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JAPAN ADVOCACY NETWORK FOR DRUG POLICY

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Drug use, regulations and policy in Japan

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Summary

This briefing paper provides an overview of drug use in Japan, regulatory efforts by police and the judiciary, governmental and legislative responses and support for people who use drugs amongst civil society actors. The paper ends with a number of recommendations developed on the basis of this information.

Since 1995, the proportion of people in Japan who have used drugs in their lifetime has been estimated to be 2-3%, while the proportion who have used drugs in the past year has been estimated to be as low as 0.1%. The most commonly used drugs are methamphetamine and organic solvents (e.g. paint thinner), but the use of cannabis has increased in recent years. Since 2008, the annual number of newly reported cases of HIV in the general population has ranged from 1,600 to 1,400. Approximately 70-80% of those cases are among men who have sex with men, many of whom reported having used drugs during sex.

Stimulants, opioids, cannabis and other drugs are regulated by six laws in Japan, which will be described in detail below. These laws impose severe penalties for all activities associated with the illicit drug trade, with the maximum penalty for drug offences being life imprisonment. As a result, 14,019 people were arrested for drug offences in 2017 alone. Of those, 73% involved methamphetamine, with personal use and possession accounting for 90%. The proportion of repeat offenders, accounting for two thirds of arrests, has recently increased while the overall number of arrestees and first-time offenders fell. The application of severe penalties against drug offenders has led to a large proportion of the prison population being incarcerated for drug offences – in 2017, 27.7% of new male prisoners and 36.7% of new female prisoners were imprisoned for methamphetamine-related offences. While alternatives to incarceration do

Box 1 Policy recommendations for responding to drug use in Japan

- Promote social understanding of drug use as a health issue.
- Increase budgets for community-based health programmes.
- Provide support focused on the individual's health and well-being, rather than punitive measures.
- Listen to the voices of people who use drugs when developing measures that affect or concern them.
- Provide counselling services to discuss drug problems openly.
- Provide support that is responsive to gender, and tackles violence and poverty.
- Assess the possible harms caused by drug use, and develop appropriate and evidence-based responses.
- Conduct a fact-finding investigation into the non-medical use of prescription drugs and over-the-counter medicines.
- Actively consider alternatives to punishment for people who use drugs and who are in possession of drugs for their personal use.
- Scientifically evaluate the impacts of current drug policies and implement policies that have been proven effective.
- Adhere to international standards.

Table 1: 12-month prevalence of drug use: International comparison (ages 16-64; Japan: 2017, Global: 2016)

	Cannabis	Amphetamines	Opioids	Opiates	Organic solvents
Japan	<0.1%	<0.1%	<0.1%	<0.1%	0.1%
East/Southeast Asia	0.6%	–	0.2%	0.2%	
North America	12.9%	2.0%	4.2%	0.8%	
Western/Central Europe	7.0%	0.7%	0.6%	0.5%	

Source: Shimane, et al. 2018, UNODC 2018

exist, including a system of suspended sentences established in 2016, the overall response remains punitive in nature.

Unsurprisingly, in Japan, drug use is viewed chiefly as a criminal matter, with emphasis placed on its eradication through intolerance and punishment. The Japanese government's drug policy is described in its Five-Year Drug Abuse Prevention Strategy. That strategy focuses on education and public awareness, treatment and reintegration of people who use drugs, crackdowns on drug dealers and users, prevention of smuggling and international cooperation. The government's support for people who use drugs, however, remains inadequate. While the government has finally recognised the effectiveness of harm reduction in other countries at international meetings, it opposes its introduction in Japan and has expressed opposition to the inclusion of harm reduction approaches in UN recommendations on drug policy. Support for drug dependence in the community is largely left to self-help groups, with limited support from medical institutions. Although advocacy for the health and human rights of people who use drugs has been gaining ground over the past decade, led by people with lived experience, their family and their supporters, a view to understanding drug use as a health issue is lacking, and it has become crucial to improve the provision of social support for people who use drugs and respect for their human rights.

Current state of drug use

Evolutions in the prevalence of drug use

Every two years, a nationwide survey of drug use is conducted by the National Center of Neurology and Psychiatry with citizens aged between 16 and 64.[5] According to this survey, in 2017, the lifetime prevalence of drug use was 1.2% for cannabis, 1.1% for organic solvents, 0.5% for methamphetamine, less than 0.1% for heroin, 0.2% for new psychoactive substances (NPS; drugs designed to mimic illegal drugs, including synthetic cannabinoids and cathinone derivatives) and 2.2% for any drug. The past 12-month prevalence was 0.1% for organic solvents, less than 0.1% for other types, and 0.1% for any drug. Based on this, it is estimated that the number of people who have used drugs in their lifetime is 1,332,000 for cannabis, 1,037,000 for organic solvents, 501,000 for methamphetamine and 222,000 for NPS. The results of the survey since 1995 have been fairly stable, with lifetime prevalence for use of any drug fluctuating between 2% and 3%. In surveys conducted after 2005, use of methamphetamine fell from 1.4% to 0.5%, but use of cannabis rose from 0.3% to 1.2%. The survey is considered representative of the Japanese general population in terms of the scale and methods used. Investigators randomly sampled 5,000 people through door-to-door visits, and later returned to collect the anonymous and tightly sealed responses. A total of 2,899 valid responses were analysed. Nevertheless, it is also important to note that as with any observational research of this kind, there are many limitations in these survey data, including selection bias and response bias such as social desirability bias.

