INTRODUCTION

People are most likely to begin abusing drugs including tobacco, alcohol, and illegal and prescription drugs during adolescence and young adulthood. By the time they are seniors, almost 70 percent of high school students will have tried alcohol, half will have taken an illegal drug, nearly 40 percent will have smoked a cigarette, and more than 20 percent will have used a prescription drug for a nonmedical purpose. There are many reasons adolescents use these substances, including the desire for new experiences, an attempt to deal with problems or perform better in school, and simple peer pressure. Adolescents are “biologically wired” to seek new experiences and take risks, as well as to carve out their own identity.

Trying drugs may fulfil all of these normal developmental drives, but in an unhealthy way that can have very serious long-term consequences. Many factors influence whether an adolescent tries drugs, including the availability of drugs within the neighbourhood, community, and school and whether the adolescent’s friends are using them. The family environment is also important: Violence, physical or emotional abuse, mental illness, or drug use in the household increase the likelihood an adolescent will use drugs. Finally, an adolescent’s inherited genetic vulnerability; personality traits like poor impulse control or a high need for excitement; mental health conditions such as depression, anxiety, or ADHD; and beliefs such as that drugs are “cool” or harmless make it more likely that an adolescent will use drugs.
RESEARCH METHODOLOGY

For the purpose of collecting all important data and information required to be processed for establishment of this report content, secondary data collection is chosen to gather all available information regarding drug abuse surrounding today’s youth around the world. Different sources from different web sites used to extract and gather all factual information regarding the issue surrounding youth globally. A similar method used to gather all responses from the various stake holders. The sources are carefully chosen in order to ensure quality of the content, relevance, and ease of comprehension. Reason of choosing secondary data collection is based on a fact that varieties of sources are largely available in electronic network.
LITERATURE AND FACTUAL REVIEW

IMPORTANT GLOBAL FACTS

More teens die from prescription drugs than heroin/cocaine combined.

In 2013, more high school seniors regularly used marijuana than cigarettes as 22.7% smoked pot in the last month, compared to 16.3% who smoked cigarettes.

60% of seniors don't see regular marijuana use as harmful, but THC (the active ingredient in the drug that causes addiction) is nearly 5 times stronger than it was 20 years ago.

1/3 of teenagers who live in states with medical marijuana laws get their pot from other people's prescriptions.

The United States represents 5% of the world's population and 75% of prescription drugs taken. 60% of teens who abuse prescription drugs get them free from friends and relatives.

Adderall use (often prescribed to treat ADHD) has increased among high school seniors from 5.4% in 2009 to 7.5% this year.

54% of high school seniors do not think regular steroid use is harmful, the lowest number since 1980, when the National Institute on Drug Abuse started asking about perception on steroids.

By the 8th grade, 28% of adolescents have consumed alcohol, 15% have smoked cigarettes, and 16.5% have used marijuana.

Teens who consistently learn about the risks of drugs from their parents are up to 50% less likely to use drugs than those who don't.

6.5% of high school seniors smoke pot daily, up from 5.1% five years ago. Meanwhile, less than 20% of 12th graders think occasional use is harmful, while less than 40% see regular use as harmful (lowest numbers since 1983).

About 50% of high school seniors do not think it's harmful to try crack or cocaine once or twice and 40% believe it's not harmful to use heroin once or twice.
RESPONSES FROM VARIOUS STAKEHOLDERS

INTERNATIONAL RESPONSES

Due to their socio-economic status, developing countries often tend to have more complex problems with the abuse of substances like alcohol, tobacco smoking, use of cannabis and the sniffing of glue and other volatile substances. With economic and social development, however, according to Scanlon, this picture tends to change. Increased movement of people, better communication technology and improved socio-economic status to name but a few, also influences the drug trade and increase the drug abuse problem.

Drug abuse in the United States of America

As in other countries, drug abuse in the USA often starts with the innocent use of addictive substances, which is seen by society as acceptable behaviour. Individuals start to become addictive to substances such as alcohol by using it on a regular basis and the smoking of cigarettes, which is available and acceptable 21 to buy and use. In the USA about 79.1% of teenage students drink. The USA and Japan have the highest percentage of smokers in the world. A disturbing trend recently is the increasing number of teenage girls who smoke. In the USA, marijuana is the most widely used illicit drug among America’s youth and the number of teens using marijuana doubled between 1991 and 2001 from 1 in 10 to 1 in 5. Among the youth who use drugs, approximately 60% use only marijuana. The marijuana users also tend to become younger and two-thirds of new marijuana users in the USA each year are between 12 and 17.

