

8

Drug abuse

The growing trend in abuse and production of psychotropic substances must be reversed.....we must never give in to the human toll illegal drugs are taking on our societies. There are 21 million victims around the world who abuse cocaine and heroin, and 30 million who abuse amphetamine-type stimulants. We cannot ease their suffering, or that of their loved ones, unless we fight this.

Secretary-General Kofi Annan, at the opening of the General Assembly's 1998 Special Session on World's Drug Problem.

Vital Statistics

- Today there are about 190 million drug users around the world.
- Drug use has been increasing among the young people worldwide. Most drug abusers are under the age of 30.
- In 1999, the number of countries reporting injecting drug use was 136, up from 80 in 1992. Of these, 93 countries also identified HIV among drug injectors.
- Cannabis is the most widely abused drug in all parts of the world
- The full economic cost of drug abuse in the United States is estimated at approximately \$70 billion annually.
- Cocaine abuse among the unemployed in Columbia was found to be 10 times higher than among those working.
- The illicit drug industry is now estimated to be over \$400 billion per year.

Just lucky!

Hanif casts a glazed, vacant look. He is groggy and sick. But at least he can remember his name. Today is day four of his detoxification and he can't think straight enough to lie. Ask any "dry" heroin addict when they felt at their lowest ebb and they will tell you between day three and day five. This is when the vomiting, diarrhoea, hallucinations and shivers are at their worst. It will take another ten days before the process is over, and even then Hanif will be far from cured. Leave him alone and he is certain to wind up back in the embrace of the heroin he has been smoking for 10 years.

But this time he has a chance. His mother, who works as a nurse overseas, has sent money to pay for his detoxification at this centre called "New Life". It is one of fewer than 200 treatment and rehabilitation centres in his country.

What is drug abuse?

Hanif is indeed lucky. There are over 21 million victims around the world who abuse cocaine and heroin, most of them are without any real opportunity for cure. And this number is part of a larger group of people who have taken psychoactive drugs for curative, religious and recreational purposes since time immemorial.

People take drugs to change the way they feel, think, or behave. These kinds of substances are called psychoactive and cover alcohol and tobacco as well as natural and manufactured drugs. In the past, most of the drugs that were used were made from plants, such as the coca bush for cocaine, opium poppies for heroin and cannabis for hashish or marijuana. More recently, drugs such as *ecstasy* or LSD are produced by synthesizing various chemicals.

Drug abuse affects most countries in the world, both rich and poor. The problem now crosses national, ethnic, religious and gender lines. Addicts range from the homeless, to white-collar professionals, college students to rural farmers, street children to suburban teenagers.

What kind of drugs are being abused?

Drugs of abuse fall into three categories:

- depressants (e.g. heroin, barbiturates),
- stimulants (e.g. cocaine, crack, amphetamines) and
- hallucinogens (e.g. marijuana, ecstasy, LSD¹), and are either ingested, inhaled, smoked, injected or snorted.

Depressants are sedatives which act on the nervous system. Artificial relaxation and relief from anxiety and mental stress tend to produce psychological dependence and withdrawal from heavy use is severe.

Stimulants are agents that activate, enhance, or increase neural activity. They include amphetamines and synthetic appetite suppressants such as phenmetrazine or methylphenidate. They can give rise to symptoms suggestive of intoxication, including tachycardia, pupillary dilation, elevated blood pressure, nausea or vomiting and abnormal behaviour such as fighting, agitation and impaired judgement. A full-blown delusional psychosis may occur.

Hallucinogens are a chemically diverse group which produce profound mental changes such as euphoria, anxiety, sensory distortion, vivid hallucination, delusion, paranoia and depression. They include mescaline and LSD.

How prevalent is the abuse?

Prevalence of abuse of different drugs varies considerably by region and even country throughout the world.

Marijuana and Hashish: Estimates show that cannabis is the most widely abused drug in all parts of the world, with an estimated 141 million people (or 2.4 per cent of the world's population) consuming it. In particular, large numbers of young people experiment with cannabis: as high as 37 per cent (one time use over the past year) of school children and young adults in some countries and 10-25 per cent for past month use. Overall, cannabis abuse is increasing in many countries while stabilizing in countries where it has reached high levels.

Synthetic Drugs: Globally, UN estimates show that the abuse of synthetic drugs, particularly of amphetamine-type stimulants (such as speed and ecstasy) is widespread and increasing rapidly. Some 30 million people abuse such synthetic stimulants.

