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ORGANIZATION OF AMERICAN STATES

INTER-AMERICAN SPECIALIZED CONFERENCE ON TRAFFIC IN NARCOTIC DRUGS



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STUDY OF THE PROBLEM OF DRUG ADDICTION
AMONG THE CHILDREN AND YOUTH OF THE AMERICAS

17

1982



INTER-AMERICAN CHILDREN'S INSTITUTE

**STUDY OF THE PROBLEM OF DRUG ADDICTION AMONG THE CHILDREN
AND YOUTH OF THE AMERICAS**

**Report presented by the Inter-American
Children's Institute to the Inter-
American Specialized Conference on
Drug Traffic**

1. ... -Uruguay
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INTRODUCTION

- i. Pursuant to Resolution AG/RES. 699 (XIV-0/84), the General Assembly of the Organization of American States convened an Inter-American Specialized Conference on Drug Traffic "to give full consideration to all aspects of the problem".
- ii. In the aforementioned resolution the General Assembly instructed the Inter-American Children's Institute (IIN) to present a study on the problem of drug addiction among children and the youth of the Americas. The Regional Unit for Prevention of Drug Addiction of IIN undertook the task of preparing the aforementioned report. The general purpose of the report was to provide an analytical outline--as updated as possible--of evidence of the drug problem among children and the youth of the region, given its importance in those population groups.
- iii. The available limited and heterogeneous official information was used in this task, together with various complementary bibliographical resources. In some instances it was not possible to obtain reliable data.
- iv. The report begins with a general outline of evidence of the problem throughout the world and, particularly, in the Americas. A section deals with concepts and categories of the use of drugs, with particular reference to children and young people.
- v. The report then addresses the levels of analysis of the problem and factors that apply to the population groups covered by the study.
- vi. In this connection, the report places special emphasis on the problems of Latin American adolescents and young people, given their present standard of living and the socioeconomic crisis that affects the region. Because of this situation, which interacts with the present considerable supply of psychoactive substances, these groups, which constitute the majority of the population, are at increased risk of involvement with drugs.
- vii. The next section of the report refers to current trends in drug use in the various countries of the hemisphere. It presents a broad picture of the problem and indicates the drugs that are most widely used (with particular emphasis on marijuana, coca by-products and inhalants). It also describes other epidemiological characteristics, and the situation that exists among children and the youth of the region.
- viii. The report concludes with a summary which covers the most important aspects of the problem, and contains recommendations that IIN addresses particularly to the governments of the member states of the OAS.

I. OUTLINE OF EVIDENCE OF THE DRUG PROBLEM

A. Throughout the World and, particularly, in the Americas

1. Because of technological progress in communications and the need for linkage with regard to various problems, in recent years the distances that separate countries and continents have been shortened drastically.
2. Indeed, the modern world constitutes a complex network of all kinds of interaction: economic, political, social, cultural, scientific, etc.
3. Consequently, such systematic functions entail the need to analyze each phenomenon in its multiple series of manifestations. Furthermore, the definition of a problem is implicitly related, through its component factors, to a larger structure, while the role of any part of the latter, or a change in it, affects the entire structure.
4. Consequently, a series of specific considerations is required in order to understand the complexity of the "drug phenomenon".
5. After the Second World War and, particularly, during the Sixties, this phenomenon emerged throughout the entire world, and manifested national as well as regional characteristics. Its magnitude places it in the forefront of international problems, as its growth ignores national boundaries and it changes very rapidly, defeating the efforts of governments, as well as regional and international organizations, to control it.
6. In its contemporary meaning--as the substances that are now abused were used in earlier times by various cultures for other purposes--the problem entails interaction between the group of phenomena that promote "drug addiction" and the activity known as "drug traffic".
7. With regard to what is commonly known as "the demand side of drugs", for the purposes of this study drug addiction is defined as "a social, psychological and biological syndrome manifested by a behavioral pattern in which the use of a given psychoactive drug (or class of drugs) is given a sharply higher priority over other behaviors which once had a significantly greater value."(1)
8. With regard to the "supply side of drugs" we find that is usually called "drug traffic", to identify a criminal activity recently described as a "crime against humanity" in the Declaration of Quito (2) of August 1984. This indicates the extent to which the impact of such activities is recognized. Drug traffic entails the production and sale of substances, the end purpose of which is use that is variable, both qualitatively and quantitatively, and harm individuals

and groups in various ways. Furthermore, it threatens sociopolitical stability, damages the economy of many countries, and promotes violence and corruption.

