Characteristics of drug demand reduction structures in Britain and Iran

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ABSTRACT

Administrative structure of drug demand reduction and the way in which involved organizations interact with each other has been neglected by researchers, policy makers, and administrators at the national level and even in international institutions in this field. Studying such structures in different countries can reveal their attributes and features.

In this study, key experts from the addictive behavior department of St George's University of London and a group of Iranian specialists in the field of drug demand reduction first wrote on a sheet the name of organizations that are in charge of drug demand reduction. Then, via teamwork, they drew the connections between the organizations and compared the two charts to assess the relations between the member organizations.

In total, 17 features of efficient structure were obtained as follow: multi-institutional nature, collaborative inter-institutional activities, clear and relevant inter-institutional and intra-institutional job description, the ability to share the experiences, virtual institutions activity, community-based associations activity, mutual relationships, the existence of feedback sys-tems, evaluation, changeability, the ability to collect data rapidly, being rooted in community, flexibility at the local and regional levels, connection with research centers, updated policymaking, empowering the local level, and seeking the maximum benefit and the minimum resources.

Recognizing the characteristics of substance related organizations in various countries could help policy makers to improve drug demand reduction structures and to manage the wide-spread use of psychoactive substances more effectively.

Key words: drug demand, reduction structures, country comparison

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DOI: ***10.2427/11173***

INTRODUCTION

Despite the widespread prevalence of drug abuse, there has been no study on the administrative structures which are used for drug demand reduction, for fighting against drug trafficking, and also there is no study about interactions of various agencies which are involved in this process in different countries. Since studying such structures in different countries can reveal their features and determine some measures to improve the structures and patterns to better achieve the specified targets, hence, the present study was carried out to examine the anti-drug structures in the UK and Iran to find the common indices.

Because of the lack of articles or studies about the elements of anti-drug structures, this study was conducted using focus group discussion. Accordingly, in 2010, key experts

from the addictive behavior department of St George's University of London and a group of Iranian specialists in the field of drug demand reduction provided a list of organizations that were in charge of drug demand reduction and anti-drug activities in their own countries. Then, via teamwork, they studied the connections between the organizations and compared the two organizational charts and assessed the relations between their elements to identify the common features of these structures.

THE STRUCTURE OF ANTIDRUG ORGANIZATION IN ENGLAND

In England's political and governmental hierarchy, after the Queen and the Prime Minister, there is an office called as the United Kingdom Cabinet Office which is composed of several units, one of which is the United Kingdom Anti Drug Coordination Unit (UKADCU). This unit directly monitors drug related policies and strategies and all the activities and the major strategies of the country is planed and arranged by experts from various institutions. Bidirectional relationship between these institutions and government agencies within the anti drug structure in the United Kingdom made it possible for policy makers to see and observe all the demands from the end lines and central points of the community through a upward move-ment, and hence the policies and strategies are used as role models for activities and objec-tives of institutions which are involved with addiction. The reports prepared by this unit are presented to the Prime Minister of Great Britain (Figure 1).

After the UKADCU, the Home Office (HO) and Drug Action Teams (DATs) are the other involved units. Drug Prevention Advisory Service (DPAS) are also formed in the Home Office. Units listed above encompass institutions and government services, and all of them are real organizations. What we mean by real and unreal organization is that unreal organizations may not have a specific physical location and their members monitor the entire organization or institution and the members are representatives from various institutions. Among the examples of government organizations we can name police office or Drug Prevention Advisory Service (DPAS), and among non real organization we can name Drug Action Team (DAT). In fact, these teams are composed of experts from addiction-related entities and its members include representatives from educational system, the judicial system, police, prisons, health care facilities, social services, and other volunteer organizations. DATs together with their administrative members such as addition therapists and others who are in close contact with the target audiences form a group called Drug Reference Group (DRG). Through contacting the clients and audiences, this group assesses their needs and transfers them to higher levels. Accordingly, the process of policy making will be based on audience demand and it is very effective in satisfaction of the applicants and the community with the services.

Foreign Affairs Office, Home Office, Department for Education and Employment, the Health Department of and the Environment Department are all involved in the fight against drugs; the bilateral relations, duties and powers are determined by the representatives from these institutions and the experts from the UKADCU.