Having spread relatively slowly in the 1980s, abuse of amphetamine-type stimulants increased rapidly in Europe, Australia, North America and South-East Asia in the 1990s. While the abuse has stabilized in some of these areas, there is still a continuous growth in global demand particularly in East and South-East Asia. Increasingly, synthetic drugs have gained in significance, particularly among young people as their recreational drug of choice, often in combination with cannabis. MDMA² (ecstasy) is popular in the industrialized world, especially in Europe.

¹ Lysergic acid diethylamide

² Methyldioxymethamphetamine

Other Drugs from Plants: In general, cocaine together with various other coca-derived substances like “bazuco” (coca paste), is the second most widely abused drug in the Americas after cannabis, and coca-derived substances dominate the demand for treatment. UNDCP estimates that some 13 million people abuse cocaine worldwide: highest in the United States. Despite recent declines in the last decade and in a large number of Latin American countries.

Compared to other drugs, the abuse of heroin and other opiates is less prevalent. UN estimates show that around 8 million people abuse opiates, mostly in Europe, South-East and South-West Asia. In general, consumption affects less than 2 per cent of the population in these regions but can be more widespread in some of the opium-cultivating areas. Rising levels of abuse are reported in Eastern Europe and Central Asia.

Who are the abusers?

People who abuse drugs come from all walks of life, although statistics show that some are more likely to take drugs than others. For instance, men are more likely to abuse drugs than women, single more than married, city-dwellers more than rural residents, younger more than older. Prisoners and street children also show a high incidence of drug abuse.

Recent data raise concern over the increased use of drugs among the young people worldwide. The data available show the prevalence among young people tends to be three or four times higher than among the general population. Their drug of first choice is cannabis and its abuse is spreading.

Abuse of synthetic stimulants is widespread and *ecstasy* abuse, while stabilizing at a high level in some western European countries, is increasing in others and is also spreading to other regions. The average for ecstasy is 2.6 per cent.

Cocaine does not seem to be the drug of first choice among young people. However, recent trends indicate some increase in its abuse in Europe (notably London and Amsterdam). In the United States cocaine abuse among youth has been falling during the last 15 years but there are some recent indications of a slight increase.

Injection of heroin is increasing among youth in Eastern Europe, while there are signs of a rise in abuse of heroin by smoking (United States and Western Europe).

However, cocaine and heroin, with averages of 1.9 per cent and 1.0 per cent respectively, are not the main drugs of choice of youth.

Inhalants (such as glue and solvents) abuse is common (average 7.8 per cent) and remains a serious problem for many young people.

How big is the supply?

BIG! In 1999, worldwide production of opium reached a record of 5,794 metric tons derived from 219,000 hectares of poppy. More than 75 per cent of the opium was from Afghanistan. Global production of coca-leaf rose to 317,926 tonnes from 183,000 hectares of coca. Almost 60 per cent of all coca leaf came from Colombia. How do we know? Integrating efforts in aerial surveillance, on-the-ground assessment and satellite sensing has enabled countries to gain a wide-ranging map of illicit growing areas and pinpoint areas of decreased or increased cultivation so as to provide a reliable assessment of crop yield.

Who Benefits?

Between the illicit production of drugs and the demand for them there has arisen a flourishing illegal business - a non-business that can undermine economies and cripple States. Drug trafficking is in the hands of

transnational organized crime syndicates which have taken advantage of globalization while countermeasures have lagged behind. The opening up of borders and the explosion of electronic communication technology have aided organized crime groups to traffic drugs and launder the proceeds.

What are the effects?

Drugs can be harmful in a number of ways, through both immediate effects and damage to health over time. Even occasional use of marijuana affects cognitive development and short-term memory. In addition, the effects of marijuana on perception, reaction and coordination of movements can result in accidents.

Hallucinogens (such as LSD) distort perceptions, alter heart-rate and blood pressure and, in the long term, cause neurological disorders, depressions, anxiety, visual hallucinations and flashbacks.

Cocaine and amphetamines first cause tremors, headaches, hypertension and increased heart-rate. Long-term effects are nausea, insomnia, loss of weight, convulsions and depression.

Heroin use initially results in nausea, slow respiration, dry skin, itching, slow speech and reflexes but, over a long period, there is the serious risk of developing physical and psychological dependence which in the end can lead to acute overdose which can lead to death due to respiratory depression.