For comparison, the United Nations Office on Drugs and Crime (UNODC)[6] found that the annual prevalence of cannabis use among people aged between 16 and 64 for 2016 was 0.6% for East and Southeast Asia, 12.9% for North America and 7.0% for Western and Central Europe. For amphetamines, the rates were 2.02% for North America, 0.67% for Western and Central Europe, and no data was available for East and Southeast Asia. For opioids, the rates were 0.2% for East and Southeast Asia, 4.2% for North America, and 0.6% for Western and Central Europe.

Non-medical use of prescription drugs and over-the-counter drugs

A survey is conducted every two years of people suffering from mental illnesses caused by use of psychoactive substances other than alcohol who have been admitted to or received outpatient care at a

psychiatric facility in Japan. According to the 2016 report,[7] among patients who had used drugs within the past year, the most commonly reported drug was methamphetamine (42.8%), followed by sleeping pills/anti-anxiety agents (31.3%) and over-the-counter drugs (8.7%). The report also warns that, despite the small number of cases involving prescription pain-relief medications (both opioid and non-opioid), there is a need to continue careful surveillance.

HIV and drug use

Two surveys of people living with HIV were conducted in 2014. One survey was conducted through questionnaires distributed by medical staff at regional centers for HIV diagnosis and treatment, later collected by mail,[8] while the other survey was conducted online.[9] The surveys collected responses from 1,100 and 913 people, respectively. The lifetime prevalence of drug use among people living with HIV was 2.5 to 4.6% for organic solvents, 9 to 15.7% for cannabis, 8.8 to 16.9% for methamphetamine and 12.5 to 38.6% for NPS. The past 12-month prevalence was 0.1 to 0.2%, 0.4 to 1.0%, 2.3 to 5.1% and 4.8 to 13.6%, respectively. Compared to the general population survey, these rates are measurably higher. *Poppers* (alkyl nitrites) and *foxy* (5-MeO-DIPT) were found to be particularly common, with a lifetime prevalence of 41.2 to 69.6% and 25.1 to 37.7% respectively, and a 12-month prevalence of 10 to 25.1% and 0.5 to 1.8%.

Approximately 80% of respondents (78.8 to 84.9%) attributed their infection to male-to-male sexual contacts, while 0.8 to 1.9% attributed it to syringe sharing (0.4% in the report of the AIDS Trends Committee of the Ministry of Health, Labour and Welfare). 44 to 70.7% said that they were under the influence of drugs when having sex. These results indicate that drug use may be considerably higher among men who have sex with men (MSM) than in the general population. In comparison, there were only a few cases of HIV associated with injecting drug use. Other studies also suggested that drug use made it more difficult for MSM living with HIV to adhere to anti-retroviral treatment[10] and increased the risk of contracting hepatitis C virus.[11]

Drug control laws and penalties

Laws and penalties

Drug control is governed by six laws in Japan. Below is an overview of each of these laws, as well as the actions it criminalises in relation to personal use along with the stipulated punishment.[12]

1. **Cannabis Control Act (enacted in 1948):** Possession/use of cannabis is punished by up to five years in prison.
2. **Poisonous and Deleterious Substances Control Act (enacted in 1950):** Possession/use of organic solvents such as paint thinner is punished by up to one year in prison or a fine of up to ¥500,000 (or a combination of both).
3. **Stimulants Control Act (enacted in 1951):** Possession/use of amphetamine-type stimulants including methamphetamine is punished by up to 10 years in prison.
4. **Narcotics and Psychotropics Control Act (enacted in 1953):** Possession/use of heroin is punished by up to 10 years in prison. Other narcotics and narcotic plants (cocaine, MDMA, magic mushrooms, etc.) are punished by up to seven years in prison.
5. **Opium Act (enacted in 1954):** Possession/use of opium is punished by up to seven years in prison.
6. **Act on Securing Quality, Efficacy and Safety of Products Including Pharmaceuticals and Medical Devices (enacted in 1960):** Possession/use of designer drugs is punished by up to three years in prison or a fine of up to ¥3,000,000 (or a combination of both).

In Japan, with the exception of the Cannabis Control Act, these laws apply both to drug use and possession for personal use, and there is no distinction in the penalties imposed on whether acquisition is associated with personal use or for intent to supply for a profit. In practice, for personal use (or possession for personal consumption) of methamphetamine, which accounts for approximately 70% of arrests, first-time offences are typically punished with a prison sentence of one year and six months, suspended for three years, while repeat offenders are normally sentenced to approximately two years' imprisonment.

The most severe penalty prescribed within the above laws is life imprisonment for the production, importation or exportation of amphetamine-type stimulants (Stimulants Control Act) and heroin (Narcotics and Psychotropics Control Act) with the intent to profit. The death penalty is not prescribed in any drug control laws in Japan.

The coexistence of these various laws is due to an accumulation of hasty legislation and amendments in response to issues that were topical at the time. Hasty changes in the law to deal with *poppers* (despite the lack of scientific evidence around their harmfulness) and 5-MeO-DiPT have also been accompanied with the emergence of new designer drugs on the market.[13]

Suspended sentence system for drug offenders

The **Act on Penal Detention Facilities and the Treatment of Inmates (enacted in 2005)**[14] provides that people who have received a prison sentence under drug control laws can access some drug treatment and rehabilitation. The standard programme uses a group work approach based on cognitive behavioural therapy. It consists of 12 sessions held over the course of 3 to 6 months inside prisons.

