CHAPTER 1:
THE DRUG MENACE

The drug menace is ravaging young people and annihilating the future of our generation. What is most disturbing about the drug problems is that it is preventable; it can be stop and reversible if concerted efforts are made by all stakeholders to solve it. If we are to achieve a future of peace, justice and equity, one of the fundamental imperatives is for us to address the international drug problems and to reduce its impact on the mental health and social values of the future generations.

Drug abuse is a global issue that affects almost all countries and regions of the world. The patterns and methods may vary, but the same effects on individuals and societies can be seen in all cases. Young people are especially more vulnerable to the drug abuses.

Drug abuse by young people is closely related to incidences of violence and juvenile delinquency, HIV/AIDS prevalence, lack of productivity and many other social misfortunes. Eventually health problems may set in, some of which are results of irreparable damage to bodily functions.
The UN Political Declaration on the Guiding Principles of Drug Demand Reduction was adopted at the 1998 UN General Assembly special session on the world drug problem. It was recognized that it is essential to reduce the demand for drugs, and the commitment was made to significantly reduce both the supply of and demand for drugs by 2008.

**What is Drug Abuse?**

There are varieties of reasons that may motivate young people to take drugs. The most prevalent form of influence is peer pressure. If one has friends who are drug users, it is most likely that the negative influence will spread to the circle of friendship. Friends and acquaintances have the greatest influence during adolescence.

Drug abusing peers can sway even those without risk factors to try drugs for the first time. Academic failure or poor social skills can put the youth further at risk for drug abuse. Indeed, people have been taking psychoactive substances for religious, recreational as well as curative purposes since ancient time. However, it is in recent decades that the advancement in chemistry and pharmacology has resulted in stronger, highly
addictive substances such as heroin and cocaine. The invention of hypodermic syringes has also enabled people to inject themselves with these drugs.

The surge in synthetic drugs production is of particular concern to the World Assembly of Youth, as the ability of the underground manufacturers to mass produce these drugs is evident. Expensive as well as cheap synthetic drug cocktails are a serious threat to moral and social harmony.

**What other factors increase the risk of addiction?**

Although taking drugs at any age can lead to addiction, research shows that the earlier a person begins to use drugs the more likely they are to progress to more serious abuse. This may reflect the harmful effect that drugs can have on the developing brain; it also may result from a constellation of early biological and social vulnerability factors, including genetic susceptibility, mental illness, unstable family relationships, and exposure to physical or sexual abuse.

Still, the fact remains that early use is a strong indicator of problems ahead, among them, substance abuse and addiction. Drugs are psychoactive substance, which people take to change
either the way they feel, think or behave. Drugs come in many different forms; such as natural and manufactured drugs, alcohol, tobacco and certain selected plants. In the past, most drugs were made from plants, such as the coca bush for cocaine, opium poppies for heroin and cannabis for hashish or marijuana.

Now drugs such as Ecstasy or LSD are produced by synthesizing various chemicals. Drugs of abuse fall into three categories: depressants (e.g. heroin, barbiturates), stimulants (e.g. cocaine, crack, amphetamines) and hallucinogens (e.g. marijuana, Ecstasy, LSD), and are ingested, inhaled, smoked, injected or snorted.

Depressants are substances that depress the activity of the central nervous system. Depressants are often referred to as "downers" because of their sedative, hypnotic and tranquilizing effects. There are both legal and illegal depressants. Other depressants that are legal are often prescribed medications used to induce sleep, relieve stress, and subdue anxiety. These prescriptions are often abused as well, such as the case with rohypnol. GHB is an illegal depressant often used in drug-facilitated sexual assaults because of its sedative properties.
Common Types of Depressants are:

**Alcohol** is perhaps the most widely-used drug of all time. The active ingredient in alcoholic beverages, ethanol, is actually a psychoactive drug that has a depressant effect, and it has been altering the minds of countless drinkers for thousands of years. There are three general classes of alcoholic drinks, namely, beers, wines, and spirits.

The benzodiazepine derivative drug diazepam was first marketed as **Valium** by Hoffmann-La Roche. One of the most frequently-prescribed medications in the world, it is commonly used to treat anxiety, seizures, insomnia, alcohol withdrawal, muscle spasms and benzodiazepine withdrawal, as well as a wide range of other conditions.

**Benzodiazepines** are sedative-hypnotic agents that are commonly used for seizure control, anxiety, alcohol withdrawal, insomnia, control of drug-associated agitation, as muscle relaxants, as preanesthetic agents, and a variety of other situations. Often referred to as "benzos", these drugs are also frequently combined with other medications for procedural sedation.
**Stimulants** are agents that activate, enhance, or increase activity of the central nervous system. They include amphetamines and synthetic appetite suppressants such as phenmetrazine or methylphenidate. Stimulants can give rise to symptoms suggestive of intoxication, including tachycardia, papillary dilation, elevated blood pressure and nausea or vomiting.

They can also cause violent and aggressive behavior, agitation and impaired judgment. A full-blown delusional psychosis may also occur. Stimulants are also called "Uppers" because they make you feel very awake. You feel like you have a lot of energy. These drugs speed up your Central Nervous System

**Hallucinogens** are chemically diverse and produce profound mental changes and results in euphoria, anxiety, sensory distortion, vivid hallucinations, delusion, paranoia and depression. They include mescaline and LSD. Hallucinogens are the drugs that make you feel like you are seeing things that aren't really there. They play tricks on your mind.
Types and Effects of Substance Abuse

Drugs can be harmful in a number of ways, both through immediate effects and the damages to health over a period of 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.

**Alcohols** are found in drinks like beer, wine, cider, spirits, whiskey, liquor, etc. It is produced by fermentation or distilling various fruits, vegetables or grains.

- Alcohol affects every part of the body. It is carried through the bloodstream to the brain, stomach, internal organs, liver, kidneys, muscles, pretty much everywhere; it is absorbed very quickly and can stay in the body for several hours.
- The usage of Alcohols brings the risk of developing cirrhosis of the liver, pancreatitis, hemorrhagic stroke, and certain forms of cancer or even overdose.
Anabolic Steroids or else known as **GHB** are known with the trade names as Sustanon, Dianabol, Anavar and Stanozolo. It is used by young people believing that will improve their body image, builds up muscle and helps to recover fast from strenuous exercise.

**GHB** stands for gamma-Hydroxybutyric acid, a naturally-occurring substance found in the central nervous system, wine, beef, small citrus fruits, and almost all animals in small amounts. Currently regulated in the US, GHB has a notorious reputation as a "date rape drug", and as such is deemed illegal in many countries.

- Anabolic Steroids can stop young people from growing properly and carries many health risks such as nerves and veins damage, heart attack, liver failure, sterility, acne, possible miscarriage, etc.
Club Drugs are being used by young adults at parties, night clubs, dance clubs or bars. Some of the known club drugs are Ecstasy, GHB, Rohypnol, Ketamine, methamphetamine and LSD.

- Club Drugs are Ecstasy, GHB, Rohypnol, Ketamine, Methamphetamine and LSD. All of them can cause serious health problems or in some cases even death, especially when combined with alcohol.

Cocaine is a powerful addictive drug. It can be taken through sniffing or snorting, injecting and smoking. Once someone starts taking cocaine, he/she can never predict or control the use of it.

- Cocaine causes tremors, headaches, hypertension and increased heart-rate. Long-term effects include nausea, insomnia, loss of weight, and depression. Where as excessive doses may lead to convulsions, seizure, strokes, heart failure or panic attacks.
Ecstasy is a synthetic, psychoactive drug with hallucinogenic and amphetamine as its properties. Ecstasy is known as MDMA and can make people trust each other and can break barriers between therapist and patients, lovers and family members.

- The usage of Ecstasy can cause the same affects as cocaine and amphetamines, such as depression, sleep problem, drug craving, severe anxiety, paranoia, etc. The most common cause of Ecstasy-related death is overheating (hyperthermia).
- MDMA interferes with the body’s ability to thermo regulate itself, allowing the body to overheat without discomfort and other warning signs, especially when dancing for hours in hot clubs.
- In a worst-case scenario, the body can reach extreme temperatures (41-42°C) - a severe heatstroke which causes unpredictable and often medically-untreatable problems, including unstoppable bleeding, liver and kidney failure and ultimately death.
**Heroin** is processed from morphine, a naturally occurring substance extracted from the seed-pod of the Asian poppy plant. It can either be smoke or snort. Data shows that heroin is one of the strongest drugs and was the top-ranking drug among drug related deaths in the world.

- Heroin usage initially results in nausea, slow respiration, dry skin, itching, slow speech and reflexes. Over a long period of time there is a serious risk of developing physical and psychological dependence, which can result in acute overdose and even death due to respiratory depression.

**Ketamine** is a powerful hallucinogen widely used as an animal tranquilizer by veterinarians. The “high” effect can last for 2 hours and during this period of time, the user, have lost sense of time, sense and identity. The drug is usually snorted but sometimes sprinkled on tobacco or marijuana and smoked.
• Ketamine can result in profound physical and mental problem such as delirium, amnesia, impaired motor function and potentially fatal respiratory problems.

**Hallucinogens** (such as LSD) are colorless, odorless and have a slightly bitter taste and are usually taken orally. Hallucinogens are the drugs that make you feel like you are seeing things that aren’t really there.

• LSD distorts perceptions, alter heart-rate and blood pressure and, in the long term, cause neurological disorders, depressions, anxiety, visual hallucinations and flashbacks. They play tricks on your mind.