Drugs in Africa

There are so many issues confronting Africa that substance abuse is not looked at as it should be. Both illicit drug trafficking and substance abuse are increasing in Africa. Cannabis, methaqualone, heroin and alcohol are included among the drugs used across the African continent. Moreover, the injection of heroin has caused heightened concern as intravenous drug use assists in the continued spread of HIV/AIDS across Africa. The United Nations (UN) Program on HIV/AIDS estimates that Africa has some 25.4 million people, more than 60% of its population, living with HIV. People are watching loved ones die, young people are graduating without employment, and there are many who feel no joy, and see no future.
Republic of Tanzania

The “hardest” drugs used in the Republic of Tanzania are a mixture of heroin, cannabis (marijuana) and mandrax. Of the youth, 89.6% use a mixture of heroin and mandrax, and 82.9%, especially females, use a cannabis/mandrax mixture. The onset of drug abuse tends to take place within family circles and, to a lesser extent, through agencies such as health care services, and social acceptance of drug use is viewed as fashionable and produces enjoyment.

Republic of Zambia

According to the WHO), the abuse of substances such as cannabis, heroin, cocaine and mandrax does not seem to be a major problem in the Republic of Zambia. However, it is often found to be the root cause of offences such as drunken driving, arrest for disorderly conduct, fights and arguments, drunk while operating a machine, and suspension or expulsion from school.

Republic of South Africa

The RSA with its infiltrative borders has become a lucrative market for drug traffickers and the drugs more often associated with developed countries. Alcohol consumption and tobacco smoking followed by the smoking of cannabis is often also the route followed by drug abusers. Alcohol consumption has contributed to the prevalence of medical conditions, such as carcinoma of the mouth, oesophagus, stomach and pancreas, cirrhosis of the liver, peripheral neuritis, vitamin deficiency and malnutrition; psychological conditions, such as addiction to other drugs, delirium and dementia; personality deterioration, and psychotic reactions. Certain social problems that occur in the country are also often attributed to the use of alcohol, such as ordinary crimes, assault, family disorganization, homicide, and suicide.
GOVERNMENTS RESPONSES

The coalition government’s main approach to tackling drug use and its associated problems are detailed in the Drug Strategy 2010 - Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life. As indicated by the title, the strategy targets three key themes for government drug policy – reducing demand by encouraging people not to use drugs, restricting supply of drugs by targeting criminal organisations producing, importing and distributing drugs, and helping people who are dependent on drugs into recovery. Some of the key measures identified for each of these three themes are as follows:

Reducing Demand

- Providing good quality drug education and advice to help people ‘actively resist substance misuse’. This is to be delivered primarily by drug education in schools and through the FRANK drug information service.
- Supporting vulnerable young people and families to reduce the risks of them becoming involved in drugs and alcohol. This is to be delivered by local authorities, funded by a new Early Intervention Grant and the Public Health Grant, and overseen by Directors of Public Health and Directors of Children’s Services.
- Drug use by people involved in the criminal justice system is to be tackled through continuing to support Drug Rehabilitation Requirements, which allow courts to require people to seek drug treatment, and the Drug Interventions Programme, which aims to involve offenders in drug treatment. The strategy also states that ‘drug recovery wings’ will be piloted in prisons, integrating drug recovery services into prison wings.

Restricting Supply

- A new National Crime Agency will be set up to lead on organised crime and tackle drug trafficking and supply, along with the UK Border Agency, who will focus on stopping drug imports from overseas. Tackling import and supply of heroin and cocaine are to remain key priorities, although these agencies will be made aware of ‘the changing drugs landscape’ and new drugs.
- Police and Crime Commissioners, democratically elected in local areas, will drive policing priorities, and published Crime Maps will allow people to see how much and what type of crime is committed in their area.
Integrated Offender Management is intended to ensure different services work together to identify and manage priority offenders, including police, probation, youth services, and increasingly the voluntary and community sector and private providers.

More focus will be put on tackling internet sales of drugs, including ‘legal highs’, with the Medicines and Healthcare products Regulatory Agency using all the powers available to them under medicines legislation.

An increased effort to use money laundering prosecutions and asset-seizing powers to reduce the profitability of the drugs trade.

New attempts will be made to stop the trade in cutting agents, which are used to ‘bulk out’ drugs and increase profits.

