

JAPAN ADVOCACY

BRIEF PART 1

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ASIAN HARM REDUCTION
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Harsh Laws but Drug-use Persist: A Need for Better Options for PWUD in Japan.

By
ASIAN, HARM REDUCTION
NETWORK
&
Partners

“Using drugs is a ‘CRIME’ in Japan, therefore people are tight-lip about drug use issues, associated stigma-discrimination is neck high” ...says Takeshi Kato¹.

“I started using Methamphetamine at 16 and I have been using for the last 5 years. I tried to give up many times but could not. I have just come out of the prison 2 months ago. I started smoking but injecting became my choice of taking Meth.” ...says a 21 years old beautiful Japanese lady².

“I like Heroin than Meth and I love to inject. But one cannot buy needle-syringe over the counter. I get from the drug peddlers. You get more needle-syringe if you buy bigger quantity. I buy Heroin from the pushers, usually foreigners from the Middle-East Asia at the rate of 10,000 Yen (USD 128) a gram and sometimes I sell it at 40,000 - 50,000 Yen to my peers.” ...says Mr. Z³ (not real name).

“I do not share needle-syringe with other injectors but there are many in Japan whom I know of their needle-syringe sharing habits.” ...says another young Japanese user⁴.

“The problem of HIV infection in Japan is very negligible but that of Hepatitis C is dangerously high” ...added Takeshi Kato.

“The Japanese drug policy is entirely coerced and compulsory treatment. People who use drugs usually land up in the prison, as per the law one has to stay one year in prison and two years in the community service centers. For breach or relapse one goes straight back to the prison again with longer prison term.” ...Yusuke Fuse, Ryukoku University⁵.

Laws against narcotics and psychotropic substances in Japan, particularly for minor offenses such as possession of small quantities or distribution, are tremendously strict. Offenders on the wrong side of the law for stimulant consumption face up to ten years in prison for their first transgression; those caught using marijuana in violation of the Cannabis Control Act can be imprisoned for five. A recent case involving a famous actress and her husband, covered breathlessly by the media, hinged on 0.008 grams of amphetamines found in her apartment. For such a small quantity, she received a suspended sentence of 18 months and media hounding that follows her years later.⁵

First-time offenders frequently receive sentences of two or more years for simple charges of consumption.⁶ The share of prisoners serving sentences for drug-related offenses, particularly methamphetamine abuse, has continued to increase, increasing overcrowding and straining the country’s correctional system. Even when offenders manage to avoid years in prison through suspended sentences, their chances are grim. Outside of prison, there are nearly no support systems to help people-who-use-drugs (PWUD) seek help or manage their addictions. The Drug Addiction Rehabilitation Center (DARC), established and run by former drug users, is the only non-governmental organization working with PWUD in society. Yet like rehabilitation programs in prison, DARC is entirely abstinence-based.

¹ Takeshi Kato, Director, DARC-Drug Addiction Rehabilitation Center, Kyoto
² A young 21 years old Japanese PWUD met at DARC, Kyoto on August 8, 2011
³ Mr. Z (name withheld), a 37 years old male Japanese Heroin injector met on August 8, 2011.
⁴ A young 23 years old Japanese PWUD met at DARC, Kyoto on August 8, 2011
⁵ Yusuke Fuse, Ryukoku University during his speech in 16th World Congress International Society for Criminology - August 2011

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Within this context, it should come as no surprise that many fall back on the old habits. Nearly 50% of first-time offenders of the Stimulants Control Law, for example, are convicted of another crime, one-third within a year of their first conviction.⁷ Caught up again within the draconian penal system, they face doubled prison sentences and little chance of rehabilitation. Many cycle in and out of prison, unable to access services that would help them to break the pattern of their behavior. In 2004, over 70% of those imprisoned under the Stimulants Control Law had previously been jailed for the same violation.⁸

Compounding these problems is the government's policy of mandatory notification, which forces physicians and others to report suspected PWUD to the prefectural government and Ministry of Health. Compulsory registration, often leading to involuntary hospitalization - again abstinence-based - forces many of those who could best benefit from outreach services to move even further underground.

Evidence suggests that nearly 80% of methamphetamine users inject.⁹ Though the majority of PWUD are methamphetamine oral users there are also quite a significant number of those inject crystalline methamphetamine and Heroin. Harm Reduction International reports people who inject drugs in Japan to be 400,000¹⁰. The HIV prevalence amongst PWUD is negligible¹¹, but the Hepatitis C prevalence amongst PWUD reaches 74%¹². Yet there are no needle-syringe programs in Japan. One can neither buy needle-syringe over the counter nor access from public health care settings¹³. Within such a context, the need for harm reduction services to reduce the

transmission of blood-borne diseases, particularly needle and syringe exchange programs (NSP), is clear. Yet there are virtually no harm reduction services or programs in Japan. Nothing less than a zero-tolerance approach is accepted.

Studies from around the world have demonstrated that punitive drug policies cannot be correlated with lower rates of illegal drug use.¹⁴ Japan's harsh penalties for consumption, mandatory reporting of drug users, and inadequate resources for care and treatment create an environment of fear and jeopardy that penalizes the vulnerable. Such policies, which sacrifice the rights of individuals in favor of the greater will, are ostensibly implemented to protect society as a whole from the 'scourge' of drug use. Yet it largely fails in differentiating between facilitators, such as traffickers, and their victims, PWUD themselves.

It is imperative that punitive policies towards PWUD be replaced with a health-centered, rights-based approach. Long prison sentences should be replaced with effective rehabilitation and treatment programs. Doctors should no longer be required to register their patients who use drugs with the government. Compulsory hospitalization must be replaced with voluntary, evidence-based approaches which are expanded to include not just abstinence-based approaches, but harm reduction services.

Japan's narcotics laws, some drafted more than a century ago, reveal their age and ignore both the wealth of research and understanding around drug use today and the changing norms around health and human rights.. It is high time they were updated to reflect modern realities.

⁶ Noriko Sakai et al; ⁷ Article from Prof. Takayuki Harada, Mejiro University
⁸ Prof. Takayuki Harada and shinkei p. 393; ⁹ ibid
¹⁰ Yamamoto (recent trends of drug abuse in Japan) p. 437
¹¹ 2012 Global State of Harm Reduction, HRI - Harm reduction International
¹² 2012 Global State of Harm Reduction, HRI - Harm reduction International
¹³ Takeshi Kato, Director, DARC-Drug Addiction Rehabilitation Center, Kyoto
¹⁴ Degenhardt et al article, also prevalence and correlates of illicit and non-medical use of psychotropic drugs in Japan

For further information, contact
 AHRN Federation
 Secretariat,
 405/5 Mahidol,
 Tha Sala, Muang,
 Chiang Mai,
 Thailand - 5000
 +66 53 122332
www.new.ahrn.net
info@ahrn.net



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