9. But the drug addiction is not limited to the substances that are considered illegal, which move in the world of drug traffic; there are others that are used legally in medicine and industry (with or without control mechanisms), such as medicines or inhalants. Furthermore, certain vegetable species found in specific geographical areas are readily accessible (belladonna, mushrooms, etc.)
10. In recent years, and especially in the Americas, there has been an extraordinary increase in both the production and sale of illegal drugs and in their consumption; not only are these drugs consumed, but others which are legal, are diverted to illegal channels and consumed.
11. It may be said that consumption of these toxic substances has become a new lifestyle, added to the pre-existent one of alcohol abuse in various strata of society.
12. With regard to the drug problem in the Americas, the differences between the situation in the United States and that in the rest of the hemisphere should be emphasized.
13. The United States is the major drug consumer in the world. Its high level of development has also led to considerable expansion of scientific research, so that ample information on the trends in drug use in that country is usually available.
14. The percentage of drug users in the population of the United States is high, and there is significant consumption of very dangerous substances. Since the early part of the Eighties, reports have indicated some "slowdown" in the upward trend of the problem.
15. The available information on the Latin American and Caribbean countries is not as good. In those countries research is costlier, and its constant updating is even costlier. Nevertheless, it may be stated emphatically that in this part of the hemisphere there has been an extraordinary upsurge in the production and sale of drugs, as well as expansion of the drug consumption market resulting from surplus production that is dumped on local markets. Because of the resultant decline in prices, drugs are now available even to the lowest-income groups of society.
16. The authorities in the various countries of the region, as well as the community at large, are now more aware of the implications for any nation of significant groups of the population being involved in the drug problem, which endangers organized society itself.

B. Concepts and Categories of Drug Use

17. Under this heading, the following distinctions should be established:
 - "Drug use" refers to "psychoactive" substances, that is, "those which alter moods, understanding and behavior" (3). They may be therapeutic agents or non-therapeutic substances (coca and coca by-products, opiates, benzodiazepines, amphetamines, barbiturates, hallucinogens, inhalants, etc.).
 - The mere "use" of drugs does not necessarily imply "drug addiction" (or "toxicomania", or any of the other terms usually applied). It is very important to point out that there are different degrees and modalities in the relationship between the user and the drugs.
18. This is an important distinction, as it facilitates more correct understanding of each particular situation. It also makes it possible to identify the various categories of drug users, thereby facilitating different approaches to coping with the problem: legal, therapeutical, preventive and repressive.
19. It should be emphasized that an individual may use drugs out of curiosity or because of peer group pressures, without disorganizing his vital areas, and without consumption of the substance becoming the center of the user's life. In such cases, the biological harm may be insignificant. Furthermore, such behavior may not entail social or legal consequences, and may remain within the strictly private area.
20. Other persons may consume drugs more intensively, with regard to frequency and doses, thus producing what is called "nonfunctional use" in which psychological and social manifestations become evident.
21. Finally, it is possible to distinguish the drug user to which the definition of "drug addiction" applies (usually called the "drug addict"), in whom compulsive drug-seeking becomes the center around which his life is organized. All other aspects or behavior are subordinated to this. Here we find the group of prior conditions that must be present for progression from the previous category of "user" to that of "drug addict". Likewise, the harmful effects and complications suffered by the user and those near him, which result from inveterate consumption of one or more drugs, will become evident.
22. In this connection, an idea expressed in a WHO memorandum published after a meeting of experts on the drug problem was held in Washington, D.C. in August 1980 is pertinent (5): "Scientific studies are needed in order to investigate the relationship between modalities of use and the degree of disapproval expressed in specific cultural circles, as well as to estimate probabilities of dysfunctional or harmful consequences".

23. The reference quoted above indicates the need to achieve greater precision in interpreting the interaction of the multiple factors which contribute to emergence of the drug problem.
24. In this connection, it should be stated that it is very difficult to find a consensus among scientists regarding a complete concept of this phenomenon and establishment of more detailed categories of drug use.