**Inhalants** are common products, that can be found right at home and are among the most popular and deadly substance that youth abuses. The inhalants can be used by sniffing fumes from containers, spraying aerosols directly into the mouth or nose,
bagging by inhaling a substance inside a paper or plastic bag, huffing from an inhalant-soaked rag, or inhaling from balloons filled with nitrous oxide.

Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can cause heart failure or death, especially when abuse of fluorocarbons or butane-type gases is involved. Additionally, high concentrations of inhalants can lead to the displacement of oxygen in the lungs and central nervous system resulting in death by suffocation.

Permanent effects caused by the use of inhalants include hearing loss, peripheral neuropathies or limb spasms, central nervous system or brain damage, and bone marrow damage. Additional serious side effects include liver and kidney damage as well as blood oxygen depletion.

- Although not regarded as illicit, inhalants are widely used, 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.

**Marijuana** is usually smoke as a cigarette or joint, either in a pipe or bong. Some people mix marijuana with alcohol, food or use it to brew tea. The main chemical in marijuana is THC. It is made from the shredded leaves, stems, seeds, and flowers of the hemp (*Cannabis sativa*) plant. It looks like green, brown, or gray dried parsley. Marijuana is a mind-altering drug and is considered a hallucinogen if taken in large amounts.

- Effects of the Marijuana vary from the brain to the lungs. The usage of marijuana affects the memory and learning, distorted perception, difficulty in thinking and problem solving, loss of coordination and increase heart rate, anxiety and panic attack.

**Methamphetamine** is an addictive stimulant drug that strongly activates certain systems in the brain. It looks like a
clear chunky crystal resembling ice which can be inhaled by smoking.

- The usage of Methamphetamine causes wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia and euphoria.

**Tobacco** or the main drug in it is called nicotine. Nicotine is one of the most heavily used addictive drugs in the world. Cigarettes and other types of tobaccos such as cigars, pipe tobacco and chewing tobacco are addictive.

- Nicotine acts as a stimulant and a sedative to the central nervous system. The smoking of nicotine exposes users to high expectancy rate of lung cancer, emphysema and bronchial disorder and it increases the chance of cardiovascular diseases.
- There is a tendency to present some drugs (such as cannabis and Ecstasy) as less harmful than they actually are, without taking into consideration their long-term consequences and the effects they have on adolescent development, particularly on the development of certain
critical functions (cognitive ability and capacity to memorize). Ecstasy has been presented as having little or no side effects, but studies show that its use alters, perhaps permanently, certain brain functions and also damages the liver and other body organs.

Over the Counter Drugs (OTC) products can potentially be abused by teens and youth looking to get high. OTC products and medication abuse can be monitored closely within the households.

- Abuse of Prescription Drugs are mainly medicines that treat pain, treat anxiety and sleep disorders or treat narcolepsy and attention deficit or hyperactive disorder. The valid drug prescription can be misuse if the patient does not follow the doctor’s directions properly.

- The abuse began when a person, with or without a prescription, intentionally takes a prescription drug to get high. However, both mis-use and abuse of prescription drugs are very dangerous and can have the same dangerous consequences.
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. No illicit drug 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 they can cause serious damage.

**What is wrong with drugs?**

Some may argue that, since drugs have been used historically, there is no problem with current and future generations using these drugs. Indeed, most drugs in the past were made from plants. These plants were grown and then processed into coca paste, opium, marijuana and other drugs. After further processing, these crude products yielded drugs like cocaine and heroine. Now in the 21st century, drugs such as Speed, Ecstasy, LSD and so forth are being made from chemicals.

**The Down Side**

There are numerous dangers posed by consumption of drugs. Whilst it is true that the effects depend on frequency and intensity
of drug usage, eventually users become dependent on the drugs and experience withdrawal symptoms if they try to stop. Even if drugs are used recreationally, they tend to induce physical dependence, leading to an increased need for the drug.

Substance abuse causes digestive, respiratory, as well as brain damage. It makes people incapable of controlling their actions and behaviors in various situations.

**Why do youth take drugs?**

Youth today are exposed to a wide range of social misfortune. In the globalizing world, young people are more at risk than at any other time. The existence of extensive international drug marketers is among the key factors. Young people are led to believe that they can find solutions to their problems by simply ingesting the drugs.

The marketing of alcohol and tobacco are also factors in the promotion of tolerance towards drug use. Although alcohol and tobacco are not illicit substances, they are often predecessors to more serious things.
To the young person, taking drugs is a way to develop strong connections with peers, and forming a network of friends. Initially it may begin as curiosity, but eventually it leads to addiction. Problems at home, work or other social settings may drive a young person to look to drugs for a quick, albeit temporary solution. Other factors contributing to heavy drug use are low self-esteem, delinquent behavior and boredom.

**Pattern of Addiction**

Their first step is experimenting with drugs. They may try drugs because of pressure at home, coaxing from friends, or curiosity about how a drug will make them feel.

- Then their tolerance increases. The more chemical they use, the more of that chemical they will need to get the same effect.
- They may have blackouts. There may be times when they do not remember what they did when drinking or using the drugs.
- An addict will avoid talking about drugs or alcohol. As the addiction develops, they try to take attention away from anything that will point it out.
• They become preoccupied with drug use, spending time thinking about drugs, plan their drug use carefully and choosing friends based on drugs.
• Addicts blame others and make excuses for their drug use. They may even cause fights as an excuse to drink or take drug.
• All control of drug use is lost. They cannot control how much is used and are unable to stop from taking more. An addict may feel weak or think that they do not have willpower.
• The drug use affects family, friends, employment and education. It may destroy the addict’s relationships and abilities to handle even the simple life tasks.
• The addicts may have medical, legal or emotional difficulties or problems.
• The addict may lose hope. As the addiction gets worse, they may feel as though there is nothing they can do to stop it. The addict will feel as if life has lost its meaning and it’s not worth living.
Counter Measures

Over the years, various United Nations Conventions have restricted the sale and use of different substances to medical purposes. These conventions were amalgamated in the 1961 Single Convention on Narcotic Drugs. This in turn was supplemented in 1972 by a Protocol stressing the need for treatment and rehabilitation services. In 1971 the Convention on Psychotropic Substances established an international control system for a list of pharmaceutical drugs and other substances that affect the mind.

For the purposes of international drug control, the term "drug abuse" refers to the illicit, i.e. non-medical, use of any of the substances listed in the above conventions. A 1988 Convention addressed drug trafficking and included provisions against money laundering and the diversion of chemicals used in the manufacture of illicit drugs.
CHAPTER 2:
COMMONLY ABUSED DRUGS

Approximately 4.9 per cent of the world populations (208 million people) have abused drugs during the previous 12 months, according to the United Nations Office on Drug and Crime (UNODC). A small percentage of the world population abuses cocaine (16 million people) or opiates (16.5 million people) or heroin (12 million people).

By far the most widely abused substance is cannabis (used at least once a year by over 170 million people), followed by the Amphetamine-type stimulants – ATS (24.7 million users, among them 9 million users of ecstasy).

According to the World Drug Report 2008, after the significant growth of drug abuse in the past half century, the spread of drugs in the world has slowed down. Less than one adult person out of 30 (five per cent of the world populations aged 15-64) has used illicit drugs in the past 12 months.

The number of people that consume tobacco is even 7 times higher, involving staggering 30 per cent of the world population.
However, problem drug use remains about 0.6 per cent of the global population and the proportion of drug users in the world populations has remained stable for the fourth straight year.

There are 1.4 billion tobacco smokers in the world, seven times more than drug users. The World Health Organizations (WHO) estimates that some 200,000 people died because of drug abuse in the year 2000, equivalent to 0.4 per cent of all deaths worldwide. Tobacco, however, claimed 25 times as many lives (4.9 million people), equivalent to 8.8 per cent of all deaths.

If the measure of disability-adjusted life years is used, then drug abuse would have caused the loss of 11.2 million years of healthy life, but tobacco would have caused the loss of five times as many years of healthy lives (59.1 million people).

The international drug trade is a $400 billion mega-industry. Drug taking used to be confined to small groups but is now a global obsession, almost beyond control in many countries. Despite three decades of rapid growth few governments have accurate figures of use. UNDCP estimates that around 4 per cent of the adults in the world use illegal drugs in a year.
• 165.6 million people used Cannabis (3.9%)
• 24.7 million people used Amphetamines (0.6%)
• 16.5 million people used Opiates (0.4%)
• 16 million people used Cocaine (0.4%)
• 12 million people used Heroin (0.3%)
• 9 million people used Ecstasy (0.2%)

Drug addicts inject heroin, cocaine and other drugs, and HIV has been transmitted as a result in more than 80 nations, around 5-10 per cent of all HIV/AIDS world-wide is drug related, that is 2-4 million extra AIDS deaths as a direct result, plus extending networks of sexual partners of drug injectors at risk, as well as after infected child birth.

Globalization is making flow of drugs easier, with non-existent border checks and unrestricted money flows between many nations. Armed conflicts around the world are also powering the drugs trade as arms are exchanged for drugs.

**MARIJUANA**

Marijuana is one of the most commonly used illegal drugs in the world and is a drug made from the leaves and flowering ops of
the plant called Cannabis sativa. Cannabis contains unique chemicals called cannabinoids. One of these chemicals, THC (delta-9-tetrahydrocannabinol), is responsible for many of the psychoactive effects of cannabis.

