is or feels excluded from. The social environment ought to be responsible to facilitate measures in providing full access and social integration.

According to Sanchez Delgado[2], social integration would be: "The improvement of personal autonomy and social participation of the individual in his/her environment, as subject to rights and duties." Therefore, autonomy can be understood as the necessary condition for making one's own decision, defining his/her own social participation and competency, including favorable and sufficient health, family environment, education and employment training, and leisure activities. Such situations will facilitate the participation of the individual in his/her community and society in which s/he participates.

Drug dependency and social exclusion are two independent phenomena, which could interact with each other, being cause and effect, or vice-versa. Problems associated with drug use can generate a degree of social exclusion as a consequence that depends on personal, physical or psychological factors, the type of drug consumed and the pattern of consumption, but also the context in which such consumption occurs. Similarly, this association might work in the inverse sense, with the situation of social exclusion an important risk factor for the problematic consumption of licit and illicit drugs.

Like other health problems, drug dependence is linked to a set of determinants—bio-psycho-social—and not necessarily or solely to situations of social exclusion. The grouping of problematic drug users is not homogeneous, and there are different individual profiles with different degrees of integration or disintegration within one's family, work and social life. But drug consumption may increase the risk of social exclusion and vice-versa; similar to what occurs with mental illnesses or other chronic diseases.

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[2] Sánchez Delgado. Guide for Workplace Integration for Drug Dependants, Junta de Castilla and León, 1999, pg 13.

Social exclusion of the problematic drug user, as with the mentally ill, disabled or people suffering from "humiliating" diseases such as AIDS, leprosy or tuberculosis, is usually arbitrary and ends to instill in society stigma and prejudices.

The social identity of the problematic drug user acts negatively on his/her self-perception and social value placed upon them, being defined by a series of attributes and prejudices as a person designated as risky, unreliable, potentially dangerous and unable to distinguish between good and evil. All these factors contribute significantly to their isolation and social exclusion.

In the context of marginalization and exclusion, multiple personal and social factors restrict legitimate opportunities for improvement of the individual. Within this understanding, activities such as commercialization and consumption of drugs as a means to obtain a sense of belonging and self-value in one's environment --whether enjoying high economic status within his or her group or being recognized as a distinguished member, in spite of their illegality -- are perceived as highly attractive to certain individuals. This contributes to the high degree of media exposure attained by some drugs such as cocaine base or crack, which, although not the drugs most consumed by the total population, are usually preferred by certain excluded sectors of society, causing greater visibility and a dubious "distinction" of belonging.

This is observed in production and drug trafficking activities that in some countries or communities is a phenomenon that directly and especially affect women who seek a source of income in micro-trafficking activities that allow them to fulfill their family's basic needs. Ever more common, these situations arise in the context of sustained increase in single-parent families where the woman is the sole source of income. However, it is worth remembering that the total numbers of detainees for trafficking are mostly male.

For effective social integration, it is essential to rebuild a sphere of normal social relations that goes beyond overcoming addiction and granting access to the labor market. It is also necessary that there is proper coordination between the social and health fields, offering holistic solutions to the problem and not just as part of differentiated and independent fields.

This type of holistic solution in social integration also implies the need to intervene in all aspects that affect the dynamics of each type of habitat or community, from the strictly biological and ecological, to the social and economic. The integral vision promotes actions to reduce the negative consequences that the world drug problem causes the environment and contributes to the conservation of natural areas providing new opportunities to those excluded.

Moreover, given the high rate of consumption among the population in conflict with the law, it becomes increasingly necessary to integrate drug treatment into the courts and prisons, promoting strategies and initiatives to achieve both greater social integration and a reduction in both consumption and recidivism of criminal activities.

Given the comprehensiveness of the phenomenon that is addressed in this document, the process of treatment and rehabilitation should be considered concomitantly with other actions that are related to social integration, beginning when the person starts the process of change. For example, employment and other effective measures should be included in the therapeutic process. Social integration requires comprehensive planning, that considers all the factors necessary to promote and achieve healthy and sustainable lifestyles for the individual, family and community.

In general, social integration activities aimed at drug consumers—both inside and outside the framework of treatment programs—or other vulnerable or socially excluded population groups, have received little attention in public policy in the hemisphere. Civil society organizations have implemented the mechanisms of integration by developing intervention models that are currently being incorporated into public policy of some countries in the region, which includes specific lines of work in this area and pilot programs to define and adjust valid work models.

Given the above situation and specific requests made by Member States and taking into account the actions already undertaken in other departments of the Secretariat for Multidimensional Security, and in particular the Organization of American States in general, the Executive Secretariat of CICAD intends to incorporate social integration components into programs and projects within the framework of drug policy defined by the Hemispheric Strategy.

In order to meet the growing demand for technical assistance in the matter, the Executive Secretariat has begun to collect evidence from experiences in and outside of the region, identify good practices and lessons learned, and plan actions that provide measurable results.