In 2016, the **Act to Revise a Part of the Penal Code** and the **Act on the Partial Suspension of Punishment for Offences Including Drug Use**[15] introduced a system that allows for the partial suspension of a sentence for people convicted of use or possession of illicit drugs. For example, a person who would previously have received a two-year prison sentence for methamphetamine use can, under the new system, be sentenced to serve one and a half years of their two-year sentence in prison, plus a two-year suspension period with probation (including the remaining six months of their prison sentence). In this situation, with the last six months of their suspended sentence, the period of incarceration would be shortened by 6 months, but the period of criminal justice supervision would be extended by a year. Over the two-year suspension period, the offender would be subject to a mandatory probation programme in their community intended to address their dependence on methamphetamine and prevent recidivism. This would include regular interviews with probation officers, drug tests and participation in relapse prevention programmes (see Section 5.3). Probation is imposed on about 10% of all people given suspended sentences. In 2017, that comprised 384 people, but there were an additional 208 people given partially suspended sentences due to these new legislations.[16]

The Reoffending Prevention Promotion Plan

In response to the rise in recidivism, the **Reoffending Prevention Promotion Act**[17] was enacted, with the Ministry of Justice playing a central role. The Act came into effect in 2016. The following year, the Cabinet developed the **Reoffending Prevention Promotion Plan**,[18] which specifies violations of the Stimulants Control Act as one type of crime where repeat offences are common. The plan puts forth various measures and interventions for people with drug dependence, such as the establishment of drug counselling programmes in prisons/probation facilities and enhancement of support and treatment for drug dependence in the community.

Current state of drug policy and governance

Governance

Japan's drug policy is focused on a criminal justice-based approach and overseen by the National Police Agency, the Ministry of Justice, the Ministry of Finance (customs), the Ministry of Land, Infrastructure, Transport and Tourism (Japan Coast Guard) and the Ministry of Health, Labour and Welfare. The Compliance and Narcotics Division of the Ministry of Health, Labour and Welfare is at the centre of this system. The Division is responsible for matters related to drug control, as well as matters related to the duties of federal and prefectural drug control agents.[19] Federal drug control agents hold authority as special judicial police officials under the Criminal Procedure Code, are assigned to the narcotics departments of eight Regional Offices of Health across Japan, and operate under the jurisdiction of the Ministry of Health, Labour and Welfare's Compliance and Narcotics Division.[20]

In 2018, the Ministry of Health, Labour and Welfare established the Addiction Countermeasures Office within its Mental Health and Disability Health Division, which has jurisdiction over matters related to drug treatment and rehabilitation. The office is now in charge of measures in response to dependence, not only for illicit drugs, but also for other types of dependence such as on alcohol and gambling.

The Five-Year Drug Abuse Prevention Strategy

Japan's drug policy is updated by the Cabinet Office every five years. The Council for Promoting Measures to Prevent Drug Abuse is held as part of the Cabinet's Ministerial Meeting Concerning Measures Against Crime, with the Minister of Health, Labour and Welfare serving as the chair. The latest policy is outlined in the Fifth Five-Year Drug Abuse Prevention Strategy that was established in 2018.[21] The strategy was put together mainly by the Compliance and Narcotics Division of the Ministry of Health, Labour and Welfare. The strategy's overall goal is "the eradication of drug abuse". As shown in Table 2, the objectives of the new policy continue to focus entirely on reducing supply and demand for drugs. There are few differences from the previous policy, which was not scientifically evaluated. The most significant changes made from the previous version include the strengthening of measures against drug smuggling and trafficking and the addition of a new initiative to strengthen controls on unregulated substances and psychotropic drugs.[22] The strategy document argues that the majority of drugs used in Japan are smuggled into the country

Table 2: Comparison of drug policy objectives (2013 and 2018)

Fourth Five-Year Drug Abuse Prevention Strategy (2013)[23]	Fifth Five-Year Drug Abuse Prevention Strategy (2018)[24]
Five goals	**Five goals**
1. To prevent people from abusing drugs by enhancing efforts to raise awareness among young people, families and communities, and by boosting normative consciousness	1. To prevent drug abuse by promoting respect for social norms across Japan through outreach and awareness efforts focused on young people
2. To strictly prevent relapse into drug abuse by supporting drug abusers through treatment and reintegration into society and by increasing support for their families	2. To prevent relapse into drug abuse by providing drug abusers with appropriate treatment and effective support for reintegration into society
3. To eliminate drug trafficking organisations thorough controls over end-users, and strengthen oversight of diversifying drugs being abused	3. To eliminate drug trafficking organisations, thorough controls over end-users and prevent the distribution of drugs by promptly responding to new drugs, etc.
4. To interdict entry of illicit drugs into Japan through a strict crackdown at the border	4. To prevent smuggling of drugs into Japan with thorough border protections
5. To promote international cooperation to interdict drug smuggling	5. To prevent drug abuse through international collaboration as a member of the international community

from abroad. As such, emphasis within the strategy is placed on understanding the drug situation overseas and stopping the flow of drugs coming into Japan. It is worth noting that the strategy explicitly expresses concern over the recent trend of legalising marijuana for recreational use in other countries.

As the Addiction Countermeasures Office was also newly established within the Ministry of Health, Labour and Welfare in 2018, the strategy's content in relation to psychiatric care and social rehabilitation was made more substantial compared to the previous policy document. However, the inclusion of thorough enforcement of regulations against people who use drugs as a policy objective clearly shows that Japan's drug policy remains focused on prohibition and punishment. Indeed, the Ministry of Health, Labour and Welfare has promoted the "No, absolutely NO!" campaign to eradicate drug use since 1987. As part of that campaign, the Ministry produces and distributes educational materials that treat people who use drugs as criminals, using such phrases as "Once You Take Drugs, You Won't Be Able to Stop," "Drug Abuse Will Destroy Your Life" and "You Will Hurt Others If You Use Drugs."[25] The effectiveness of these educational materials and campaigns has not been scientifically evaluated, and there are concerns that they fuel stigma and marginalise people who use drugs and the people around them, including their family.