Humans have been using cannabis since prehistory, although the rise could be seen in 20th century only. Cannabis is a term that refers to marijuana and other drugs made from the same plant. Strong forms of cannabis include sinsemilla, hashish, keif and hash oil. All forms of cannabis are mind-alerting (psychoactive) drugs.

THC changes the way information is processed by the area of the brain that is fundamental to learning, memory and integrating sensory experience with emotion. Today, the THC content of marijuana is higher than it was in the past. This makes marijuana more potent, increasing the likelihood of anxiety, amnesia and confusion.

Marijuana can be harmful in a number of ways. Some health effects are immediate and some results in damage over an extended period of time. Marijuana smoking affects brain cells and leads to impaired motor coordination skills by slowing down the reaction time of the central nervous system.
Marijuana can cause:

- Poor short-term memory (memory of recent events)
- Problems with perception and reaction time, often resulting in automobile crashes
- Trouble handling complex tasks (like driving a car)
- Reduced inhibitions causing risky sexual behavior and excitability
- Difficulty concentrating, creating poor study habits
- Hallucinations, delusions of grandeur
- Long-term effects include addiction and damage to the lungs and brain.

Marijuana use can also impair a decision-making ability of child, which may lead to risky behaviors and adverse physical and social consequences. These can include increased involvement in violence and crime, unsafe driving, and unprotected sex, leading to unplanned pregnancy and acquiring sexually transmitted diseases such as HIV/AIDS.

The data available on the nature and extent of drug abuse among young people reveal high lifetime prevalence rates of cannabis use in many region of the world. The proportion of
school children and young adults who admit to having used cannabis is as high as 37 per cent in some countries, while the proportion for the past few months use can be as high as 10-25 per cent.

According to the Substance Abuse and Mental Health Services Administration, in 1998 more than 208,000 people entered drug programs reporting marijuana as their primary drug abuse.

**INHALANTS**

Inhalants are known to be a broad range of drugs in the forms of gases, aerosols, or solvents which are breathed in and absorbed through the lungs. Most inhalant drugs are ingredients in household or industrial chemical products which are not intended to be concentrated and inhaled, including organic solvents. Such substances are often the first drug of choice for many young people who start abusing drugs, due to the availability and low price.

Each year young people in USA die from using inhalants. Hundreds of others suffer severe health consequences such as brain, heart, kidney and lung damage. Children who sniffed when
they are in grade school are more likely to later experiment with illicit drugs and alcohol.

When it comes to inhalants and drugs, there is a misconception among many Asian parents that outstanding grades and a good family upbringing will protect their child from drugs. According to the National Household Survey on Drug Abuse, experimentation with inhalants among Asian American and Pacific Islander youth is similar to the general population. Specifically, 2.8 percent of Asian American and Pacific Islander youth reported past year use of inhalants compared to 4 percent of the rest of the youth.

The products that are being improperly used as inhalants are solvents, such as glue, felt tip marker, correction fluid, rubber cement, household cleaners, paint thinner, dry cleaning fluid and nail polish remover. There are gases which are being improperly used such as medical anesthetic gas such as ether, chloroform and nitrous oxide; butane lighters; propane gas; air conditioning coolants; gasoline; car polish; paint or stain; aerosol cans containing whipped cream, fabric protector spray, cooking spray, deodorant and air freshener.

Inhalant use has many serious health effects, including death. ‘Sudden Sniffing Death’ can occur during or right after sniffing.
This occurs when inhaled fumes replace oxygen in the body, which causes the user to suffocate. Inhalants can also cause the heart to overwork by beating rapidly and irregularly, which can lead to cardiac arrest.

While many products can be inhaled, nearly all have the same consequences, the slowing down of the body functions and intoxicating effects that can last from few minutes to several hours if inhalants are taken repeatedly. At first a user may feel stimulated but with enough inhalations, death may occur from heart failure.

Other effects of inhalants use and abuse are hearing loss, limb spasms, bone marrow damage, liver and kidney damage, severe and permanent brain damage.

**ECSTASY**

MDMA, called ‘Adam’, ‘ecstasy’ or ‘XTC’ on the street, is a synthetic, psychoactive (mind-alerting) drug with hallucinogenic and amphetamine-like properties. Its chemical structure is similar to two other synthetic drugs, MDA and methamphetamine, which are known to cause brain damage.
Beliefs about MDMA are reminiscent of similar claims made about LSD in the 1950s and 1960s, which proved to be untrue. According to its proponents, MDMA can make people trust each other and can break down barriers between therapists and patients, lovers and family members.

Many of the problems users encounter with MDMA are similar to those founded with the use of amphetamines and cocaine. They are as follows:

- Psychological difficulties, including confusion, depression, sleep problems, drug craving, severe anxiety and paranoia during and sometimes weeks after taking MDMA (in some cases psychotic episodes have been reported)
- Physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness and chills or sweating.
- Increases in heart rate and blood pressure, a special risk for people with circulatory or heart disease.

Recent research findings also link MDMA use to long-term damage to those parts of the brain critical to thought and memory. It is believed that the drug causes damage to the
neurons that use chemical serotonin to communicate with other neurons.

MDMA is also related in structure and effects to methamphetamine, which has been shown to cause degeneration of neurons containing the neurotransmitter dopamine. Damage to dopamine containing neurons is the underlying cause of the motor disturbance seen in the disease of Parkinson. Symptoms of this disease begin with lack of coordination and tremors and can eventually result in a form of paralysis.

Europe has been widely affected by the abuse of amphetamine, in particular during the last decade from its association major trends in the youth culture. Whereas, findings in Asia shows that the second most abuse substance after cannabis is amphetamine. In Latin America, even though youth use mostly natural plant-based stimulants, ATS have a significant share in illicit drug markets.

One of the characteristics of this substance abuse compare to others is that its abuse is concentrated among socially integrated young people who often do not consider themselves abusers or addicts and do not seek help or assistance.
METHAMPHETAMINE

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater. Both drugs have some medical uses, primarily in the treatment of obesity but their therapeutic use is limited.

Street methamphetamine is referred to by many names, such as ‘speed’, ‘meth’ and ‘chalk’. Methamphetamine hydrochloride, clear chunky crystal resembling ice, which can be inhaled by smoking, is referred to as ‘ice’, ‘crystal’ and ‘glass’.

Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movements. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over the time, methamphetamine appears to cause reduced level of dopamine, which can result in symptoms like those of the disease of Parkinson, a severe movement disorder.
Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experience an intense sensation, called a ‘rush’ or ‘flash’, that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria - a high but not a rush. Users may become addicted quickly and use it with increasing frequency and in increasing doses.

The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia and aggressiveness. Hyperthermia and convulsions can result in death.

Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing stroke. Other effects of methamphetamine include respiratory problems, irregular heartbeat and extreme anorexia. Its use can result in cardiovascular collapse and death. Crystal methamphetamine (crystal meth) appears to be more widely used by young adults in the U.S. than previously thought.
A study released today shows that nearly 3% of U.S. young adults say they have used crystal meth in the previous year; the study was conducted in 2001-2002. In Asia, an increase of abuse in 1999 was reported and considerable concern exists in particular about the use of methamphetamine.

**ALCOHOL**

Alcohol is a depressant that comes from organic sources including grapes, grains and berries. These fermented are distilled into a liquid. Alcohol affects every part of the body. It is carried through the bloodstream to the brain, stomach, internal organs, kidneys, muscles-everywhere. It is absorbed very quickly (as short as 5-10 minutes) and can stay in the body for several hours.

Alcohol affects the central nervous system and brain. It can make users loosen up, relax and feel more comfortable or can make them more aggressive. Unfortunately, it also lowers their inhibitions, which can set them up for dangerous or embarrassing behavior.

Alcohol is a drug and is only legal for people over the age 21. According to the Substance Abuse and Mental Health Services
Administration (SAMHSA), 2.6 million young people do not know that a person can die of an overdose of alcohol. Alcohol poisoning occurs when a person drinks a large quantity of alcohol in a short amount of time. A standard drink is as such; one 12-ounce bottle of beer or wine cooler; one 5-ounce glass of wine; 1.5 ounces of 80-proof distilled spirit.

People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who wait till age 21. Each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14 per cent.

Adolescents who drink heavily faced the same long-term health risks as adults who drink heavily. This means that they are at increased risk of developing cirrhosis of the liver, pancreatitis, hemorrhagic stroke and certain forms of cancer.

Adolescents who use alcohol are more likely to become sexually active, which places them to a greater risk of HIV infection and other sexually transmitted diseases. One study shows that students diagnosed with alcohol abuse were four times more likely to experience major depression than those without an alcohol problem. Alcohol use among adolescents has been
associated with considering planning, attempting and completing suicide.

TOBACCO

Tobacco is an agricultural product processed from the fresh leaves of plants in the genus Nicotiana. It first started in America, then spread in Europe and other continents. Nowadays, there are many species of tobacco, which are encompassed by the genus of herbs Nicotiana. Absorption quantity, frequency, and speed of tobacco consumption are believed to be directly related to biological strength of nicotine dependence, addiction, and tolerance.

Tobacco can be processed into a number of products such as, chewing tobacco, creamy snuff, dipping tobacco, gutka, snuff, topical tobacco paste, tobacco water. The usage of tobacco is an activity that is practiced by some 1.1 billion people, and up to 1/3 of the adult population.

