Long Read: Trouble in Paradise – Maldives' Continuing Battle with its Drug-Abuse Problem

Maldives is famous as an island paradise. However, its geographical location and global connectivity have also brought it a drugs problem. Since 2011, the country has made strenuous efforts to reduce substance abuse and the Situational Analysis Report 2021, prepared by WHO and the National Drug Agency of Maldives, noted a 22% decrease in the use of drugs between 2016 and 2019. Yet, the issue has developed new aspects, which the journalist Seema Sengupta highlights through the case study of one practitioner who has been on both sides of the divide – of using and treating substance abuse in Maldives.

Maldives' Defence Minister, Mariya Ahmed Didi, recently stirred up a hornet's nest while on a visit to India by linking political activists back home to drug cartels. She accused them of profiting from the illicit spoils of a lucrative narcotics trade that the South Asian country is in the grip of.

The International Narcotics Control Board, in its 2021 annual report, has put India in the list of most frequented South Asian destinations for shipping drugs traded over the darknet, even as domestic pharmaceutical manufacturers remain "vulnerable" to diversion of their products for narcotics trafficking. South Asia has been identified as a major supplier of pharmaceutical preparations containing ephedrine and pseudoephedrine, which are substances that are diverted and used in the clandestine manufacture of lethal synthetic drugs methamphetamine within the region and beyond.

Spreading over 1,192 coral islands clustered into 26 atolls, the "island paradise" of Maldives – famous for its breathtakingly beautiful beaches – straddles crucial international sea-lanes in the Indian Ocean and has become a target in this drugs market – *Situational Analysis of Drugs in the Maldives 2021* documents a 20% increase in the import and 47% increase in the sale of drugs in the country between 2016 and 2019 (p. 14). Its geographical position puts the country at the fulcrum of a strategic power play in Asia. However, this position of importance has not been all to the good as Maldives has progressively turned into a haven for contraband drugs, primarily targeting its young population – close to half of the country's populace is below 25 years of age. Maldives is a soft target of global drug cartels, eyeing to exploit the picturesque island nation's strategic location for warehousing and transhipments of narcotics, as Johan Obdola, President of the International Organisation for Security and Intelligence, an autonomous, non-profit, Canada-based security organisation, explained to me.

A geographically dispersed country, Maldives has a long history of drug use. From testimony of 16th century travellers, suggesting the prevalence of opium intake in the Royal Palace itself, to Indian traders introducing Cannabis to the local inhabitants in the 18th century, addiction to narcotics was a known_phenomenon. However, the drug menace had not reached problem proportions prior to mid-1970s, when, due to a combination of factors, influences from the outside world, caused a spike in consumption. Official recognition of this problem came in 1977. Tourism had brought Marijuana in 1972, and Brown Sugar use began after mass arrests of drug addicts in the 1990s. At this time, Maldives' tourism was exploited to consolidate the cocaine market. Synthetic drugs like methamphetamine, crystal meth, liquid methylfentanyl 3MF – which is 110 times stronger than morphine – and mephedrone are in circulation today, as evident from the large drug haul last month. Such diversification and availability of lethal narcotics creates a big challenge in terms of public health and law enforcement.

From incarceration to prevention: A practitioner's journey

To make people aware of the extent of the issue of substance abuse in Maldives, recovering drug addicts, who had gone through the distress and psychological discomfort of discontinuation after ceasing their own narcotics consumption, founded an organisation in 2005 and aptly named it <u>Journey</u>.

Journey works in mission mode to prevent drug experimentation among youth, discourage HIV-vulnerable behaviour, raise public awareness on drug-addiction and AIDS-related issues, and guide substance abusers to the path of recovery, while avoiding relapse. This unique effort aims to drive home the point that recovery is indeed possible for those involved in narcotics consumption, if only society stops stigmatising them. With adequate support from UNODC, UNDP and UNICEF, as well as the Government of Maldives, Journey has emphatically challenged the social perception of 'once-an-addict-always-an-addict'.