Harm reduction

For the first time in its history, the 2018 strategy[26] referred to harm reduction in the following sentence: "With regard to the discussions on harm reduction in the international community, we ask for understanding of our country's perspective on the necessity of carrying out policies based on each country or region's unique circumstances and maintaining a balance in reducing supply and demand for drugs". While the government's position on harm reduction is not clearly expressed in this policy document, on 15 March 2018, the Japanese delegate in a Plenary Session of the UN Commission on Narcotic Drugs stated that: "We understand that some measures on harm reduction are effective in some situations, e.g. in combating the spread of infectious diseases. However, harm reduction should not be recommended for all countries. The UN should not excessively recommend harm *recommendation* [emphasis added; the authors believe it is a typo and meant 'reduction']. Japan has been effective in stemming drug abuse including through social rehabilitation programmes and strict enforcement on methamphetamine abuse.

By developing the five-year drug abuse strategy, Japan through the collaboration of multiple agencies has succeeded by educating young people and communities on the dangers of drug abuse, recognition therapy, and support of families to prevent recurrence of drug use".[27] Thus, while Japan has not gone so far as to oppose the implementation of harm reduction programmes in other countries, it does clearly oppose the introduction of harm reduction into its own policies and global recommendations on harm reduction by the UN.

Foreign policy

Japan makes a large contribution to the United Nations Office on Drugs and Crime (UNODC) each year. In 2017, Japan pledged to contribute $25,080,000 (approximately ¥2.7 billion; $180,000 to the general-purpose fund and $24,9 million to the special-purpose fund), the fourth largest amount after Colombia, the United States and the EU. The figures published by the UNODC show that Japan pledged to contribute $5.11 million in 2009, $8.57 million in 2014 and $10.65 million in 2015, making the 2017 pledge approximately 5 times larger than the 2009 pledge.[28]

The reason for the increase in contributions and the purpose for which they were to be spent has not been made public. However, several priority areas and priority regions are listed in the Joint Plan of Action for Cooperation Between Japan and UNODC, an agreement between the Ministry of Foreign Affairs and the Executive Director of the UNODC that has been continually amended since 2013.[29] According to this document, the Middle East and North Africa (including Afghanistan and neighbouring countries), Asia and Africa are designated as priority regions, while priority areas for cooperation include countering terrorism and violent extremism, trafficking of drugs and other contraband, human trafficking and cybercrime. The document expresses particular concern over the striking rise in cultivation of opium poppies in Afghanistan. It notes that Japan has been working in cooperation with the UNODC and Russia since 2012 to strengthen the capacity of the national police forces of Afghanistan and Central Asia to combat drugs. As of 2018, 147 narcotics officers had received training in Russia as part of this effort. The Japanese government stated that the three parties would continue to explore ways to enhance their collaboration.[30] It should be noted here that Russia has long adopted a severely punitive approach towards people who use drugs, both domestically and abroad.

In 2017, Japan provided a grant of ¥1.85 billion to the Philippines for the Programme for Consolidated Rehabilitation of Illegal Drug Users (CARE). At the same time, it launched the Project for Introducing Evidence-based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines. These two projects aim to establish treatment facilities and develop a drug dependence treatment programme based on the US Matrix Model. Here again, it is worth noting that this grant was allocated to the Philippines after President Duterte launched his war on drugs that has already cost the lives of 27,000 people.[31] Nonetheless, the Japanese government has announced that the projects would approach the drug problem from a medical perspective: by providing the financial support necessary for the establishment of drug treatment facilities and improvement of treatment programmes, the projects would strengthen the systems and policies put in place by the Philippine Department of Health for the treatment of people dependent on drugs.[32]

Current state of drug law enforcement

Number of arrests

Methamphetamine: 14,019 people were arrested by the police for drug offences in 2017.[33] In 2000, approximately 20,000 were arrested, but arrests fell below 15,000 in 2006, and have since then either continued to decline or remained stable.[34] In 2017, 10,284 people were arrested for methamphetamine, accounting for 73% of the total of those arrested for drug offences, and 64% were between 30 and 40 years old. Together, possession for personal use and consumption accounted for 90% of drug offences, while assignment/acquisition and smuggling accounted for approximately 10%.[35]

Methamphetamine was used by the military during World War II. After the war, it was marketed by major pharmaceutical companies and spread throughout the general population. In 1951, the Stimulants Control Act banned amphetamine-type stimulants including methamphetamine, and they became a new source of revenue for criminal organisations. In 1954, as many as 55,664 people were arrested for methamphetamine-related charges (the first and largest peak), but the number of arrests declined thereafter, falling under 1,000 from 1957 to 1969. In 1970, the number began to rise, reaching 24,372 in 1984 (the second peak), after which it slowly declined. Approximately 15,000 people were arrested in 1995. By 1997, the number had risen to 19,937 (the third peak). It began to slowly decline again after 2001, and has ranged from 12,000 to 11,000 since 2006.[36, 37]