The World Health Organization reports it to be the leading preventable cause of death worldwide and estimates that it currently causes 5.4 million deaths per year. Rates of smoking
have leveled off or declined in developed countries, however they continue to rise in developing countries.

The main health risks in tobacco pertain to diseases of the cardiovascular system, in particular smoking being a major risk factor for a myocardial infarction (heart attack), diseases of the respiratory tract such as Chronic Obstructive Pulmonary Disease (COPD) and emphysema, and cancer, particularly lung cancer and cancers of the larynx and mouth.

It also increases the risk of developing pancreatic cancer by 75%. Currently, the statistics shows that in developed countries, 26% of male deaths and 9% of female deaths were attributable to smoking.

Nicotine addiction typically begins in adolescence with experimental cigarette smoking that progresses to smoking as a social activity and finally to regular, daily cigarette smoking. Even though fewer vendors are selling minors cigarettes, due to legislative actions, youth still have easy access to tobacco products. The longer a person continues to use tobacco, the greater the health risks. The mortality rate of smokers is three times greater than that of non-smokers in all age groups.
Nearly 60 per cent of all youth who experiment with smoking, have a 50 per cent chance of dying from tobacco as they become adult smokers, with a loss of around 22 years of normal life expectancy.
CHAPTER 3:  
EFFECTS OF ADDICTION

Drug abuse is not a matter of moral weakness or faulty willpower; it is known to be a vicious cycle that actually causes changes in the brain leading to stronger and stronger impulses to use. However, drug addiction is widely considered a pathological state.

The order of addiction involves the progression of acute drug usage to the development of drug seeking behavior, the vulnerability to relapse and the slowed ability to respond to naturally rewarding stimuli.

Drug abuse and addiction is due to many factors. A powerful force in addiction is the inability to self-soothes or gets relief from untreated mental or physical pain. Without the self-resilience and support to handle stress, loneliness or depression, drugs can be a tempting way to deal with the situation.
Drugs addiction is one of the most vexing and pervasive problems that almost all the countries have faced. The consequence of such addiction can be devastating.

When an individual has a drug addiction, there are many symptoms to be aware off and they are as follow:

- Slow or staggering walk, poor physical coordination
- Changes in sleeping habits (inability to sleep, awake at unusual times, unusual sleepiness, laziness, sleeping at strange times)
- Red, watery eyes, pupils larger or smaller than usual, blank stare
- Cold, sweat palms, shaky hands
- Puffy face, blushing or pale skin
- Smell of substance on breath, body, and clothes
- Runny nose, hacking cough
- Unexplained nausea, vomiting or excessive sweating
- Tremors or shake on hands, feet or head
- Irregular heartbeat
- Weight loss
Cocaine addiction can occur very quickly and be very difficult to break and the attempts to stop using the drugs can fail simply because the resulting depression can be overwhelming, causing the addict to use more cocaine in an attempt to overcome his/her depression.

They will go to great length to get cocaine and continue to take it. Recent studies on cocaine and addiction have shown that, during periods of abstinence from cocaine use can trigger tremendous craving and relapse to cocaine even after long period of abstinence.

Whereas, crack cocaine addiction is inevitable, once an individual has tried it they may be unable to predict or control the extent to which they will continue to use. They become physically and psychological dependent on it and often result in few doses taken within few days.

Once the emotions of the individual have been over ridden by crack cocaine addiction they no longer feel normal without being intoxicated. This cycle of crack cocaine addiction continues until the individual either quits using it or dies.
MDMA or else known as Ecstasy is taken orally, and its effects last approximately four to six hours. Users of the drug say that it produces profoundly positive feelings, empathy to others, elimination of anxiety, enhancement of the senses and extreme relaxation and in some cases it suppress the need to eat or sleep, enabling users to endure two-to three-day parties.

Ecstasy addiction can cause other adverse effects including nausea, hallucinations, chills, sweating, increases in body temperature, tremors, involuntary teeth clenching, muscle cramping, and blurred vision.

Ecstasy users also report after-effects of anxiety, paranoia, and depression. An ecstasy overdose is characterized by high blood pressure, faintness, panic attacks, and, in more severe cases, loss of consciousness, seizures, and a drastic rise in body temperature. Ecstasy overdoses can be fatal, as they may result in heart failure or extreme heat stroke.

Heroin addiction can be fatal and the symptoms of heroin addiction withdrawal are extremely uncomfortable. Heroin addiction withdrawal begins approximately four to six hours after the last dose of heroin is administered. Physical heroin addiction withdrawal symptoms include restlessness, diarrhea, low blood
pressure, stomach cramps, leg cramps, vomiting, hot and cold chills, goose bumps and runny nose. The emotional effects can include depression, anxiety, insomnia, and loss of appetite. Cravings for heroin can last for months.

Heroin addiction can completely change the morals and integrity of its participants. It is not uncommon for heroin addicts to steal, lie, cheat, and even prostitute themselves to support their addiction to heroin. Heroin addiction recovery is similar to the recovery from most addictive drugs, except that heroin addiction withdrawal can last several weeks to months.

Methamphetamine is a powerful addictive stimulant that dramatically affects the central nervous system. It causes increased activity, decreased appetite, and a general sense of well-being. The effects of methamphetamine can last 6 to 8 hours. After the initial "rush," there is typically a state of high agitation that in some individuals can lead to violent behavior.

Marijuana addiction can be characterized by making a firm commitment or resolution to end usage of the substance, followed by then going back to using marijuana. Repeat. And repeat again.
This definition clears the air in the sense that it defines addiction as something you try to stop yet continue anyway. This definition works whether we're talking about marijuana, cigarettes, or coffee. It surpasses the issue of physical addiction versus psychological addiction. In the end, it does not matter when you are dealing with an addiction.

With this in mind, let's take a look at some of the common signs or symptoms of addiction:

- Let's reinforce the idea of uncontrollable behavior. When a person behavior feels out of their control, or their actions otherwise prove it is out of the control, this is a big sign of addiction. Simply asking the individual if they feel they are in control of their behavior could be a gentle way to ease into the subject. Note though that many people would not admit to this.
- A dramatic change in social life. Has the person stopped hanging out with non-users? Do all social activities revolve around the use of marijuana? Has the individual changes his or her social habits in other ways, such as becoming introverted when formerly they were extroverted?
• Interference with school, job, or family. Is the usage of marijuana taking away from a person ability to perform successfully in school or at the job?
• Terrible withdrawal symptoms upon cessation of usage:
• Marijuana addiction could be defined as chronically making the firm decision not to use marijuana followed shortly by a relapse due to experiencing overwhelming compulsive urges to use marijuana despite the firm decision not to. This contradiction is characteristic of an addiction problem.

Marijuana is both emotionally and mentally addictive. Once an individual becomes addicted to marijuana it develops into part of who they believe themselves to be. Avoiding their friends who are not users, the addict will gravitate to others that do. Marijuana is a topic that is always on their mind, whether thinking about the next time they will be able to get high or when they are going to get the next kick.

Symptoms of Marijuana Addiction:

• Marijuana tolerance:
  Either the need for increased amounts of marijuana to
achieve intoxication, or diminished effect with continued use of the same amount of marijuana.

- Greater use of marijuana than intended:
- Unsuccessful efforts to cut down or control marijuana use
- A great deal of time spent in using marijuana
- Marijuana use causing a reduction in social, occupational or recreational activities.
- Continued marijuana use despite knowing it will cause significant problems.

When someone is addicted to marijuana eventually their friends and the people close to them will be able to detect their behavior when are stoned because they no longer do anything without first smoking. Their constant abuse is due to the misconception that marijuana is what they need to solve their problems.

Sometimes addicts will take their stash with them wherever they go, just in case an opportunity arises and they are able to take a couple hits. They may even go through several dealers in order to make sure they always have a constant supply of marijuana.

OxyContin addiction occurs when oxycontin is administered daily over a period of time. Signs of OxyContin addiction may include withdrawal symptoms when the OxyContin is discontinued.
Requesting for OxyContin at frequent intervals around the clock, personality changes if it is not given immediately, and constant complaints of pain, and failure of OxyContin to relieve pain they are experiencing.

Drugs such as OxyContin are obtained in a variety of ways including pharmacy diversion, "Doctor Shopping" and improper prescribing practices by physicians. Pharmacy diversion occurs when individuals working in pharmacies take OxyContin directly from the shelves, or when people make fraudulent prescriptions. OxyContin addiction is serious and is very difficult to overcome through out-patient or home treatment.

Alcohol abusers, or problem drinkers, are people who clearly drink too much on a regular basis. Their alcohol intake is self-destructive or can present a danger to others, but they are able to set limits and establish some measure of control over their drinking. When alcohol abuse progresses to alcoholism, also called alcohol addiction the drinker loses control of the amount they drink, and they cannot stop using alcohol despite the severe physical and psychological consequences of excessive drinking.

An alcoholic is unable to control their drinking, they have built up a tolerance to alcohol which over time requires them to drink
larger quantities of alcohol in order to obtain the same effect, and they will usually experience withdrawal symptoms when they don't drink.

Alcoholic can have these effects: such as loss of inhibition and impaired judgment; dizziness, blurred vision and slurred speech; uncoordinated movements and increased reaction time; unconsciousness and even death.

**Physical signs of abuse and addiction**

Drug abuse affects the brain and body directly. While high, the drug affects the entire body, from blood pressure to heart rate. Stimulants like cocaine and methamphetamine “amp up” the body, increasing blood pressure, metabolism and reducing the ability to sleep. A drug like opiates and barbiturates slows down the body, reducing blood pressure, breathing and alertness sometimes to dangerous levels.