National Health Service, which operates under the Ministry of Health, has integrated addiction related services into health care system and has trained general practitioners in this field. Inpatient and outpatient treatment centers are engaged to provide services under this system and they provide services free of charge.

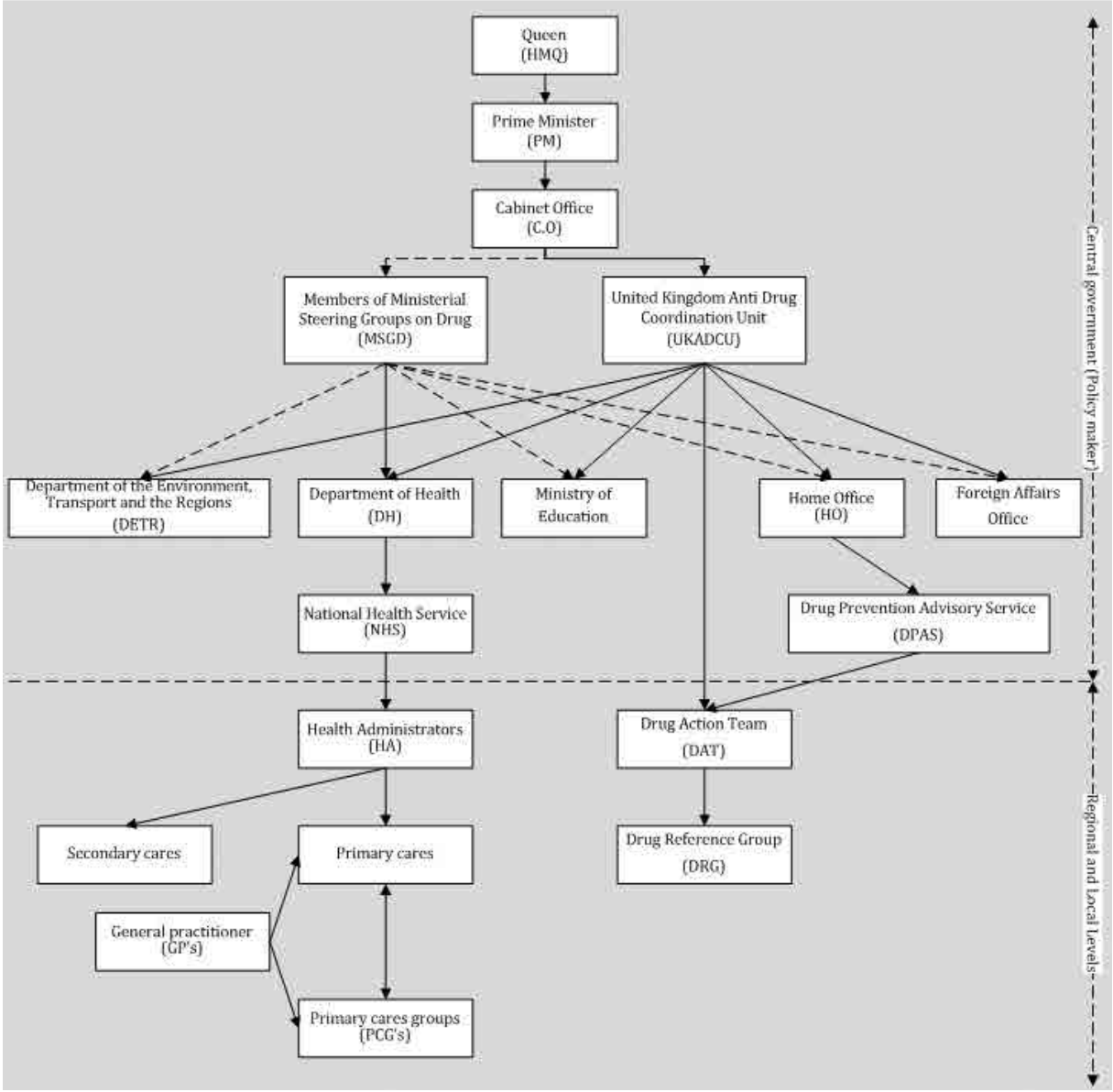
This structure is based upon four general topics as follow:

1. Separate activities conducted by every institution or organizational entity within the overall national goals and strategies
2. Plans and programs by Drug Action Teams
3. Integration of addiction issues into community health care structure
4. Separate activities of NGOs and charities within the overall national goals and strategies.