There is some tendency towards presenting some drugs (such as cannabis and ecstasy) as less harmful than they actually are, without taking into consideration their long-term effects and the effects they have on adolescent development, especially of certain critical cognitive functions like the capacity to memorize. While ecstasy is said to have little or no side effects, studies show that its use alters, perhaps permanently, certain brain functions and damages the liver and other body organs.

Although not listed as illicit, inhalants are widely abused, especially by disadvantaged youth. Some of these volatile substances, which are present in many products such as glue, paint, gasoline and cleaning fluids, are directly toxic to the liver, kidney or heart, and some produce progressive brain degeneration.

The major problem with psychoactive drugs is that when people take them, they focus on the desired mental and emotional effects and ignore the potentially damaging physical and mental side effects that can occur. *There is no illicit drug that can be considered safe.* In one way or another, the use of psychoactive substances alters the normal functioning of the human body, and in the long run, can cause serious damage.

What about the HIV/AIDS connection?

Perhaps the most evident problem caused by drug abuse is the role of drug injecting in the spread of HIV/AIDS. Sharing injecting equipment, whether the injection method be intravenous, intramuscular or beneath the skin, carries a very high risk of transmission of HIV as well as other blood-borne infectious diseases such as hepatitis B and C.

By June 2000, there were more than 34 million people with HIV/AIDS. The majority of them live in sub-Saharan Africa. The most common way of transmitting the virus is sex between men and women but a second epidemic - drug injecting – propel the virus in many, if not most countries outside Africa.

- Over half of all AIDS cases in Bahrain, Georgia, Italy, Kazakhstan, Portugal, Spain and Yugoslavia are attributed to injecting drug use.
- In the Russian Federation between 1998 and 1999 over 90 per cent of all new HIV infections were found among injecting drug users.
- In 1999, the number of countries reporting injecting drug use was 136, up from 80 in 1992. Of these 136 countries, 93 also identified HIV among drug injectors.

It is often overlooked that non-injecting drug abuse can also result in HIV infection. Once intoxicated, the users often let down their guard, engage in risky sexual behaviour and thus contract the virus.

Apart from personal physical effects on the individual, drug abuse has far-reaching social and economic effects.

What has been the United Nations response?

The United Nations has addressed the drug abuse phenomena since the Organization's inception.

- The Commission on Narcotic Drugs was established in 1946 and now comprises 53 Member States serving on a rotational basis.
- The UN office dealing with drug control were unified in 1990 as the United Nations International Drug Control Programme (UNDCP).
- In 1999, this Programme linked with the Centre for International Crime Prevention (CICP) to form the Office for Drug Control and Crime Prevention. The Office is based in Vienna.

The reality that drug abuse was a problem that needed serious attention and control first emerged from the Opium Commission in Shanghai in 1909 when the first international controls were instituted. Over the years, various international agreements were negotiated restricting the sale and use of different substances to medical purposes. However, it was only through the United Nations that countries of the world were able to develop a coordinated response.

- *The Single Convention on Narcotic Drugs* (1961) joined together various existing treaties restricting the sale and use of different substances to medical purposes. This was supplemented in 1972 by a *Protocol* stressing the need for treatment and rehabilitation services.
- *The Convention on Psychotropic Substances* (1971) established an international control system for a list of pharmaceutical drugs and other substances that affect the mind.
- *The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988) addressed drug trafficking and included provisions against money laundering and the diversion of chemicals used in the manufacture of illicit drugs .

For many years the drug problem was perceived by the international community to lie on the “supply side.”

It was thought that the drugs of abuse originated in the developing world and were consumed in the industrialized world. Little attention was given to demand reduction. However, the situation has now changed dramatically, with some of the highest consumption rates being found in developing countries and cannabis and synthetic drugs being produced in the North as well as the South.

As a result, the United Nations has adopted a balanced approach to reduce both supply and demand simultaneously. In 1998, the General Assembly, in a special session on the world drug problem, adopted a Political Declaration containing a number of time-bound goals for each side of the equation, including:

- By 2003, to set up new or enhanced demand reduction strategies and establish or strengthen national legislation and anti-drug programmes, and to adopt national money laundering legislation; and
- By 2008, to achieve significant demand reduction, eliminate or significantly reduce illicit cultivation, manufacture and marketing of drugs (including synthetic drugs).

The role of UNDCP

UNDCP, which is responsible for coordinating all United Nations drug control activities, pursues three goals: reducing demand for illicit drugs, reducing production of illicit drugs and reducing trafficking of drugs. In order to help Governments develop national programmes and policies, UNDCP collects and disseminates information

on drug abusers. It coordinates projects to eradicate illicit drug crops and to assist farmers with finding alternatives. And to reduce drug trafficking, UNDCP gathers information, provides expert advice on law enforcement methods and coordinates international drug control activities.