Some physical signs of abuse and addiction include:

- Cycles of increased energy, restlessness, and inability to sleep (often seen in stimulants)
• Abnormally slow movements, speech or reaction time, confusion and disorientation (often seen in opiates, benzodiazepines and barbiturates)
• Sudden weight loss or weight gain
• Cycles of excessive sleep
• Unexpected changes in clothing, such as constantly wearing long sleeved shirts, to hide scarring of injection sites
• Suspected drug paraphernalia such as unexplained pipes, roach clips or syringes
• For snorted drugs, chronic troubles with sinusitis or nosebleeds
• For smoked drugs, a persistent cough or bronchitis, leading to coughing up excessive mucus or blood.
• Progressive severe dental problems

Mental and emotional signs of abuse and addiction

Abuse and addiction also affect mood, as drugs are abused for the temporary good feelings they provide. These feelings can vary depending on the drug used. Some mental and emotional signs include:
- Cycles of being unusually talkative, “up” and cheerful, with seemingly boundless energy.
- Increased irritability, agitation and anger
- Unusual calmness, unresponsiveness or looking “spaced out”
- Apathy and depression
- Paranoia, delusions
- Temporary psychosis, hallucinations
- Lowered threshold for violence

**Health, employment and crime**

Drug users have a greater risk for health problems down the road, from neglecting their own health to risk of infectious disease like hepatitis or HIV from sharing needles. Heavy drug use directly can affect lung disease, arthritis, heart problems, brain damage and death from overdose. Productivity at work often suffers, and eventually trouble keeping a job. The urge to use is so powerful that criminal activity for money or more drugs can be a strong temptation.
Denial and rationalization

One of the most powerful effects of drug abuse and addiction is denial. The urge to use is so strong that the mind finds many ways to rationalize drug use. Someone abusing drugs may drastically underestimate the quantity of drugs they are taking, how much it is costing them, and how much time it takes them away from their family and work.

They may lash out at concerned family members, making the family feel like they are exaggerating and overstating the problem. What makes this so frustrating for family members is the person abusing drugs often sincerely believes they do not have a problem, and can make the family member feel like the dysfunctional one.

This denial and rationalization can lead to increased problems with work, finances and relationships. The person abusing drugs may blame an “unfair boss” for losing her/his job, or a ‘nagging wife’ for why he is increasingly going out with friends to get high. While work and relationship stresses happen to everyone, an overall pattern of deterioration and blaming others may be a sign of trouble.
Drug abuse and the family

Sadly, drug abuse and addiction doesn’t only affect the person abusing drugs. It affects friends, family and the entire society. Child abuse and neglect is much more common when there is drug abuse in the family. The abuser may neglect a child’s basic needs in the quest for more drugs, or lack of impulse control can lead to increased physical and emotional abuse.

Drug abuse by a pregnant woman affects the developing baby’s health. Domestic violence also happens more frequently. Abusing drugs leads to higher risk of injuries and death to self and others in road accidents.

Family stress

If someone in the family is abusing drugs, it is an enormous emotional strain. The family members might feel obligated to cover for the abuser, cutting back from work to deal with the abuser’s problems— or working more to make financial ends meet. They might not be able to see friends or engage in hobbies, as coping with the drug abuser takes more and more time.
The shame of drug abuse in the family stops many family members from asking for help, instead pretending nothing is wrong. The emotional toll can be overwhelming. Children are especially sensitive to what is happening around them.
CHAPTER 4: DEMAND-REDUCTION STRATEGIES

Although the supply of and demand for drugs have often been considered separate issues, by both the public and private sectors, they are in fact inseparable parts of a single problem. The success of supply efforts are related to commitments made to reduce the demand for drugs through drug abuse education, treatment, research, vigorous enforcement of drug abuse laws, and effective sentencing.

Drug supply and demand operate in an interrelated and dynamic manner. The strategies employed to limit each should be similarly connected. The fight against illicit drugs relies on two fundamental strategies: organized crime policy and drug abuse policy.

Organized crime policy targets specific criminal groups and seeks to destroy those already in existence and prevent the emergence of new ones. In contrast, drug abuse policy attempts to reduce drug use and its associated adverse effects. Theoretically, organized crime policy and drug abuse policy can conflict.
In the world war against narcotics, we need the commitment of the consumer nations to attack the traffic with the same vigor we have shown. We can make all the plans possible to educate and train, but if there is enormous demand, production will never be completely eradicated.

Unlike cigarette manufacturers, drug producers and sellers cannot use advertising to promote a fashionable image for their drugs. Quite the opposite, the government can use advertising to make drugs less and less fashionable to use.

Reducing the demand for drugs requires a long-term commitment because it takes time to change attitudes. This commitment must be made by Federal, State, and local governments and the private sector.

Each must unequivocally reassert that any and all illicit drug use is unacceptable in light of the effects of drugs on individuals, families, communities, and governments. It is only in this context that a war against drugs that seeks to limit both the supply of and demand for drugs can be effective.
Tactics to Reduce Demand

Efforts to reduce demand are not hampered by international political complications, or other factors that limit the effectiveness of tactics to reduce supply. More successful tactics to reduce demand may in the long-run decrease the need for current high levels of funding for approaches to reduce supply.

A significant reduction in the demand for drugs as a complement to aggressive enforcement efforts is likely to make drug trafficking less lucrative for organized crime and thus prompt many organized crime groups to drop out of the drug business.

Demand reduction is clearly the strategy of choice with respect to its effects on organized crime, anything that tends to depress demand will reduce both trafficking-related ancillary crime and the level of drug enforcement resources needed to attain any given level of reduction in drug consumption.

Skeptics have argued that past tactics to reduce demand have not been successful. However, the history of drug abuse prevention and treatment programs has been relatively short. It
was not until the upsurge of drug use in the 1960's that these programs developed.

Some early prevention approaches were ill-conceived. For example, they often presented information about drugs without persuasive arguments to deter their use, and other programs used exaggerated information. Drug education programs must be continually evaluated and improved to keep pace with changing drug abuse patterns.

While it is difficult to measure precisely the effectiveness of such anti-drug advertising, it is clear that the media can help shape attitudes. Just as beliefs about cigarette smoking have changed in recent years, so too can attitudes about drugs. Anti-drug advertising has an advantage over the anti-smoking campaigns: drug dealers cannot openly advertise their product.
CHAPTER 5: SUPPLY-REDUCTION STRATEGIES

Drugs, both legal and illegal, are a cause of considerable and growing concern across youth society. Although only a minority of the community use illicit drugs, the related harms to the person using and to the community is significant.

These harms include family and social difficulties, mental health issues, over-dose related deaths, transmission of HIV and Hepatitis C and other blood borne viruses, and involvement in drug related crime.

Drug abuse causes multiple problems for countries and communities. The medical and psychological effects are very obvious. Addicts cannot function as normal members of society. They neglect or abuse their families, and eventually require expensive treatment or hospitalization.
The second effect is on crime. Huge police resources are needed to fight smuggling and dealing. Criminal gangs and mafia underworlds develop with the money from drugs.

The cost of prevention, treatment, loss of productivity in the workplace, property crime, theft, accidents and law enforcement activities associated with drugs billions of dollars for countries around the world.

Supply reduction initiatives primarily aim to prevent and reduce the availability of drugs. Partnerships can assist activities that aim to reduce drug supply. We should make it more difficult for those involved in illicit drug supply

These actions will increases the likelihood of people seeking treatment and thus assist in prevention outcomes. Some suggestions:

- Reducing funds available for illicit drug purchase by prosecuting associated crime.
- Reinforce the message that illicit drug use is not condoned by the community.
- Disrupt the manufacture and supply of illicit drugs;
• Enhance efforts to control the inappropriate supply and diversion of pharmaceutical drugs and pre-cursor chemicals

Dismantle organized crime by implementing effective legislation and regulation of alcohol, tobacco and other substances to reduce associated harms to the community. However, despite the efforts of police and other agencies, people continue to use drugs. So we need to consider using "target group specific" activities and approaches. In the process, we must be careful and not alienate users.

We should generate and maintain expertise within the community and this can help to reduce the impact of industry strategies. We can in a united effort reduce the effectiveness of drug use by deglamorizing the image of drug use and by conducting preventive activities a part of people's day to day life.
CHAPTER 6: 
NATIONAL YOUTH COUNCILS ROLE IN 
COMBATING DRUG ABUSE

The fight against drug abuse has often been deduced as a problem for governments and law enforcements agencies, although this is certainly not the best approach. It is the young people themselves that are capable of addressing the issue of drug abuse and influencing their peers to abandon the dangerous practice.

Furthermore, young people are able to lobby their governments and other public institutions to take more effective actions against offenders and to provide facilities for rehabilitation of addicts.

Below are some proposals for the role of National Youth Councils can play in combating drug abuse in their countries.

**Lobby for Tougher Penalties Against Suppliers**

National Youth Councils may lobby their governments, through parliaments, to impose tougher penalties for drug suppliers. It is
the drug traffickers that are at the tip of the drug problem and eliminating them will be a severe blow to the drugs trade.

Youth Councils may identify parliamentarians who will support this cause and lobby for suppliers to face harsher penalties and this action will serve as a deterrent to other potential drug dealers. Youth Councils may also use the media to voice their criticism whenever there are reports of drug seizure.