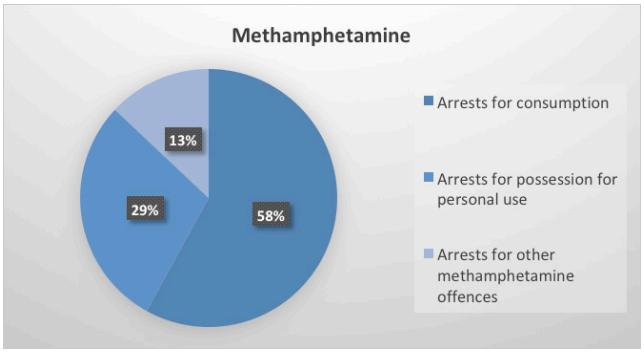
Since 2006, the percentage of methamphetamine-related offences committed by people previously

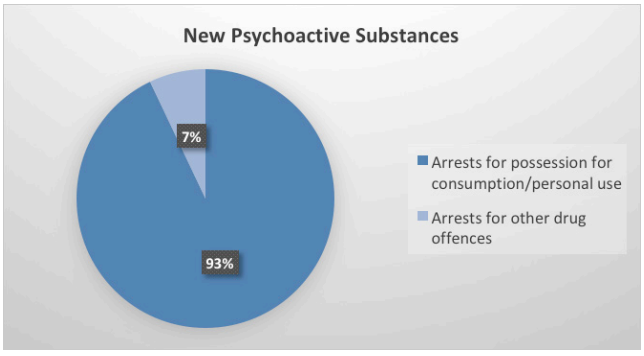
arrested for the same crime has gradually increased. In 2017, the Ministry of Health, Labour and Welfare reported a recidivism rate of 65.5% based on data aggregated from the National Police Agency, the Japan Coast Guard and its own records.[38] While there is also an upward trend in the proportion of offences in general committed by repeat offenders, this only amounted to 48.7% in 2017.[39]

Cannabis: 3,218 people were arrested for cannabis-related offences in 2017, accounting for 23% of all drug offences, with 74% of arrestees being between 20 and 30 years old. Cannabis offences increased for four years in a row from 2014, reaching their highest level since 1971. Eighty percent were arrested for possession, while acquisition, smuggling and cultivation together accounted for 15%.[40, 41]

NPS: The number of deaths related to the use of NPS increased sharply in 2014 (112 people), spurring a strengthening of controls over these substances. In the same year, 840 people were arrested for NPS-related offences, and over the following year, 215 stores and 189 websites selling NPS were shut down. In 2015, the number of deaths had decreased to 11.[42] In the same year, the number of arrests increased to 1,196 (996 for possession, 80%), but fell to 920 in 2016 and 651 in 2017. Of those, 605 were people who use drugs rather than suppliers, and more than 50% were over the age of 40.[43]

Figure 1. Number of drug-related arrests for methamphetamine and NPS (2017 data)

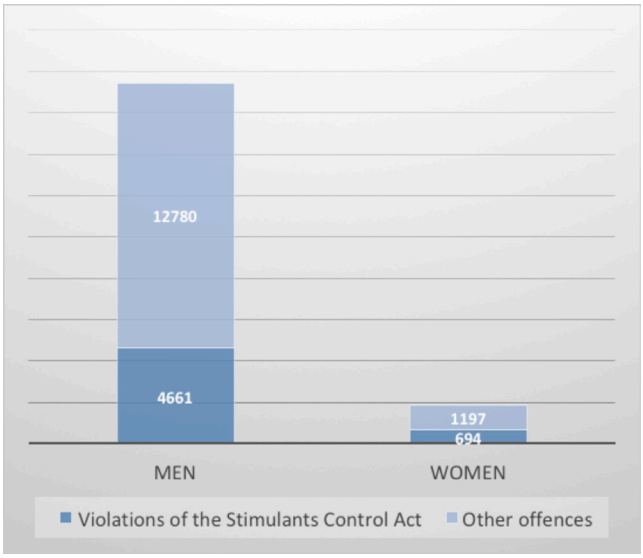




Prisoners convicted of drug offences

In 2017, 4,661 men were newly imprisoned for violations of the Stimulants Control Act, accounting for 26.7% of all new male prisoners.[44] The respective figures for women were 694 and 36.7%. The total number of men imprisoned for violations of the Stimulants Control Act as of the end of 2017 was 10,687, accounting for 24.9% of all male prisoners (n=42,841), the second highest proportion after theft (25.8%). A total of 1,483 women were imprisoned for violations of the Stimulants Control Act. While this is low compared to the number of men, it accounted for 38.4% of all female prisoners (n=3,861), which is more than for any other crime.[45] According to a report of the UNODC, 19% of male prisoners and 35% of female prisoners worldwide are imprisoned for drug offences,[46] which is lower than the rates reported in Japan for both sexes.

Figure 2. Number and proportion of men and women newly incarcerated for violations of the Stimulants Control Act compared to other offences (2017 data)



Community support and advocacy

Prevention of drug use/dependence and recovery from dependence

Because the use of stimulants and other drugs is viewed as a criminal justice matter rather than a health issue, with the exception of awareness campaigns to prevent drug use, the prevention and support programmes available in the community are severely limited. According to the UNODC, it is estimated that 89% of people who use drugs worldwide

do not experience drug dependence. For them, there is a need for health and social services to address everyday problems (if any) and outreach through health interventions, including harm reduction services, to prevent dependence and the spread of infectious diseases. Further, the UNODC and World Health Organization also promote a comprehensive range of treatment services that can better respond to the individual needs of people suffering from drug dependence and seeking treatment. This includes 'outreach services, brief psychological interventions, diagnostic assessment, outpatient psychosocial treatment, evidence-based pharmacological treatment, services for management of drug-induced acute clinical conditions such as overdose, withdrawal syndromes and drug-induced psychoses, inpatient services for the management of severe withdrawal, long-term residential services, treatment of common comorbidities'.[47]

Such schemes, however, are rare in Japan. There is a very limited number of highly specialised psychiatric institutions that provide drug dependence treatment. General psychiatric institutions have a strong tendency to avoid patients with psychiatric disorders related to drugs, and only a minority of such institutions are willing to provide treatment for drug-related mental illness.[48] Additionally, as drug injection, in particular of heroin, is rare in Japan, traditional harm reduction programmes such as needle and syringe programmes, opioid agonist therapy and supervised drug injection sites are not available. Abstinence-based drug recovery programmes are the only services that are available in Japan.