3. Drug Use among Children and the Young

25. From another standpoint, it is pertinent to stress that stereotyped ideas exist which would relate the drug problem directly to young persons. Although it is true that studies of this matter focus mainly on the adolescent and young population--where the problem is more evident--a more critical analysis reveals that adults, as well as young people and, more recently, children, are also affected and involved.
26. This perception further facilitates understanding of the social nature of the problem which, consequently, need not be viewed as exclusively that of a particular age group.
27. Therefore, it may be said that studies of the problem must involve representatives of the entire population, given the particular characteristics of drug use in the various strata of society. Furthermore, this will facilitate more adequate and pertinent orientation of policies toward a correct approach to the problem.
28. Usually, the 8/10 to 25 years age group of the population is identified as that at highest risk. Without underestimating the role of the rest of the population, essentially what must be emphasized is the special significance of drug use among children and the young. It is highly relevant in view of the biological, psychological, family and social consequences that it entails.

4. Levels of Analysis of the Problem and Factors that apply to Children and the Young

29. As presently perceived, the drug problem is created by many and diverse factors characterized by a complex network of interaction. For purposes of analysis, these factors may be grouped at the following levels:
 - a) Difficulties and/or interruptions in the process of integral development of personality, in which biopsychological, individual, family and institutional conditions (education, employment, use of free time, etc.) play a role.
 - b) Availability of psychoactive substances.

- c) The socioeconomic and cultural environment which promotes and determines the relationship between drugs and drug users.

LEVELS OF ANALYSIS

A. Difficulties and/or Interruptions in the Integral Development of Personality

30. Questions have been raised in various scientific and cultural circles regarding the individual factors that lead to drug use. Answers have been attempted from many theoretical standpoints, producing massive bibliography but little agreement. Some answers include very precise but limitative approaches to the problem, while others are very holistic but also too general. The idea is not to review these matters, but to address certain points which provide useful concepts for interpretation, as well as guidance regarding lines of action that may be adopted.
31. The configuration of the personality structure entails interaction between the subject (who has certain biological characteristics) and the immediate environment, particularly the family. This is where the subject establishes basic patters for relating to the world, while adopting the ethical standards that prevail in the social group, and acquiring the capacity to function in the outside world.
32. The process of personality development continues throughout the subject's life, with periods of greater stability as well as crisis periods. This is true among children and adolescents. Childhood is characterized by a strong bond of dependence on adults, and the need for incentives and minimal security, as well as for role models with which to identify. Usually, the socialization process is complemented by entry into extrafamilial spheres, such as the school, as well as provision for use of free time, primarily for recreation.
33. Adolescence marks the beginning of a period of rapid biological, psychological and social changes which are accompanied by powerful internal, as well as external, pressures. The phase of youth, as a passage to adulthood, may be accelerated or slowed by the interaction of factors which depend, particularly, on the social environment and, consequently, vary with the social strata and cultures that provide the setting. This period of socialization includes entry into the labor force.
34. All these processes take place in a broader social environment which imparts certain characteristics to them. For example, the response of the family, as a socializing agent, is determined by the pattern of relationships that is characteristic in the particular community or social level of the subject. Likewise, the subject may continue in school or drop out, depending on certain parameters of eligibility or

requirements in the form of minimal qualifications for entry or achievement of pre-established goals. The employment area may promote or limit alternatives for adopting an individual lifestyle. Employment entails various requirements that are determined by the work environment and affect individuals to the degree that they possess the necessary characteristics for coping with such requirements.

35. In this dense thicket of factors, which only includes the most relevant ones, a child, an adolescent and, later, a young person, develops, gradually acquiring the characteristics which will define him/her as an individual.
36. If the combination of factors and circumstances creates adverse family experiences (either because of over-protectiveness or disintegration of family ties) the individual's capacity for tolerating frustration will be damaged in some measure. This will lead to difficulties in overcoming the inevitable obstacles that life brings, and will require patience, postponement of satisfaction of desires, changes in plans, etc.
37. Concomitantly, distortion of the paternal function results in inadequate understanding of the concept of authority, as well as resultant difficulty in grasping the limitations imposed by society.
38. Therefore, in varying degrees, the subject will manifest a tendency to violate rules, and will be attracted to behavior that challenges symbols of authority. Consequently, anything that is prohibited will be especially attractive, as the possibility of punishment by the external symbols of the law, or the authorities, compensates for his/her inadequate internal image of the rule. This inadequate image stems from weak identification with the father figure or its substitute.
39. Another variant of compensation is the quest for peers linked by the special rules of a group (street clubs, gangs, etc.), which orient the individual or joint action of its members.
40. Such compensation is usually accompanied by problems with sexual identification, which are reflected in the quality of the subject's relations with the opposite sex and, subsequently, in difficulty in establishing relationship within a couple or a family (assumption of the subject's own role as father or mother).
41. Individuals manifest these and other conditions with varying degrees of intensity, which may be weak or strong or, very likely, may emerge among many young people in the population.
42. Efforts to resolve the conflict through drug-seeking or other manifestations (violent or criminal behavior, alcohol abuse, etc.)