Each of the ministries and institutions involved in addition related activities appoint one of their high ranking members to the membership in a Ministerial Steering Groups on Drug (MSGD) to manage and arrange drug abuse prevention activities. The MSGD is in charge of monitoring and managing anti-drug activities and they prepare and write the related national strategies and programs.

FIGURE 1

THE STRUCTURE OF ANTI DRUG ORGANIZATIONS IN ENGLAND



DRUG PREVENTION ADVISORY SERVICE (DPAS)

This real organization follows the main strategy of Great Britain's government and takes steps to reduce drug use; its main goal is to develop resistance in community against drug use through the implementation of the four strategies of Great Britain. This organization works under the supervision of the Home Office and nine executive teams of DPAS are operating in nine areas which are under the coverage of services. This organization was founded in 1999 in Great Britain and aims to reduce the prevalence of addiction through effective prevention. It helps DATs and the Coordination Unit of the Cabinet Office to follow national strategies.

Overall, these nine action teams have almost a hundred employees, from which about 60% are regional managers with different educational background and professions. These specialized experienced members include: employees of the judicial system, health care workers, employees of health sector, education sector, and other local volunteer

groups. The personnel structure of each of these centers include: Director, prevention of substance abuse counselors, and administrative - support staff.

The nine DPAS centers in the United Kingdom are covering approximately 150 DATs. These centers are working on three national, regional, and local levels and their tasks are different based on their service levels.

At the national level, DPAS is directly cooperating with the Ministerial Steering Groups on Drug and the UK Anti Drugs Coordination Unit to operate in line with the overall national goals and strategies; at the regional level it is working closely with institutions that are responsible for addiction related services and it supervises them on implementation of their addiction related programs. At the local level, it supports 150 DATs and not only provides advice on the prevention of drug but also supervise them on administrative activities. To sum up, DPAS is a bridge which connects high level institutions which are in charge of addiction services to the end lines of service delivery facilities; it maintains the connection via a bilat-eral approach so that it supervises the process which are carrying out at the local level and simultaneously transfers the customer needs from the lower parts of the structure to the higher levels; accordingly the transferred data is used a basis for revising and upgrading national strategies.

DRUG ACTION TEAMS (DATS)

These teams, which are nearly 150, are comprised of representatives of various institutions such as the police, judiciary system, prisons, education, health care, customs, social workers, and care centers at the local level. These teams are considered as non real institutions since they do not have a fixed organizational structure or a specific physical location and they are only a local organization which uses the representatives of various government agencies in order to coordinate and manage local anti drug programs.

These teams allocate funds to various local projects and monitor their implementation and re-port their positive or negative results to DPAS. DATs hold an annual meeting in which they share all publications, activities, and experiences with others. Plans offered to these teams can be proposed by real regional organizations or by charities and voluntary organizations; however the implementation of projects must be verified and monitored by the DAT supervisory board. Some of the projects administered by DATs in cooperation with other institutions include: the youth judiciary system, crime and disorder reduction plan, police plan, judicial system services delivery plan, health implementation plan, development plan, behavioral support plan, training development plan, funding for the maintenance plan, children's services plan, and social care plan.

Studies conducted between 1997 and 1999 indicated that over 69% of arrestees tested positive for addiction to drugs and nearly a third of them were drug dependent. Also, nearly 30% of those arrested people claimed that they were in need of treatment in the justice system. This led the authorities to integrate the treatment referral system into the justice system. Accordingly, anyone who is arrested by the British police and justice system and claims to be addicted will be referred to a medical center, by a worker in the police station, to receive services. After implementation of the program, a significant reduction was happened in drug related crimes and the government obliged the judicial system to establish a referral system for the treatment. In 1999, the police were ordered to equip such a system. In 2001, 41 centers were equipped with this system and according to national goals all the police arrest centers will have been covered by the scheme (Arrest Referral Schema).