- By promoting alternative development, UNDCP helps reduce or eliminate the economic dependence of farmers on illicit crops. In some countries, such as Mexico, UNDCP has demonstrated that growing rubber and other valuable trees can be a reliable and long-term source of income (see box)
- There has been some success in eradicating illicit crops. For example, in 1979, 800 tonnes of illicit opium were produced in Pakistan whereas the figure had dropped to less than 15 tonnes in 1999.
- UNDCP's *Global Programme against Money Laundering* provides training to business, law enforcement and judicial professionals, including groundwork for the creation of Financial Intelligence Units by sponsoring financial investigation workshops
- Working with six other UN agencies and programmes in the fight against HIV/AIDS, UNDCP has been implementing a comprehensive anti-drugs programme in Brazil. It includes community outreach projects, condom distribution, research on HIV and training of community promoters. Similar activities are being carried out in Eastern Europe, the Russian Federation and some states of Central Asia, where there are potentially explosive situations regarding drug injecting and HIV infections.

Involving communities

Experience shows that effective responses can be organized only when communities take ownership of their drug abuse problem. It is important to get everyone involved, from young people, parents, teachers, moral or religious authorities, to the local Government authorities, the police, health services, and non-governmental organizations. To prevent young people from becoming involved with drugs, UNDCP and the World Health Organization (WHO) now participate in such community-based projects in the Philippines, Thailand, Viet Nam, Tanzania, South Africa, Zambia, Belarus and Russia.

Reaching street kids: UNDCP is increasingly focusing on special needs. For example, to reach out to street kids in a number of countries in South East Asia, UNDCP collaborates with UNAIDS and Street Kids International (SKI), a non-Governmental organization. A large number of youth workers in these countries have been trained on how to talk about substance abuse with children living on the streets. They utilize a cartoon, "*Goldtooth*", produced by SKI, which tells the story of two street children, a boy named Karate and his sister Nina. They get involved with drugs and violence in the streets. Like street children everywhere, they must deal with men like the villain *Goldtooth*, pimps and drug dealers who promise happiness and feed on misery. The cartoon has been translated into 25 languages for use in over 100 countries.

UNDCP has also helped to build the Ecuadorian Centre for Training of Street Educators. The Centre has already trained hundreds of street educators in basic counseling and preventive education for children and adolescents, particularly street children and working children.

Reaching employees in the workplace: Even though many drug abusers are unemployed or marginalized, there are also many working people around the globe who have drug abuse problems. Together with the International Labour Organisation of the United Nations (ILO) and the WHO, UNDCP encourages private and public workplaces to engage in drug abuse prevention and in programmes for integrating former drug abusers into society. One participating company in Mexico reported that when it implemented the UN prevention programme, absenteeism dropped from 7 per cent to 3.7 per cent, the accident rate fell and productivity and quality of output increased.

Mobilizing young people: In 1998 some 200 young people from 24 countries were gathered together in the *Youth Vision Jeunesse Drug Abuse Prevention Forum* in Banff, Canada to discuss drug abuse prevention. These young people had taken part in hundreds of special workshops organized by UNDCP in the months leading up to the event. Participants created a document called *The Vision from Banff*, reflecting the ways in which young people could start to solve their own drug-related problems with a little adult support.

Secretary-General Kofi Annan sent copies of the *The Vision from Banff* to the heads of all Member States with a letter calling on world leaders to match their seriousness. Many leaders responded assuring their commitment to a future in which young people are free from drugs.

A global youth network for drug abuse prevention composed of youth groups representing 24 countries around the world now exists.

Box: Bolivia's Dignity Plan: A success story

In December 1997, the Government of Bolivia launched its drug control campaign, “Dignity Plan”. Its aim: to free Bolivia of the coca-cocaine industry by the year 2002. Today, the overwhelming majority of Bolivians no longer question whether or not illicit drug crop elimination is feasible. They know it is. The numbers speak for themselves:

- In just three years, 78 per cent of the coca crops were eradicated, drastically reducing the number of hectares under cultivation. The income derived from the illicit activity dropped significantly from \$400 million in 1995 to US\$183 million in 1998, with a further 50 percent reduction estimated for 1999.
- In 1999, alternative development generated \$ 87 million (26 per cent increase over 1998) for farmers and private sector entrepreneurs.