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vary with the intensity and persistence of the related factors describe above. In turn, the latter depend on strictly subjective conditions.

43. This suggests the possibility of sporadic or occasional drug consumption by some subjects, while others will use them as long as favorable conditions exist, and still others will continue their unbridled race toward open drug addiction.
44. Although studies indicate that, by and large, drug users always manifest--to greater or lesser degree--the characteristics cited above, it is not possible to determine how many persons afflicted by such problems do not follow the path of drug use, or an equivalent one.
45. In some individuals, persistence of the aforementioned conditions produces--as a predominant psychic symptom--mounting anxiety which exceeds the normal threshold of tolerance. This anxiety is usually accompanied by impatience and, eventually, failures in the process of symbolization.
46. This suggests the possibility of a subject being aware of conflicts that assail him/her, and of being besieged by anxiety. Consequently, the subject may successfully verbalize images and feelings. If this is achieved, the subject will understand that what is happening is related to his/her psychic and social life. Consequently, he/she may request some form of external help. If this process of symbolization is seriously disturbed, anxiety becomes a simple impulse to seek immediate relief, that is, without mediation.
47. Usually such subjects feel depressed, hold themselves in low esteem, and appear to have personalities that are very dependent and, consequently, easily influenced.
48. In considerable measure this contributes to the quest for peers who have similar problems and difficulty in accepting the conventional rules of their community, and who readily adhere to those established by the inner group.
49. The personality structure will determine significantly the form and degree of experimentation with drugs. At this point, the personality structure may appear to be an identity-reinforcing element which provides some measure of security for coping with "his/her" problems.
50. The more compelling the combination of factors described above, and the greater the availability of the psychoactive substances in the subject's normal environment, the more likely it is that merely experimental use will become a relatively permanent and effective means for allaying anxiety, escaping problems that seem insoluble and extraneous and, consequently, that the subject will express all his/her basic conflicts through drug use.

51. In the specific case of drug addiction, in addition to the conditions that have escalated drug use, there are complications which are secondary to the pre-existent ones and result from drug use itself, such as the effects on the subject's body organs, intensified conflicts in relationships, and the tendency to join fringe groups, together with legal, education, employment and other problems.
52. Because of the family's importance, we must remember that it is involved in two ways: firstly, as the conditioner of certain personality traits; and, secondly, as the setting of the particular environmental conflicts and complications caused by the presence of a drug user in its bosom.
53. Existent bibliography reveals the prior existence of addiction in the family group which is not identified as a symptom but as an indication: abuse of alcohol, stimulants, sedatives, etc. This factor may be relatively important as an identification model, in the sense of reference to adults resolving some type of problem or difficulty by use of chemical substances.

B. Drug Supply

54. The "drug supply" concept refers to the multiple mechanisms which provide access to psychoactive substances. It pertains to drugs (both natural and synthetic) that originate in illegal production and the diversion into illegal channels of substances that are used legally for therapeutic and industrial purposes.
55. There is consensus to the effect that the drug supply in the Americas has increased enormously in recent years. This is directly related to increased use, and these aspects are related in the form of mutual feedback.
56. The large volume of available substances (both legal and illegal) results, primarily, from mass production. The processing, refining, transportation and marketing of drugs require multiple activities which have gradually adopted technological progress, using it for application of mechanisms found in transnational enterprises. Profits from the world-wide drug traffic are measured in multibillion figures. The resultant economic power has generated mechanisms for political control in various countries and nurtured corruption, violence and even sophisticated forms of crime. Furthermore, the links between illegal traffic in drugs and illegal traffic in arms are well-known.
57. Because of their impact on the hemisphere, this report will address certain concepts that pertain to problems related to cannabis sativa (marijuana), erythroxylon-cocae (coca and its by-products) and volatile substances that are inhaled.