NATIONAL HEALTH SERVICE (NHS)

National Health Service in England is a hierarchical system with a very high strength in referral, so that most health care and medical services in this system are freely delivered to English citizens. The NHS began its activities in 1948 and now many English people prefer to refer to the NHS rather than private systems to treat their diseases. It is one of the glories of the British government. The hierarchy of services in NHS system is as follows:

1. Preventive care including screening tests and interventions
2. Individual care including education through the media (television, internet, etc.) and telephone counseling services
3. Primary care including general practi-

tioners' relation with patients and providing ambulance if needed (in NHS every patient has a specific general practitioner)
4. Hospital care
5. Mid level care as a connector between hospitalized patients for early discharge.

Since the integration of treatment and prevention of addiction in the NHS many doctors and nurses have been trained and many educational materials and content have been designed for their training. In the primary care clinics and counseling clinics, after evaluating patients by a team – which include a general physician specialized in drug abuse, a nurse specialized in drug abuse, and an addiction counselor – the patient is not only referred and introduced to local mental health and alcohol and drug treatment groups, but also undergoes some medical treatment as well. In addition, the structure of primary care works and cooperates with the secondary care facilities in a mutual approach.

THE STRUCTURE OF ANTI DRUG ORGANIZATIONS IN IRAN

In order to prevent drug addiction and to fight drug trafficking in any form - including manufacturing, distribution, purchase, sale, and use them, and other items that are listed in the Act - in 1988, a headquarter was formed which was chaired by Prime Minister, and all operations administrative and judicial activities, prevention and public education programs, and publicity campaigns went under the supervision and control of the headquarter (1988 Act). Concurrent with the formation of the headquarter Drug Control Coordinating Councils were established in each province to oversee the implementation of projects and plans. The councils hold regular provincial meetings and implement the decisions concerning the fight against drugs in the province and send their meeting reports to the secretariat of Drug Control Headquarter (DCHQ).

In 1997, the president of the country was put in charge of the presidency of Drug Control Headquarter (Amendment Act 1367). Other headquarter committee members include: the ministers of Interior, Information, Health and Medical Education, General Education, Islamic Education and Culture, the Attorney General, the head of Tehran's Islamic Revolution Court, the head of Prisons and Security and Corrective Measures, the commanders of police and Basij, and the head of Broadcasting Organization. Provincial Councils also have almost the same combination of provincial members similar to those in DCHQ (Figure 2).

Following the establishment of the Headquarter, the anti drug policies and strategies in the country were drawn. In the early years of the establishment of headquarter, its major activities were concentrated on drug supply reduction (availability of drugs). Since 1997, and following the increase in the prevalence of addiction in the country, the attitude of authorities in the selection of grand strategy changed and demand reduction activities were added to the committee's activities and preventive activities were also put on the agenda of the involved institutions.

The total budget for anti drug activities in Iran are provided by the Secretariat of DCHQ and it will be distributed between the institutions involved in the fight against drugs, and in addiction treatment and prevention activities. Part of the funds will be sent to the Provincial Coordination Councils to provide the financial resources for provincial projects and supervising the activities. After 1988, the DCHQ member institutions gradually began their campaign and implemented some plans at regional and national level. Moreover, since 1997, collaborative projects at organizational level have been carried out under the Comprehensive Drug Abuse Prevention Plan in all provinces of the country; the supervision, training, and research team consists of experts in the relevant institutions. Although the institutional activities were being carried out in line with national goals and regional and provincial projects were ongoing using budgets provided by DCHQ, there was still a need for specialized expertise committees. As a result, in 1999, several subcommittees were formed which were focused on controlling, treatment, and prevention of addiction; the committee members included experts from DCHQ member institutions. These committees include: treatment, rehabilitation, and vocational training, entrance control, supply control, demand reduction, law and justice, information, and operation management.

Currently, experts from member institutions involved in drug related activities present

their projects and plans on these committees and receive their funds and spent them through their institution or organization. Also part of the Headquarters' funding is allocated to Drug Control Coordination Councils which is earmarked for monitoring provincial programs and plans.