Programmes like the Serigaya Methamphetamine Relapse Prevention Program (SMARPP) use a group work approach based on cognitive-behavioural therapy to help participants discontinue drug use, taking inspiration from the Matrix Model of the United States. Such programmes have been implemented at approximately 70 locations, including in medical institutions and mental health centres.[49]

In the community, the most prominent drug recovery programmes are operated by Narcotics Anonymous (NA), a nongovernmental self-help group. 463 NA meetings are held each week in Japan.[50] Various other NGOs offer self-help programmes for recovery from alcohol and drug dependence based on the 12-step model of Alcoholics Anonymous (AA) and NA. The Maryknoll Alcoholic Center (MAC) and Drug Addiction Rehabilitation Center (DARC) are representative of Japan's drug recovery facilities, with approximately 130 locations across Japan providing support to people who use drugs.[51]

However, while these self-help-based recovery facilities have spread throughout Japan, the majority of programmes are dominated by male users, and very few were developed with women and other genders in mind, although the prevalence of drug use and dependence among these groups is increasing.

Activities conducted by people who use drugs, their families and their supporters

Networks and activities led by people who use drugs have not developed in Japan's local communities. Due to Japan's punishment-focused approach to drugs, it is clear that such activities would be difficult to conduct. However, 12-step programmes to help people with drug dependence stay abstinent, such as DARC and NA, have been steadily developed nationwide.[52] As for DARC, 90% of their facilities receive public subsidies for their support programmes, although over 70% remain in financial distress.[53] DARC was founded in 1985, but it was not until the 2000s that NGOs focusing on drug dependency and NGOs working on HIV began to provide hotlines for telephone consultations and educational programmes to prevent the spread of infectious disease.[54] In the 2010s, people with lived experience, their family and experts on drug dependence began to hold study groups, overseas tours and public lectures to study drug policy from a health and human rights perspective. In 2015, this movement evolved into the Japan Advocacy Network for Drug Policy, a project that promotes understanding of drug use, dependence and health services among civil society, elaborates policy recommendations, and so on.

Like most countries in the world, in Japan, the overwhelming majority of women who use drugs are victims of violence and have PTSD or suffer from other mental illnesses.[55] The DARC Women's House has been operating as a recovery support facility for women with drug dependence for 30 years.[56] Since then, several facilities have been set up, and programmes to provide support to women who are facing difficulties in their lives (not limited to drug dependence) have been developed, but they are overwhelmingly insufficient to meet potential needs. The DARC Women's House is also committed to providing support to mothers and children. As part of that commitment, the organisation has developed a programme to actively provide comprehensive support to women with criminal convictions and their children.[57] Many women involved in drug recovery programmes are dealing not only with dependency, but also social challenges like raising children, poverty, violence and gender discrimination. Despite this, public funding for interdisciplinary approaches to addressing women's needs is severely lacking.

Efforts to reduce stigma against people who use drugs have also emerged among civil society. At the Research Center for Advanced Science and Technology in the University of Tokyo,[58] researchers and people with drug dependence are working together to research effective methods for reducing the stigma associated with drug dependence. Their research revolves around 'contact-based learning',[59] which attempts to fight stigma not through education or formal complaints, but by having people with drug dependence talk frankly about their own experiences and feelings.[60]

The families of people dependent on drugs are also actively engaged in advocacy work. Japan's punishment-focused view of people who use drugs as serious criminals has given rise to deep-rooted stigma that has long tormented both people who use drugs and their families. The National Federation of Families of People with Drug Addictions (Yakkaren) comprises family associations from various regions of Japan.[61] The federation works to pressure the government and expand support for families. In response to the misunderstandings, prejudices and defamatory claims that are common in media coverage of dependence, in 2016, people with alcohol, drug and gambling dependency, together with Yakkaren and specialists in health, psychology and medicine, launched a network to promote more accurate media coverage.[62] The following year, the network proposed guidelines for media coverage of drug dependence, and it continues to strengthen its media engagement.

Involvement of public institutions

The services offered by the mental health centres located in each administrative division of Japan (including ordinance-designated cities and core cities[63]) include family programmes, group programmes using texts based on cognitive-behavioural therapy and private consultations.

Interventions targeting drug offenders in the community are punitive in nature, rather than health focused, and are therefore implemented in probation offices across Japan, the Metropolitan Police Department in Tokyo and certain drug control agencies. For example, probation offices provide mandatory relapse prevention programmes for those on parole and those with partially suspended sentences (see Section 2.2). The programmes include regular interviews with probation officers, drug tests and participation in group sessions focusing on cognitive behavioural therapy. The group sessions are facilitated mainly by probation officers, rather than health or social workers, and held once or twice per month. People are required to participate in these standardised programs without being properly assessed for drug dependence but on the grounds that they have committed a drug offence. The programs typically extend for a few years. If one is repeatedly offending, tests positive for drugs, or talks about their ongoing drug use during the programme, they may be reported to the police. In the worst-case scenario, their parole or partial suspension of the sentence may be denied, and they may be incarcerated.