58. Nevertheless, the especially important role of psychoactive drugs and other medicines, which are most typical of consumption in certain countries, should be stressed. For example, studies carried out in Argentina (6) indicate that, in 1980 and 1981, ninety-six (96) such special products were sold in pharmacies to the consultants of a National Reeducation Center.
59. It is a well-known fact that, on a world scale, the United States market is the most important one, followed by those of Europe, Latin America and the Caribbean region.
60. It is estimated that, in 1983, Colombia supplied 59 percent of the 12,600 to 15,000 metric tons of marijuana supply in the United States. The rest came from Jamaica (13 percent); national production (11 percent); Mexico (9 percent); and other countries (8 percent). It should be stressed that, in addition to these huge supplies, the value of the psychotropic tetrahydrocannabinol (THC) content has increased since the Sixties from less than 1 percent to average strengths of 3 percent. Actually, the strength of some varieties may exceed 7 percent (7).
61. Up to the present, marijuana is the illegal drug that is most widely used throughout the world. The warm and humid climate of countries such as Colombia favor highest quality production of this plant. It is estimated that this crop is produced in approximately 50,000 hectares. Furthermore, marijuana with varying THC content is grown in many regions of the world.
62. A particularly important development has been the impact, in recent years, of the use of coca by-products in alarming measure, in both the traditional drug consumption markets as and in the producing and transit countries.
63. "Although the coca plant is grown in many regions of the world, the most important crops are found in Bolivia, Peru and Colombia. It is estimated that Bolivia and Peru produce 50,000 tons per year". "...It is likely that the indigenous population which chews coca leaves consumes approximately 25 percent of the crop. Another 2 percent is exported legally to provide flavor for cola beverages and for manufacture of pharmaceutical cocaine. Perhaps approximately 75,000 tons are available for production of illegal substances. If the volume of the increasing production of coca leaves in Colombia is added to this figure, it is very possible that approximately 85,000 tons of coca leaves are used in producing coca paste and cocaine".(8)
64. It is estimated that the quantities of those drugs produced on the basis of those 85,000 tons exceed the annual demand for illegal cocaine of the entire world. This means that surplus production will be used for developing new markets, thereby gradually increasing demand.

65. Three substances are produced by processing coca leaves:
- Cocaine sulfate or coca paste (known as basuca in Colombia);
 - Cocaine chlorhydrate; and
 - Free base or alkaloidal cocaine.
66. Cocaine sulfate or coca paste is the most impure product and is mixed with tobacco or marijuana (basuco) for smoking. It contains a high concentration of toxic substances and, because of its price, is very accessible to low-income groups of the population.
67. The following report on Colombia (9) indicates the present supply of this drug: "...at present, a substantial part of our population consumes drugs, mainly that known as basuco, which is a real scourge and, because of its low cost, has invaded broad sectors of society. The accelerated increase in its use in rural areas should be emphasized. There, it is even used as partial payment for work performed by the population". In the same report Peru states: "The criminal deeds of the drug dealers should be mentioned: they mix base cocaine paste with the various candies that school-age children eat". The report on Peru goes on to say: "...consumers obtain the drug through the regular dealers who distribute it at recreational facilities, areas close to schools, academies and universities, or at meetings of youth groups, in residential as well as slum neighborhoods".
68. Production of cocaine (cocaine hydrochloride) requires an additional step in refining the sulfate, after hydrochloric acid is added and other techniques are applied in order to obtain cocaine in pure crystal form.
69. "Surplus production of cocaine results in greater purity in the supply, as demonstrated by the fact that cocaine that was confiscated some years ago in the United States usually had a pure content of 12 percent, while, at present, the content is from 2 to 4 times higher. Furthermore, the street price has dropped from US\$100 - US\$105 to US\$75 - US\$100. That market trend--higher potency at a lower price--is ominous, because it entails increased dependency on the drug and opens entirely new markets to low-income persons who, previously, could not allow themselves the luxury of cocaine use".(10)
70. The 1984 report of the International Narcotics Control Board (INCB) states: "The increasing abuse in Colombia, which results from the ready availability of marijuana, coca paste and cocaine, is a matter of widespread concern among the public".(11)
71. Special mention of inhalants is in order. Their use is furthered by their multiple industrial and household uses, while their modest cost makes them available to broad sectors of the population.

Studies--which are still insufficient--indicate that these substances are used mainly by children and in sectors of the population characterized by inadequate socioeconomic conditions.