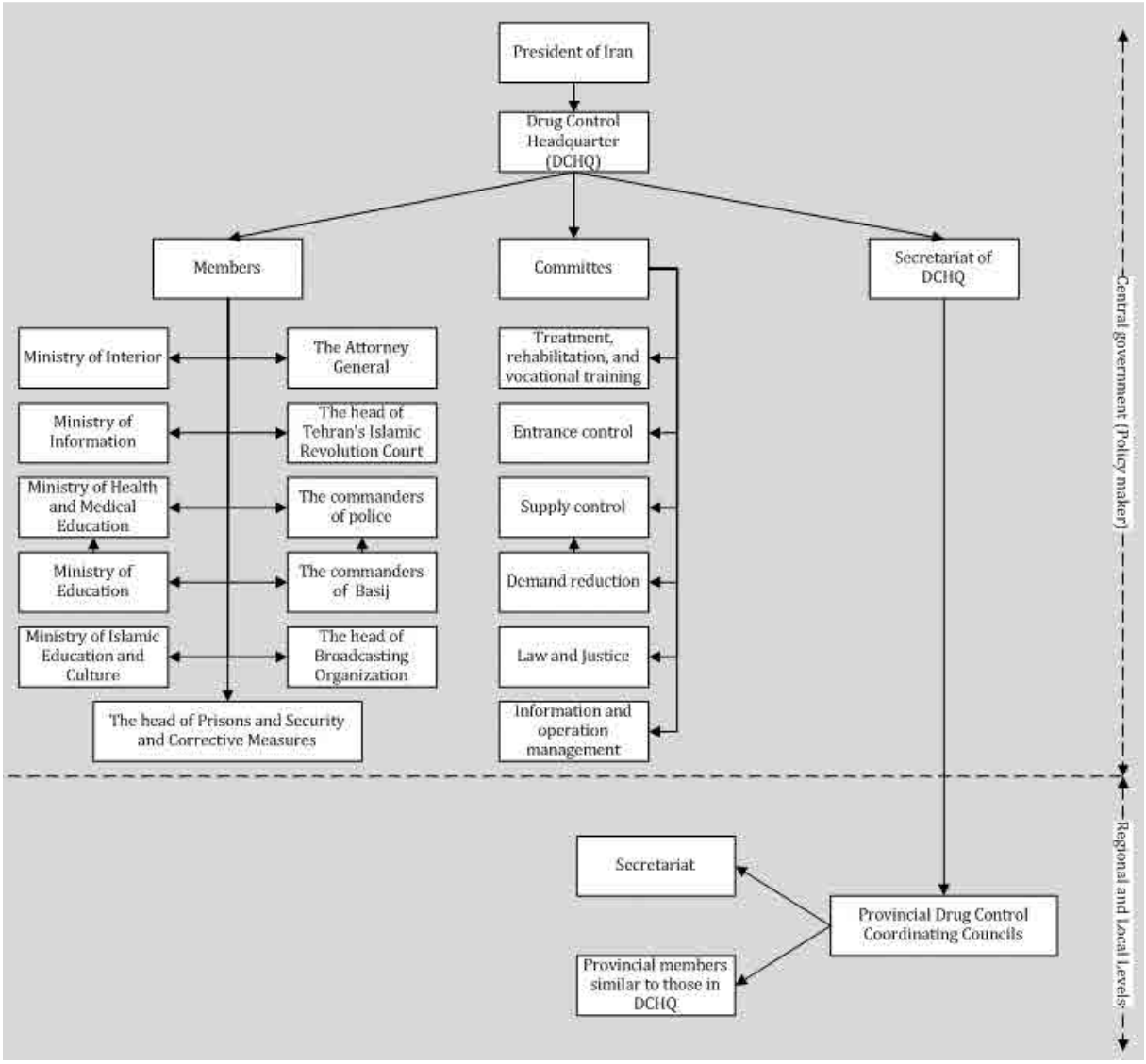
FEATURES OF AN ANTI DRUG STRUCTURE

Comparison of anti drug structures in England and Iran has led us to the identification of some measures and attributes of the structure which are as follow:

1. **Multiplicity of institutions:** Given that addiction is a multi-factor phenomenon, it needs various entities to deal with the subject. For example, the community health structures alone cannot control drug abuse because some other factors such as poverty, unemployment, and the availability of drugs are among the causes of drug addiction in a community. Thus, it is necessary that social institutions, the military force, and police participate in this structure. Accordingly, only those structures are successful in their anti drug activities that are formed by a

FIGURE 2

THE STRUCTURE OF ANTI DRUG ORGANIZATIONS IN IRAN



combination of institutions which are involved with the subject.