And leading from the front is Aly Adyb, an expert in substance abuse prevention and interventions associated with Journey. Adyb's own personal journey is a micro-study of the problem, and the prevention approaches tried in Maldives. He himself was a drug addict, having consumed heroin for over seventeen years. He had begun using drugs simply due to sheer curiosity. 'It was available and I had zero information about its harmful effects,' explained Adyb. However, some years later, he says, 'I was desperate to stop and find a way out after exhausting all options'. He finally went abroad several times, between 2001 and 2003, to join an addiction rehabilitation programme after frequent relapses despite continued medication and counselling at the government run K. Hinmafushi Drug Treatment and Rehabilitation Centre in Maldives.

But Adyb relapsed again following his return and tried to commit suicide. He also spent time in prison as police took him into custody in 2004. Although incarceration was the main prevention policy of the government at that time, detainees were given the option of choosing three-years' rehab over prison if they wanted. Adyb says, 'it was merely by chance that I was caught almost deliriously intoxicated.' The majority of drug users have been arrested at least once, per the *Situational Analysis report 2021* (p. 97).

Like many addicts left unchanged by imprisonment, Adyb started taking drugs again immediately after release. One summer morning, a desperate Adyb walked into Journey's office accompanied by his father. Founded in 2005, Journey had introduced something different. It was based on the principle of peer support, with people helping other people help themselves. Adyb recalls, 'it was the Holy month of Ramadan and I did not want to continue like this... I heard of this NGO founded by people like me and also met some volunteers in a support group meeting at the rehab centre. I went through my withdrawals right in that compound.' Explaining his 'withdrawals', he recounts the horror of that moment: "It is flu like symptoms from hell, together with anxiety, muscle aches, diarrhoea, abdominal cramps, nausea, vomiting, lacrimation, excessive sweating and inability to sleep." Despite this horror,

treatment is the single most effective strategy used for staying sober amongst users in Maldives (*Situational Analysis Report*, 2021, p. 99).

It took Adyb almost a month to be able to speak. Testifying to the importance of peer-support, as opposed to the individual's lone efforts to get clean, Adyb says, "I was surrounded by people who wanted to stop, and had surrendered drugs to win the struggle with addiction. They fed me, accompanied me back home, and were readily available to take me back whenever I gave a distress call". Volunteers in Journey used to keep him company all through the night when he was unable to sleep. Close to 40 or more members attended self-support meetings at the Journey premises. "It was unlike anything that I have experienced before," asserts Adyb. As he regained his strength, Journey further gave him a constructive approach to life, including the opportunity to conduct sessions for addicts. He studied addiction counselling and got certified through the Colombo Plan Drug Advisory Program. Adyb is now a qualified global trainer for recovery coaching and instructs in the universal prevention curriculum. 'Today, I am one of the global drug demand reduction trainers for International Society of Substance Use Professionals, The Colombo Plan Drug Advisory Program and UNODC,' declares Adyb proudly.

Challenges of Narcotics Proliferation and Solutions

With the changing nature of substance abuse, things might be said to have gone from <u>bad to worse</u> in Maldives. As authorities remain <u>baffled</u> on how best to plug the lacunae, Ali Adyb's views give an insight into both sides of the problem at the level of the individual – how does one fall into using and how to help those who wish to get clean. The drug use scenario, according to Adyb, has evolved from depressants to stimulants, from plant-based to laboratory-made substance. 'Under-addressed, de-prioritised ... illicit drug has reached all the islands of our archipelago,' says Adyb, who was involved with the Drug Act 17/2011 research and advocacy.