Building Recovery in Communities

This section of the strategy details how drug treatment is to work in the new ‘locally-led’ system. The new Public Health England will absorb the functions of the National Treatment Agency for Substance Misuse, while local Directors of Public Health will take the commissioning and oversight of drug and alcohol treatment ‘as a core part of their work’.

The Government acknowledges that housing and employment are extremely important in tackling drug dependency, and the Supporting People Programme of housing support is to receive significant investment, while changes to the benefit programme and intended to support people into employment.

New approaches to funding drug treatment are to be tested, with six ‘Payment by Results’ pilot programmes to be introduced.
PRIVATE SECTOR RESPONSES

There are three motivations for the increasing private sector contribution to drug abuse demand reduction.

The first type of motivation is based on understanding that leaders in the private sector are leaders in the community. They have a responsibility to workers and their families, to public safety, and to the well-being of society at large. They realize that drug abuse is a problem that will not be solved simply by law enforcement and government initiatives. The private sector has an important role to play that can be filled by no other segment of society. Given the rapid reshaping of life by economic forces, this may be truer in Asia than in any other area of the world.

The second type of motivation involves direct benefits to participating firms. Reducing drug problems among workers is good business. Fewer drug problems among managers and workers mean lower costs due to absenteeism, decreased productivity and service problems, rehiring and retraining, reduced work quality, accidents, theft by workers and legal liability.

And finally, senior managers are moved to act when they personally experience drug addiction or see it in their families or in respected colleagues. This kind of experience brings the knowledge that drug dependence is a serious health problem that can affect all types of people. As people gain understanding of drug abuse, they understand that prevention is possible, and that treatment has helped many victims regain a positive life. With this understanding, managers see that their company can help people avoid these devastating problems or at least get help as soon as possible before career and family life are ruined.

The level of enthusiasm a company displays for action on drug abuse is ultimately tied to its management priorities. A company that values safety, the well-being of workers, and the overall quality and efficiency of its operations will find that reducing the incidence of drug related problems makes excellent business sense. Similarly, companies that have a vision of how business enterprises can assist in social and cultural development will be open to addressing drug abuse in collaboration with community organizations.

Workplace programmes that reduce drug abuse also make sense to unions. A well-thought out programme can provide a safer workplace, and help workers avoid serious drug problems. Typically treatment is available for workers who do fall into difficulties, and
sometimes help is available to family members as well. All of this fits well with a union’s concern for the health and welfare of its members.

➢ Unions will naturally want to be sure that workplace drug policies and programmes are ethical and fair. They are concerned about job security, and particularly concerned about the hardship caused to workers and their families if employees are suspended without pay or if they lose their job. This is why management and unions should work together in planning and implementing a drug programme. Both parties can understand the value of preventing drug problems or of having they identified early before job performance and safety are seriously affected. Together, they can work out the best way to achieve these goals.

➢ Employers and unions share many concerns about drug abuse, and workplace action to prevent abuse provides an excellent opportunity for labour-management collaboration.

**NGO RESPONSES**

Non-governmental organizations (NGOs) are key partners in implementing drug treatment programmes. While many initiatives are funded and supported by the Government, NGOs do most of the work on the ground. Often run and supported by health practitioners, social workers and former drug users, their constant effort and lobbying has helped convince political and religious authorities to adopt new approaches to tackling the drug problem.

One of these NGOs is Congress 60, which treats some 300 drug users every year across the country. Through treatment, patients gradually reduce the amount of drugs they use over an 11-month period and acquire skills to help them lead a productive and abstinent life.

Other NGOs working in this field include Rebirth and Persepolis. The latter was the first NGO to start harm reduction activities in Iran. These organizations greatly enhance Iranian drug control efforts.
MEDIA RESPONSES

Media campaigns work. Any country that intends to reduce drug abuse among its youth should dedicate resources to project consistent anti-drug messages out to their youth through the media. All over the world, parents, teachers, religious leaders, and others are struggling to compete with the volume of misleading messages and negative influences that young people are exposed to through the media, especially when it comes to drug use. Anti-Drug Media Campaigns are an effective way to push back against these negative messages and “unsell” the idea of drug use to young people. Private corporations spend money on advertising because they know it works. Anti-drug media campaigns, properly executed, will reduce drug use. In the United States, the National Youth Anti-Drug Media Campaign has sought to turn youth attitudes against drug use and encourage increased parental engagement through national paid advertising and public communications outreach.