**Establish Grassroots Intelligence**

In collaboration with local law enforcement agencies, Youth Councils may establish grassroots intelligence systems which will monitor any drugs trade and point to suppliers and dealers. By utilizing other youths who may be volunteers, the Youth Council may strategically follow developments and hints on where drugs are being obtained from.

This information can then be passed on to the police or drug agency for further investigation and action. It must be noted, however, that drug dealers are usually dangerous and armed people, so any actions to take them down need to be undertaken with due caution and with the involvement of law enforcement agencies.
International Youth Cooperation

As the drug trade is a transnational issue, it is essential for National Youth Councils to work with their counterparts in neighboring countries. This may enhance the quality of their information and their ability to detect patterns in supply. Information may be shared as it would tend to point similar trends. Care must be taken when dealing with international drug dealers as they are usually dangerous.

Youth Employment for Crop Growers

In many areas of the world, there are young people who are entirely dependent on growing and selling drugs as a means of livelihood. Some of these youth are innocent and have grown up working in this industry and know little of the repercussions of their work. There are areas where large estates have been established by international drug dealers who employ youths as workers.

Besides destroying these estates, it is important for the workers to get alternative forms of employment lest they turn again to
growing plants for drug use. Crop replacement programs may be established to provide alternative crops for the communities to grow.

**Prevention Campaigns**

National Youth Councils may organize national prevention campaigns aimed at spreading information on the negative effects of drugs and calling for action against drug dealers. This campaign may be coordinated in schools, colleges, youth organizations and in community centers. These campaigns may not only focus on hardcore drugs, but also on alcohol, tobacco and other commonly-abused substance.

**Training**

Young people also need training to overcome the difficulties with peer pressure. One of the key causes of drug abuse is peer pressure, which can only be overcome by self confidence and assertiveness.

As part of the curriculum of youth training programs, some confidence and self-assertiveness training is needed to enable
young people to stand up for what they believe. This is a role that National Youth Councils need to play.

**Parental Guidance**

As with other cases of juvenile delinquency, parents need to be engaged as partners in tackling drug abuse. They need to be informed on the signs and symptoms of drug abuse in their children and on how in training their children can avoid drug abuse and parents also need to know that their behavior influences their children.

If parents drink and smoke, it is likely that the children will experiment. It is therefore important for parents to avoid doing this in front of their children.

**Rehabilitation Facilities**

Drug abusers should be encouraged to seek help, without fearing shame or disgrace. It is a serious situation that requires professional help. National Youth Council can therefore play a role in establishing rehabilitation centers and also embarking on
campaigns to encourage youths to come forward for rehabilitation.

Besides overcoming their addictions, these rehabilitation centers may also assist youths to develop skills which will earn them an income and make them more employable or able to start their own business.

**Recreational Activities**

National Youth Councils should also lobby for more recreational activities to be established in communities. It is the lack of these facilities that influences young people to turn to drugs and alcohol for entertainment. Some positive physical and social activities can be established to ensure that boredom does not set in.

Advocacy should center on the ministries responsible for youth and sports, to ensure that they establish recreational youth centers in various communities.
Role Models

Young people are heavily influenced by people that they hold in high esteem in their societies. An effective strategy is to identify positive role models who can call for young people to stay away from drugs, alcohol and tobacco. These may be national or international role models.

Sports stars or entertainers celebrities have huge followings amongst youths and we should collaborate with them to form an effective campaign to inspire young people to take better path in their life.

These are ten possible ways that National Youth Councils can observe in developing national programs to tackle the drug menace. As national youth leaders, NYCs have the potential to be effective in the fight against drug abuse.

Training Education Centers for Preventive Drug Abuse

These centers must be established for specific objective to protect children and youth from drug abuse through vigorous and
unified preventive drug education programs. The Centers’ work must include the followings:

- Setting up a long-range plan of activities in preventive drug education in schools and communities in each member country;
- Coordinating the implementation of the long-range plan; assisting in the development of an effective and comprehensive drug education programmed in schools and communities in each member country;
- Conducting continuing research and evaluation in assessing types of training programs, new approaches, content and instructional materials;
- Planning and carrying out orientation programs in preventing drug education for school administrators and training programs for educators, designers, practitioners, police and criminal justice officers and community leaders; and
- Developing and validating the evaluation instruments for education programs to prevent drug abuse.

To achieve these objectives, the Centers have to continuously undertake training and staff development, development and
production of instructional materials, research and evaluation, technical assistance and special projects and activities.

**Key Projects**

Every National Youth Council must adopt the following 10 key projects:

- training of trainers in interpersonal skills and peer support counseling in drug education
- promoting drug abuse prevention activities among out-of-school youth
- promotion of drug control activities in the workplace
- training of effective management in prevention drug education programs
- enhancement of community-based drug prevention activities
- training seminar for drug treatment and rehabilitation counselors
- training on financial investigations
- training in intelligence operations management and supervision
- seminar on mutual legal assistance
- seminar on precursor chemicals

However, the menace of drugs can be fought. Education is the first battle. Youth need to be told at home and in school about drugs. People need to be aware of the effects so that they can make avoid this problem. A second approach is to increase police manpower and powers to stop dealers and to enforce the law.

However the main target should be the user. Families and counselors need to talk to youth and people at risk. Parents need to look at their youth and help them. Jobs are needed to give people a role in society.

In conclusion, although the problem of drugs may seem impossible to eliminate, there are concrete steps that can be taken to weaken the hold of drugs on society. The danger from drugs is too great to ignore.
CHAPTER 7: 
WORLD ASSEMBLY OF YOUTH ROLE IN COMBATING DRUG ABUSE

World Assembly of Youth (WAY) as the international body of national youth councils and organizations since its inception in 1949 has been fully involved in supporting program areas that promotes the empowerment of youth in every area that is necessary for their wellbeing and development.

Youths are our future and it is our responsibility to be their guide, role model, mentor and example. The future generations need us to show them that we care about them and that we want to put away the so called “generation gap” and that we are with them as they faced the challenges of drug and drug substance abuse.

WAY is taking all the necessary measures needed to equipped and empower youth leaders and organizations so that together we can achieve a drug free zone with the youths that we encountered. It is important that we realized that we need to work together and implement new strategies and ideas to combat the onslaught of drugs upon our youths.
With the release of this book, WAY believes that changes can happen as we endeavor to be more alert and become proactive in the programs we are conducting and to ensure that the goals and objectives set in helping the youth achieve the desired results.

With that in mind, in the last Melaka International Youth Dialogue a declaration “Towards a Drug Free Generation” was unanimously made by the participants of MIYD 2008.

8TH MELAKA INTERNATIONAL YOUTH DIALOGUE
“Towards a Drug-Free Generation”
27-29 June 2008
Avillion Legacy Hotel, Melaka, Malaysia

DECLARATION

1 PREAMBLE

1.1 We, the participants of the 8th Melaka International Youth Dialogue convened in Melaka from 27-29 June 2008 for an annual program organized by the World Assembly of Youth which brings together the young people and youth leaders from around the world to discuss pertinent and topical issues.
1.2 The theme selected for MIYD 2008 is “Towards a Drug-Free Generation”. This theme was selected in the realization of the need to educate, increase awareness, to prevent or reduce the rates of drug abuse amongst youth. All countries and all sectors of the society are affected by the devastating consequences of drug abuse.

1.3 However, with this selected theme all young people, youth leaders, government and organization officers gathered here to call for action in areas such as: Assessing the problem; Tackling the problem; Forging partnership; Focusing on special needs; Sending the right message; and Building experience.

1.4 After thorough deliberations through plenary sessions, workshops and side events, we the participants have put together this document with the following recommendations that we strongly feel ought to be implemented to enable youth effectively to participate and reduce the abuse of legal and illegal drugs.

The guiding principles for this declaration were based on the following objectives:

- To prevent the drug abuse amongst youth;
- To reduce the drugs abuse rate amongst youth;
- To achieve a behavior modification amongst youth;
- To increase youth awareness of their responsibilities regarding the drug abuse;
- To improve the national and international policies that deal with the drug abuse and its effects on society;
• To recommend improvements to the current systems of education for youth worldwide on drug abuse;
• To heighten international resolve to tackle the drugs abuse challenges;
• To improve cooperation between governments, civil society and private sector to address the drug;
• To have a stronger, more effective national youth councils with leading roles in the fight against drugs abuse.

RECOMMENDATIONS

2.1 Government

2.1.1 Strengthen government legislation that deals with illegal and legal drug use and offences, offenders and victims.
2.1.2 Development of action plans that help in the reduction, prevention and monitoring of drug abusers
2.1.3 Setting up of coordinating bodies that sustain and develop policies in order to prevent drug abuse
2.1.4 Providing of financial support to NGOs and bodies that deal with youth and drug abuse
2.1.5 Establishment of Counseling Centers, rehab centers and provision of sustainable recovery programs
2.1.6 Support for maintenance therapy for harm reduction
2.1.7 Strengthen government mechanisms that ensure good governance leading to the reduction of crimes arising from drug cartels
2.2 Bilateral and regional cooperation

2.2.1 Intensify government engagement in “citizen-support groups” e.g. cops-friends and RELA (MALAYSIA), neighborhood watch programs etc.

2.2.2 Strengthen exchange of information on drug trafficking, money laundering illegal arms trade and movements of suspected criminals.