Interventions targeting drug offenders continue to be more punitive. In April 2019, the 'No Drugs Police Department' programme was established by the Metropolitan Police Department in Tokyo. At the same time, the 'Relapse Prevention Office' was established by the Narcotics Control Department of the Ministry of Health, Labor and Welfare's Kinki Regional Bureau of Health and Welfare. While participation in these is not compulsory, the vulnerability of many offenders makes it difficult for them to refuse. Furthermore, these interventions are often carried out either directly by police and drug law enforcement officers who lack expertise in health and welfare, or by experts who are working under the direction of law enforcement. In many cases, offenders must agree to regular drug tests, and positive results on those tests may result in prosecution, which clearly shows that the tests are carried out for surveillance, rather than for the sake of the individual's health. While these interventions are purported to be in support of recovery and rehabilitation, they are effectively a product of the criminal justice system intended to increase monitoring and control over local communities.

Recommendations

The analysis above shows how drug use in Japan is regarded primarily as a crime, and rehabilitation and prevention efforts are focused on punishment. However, considering the high recidivism rate, this approach does not appear to be effective. Because drug dependence is a health problem, perspectives based on health protection and recovery should be more strongly emphasised.

Internationally, on both an individual and social level, drug use is increasingly being treated as a health issue. The need to remove criminal sanctions for drug use and possession for personal consumption has indeed been recognised by the heads of 31 UN agencies within the first ever 'UN system common position on international drug control policy through effective inter-agency collaboration', which recommends "alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use".[64] The health

approach towards drug use and dependence is enshrined in Sustainable Development Goal 3.5. The 2030 Agenda for Sustainable Development is an international agreement adopted by all UN member states at a Summit held in 2015.[65] In relation to this goal, the UNODC supports initiatives on drug use that focus on people's health without discriminating against people who use drugs. The UNODC has resolved to strengthen its provision of comprehensive services that are evidence-based and gender-responsive, including alternatives to conviction and punishment for people who use drugs or who are dependent on drugs.[66] Finally, the Commission on Narcotic Drugs adopted a resolution in 2019 aiming to reduce stigmatising attitudes towards people who use drugs in access to healthcare settings.[67]

In line with these international agreements and global evidence on drug policy, we propose the following recommendations for consideration by the Japanese government.

- **Promote social understanding of drug use as a health issue:** Virtually all of the information disseminated by the government and the media in Japan leads to the isolation, stigmatisation and social exclusion of people who use drugs, who are depicted as criminals. There is a need to disseminate information and evidence that explains that drug use and dependence are a health issue and that it is possible to tackle drug dependence with non-judgemental support and care. Such information should also raise awareness of the fact that not all drug use is harmful or results in dependency.
- **Increase budgets for community-based health programmes:** In recent years, criminal justice initiatives have been expanded to focus on illicit drug use and dependence, including rehabilitation programmes in probation offices and the establishment of the Narcotics Control Department's Relapse Prevention Office. This is in contrast with other substance use disorders involving licit substances such as alcohol, nicotine, prescription drugs and over-the-counter drugs, for which local health and welfare organisations provide support and care services, instead of the criminal justice system. The same should be done for drug dependence by increasing local resources to allow local health and welfare organisations to provide evidence-based health interventions. More funding is required both for those public institutions and NGOs that provide support in the community, as well as for the training of support workers. There should be a comprehensive menu of services (including harm reduction) available for people who use drugs and people dependent on drugs, as well as links with mental healthcare and welfare and social services for those in need and their family, including anti-poverty programmes, protection against gender-based violence, and maternal and child healthcare.
- **Provide support focused on the individual's health and well-being, rather than punitive measures:** At present, as an alternative to punishment, probation offices and narcotics control departments impose a system of control on people condemned for their drug use or possession for personal use, in the form of 'recovery and rehabilitation support'. They are generally obliged to participate in identical programmes. The effectiveness of these sanction-oriented interventions has not been adequately evaluated. There is a need to provide tailored support focused on the well-being of each individual on a case-by-case basis, to promote and facilitate their voluntary participation. Such support should be developed based on an assessment of the individual's health and living circumstances by a health and welfare specialist.
- **Listen to the voices of people who use drugs when developing measures that affect or concern them:** The voices of people with drug dependence who maintain abstinence are finally starting to attract notice. However, the people we most need to be heard, in order to better understand the kind of support they require, are those who are currently using drugs. That includes not only people who use illegal drugs, but also people who use prescription drugs and over-the-counter drugs for non-medical purposes. The social treatment of people who use drugs should be reformed in order to address the stigma, discrimination and prejudice that labels them as criminals.
- **Provide counselling services to discuss drug problems openly:** There are extremely few places where people who use drugs, their family and their friends can ask for advice about the problems and needs they are facing. Because drug use is considered a crime, the threshold for approaching government services for counselling is high, and many people are unwilling to do so. There is a need to provide low-threshold services where people who use drugs can ask for advice and receive support for their social needs openly and without stigma or judgement.
- **Provide support that is responsive to gender, and tackles violence and poverty:** In a male-dominated society, support that is responsive to women's issues and specificities has generally lagged far behind. Support for women who use drugs is no exception.