The intent is to deliver clear, consistent, credible, and sustained anti-drug messages. Most of the advertising is created by the Partnership for a Drug-Free America, one of our most creative and effective advertising agencies. The teen brand “Above the Influence” inspires young people to reject drug use by appealing to their sense of individuality and independence. All television advertisements are subject to a rigorous process of qualitative and quantitative testing, ensuring, before they are ever broadcast, that the advertisements are credible and have the intended effect on awareness, attitudes, and behaviours.
YOUTH RESPONSES

Youth engagement plays an important role in preventing substance abuse among youth. Youth engagement is defined as the sustained and meaningful involvement of youth in an activity focusing outside him or herself. A broad range of activities are effective in engaging youth; including but not limited to school or community volunteering, sports, the arts, music and politics. The benefits of engaging youth are significant. Positive outcomes of engagement include a decrease in the rate of substance abuse, a decrease in rate of crime, an increase in academic performance and a more meaningful connection with a youth’s community. How do we engage our youth? Communities that play an active role in engaging their youth are increasingly likely to prevent their youth from risky behaviour, such as the use of drugs. Youth that are involved in important decision making that affect their lives, youth that are encouraged and supported to reach their full potential and youth who receive mutual respect from adults, parents, educators and peers are more likely to live a healthy lifestyle. The following provides examples of successful community strategies that prevent substance abuse and other risky behaviour:

- Participating in sports-related activities
- Being involved in art projects, such as creating anti-drug messages through video production, newspaper ads and mural designs
- Attending career fairs
- Presentations from colleges and universities
- Drug awareness projects such as a battle of the bands or an all-night celebration with a “no drugs needed” theme
- Opportunities for leadership, including teaching younger children or other peers about drug use prevention
- Active involvement of parents, which may include forming mutual-support groups, assisting with school curricula, monitoring youths’ activities, and otherwise participating in the lives of young people. Recent research shows that youth who feel emotionally connected with parents and family are less likely to use cigarettes, alcohol, and marijuana.
- School policies and school-based services that serve all youth, including those who may be thinking about trying drugs and those worried about others’ use. Recent research suggests that youths’ feeling of connectedness with school is a protective factor against risky behaviour.
The engagement of local media by sponsoring and promoting alcohol-free events and creating prevention messages.

Community-wide engagement (businesses, health care providers, and civic organizations) in changing norms regarding substance use, developing youth assets, and providing youth with links to opportunities in careers, further education, and service to the community.

A community website that provides sources of help for youth who have a problem and information on how to be involved in their community.
CONCLUSION

In conclusion, if we share the belief that children and young people are a precious asset for human population and future human capital, we need to invest our intellect, social resources and a range of resources in nurturing them and protecting them against this deadly social condition of the 21st century, which is the drugs. This will be in the interest of long-term benefits for the socio economic agenda globally. There are no easy solutions to the challenges posed by drug abuse, particularly amongst children and young people as the most vulnerable groups of the population. The complexity of these two issues requires careful and non-emotive planning and intervention. They may change the face and character of our human services, educational and social institutions. My view is that the interventions, processes and strategies are not necessarily the absolute responsibility of the government.

However the governments in the name of social development should continue to take the lead in creating policy environments that facilitate appropriate intervention, provide resources and national infrastructures, and research funding and accountability systems. Civil society structures face the challenges of creating and sustaining effective delivery mechanisms that are collaborative, multi-faceted, preventive and remedial in character. The family in particular should seriously re-examine its role and responsibility as a socializing and nurturing agent. The family as an institution is breaking down; on the other hand, it is continually cited as one of the powerful agents of social change and social support system in most clinical interventions. All the strategies and policies cited in this paper have merit. The challenge is what kind of mechanisms and processes can societies generate to combat and respond to the challenges of drug abuse borrowing from these strategies and policies. Young people have powerful organization, which should play a very visible and important role in addressing and responding to needs of young people.
**Recommendation**

**Responses of World Assembly of Youth**

The World Assembly of Youth is empowering youth leaders and youth organizations so we can collaborate together to achieve drug free zone. The collaboration is needed to implement new ideas and strategies to combat drugs abuse.

In this matter, WAY has published a book in 2009 “Youth & Drugs abuse” with the purpose of educating young people on the danger of drugs abuse, it is also to bring awareness to youth leaders, parents, teachers and communities that the young people are facing a real pressure of drugs abuse issue. In 2008 the organization also organized an event called Melaka International Youth Dialogue themed “Towards a Drug Free Generation” where youth and youth leaders convened and came up with ideas or rather suggestions on how to improve the situation.
References


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