2.3 Education

2.3.1 Incorporate Drug abuse issues in existing curriculum for primary and secondary education

2.3.2 Intensify civic education should be intensified to empower the populace on the consequences of drug abuse

2.3.3 Capacitate parents on how to identify the trends, threats, signs and symptoms of drug abuse among the youth

2.3.4 Encourage development and implementation of peer education programs i.e. survival and life skills

2.4 Media

2.4.1 Intensify greater social responsibility in term of the promotion of products and services related to the use of legal and illegal drugs

2.4.2 Maximizing usage of technology to inform and educate communities on the consequences of drug abuse

2.4.3 Maximizing usage of all forms of media to impart positive thoughts, messages and attitudes to the people
2.4.4 Promote more youth friendly and gender sensitive materials in media in order to attract youth to positive mentality

2.5 Private sector

2.5.1 Intensify corporate and social responsibilities of organizations towards a youthful drug-free generation
2.5.2 Strengthen partnership between the private sector, society, the government and the NGOs
2.5.3 Lobby and advocate for greater involvement by the private sector, in the fight against drug abuse

3 GENERAL COMMENTS

3.1 Setting up and up-grading of state-of-the-art Technology check at entry Points e.g. use of scanners and other advance methods of drug detection
3.2 Use positive role models to influence behavioral change and outlook among youth
3.3 Provide cultivators with alternative income generating opportunities

4 CONCLUSION

4.1 We the participants of the 8th MIYD have realized and recognized the major impacts of drug abuse in the lives of young people, hence the need to create youth forums for the lobbying and advocating of legislations of policies and programs at all levels of society thereby creating positive and healthy lifestyles for young people worldwide.
CHAPTER 8:
WORLD PROGRAM OF ACTION FOR YOUTH TO THE YEAH 2000 & BEYOND

One of the priorities cited in the World Program of Action for Youth to the Year 2000 and Beyond (WPAY) was to effectively tackle the international drug abuse problem.

The World Program proposed action to:

Promote drug abuse prevention, for example through education programs for children and youth about the danger of drug abuse, or by increasing opportunities for gainful employment and activities which provide recreation and opportunities to develop a variety of skills.

Develop training courses and disseminate information materials for young medical and paramedical students on the proper handling of drugs and the early identification and diagnosis of substance abuse.
Encourage research on the medical treatment and rehabilitation of young drug abusers and include students in the relevant faculties of such research.

Prevent exposure of drug abuse and dependence among young people suspected or convicted of criminal offences, for example by considering alternatives to incarceration of youthful offenders.

Excerpts on Drug Abuse from WPAY

Drug Abuse

73. The vulnerability of young people towards drug abuse has in recent years become a major concern. The consequences of widespread drug abuse and trafficking, particularly for young men and women, are all too apparent. Violence, particularly street violence, often results from drug abuse and illicit drug networks.

74. As the number of psychotropic drugs increases steadily and their effects and appropriate prescriptive uses are often not fully known, some patients may be adequately treated and others may become over-medicated. Abuse of prescription drug, self-medication with tranquillizers, sleeping-pills and stimulants can
also create serious problems, particularly in countries and regions where the distribution controls are weak and habit-forming drugs are purchased abroad or diverted from licit channels of distribution. In this context, the vulnerability of young people raises a particular problem and specific measures are therefore needed.

75. The international community places particular emphasis on reducing the demand for supply of illegal drugs and preventing abuse. Supply reduction includes combating international illicit drug trafficking. Drug abuse prevention initiatives range from discouraging people from taking drugs, thus preventing involuntary addiction, to helping those who are abusing drugs to stop doing so. Treatment programs need to recognize that drug abuse is a chronic relapsing condition. It is essential for programs to be adapted to the social and cultural context and for there to be effective cooperation between various approaches to treatment. To this end, national initiatives and measures to combat illicit drug trafficking should be fully supported and reinforced at the regional and international levels.

76. Drug control strategies at the national and international levels consistently emphasize initiatives aimed at reducing drug abuse among young people. This is reflected in the resolutions of the
Commission and Narcotic Drugs and in the demand reduction programs of the United Nations International Drug Control Programs.

**Proposals for Action**

1. Participation of youth organizations and youth in demand reduction programs for young people.

77. To be effective, demand reduction programs should be targeted at all young people, particularly those at risk, and the content of the programs should respond directly to the interests and concerns of those young people. Preventive education programs showing the dangers of drug abuse are particularly important. Increasing opportunities for gainful employment and activities which provide recreation and opportunities to develop a variety of skills are important in helping young people to resist drugs. Youth organizations can play a key role in designing and implementing education programs and individual counseling to encourage the integration of youth into the community, to develop healthy lifestyles and to raise awareness of the damaging impact of drugs. The programs could include training of youth leaders in communication and counseling skills.
78. Governments entities, in cooperation with relevant agencies of the United Nations system, non-governmental organizations, particularly youth organizations, should cooperate in carrying out demand reduction programs for illicit drugs, tobacco and alcohol.

2. Training medical and paramedical students in the rational use of pharmaceuticals containing drugs or psychotropic substances

79. The World Health Organization, associations of the medical, paramedical and pharmaceutical professions and pharmaceutical corporations and medical faculties and institutions could be asked to develop model training courses and disseminate information material for young medical and paramedical students on the proper handling of drugs and the early identification and diagnosis of substance abuse.

3. Treatment and rehabilitation of young people who are drug abusers or drug-dependent and young alcoholics and tobacco users

80. Research has been undertaken into the possibility of identifying medication to block cravings for specific drugs without creating secondary dependency, but much remains to be done in
this area. The need for medical and social research in the prevention and treatment of substance abuse as well as rehabilitation has become more urgent, particularly with the world-wide increase in abuse and addiction among young people. In such research, emphasis should be given to the fact that intravenous substance abuse raises the risk of contracting communicable diseases, including HIV/AIDS and hepatitis, arising from sharing of needles and other injection equipment. The fruits of all such research should be shared globally.

81. Research on issues such as the medical treatment and the rehabilitation of young drug abusers, including the combination of different types of treatment, the problem of recidivism and the administrative aspects of drug treatment, and the inclusion of students in the relevant faculties in such research, should be encouraged.

82. In cooperation with the institutions of civil society and the private sector, drug abuse prevention should be promoted, as should preventive education for children and youth and rehabilitation and education programs for former drug and alcohol addicts, especially children and youth, in order to enable them to obtain productive employment and achieve the independence, dignity and responsibility for drug-free, crime free
productive life. Of particular interest is the development of treatment techniques involving the family setting and peer groups. Young people can make significant contributions by participating in peer group therapy to facilitate the acceptance of young drug-dependent persons and abusers upon their re-entry into society. Direct participation in rehabilitation therapy entails close cooperation between youth groups and other community and health services. The World Health Organization and other world-wide medical and mental health organizations could be requested to set guidelines for continuing research and for carrying out comparable programs in different settings, whose effectiveness could be evaluated over a given period of time.

4. Care for young drug abusers and drug-dependent suspects and offenders in the criminal justice and prison system

83. Authorities should consider strategies to prevent exposure to drug abuse and dependence among young people suspected or convicted of criminal offences. Such strategies could include alternative measures, such as daily reporting to police stations, regular visits to parole officers or the fulfillment of a specified number of hours of community service.
84. Prison authorities should corporate closely with law enforcement agencies to keep drugs out of the prison system. Prison personnel should be discouraged from tolerating the presence of drugs in penal institutions.

85. Young prisoners who are already drug-dependent should be targeted as priority candidates for treatment and rehabilitation services and should be segregated as appropriate. Guidelines and standard minimum rules should be prepared to assist national authorities in law enforcement and prison systems in maintaining the necessary controls and initiating treatment and rehabilitation services. Action along these lines constitutes a long-term advantage to society, as the cycle of dependence, release, repeated offences and repeated incarcerations constitutes a heavy burden on the criminal justice system, quite apart from the wasted lives and personal tragedies which result from drug dependence and criminal behavior.
CONCLUSION

The battle against drug abuse will continue on and we must lose courage nor but rather continue to educate, create awareness and encourage youth organizations, NGO’s, communities, parents and societies the need to continue the fight and prevent the onslaught on our younger and future generations.

Programs that incorporate elements of these strategies are included to demonstrate how some communities are combating substance abuse and related problems. This book is designed to give community residents, youth leader’s ideas and suggestions to constructing approaches best suited to meet their goals.

An essential component of effective local programming is collaboration among various sectors of the community. Prevention, treatment, and law enforcement systems, personnel, and resources are all part of the continuum of care vital to the success of anti-drug strategies, and they can work together to respond to the costs of substance abuse. Community leaders from schools, family groups, social services, police, probation, the courts, and others are more effective working together than working alone.
To combat substance abuse and related crime, it is also important for communities to spend their often limited resources implementing programs that have shown promise. The growing emphasis on “what works” requires that communities learn from each other and implement program models with track records of success.

When a program model is replicated, it must be evaluated to ensure it is working in the new community. Incorporating an evaluation plan into program development is critical. Evidence that a program works is also essential when appealing for public and private funding.

We can win as we continue to lead the way and show the youth that there are better ways and better choices to be made no matter whatever the circumstances we are facing.
GLOSSARY OF TERMS

Definitions are based on those given in the World Health Organization (WHO) Lexicon of Alcohol and Drugs Terms, Geneva, 1994

ABUSE

Because WHO found the term ‘abuse’ ambiguous, it abandoned its use; instead the WHO glossary speaks of ‘harmful use’ and ‘hazardous use’, which they define as follows:

Harmful use: A pattern of psychoactive substance use that is causing damage to health, physical or mental. Harmful use commonly, but not invariably, has adverse social consequences.