2. **Encouraging collaborative and inter institutional activities:** The presence of several various institutions in the anti drug structure of a society per se. cannot solve addiction prob-lem in the community; rather it is necessary to conduct these activities through a joint structure and via perfect harmony between institutions.
3. **Clear and appropriate inter institutional and intra institutional duties:** The existence of connected institutions within an anti drug structure do not guarantee the correct implementation of joint and inter institutional activities. For this reason it is necessary to clearly define the duties and determine the tasks based on the number of experts, their academic power, and the scope of their authority. Such a clarification prevents the participants from executing parallel activities.
4. **The ability to share experiences:** When an error occurs in an institution's educational activities or when a significant success is achieved, how this should be transferred to other institutions? In such a case, an entity with interconnected inter institutional structure can share these experiences with others, or the structure should be so organized that it would be able to share the experiences immediately (through the publication, distribution, etc.); such experiences may be shared via conferences and meetings between institutions.
5. **Enabling virtual organizations to act in conjunction with real institutions:** The establishment of virtual organizations which include experts from various institutions will significantly facilitate planning and effective prevention of drug abuse. Therefore, preventive and curative activities must be expanded through setting up virtual institutions.
6. **Enabling NGOs to work alongside government agencies:** In most countries, NGOs operate successfully in different social fields. Therefore, a part of responsibility to prevent and treat drug abuse can be assigned and delegated to potent civil forces.
7. **Mutual Relations:** It is better never draw a one way arrow between two institutions which are within the organizational charts of a national anti drug structure. As it is necessary for the main policies of a country at the higher levels to be transferred to lower levels over the arrows, it is equally important and necessary to transfer problems, information, feedbacks, and other valuable hints from lower levels to higher levels. This means that it is not possible to design the main policies of country regardless of the demands of customers of services. Since the autonomy of the local and regional levels will not be successful, therefore it is always necessary to design the lines as bilateral and bidirectional arrows.
8. **Existence of a feedback system:** In addition to bilateral relations and mutual communication, it is essential to consider feedback as a necessary component. Are the national strategies feasible at the endpoints? This question can be answered only through providing feedback. Do the reports submitted by the endpoints to higher levels fulfill their information needs? The answer to this question is not possible without proper feedback. The quality of service delivery to customers can be enhanced day by day through designing relevant and appropriate feedback systems within the anti drug structure.
9. **Evaluation:** The performance of an anti drug structure, the position of the responsible bodies, and the way that they communicate should be under constant research and evaluation. Is the current feedback system appropriately sending the reports to the higher level, or will a change make it better? Is the establishment of an anti drug unit within an organization is cost effective or is it better to take advantage of existing structures? All of these issues highlight the need to evaluate an active structure and determines whether the expected performance can be obtained through that active structure or not.