There is a pressing need to investigate and improve gender-responsive support for women and their families. Many women also suffer from violence, mental illness and other difficulties. Additionally, it is necessary to ensure that appropriate support is provided to address the financial distress that a woman may be facing since many people experiencing problems with their drug use live in poverty.

- **Assess the possible harms caused by drug use, and develop appropriate and evidence-based responses:** In Japan, where use of injected drugs such as heroin and other opioids is rare, there is little discussion of traditional harm reduction programmes such as needle and syringe programmes and opioid agonist therapy. However, harm reduction is needed for all types of drugs and patterns of drug use.[68] Frontline healthcare and social workers are well aware that some people who use drugs die from drug-related harm. Therefore, drug use in Japan is not harmless; drug-related harms are simply hidden or unexamined. It is necessary to conduct surveys and research into what kinds of risks and harms are associated with drug use in the country, and take appropriate measures to reduce them. Harm reduction measures function alongside, and complement, evidence-based drug prevention and treatment services.
- **Conduct a fact-finding investigation into the non-medical use of prescription drugs and over-the-counter medicines:** Due to Japan's national health insurance programme, prescription drugs and over-the-counter medicines can be easily obtained at low prices. It can be inferred from some anecdotal reports from healthcare and social workers in communities that there are a considerable number of people who use these drugs for non-medical purposes and use them in conjunction with other substances like alcohol and methamphetamine. Interventions that target only illegal drugs will overlook the possible health risks and harms caused by the non-medical use of prescription drugs and over-the-counter medicines. For example, people who stop using illegal drugs and begin taking large doses of prescription medicines may be at risk of death through overdose. To address this problem, it is essential to conduct a fact-finding investigation first, and then design measures that can adequately address the risks and harms associated with such use.
- **Actively consider alternatives to punishment for people with minor non-violent drug offences:** Japan's criminal justice system is moving towards relaxing its focus on punishment. As a strategy to prevent drug reoffending, the government has announced that it will "consider measures for effective rehabilitation from drug dependence that have been implemented overseas as alternatives to various forms of detention", suggesting the possibility that it may adopt alternatives to punishment for drug use. It has been demonstrated internationally that severe punishment aggravates health and social problems.[69] In Japan, even now, when an individual commits a minor non-violent drug offence, such as personal use, possession, or small-scale transactions, the sanctions imposed on them can lead to job loss and other harms to their lives. These can be prevented if, for example, judges suspend the sentence, prosecutors defer the prosecution, or the police shorten the custodial period.
- **Scientifically evaluate the impacts of current drug policies and implement policies that have been proven effective:** The Fifth Five-Year Drug Abuse Prevention Strategy was released in 2018, but no attempt was made to scientifically evaluate the effects of the fourth strategy. The Japanese government has agreed to a UN resolution to implement drug initiatives based on scientific evidence.[70] It has also announced that it would begin carrying out evidence-based policy making.[71] When implementing the Fifth Five-Year Drug Abuse Prevention Strategy, the Reoffending Prevention Promotion Plan and other policies, scientific evaluations of the effects of such strategy and programmes should be carried out and published.
- **Adhere to international standards:** The Japanese government has finally recognised the effectiveness of harm reduction as a foreign policy and refrained from opposing its introduction in other countries. However, given that many countries that need harm reduction programmes lack the implementation of such programmes, Japan should go a step further by refraining from opposing future recommendations on harm reduction at the UN. Furthermore, when offering development assistance to other countries, Japan should adhere to human rights norms and evidence and condition their foreign aid to the adherence to such principles, for instance in the Philippines. In that case and others, Japan should use its diplomatic and financial influence to help eliminate the severe infringements on the human rights of people who use drugs and other people involved in drug-related non-violent activities. Some international standards on drug-related matters are listed in Annex 1.

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Annex 1 Selection of international standards on drug-related matters[72]

International standards related to health:

- International standards on drug use prevention[73]
- Treatment and care for people with drug use disorders in contact with the criminal justice system: alternatives to conviction or punishment[74]
- Implementing comprehensive HIV and HCV programmes with people who inject drugs: Practical Guidance for collaborative interventions (the "IDUIT")[75]
- International Standards for the Treatment of Drug Use Disorders[76]
- Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations[77]
- HIV and young people who inject drugs[78]
- Community management of opioid overdose[79]
- HIV prevention, treatment and care in prisons and other closed settings: A comprehensive package of interventions[80]
- WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users[81] (2012 edition)
- Guidance on Prevention of Viral Hepatitis B and C Among People Who Inject Drugs[82]
- Therapeutic interventions for users of amphetamine-type stimulants[83]
- Principles of prevention and treatment for the use of amphetamine-type stimulants[84]
- Harm reduction and brief interventions for ATS users[85]
- Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence[86]
- Principles of Drug Dependence Treatment[87]

International standards related to human rights:

- International Guidelines on Human Rights and Drug Policy[88]
- Joint statement: Compulsory drug detention and rehabilitation centres[89]
- Joint United Nations statement on ending discrimination in health care settings[90]

International standards related to women who use drugs:

- Women who inject drugs and HIV: Addressing specific needs[91]
- Guidelines for identification and management of substance use and substance use disorders in pregnancy[92]

International standards related to incarceration:

- United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)[93]
- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)[94]
- United Nations Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules)[95]

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About this Briefing Paper

This briefing paper provides an overview of drug use in Japan, regulatory efforts by police and the judiciary, governmental and legislative responses and support for people who use drugs amongst civil society actors.

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About IDPC

The International Drug Policy Consortium is a global network of non-government organisations that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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