UNDCP is assisting the Government to implement a \$ 64.2 million plan mainly focusing on Agroforestry in the Chapare region, where 80 per cent of the country's remaining illicit coca cultivation was concentrated, The growing and harvesting of rubber and other valuable trees is now providing new income and employment. Pineapple, palm heart, citrus fruits, honey and flowers are now mainstays of the Chapare economy.

In order to reduce the economic dependence of farmers on coca production and to raise their standards of living, roads and bridges have been built and drinking water and sewage systems, electricity, rural education and health facilities put in place. The gradual success in the Chapare programme is a reminder that when given a chance, illicit crop farmers opt for legal income-generating activities.

Suggested Activities for Students

1. As a class, brainstorm a list of reasons why someone might be willing to try drugs. Continue the discussion by asking: What are the sources available? What kinds of drugs are available? What are the costs? How much money is needed to support a habit? Where does the money come from? What kinds of activities do people resort to in order to obtain money for a habit? How much pressure is there to try drugs? At which point does the taking of drugs become a habit? What can be done to help a person break a habit?

Go back to the original list of reasons. Brainstorm and record what could be done to change these reasons? Who is/should be responsible for taking action? What can individuals or groups do to help the process along? Decide what action you can take and do it.

2. Invite a member of the local law enforcement and/or a staff person from a local drug treatment programme to class to speak about drug use/abuse in your local area. What happens to those who break the law to support a habit? What is the law with regard to using drugs? What are treatment programmes like? What

is withdrawal like? What alternative methods are used in treatment programmes? What are long term consequences of drug use? Students will have their own questions to ask as well.

3. How does the use of tobacco or alcohol compare to the use of drugs? What's the same? What's different? What are the laws regarding use of tobacco or alcohol in your area? What are common practices regarding these "drugs"?
4. Controlling problems of drug abuse focus on both the supply and the demand sides. Analyse this problem for your own area. What efforts are being made to control the supply? How effective are these methods? What is being done about reducing the demand? What is the extent of drug education programs? How effective are they? As a class, develop a list of efforts which could be made to reduce each, i.e. the supply and the demand. Decide on one to undertake individually or as a group effort. Share progress of your efforts with the class.
5. How widespread is the problem of HIV/AIDS in your community? You might wish to see the Briefing Paper on HIV/AIDS or to study more about this topic on a local, national or global scale.
6. What are the effects of drug use on family members? Very well known personalities have been affected by drug abuse either through personal use or because a family member was affected. Read more about their lives. Your librarian can help recommend some good books on the topic.
7. Check out the websites listed below like the Youthnet site in which you can get involved in a debate on what's the answer to drug abuse: hardline punishment or a focus on rehabilitation. Included is a link for slang words which gives hundreds of different street terms related to drugs. Share feedback with the class over content and opportunities for getting involved.
8. For information on how to get involved with the Youth Network, please contact:

Youthnet

c/o UNDCP Demand Reduction Section
 P.O. Box 500
 A-1400 Vienna AUSTRIA
 Fax: (+43-1) 26060 5866
 e-mail: youthnet@mail.undcp.org

Selected Resources

On the World Wide web:

http://www.undcp.org/report_1999-06-01_1.html

http://www.undcp.org/report_1999-03-31_1.html

http://www.undcp.org/report_1997-12-31_1.html

<http://www.ccsa.ca/> Canadian Center on Substance Abuse. A nonprofit organization working to minimize the harm associated with the use of alcohol, tobacco and other drugs. Useful site full of resources. A good entrance door to understand drug abuse better.

<http://www.nida.nih.gov/NIDAHome.html> Scientific information on drug abuse from the National Institute on Drug Abuse in the USA.

<http://www.youthnet.org>. A very interesting page with useful information for young people on drugs, job opportunities and the latest music and movies. It also permits young people to enter its chat and game rooms.

<http://www.UNICEF.org/voy>. Gives good information to young people, especially children. Voices of Youth (VOY) also allows young people to exchange ideas with others around the world on various issues.

Publications:

UNDCP: Facing the challenge, UNDCP, Vienna
World Drug Report, Oxford University Press, Oxford, 1997

Graph/chart

Increase in the number of drugs and substances under international control (1912 – 1995)

From UNDCP: Facing the challenge, p.21 (on the web: http://www.undcp.org/pdf/report_1997-12-31_1.pdf)

Deaths due to drug abuse in six Western European Countries

Same publication, page 1

(This paper was contributed by UNDCP)