10. **Variability:** After conducting evaluation, we may come to the conclusion that it is necessary to change the current structure. If the existing structure is not capable of accepting the changes necessary to improve the system performance, it will be impossible to improve the current situation. Anti drug structure or any other social structure needs to be greatly flexible to changes and, if necessary and based on some researches, initiates its own changes in order to better serve. Although the structure of Drug Control Headquarter of Iran has some dominant parts such as drug supply reduction, researches have shown that this unit alone cannot be accountable for reducing the burden of addiction in the society. It is therefore necessary to empower drug demand reduction structure alongside drug supply reduction structure.
11. **The rapid collection of data:** In a policy making institution, the data about drug use pattern, and the characteristics of drug users should be fully up to date, and accordingly anti drug policies and strategies should be based on this information. This makes essential to design a precise and rapid data system to collect data from terminal levels (hospitals, prisons, laborato-ries, etc.) and classify them and finally transfer them immediately to the higher levels.
12. **Establishing a structure rooted in the society:** If one side of the anti drug structure is supported by policy makers, the other end must be rooted in society. The value of Information about used syringes which may be obtained from a local sweeper in not less than the value of information about arrested drug users which can be obtained from police. Information obtained at a health clinic by an addiction therapist can be very useful for decision-makers in an area or neighborhood, because he is the first to notice the increased prevalence of drug abuse of a particular substance in the neighborhood. Therefore, therapeutic activities should be incorporated into the anti drug structure.
13. **Flexibility at local and regional levels:** Since the cultural, social, and political characteristics of every region and area in the country are different from other areas, the circulars and orders from the higher authorities are also implemented differently. If the circular says that it is necessary for all schools in the country to talk about drugs in a particular manner, perhaps it may not become a priority in another province where healthy drinking is the main problem. Therefore, policy makers and general staff should not solely relay on designing and producing manuals and help (Guidelines) and they should let local administrators to implement parts of the manuals (with regard to the power, knowledge of staff, and regional experts).
14. **Close connection with research centers:** Every decision, change, and transformation should be based on research. If it is necessary, we should ask why? If the application has not been successful, we should ask why? If this should be promoted in this way, we should ask why? All questions must be answered using relevant studies. We can never evaluate the structure, programs, and other activities in this area without a positive or negative research. Therefore, as far as possible, it is necessary for administrative centers in the field of addiction to be equipped with research centers and otherwise make contracts with research centers and universities to perform such researches. In other words, research centers are an integral part of the anti drug structure.
15. **Making policy based on up to date assessments:** A research center alongside a rapid data collection system can provide an analysis of the current state of drug in the country for policy makers so that all policies and strategies would be set up accordingly. It will be waste of time and money to establish opioids treatment clinics in a neighborhood where the main problem is hashish. Additionally, new serious problems will emerge in the community in case of the lack of quick and timely

interventions when the price of opium rises and the price of hero-in falls – it will motivate a huge number of consumers of opium to refer to treatment centers or start injecting heroin. Hence appropriate up to date information should be gathered to makes changes in policies and strategies accordingly.

16. **Empowering the local level:** The power should not be limited to decision making and implementation, and expertise power is similarly as important. In an advanced anti drug structure, the central headquarter will provide the regional and local levels with policies and strategies and they will implement a number of activities based on the expertise and personnel potentials; they will make precise evaluation and after summarizing and analysis of the interventions, will sent the results to higher levels. As a result, the local authority will gain the power to evaluate the existing strategies and to find the right strategy for their neighborhood. In the later step, they will plan, implement, and evaluate the intervention, and above all, perform a content analysis and use the findings to send a feedback to the higher levels. The headquarter has no right to impose plans and programs to lower levels and they have to perform evaluation and research in case of shortcoming from the part of regional and local levels.
17. **Maximum benefit, minimum resources:** When a topic becomes a priority in an organization or institution, there is a need to perform cost benefit studies before the creation of separate structures. In order to design a proper structure we should take advantage of minimal resources. For example, in a drug prevention program which was carried out in Kerman prov-ince of Iran in 1996, it was arranged to use a fund of approximately five hundred thousand Tomans (500$) to rebuilt and renew sports and leisure facilities in 16 schools in the affected areas of the city, police assigned an agent to monitor and protect the gathering places where young people usually attended, and school janitors received a small amount of money to let the school doors open on holidays. The above example illustrates a joint inter institutional activity with minimum costs and maximum efficiency, without the need for special foundation for organizing youth sports in that area, or even without spending a large amount of money to build sports and recreation places and stadiums for young adults.

Determining the characteristics of organizations which are involved with drug related activities in different countries can help policymakers to improve the structures of drug demand reduction and lead to the effective management of drug abuse.

ACKNOWLEDGEMENTS: *The authors thank the efforts of the staff of the addictive department of St George medical school hospital – London, Professor Hamid Ghods, Jan Annan, Dr Adenekan Oyefeso, Dr Mark Prunty and Simon Lygo baker for their cooperation.*

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