Hazardous use: A pattern of substance use that increases the risk of harmful consequences for the user. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user. In the context of international drug control, drug abuse constitutes the use of any substance under international control outside therapeutic indications, in excessive dose levels, or over an unjustified period of time.
ABUSE LIABILITY
The propensity of a particular psychoactive substance to be susceptible to abuse, defined in terms of the relative probability that use in the substance will result in social, psychological and physical problems for an individual or for society.

ADDITION
The term ‘addiction’ and ‘habituation’ were abandoned by WHO in 1964 in favor of ‘drug dependence’. However, since these terms are still widely used, below is a definition of ‘addiction’. ‘Addiction’ refers to the repeated use of a psychoactive substance or substances, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance or substances, has great difficulty in voluntarily ceasing or modifying substance use and exhibits determination to obtain psychoactive substances by almost any means.

ADVERSE DRUG REACTION
In the general medical and pharmacological fields, ‘adverse drug reaction’ denotes a toxic physical or less commonly psychological reaction to a therapeutic agent. In the context of
drug abuse, the term includes unpleasant psychological and physical reactions to drug taking.

**AMPHETAMINE-TYPE STIMULANTS (ATS)**
A group of substances, mostly synthetic, with closely related chemical structures which have, to varying degrees, a stimulating effect on the central nervous system (CNS). Based on the predominant pharmacological effects (at common dose levels), the group comprises (i) CNS stimulants such as amphetamine, methamphetamine and methylphenidate; (ii) anorectics (appetite suppressants) such as phetanmetrazine, amfepramone (diethylpropion); and (iii) entactogens or ‘ecstasy’- type substances such as MDMA and MDA.

**ANALGESIC**
A substance that reduces pain and may or may not have psychoactive properties.

**ANTIDEPRESSANT**
Any of a group of psychoactive agents prescribed for the treatment of depressive disorders. There are three main classes: (i) tricyclic antidepressants, (ii) serotonin receptor agonists and uptake blockers and (iii) monoamine oxidase inhibitors.
None of the common antidepressants is under international control.

**CENTRAL NERVOUS SYSTEM (CNS)**
The system comprising the brain and spinal cord, together with nerve endings, which is responsible for changing mood and behavior that is usually under control of the will.

**(DRUG) DEPENDENCE**
The term was introduced in 1964 by a WHO Expert Committee to replace ‘addiction’ and ‘habituation’.

‘Drug dependence’ comprises a cluster of physiological, behavioral and cognitive phenomena of variable intensity, in which the use of psychoactive drug or drugs takes on a high priority. It implies a need for repeated doses of the drug to feel good and avoid feeling bad.

**PSYCHOLOGICAL or PSYCHIC DEPENDENCE** refers to the experience of impaired control over drug abuse. PHYSIOLOGICAL or PHYSICAL DEPENDENCE involves the development of tolerance and withdrawal symptoms upon cessation of use of the drug, as a consequence of the body’s adaptation to the continued presence of a drug.
DEPRESSANT
Any agent that suppresses, inhibits, or decreases some aspects of central nervous system activity. The main classes of CNS depressants are sedative/hypnotics, opioids and neuroleptics. The group of ‘depressants’ includes alcohol, barbiturates, benzodiazepines, non-barbiturate drugs such as methaqualone and meprobamate and opiates. Their effects range from sedation and induction of sleep, through hypnosis to general anesthesia. The effects produced depend on the specific drug used and the dose taken.

DESIGNER DRUG
Novel chemical substance with psychoactive properties, designed on the basis of the chemical structure of a given parent drug and synthesized specifically for sale on illicit market and to circumvent regulations on controlled substances. The term was coined in the 1980s. The concept of drug design, however, is not limited to clandestine operations, but is on of the guiding principle of drug development in the pharmaceutical industry.

DOSE
Generally speaking ‘dose’ is considered that quantity of a drug which is required to elicit the desired response in the individual, both in medicine and for abuse purposes.
DRUG
A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare; in pharmacology it means any chemical agent that alters the biochemical or physiological process of tissues or organism. In the context of international drug control, ‘drug’ means any of the substances in Schedule I and II of 1961 Convention, whether natural or synthetic. Usage of the term ‘illicit drug’ should be avoided, as it is the manufacture, distribution, use, etc. of a drug which is illicit, but not the substance itself.

DRUG TESTING
The identification and chemical analysis of drugs in seized material and biological specimens, such as urine, blood, hair, etc.

ECSTASY
Originally, the term ‘ecstasy’ was used as street name for the psychoactive substance MDMA. This narrow usage has however widened and today ‘ecstasy’ is frequently used to describe the whole group of related substances, in particular if marketed in tablet form at so-called ‘rave’ parties. For the users, it is almost impossible to predict which drugs are present in a street preparation sold as ‘ecstasy’.
ENTACTOGEN
Term derived from the Greek ‘en’ (inside) and ‘gen’ (to induce) and the Latin ‘tactus’ (tact). It describes a condition that allows users to ‘make contact’ with their own feelings and those of others. Examples of controlled drugs include MDMA.

HABITUATION
The term ‘addiction’ and ‘habituation’ were abandoned by WHO is 1964 in favor of ‘drug dependence’. However, since those terms are still widely used, below is a definition about ‘habituation’. ‘Habituation’ means becoming accustomed by any behavior or condition.

HALLUCINOGEN
Strictly speaking, a chemical agent that induces illusions, hallucinations, delusions, paranoid ideations and other alternations of mood and thinking that are observed in spontaneously occurring psychotic states. The term is generally used to also encompass substances which induce altered states of perception, thought and feeling, event though without producing overt hallucinations. Substances under international control, classified as hallucinogens include LSD, phencyclidine (PCP), mescaline, psilocybin and some hallucinogenic amphetamine.
HYPNOTIC
Any of a group of central nervous system depressants with the capacity to induce sleep. Major classes of sedatives/hypnotics include the benzodiazepines and barbiturates.

LONG-TERM EFFECTS
Effects resulting from the frequent repeated use or prolonged continuous use of a drug.

NARCOTIC DRUG
In medicine, a chemical agent that induces stupor, coma or insensibility to pain (also called narcotic analgesic). In the context of international drug control, ‘narcotic drug’ means any drug defined as such under the 1961 Convention.

NEUROLEPTIC
Any of group of drugs used for the treatment of acute and chronic psychoses. Also known as major tranquillizers and antipsychotics. Neuroleptics have low abuse potential.

OPIATE
Any of a group of alkaloids derived from opium poppy (Papaver Somniferum), such as morphine and codeine, including their derivatives, such as heroin.
OPIOID
A generic term applied to opiates and their synthetic analogues, with actions similar to those of morphine, in particular the capacity to relieve pain.

OVERDOSE
The use of any drug in such an amount that acute adverse physical or mental effects are produced.

PHARMACOLOGY
Pharmacology is the science of drugs, including their sources, appearance, chemical composition, properties, biological actions and therapeutic uses. It also covers allied fields such as toxicology and posology.

POSOLOGY
‘Posology’ is the study of dosage and is an important division of pharmacology. Knowledge of the dose of commonly used drugs is essential to acquire confidence in prescribing.

PSYCHEDELIC
The distinct feature of ‘psychedelic’ drugs is their capacity to induce states of altered perception, thought and feeling that are not experienced otherwise except in dreams or at times of
religious exaltation; they can, but not necessary have to produce overt hallucinations.

**PSYCHOTROPIC SUBSTANCE**
Any chemical agent affecting the mind or mental processes (i.e. any psychoactive drug). In the context of international drug control, ‘psychotropic substance’ means any substance, natural or synthetic or any natural material in Schedule I, II, III or IV of the 1961 Convention.

**SEDATIVE**
Any of a group of central nervous system depressants with the capacity of relieving anxiety and including calmness. Major classes of sedatives/hypnotics include the benzodiazepines and barbiturates.

**SIDE EFFECTS**
The term includes unpleasant psychological and physical reactions to drug taking

**SHORT-TERM EFFECTS**
Effects produced by a single dose or a short period of continuous administration of a drug.
STIMULANT
In reference to the central nervous system (CNS), any agent that activates, enhances or increases neural activity; also called psycho stimulants or CNS stimulants. Included are amphetamine-type stimulants, cocaine, caffeine, nicotine, etc. Other drugs have stimulant actions which are not their primary effect but which may be manifest in high doses or other chronic use.

TOLERANCE
A decrease in response to a drug dose that occurs with continued use, i.e., increased drug doses are required to achieve the effects originally produced by lower doses.

TOXICOLOGY
‘Toxicology’ is the science of substances as causes of side effects and disease in man, including their sources, appearance, chemical composition, properties, biological actions, detection and methods of treatment (antidotes).

TRANQUILLIZER
A tranquillizer is a calming agent. The term can be used to differentiate between these drugs and the sedative/hypnotics: tranquillizers have a quieting or damping effect on psychomotor
process without- except at high doses- interference with consciousness or thinking.

**WITHDRAWAL SYNDROME**

A group of symptoms of variable clustering and degree of severity which occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and / or in high doses.
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‘We cannot always build the future for our youth, but we can build our youth for the future’ FDR
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“There is no beauty, but the beauty of action”