He believes the law in itself is a milestone, but sadly it has neither been fully implemented nor understood properly. Referring to the increased involvement of children in the use, as well as trade of drugs, he believes that, while the State has a role to play in protecting society from narcotics threat, there is a family aspect too, which involves the upbringing of a child in a proper environment. Today, children as young as eight years of age are engaged in substance abuse and even drug dealership. Is a lapse in parenting causing this spurt in drug addiction among adolescents? The role of the family, as in most other societies, is important but not paramount in Maldives; family was one of the three main reasons for stopping drug use (*Situational Analysis Report, 2021*, p. 97), but family issues, at 4.2% of all reasons, also played a small role in leading people into drug-use in the first place (*Situational Analysis Report, 2021*, p. 91).

Stressing that a holistic approach to the problem is needed, Adyb accepts that in some cases there may be benefits from parents spending more time with their children to keep tabs on any abnormal psychological changes that might drag them into life-threatening activities. Adyb, who once went through this harrowing period and knows how emotionally disturbing it is for a family, however, also underscores the importance of State intervention in neutralising the risk factors pertaining to drug abuse.

Protective mechanisms are needed to reduce the risk factors at the biological, psychological, family, community and cultural levels. 'Though I provide my daughter with a nurturing environment at home, the neighbourhood has a high availability of narcotics and her school offers no prevention programmes, while peers support occasional drug use. Therefore, my daughter's risk of experimenting with illicit drugs enhances significantly,' Adyb clarifies.

This explains why education about drug-addiction has to be a part of school curriculum so that awareness can be created from an early age. The Drug Act also stipulates the framing of a national policy related to prevention of drug trafficking and abuse, apart from establishing treatment centres for children and women.

In 2019, <u>UNICEF</u> also assisted <u>Maldives</u> to formulate operational guidelines for substance-abuse treatment and rehabilitation services, targeted at the adolescent population. Adyb says, however, that about 4 or 5 or even fewer certified addiction counsellors work at the <u>National Drug Agency</u>, entrusted with coordination and rehabilitation duties, and questions the efficacy of treatment with such scarcity in skilled manpower. More resources and a comprehensive policy is what Maldives requires, rooted in the principles of illicit drug control and supply, demandand harm-reduction, which also takes into account the role Covid-19 has played in substance-abuse and treatment deficiencies in the form of delayed counselling. He says that sustained blocking of socialisation can have a harmful effect on the brain, causing behavioural-changes induced depression, which eventually encourages narcotics consumption.

A Health-based Approach

For its part, to fix the loopholes, Maldives' government has constituted a <u>task force</u> for streamlining interventions and to revamp rehabilitation services. Emphasising that the present government takes a health-based approach to solving the drug problem in the country, Shamau Shareef, Chairman of National Drug Agency Board and Deputy Health Minister, iterated that the comprehensive study by the National Drug Agency and World Health Organization which resulted in the *Situational Analysis report*, 2021, reflects the government's commitment to an evidence-based, trauma-informed system with better accountability. He laid out in detail the steps being taken to convert this health-based approach into reality:

'We plan to bring all rehabilitation centres to a certain level. Hence, we have conducted a facility-mapping exercise and have got recommendations to upscale our services. We also have been working to develop SOPs, and procedures manuals for our services and started training and other capacity-building measures for NDA [National Drug Agency] staff. Clinical supervision and prison drug rehabilitation programmes started off earlier this year. We are initiating community-based treatment programmes in 20 islands and also piloting detoxification facilities in Tertiary hospitals...a halfway house programme is slated for launch mid-May, while a women's rehab will be developed this year... We also conducted a sector-mapping exercise with the help of WHO, and NDA is collaborating with stakeholders via MOUs.'

The other part of the government's efforts is leveraging regional collaboration to bolster Demand Reduction, Harm Reduction and Supply Reduction simultaneously. This will play an important role in minimising trafficking within South Asia, feels Shareef, adding, 'SAARC would be a good platform to improve the drug situation'. With these, the government hopes to tackle this canker in the beautiful country.

The data and quotes from *The Situational Analysis of Drugs in Maldives* report, 2021, are copyright © Ministry of Health, Maldives, and are quoted here with permission.

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