72. It should be emphasized particularly that the problem of inhalants constitutes a serious challenge to drug control policy, given their multiple uses, locations and marketing conditions.
73. Finally, it is important to stress the interdependent relationship between the drug supply and drug use.
74. Actually, this is a complementary, feedback type of relationship. While ever larger numbers of persons enter the consumer market, seeking more drugs in stronger doses, the supply side responds not only by meeting such demand but also by expanding the market through production of larger quantities at lower prices, increased purity of the product for intensified effect, successful market management techniques, etc.
75. Likewise, it is appropriate to emphasize the mechanism through which successful control and repression activities--basically in the large consumer countries--move the drug supply to producer and transit countries.
76. Mechanisms for substituting drugs in the markets, as well as a constant addition of new substances, or combinations of substances, have also been noted.

C. The socioeconomic and cultural context

77. At this level of analysis some of the factors of the social and economic situation that have special impact on growth of the drug phenomenon among children and young people will be addressed.
78. Within this broad topic, the special situation of the youth of Latin America has been selected for detailed analysis. On the one hand, this selection is justified by the factor already mentioned: the large youth population of the subregion. On the other hand, the selection is based on the fact that present socioeconomic conditions, interacting with the considerable supply of drugs, place that population group at very high risk of not only consuming drugs but also engaging in illegal drug production and trade. This, in turn, is a conditioning factor for associating problems, such as various form of violence, corruption, prostitution, etc., with the youth sector.
79. Focusing on the social situation of the youth of the Americas implies some degree of abstraction. In this connection, it should be mentioned that the fact of being an inhabitant of the hemisphere and being in the 15 to 24 years age-group indicates some degree of

homogeneity. However, account must be taken of the considerable heterogeneity that exists, which is determined by the situation in the various countries and their respective regions, as well as the distinct evidence of the existence of an urban culture and a rural or semi-rural lifestyle. To this we may add the differences inherent to the various socioeconomic strata from the standpoint of availability of money, as well as opportunities, educational level, cultural and religious standards, participation in political activities, etc.

80. In a certain sense, it may be stated that "youth is a phenomenon generated by the interrelationships that exist among the family, education and employment, which produce a life phase dedicated to preparation for playing adult occupational and family roles".(12)
81. An ECLA study (13) contains the following statements: "One out of each five inhabitants of Latin America is in the 15 to 24 years age-group, and this figure bespeaks the importance of the presence of young people in our societies". "...Two-thirds of the young population of Latin America now reside in urban areas, and their migration from rural areas to the cities is growing".
82. The importance now attributed to the young in relation to the drug problem is based on the fact that the proportion of youth in the overall population was never higher than at present, particularly in the cities.
83. "Since the end of the Second World War it was hardly ever doubted that one of the key factors for interpreting the situation and behavior of the young was the crisis in the traditional society and the modernization that was proceeding rapidly".(14)
84. As stated in the 1985 ECLA study entitled Juventud y exclusión social: "Today things must be considered from a more complex standpoint. On the one hand, the modernization and liberalization that accompanied expansion of the capitalist economies after the pax americana was established collided with far-reaching crises and redefinitions. On the other hand, the diverse paths followed in each national society in coping with such crises and redefinitions determined the emergence of distinctive traits in the principal social agents and categories".(15) A new phenomenon, "social alienation", which affects the young particularly, emerged.
85. Social alienation is defined as "a structural change through which various social groups, which held institutional positions in the social system or aspired to such positions with good reason, are expelled from them or find that access to them is blocked so that they must remain on the fringes of the system".(16)
86. "Such social alienation originates in economic stagnation, which may be defined as a long-term situation, and takes place within the

framework of a growth model that has caused accelerated deindustrialization as well as the emergence of structural unemployment firmly based on growth rates of more than two digits". (17)

87. The above description is applicable to the situation that prevails in many countries of the region, albeit with varying degrees of intensity.
88. In the early phases of modernization of the economies, the role of young people was greatly enhanced, thereby creating expectations regarding their assumption of formal roles in society.
89. Accelerated urban development, growth of educational systems, expansion of political and civic responsibilities, and the integration of skilled and unskilled labor in the modern sectors of production and services involved the youth of the region significantly in the aforementioned processes of development and modernization. If their political role is included, it may be said that they assumed principal roles in such processes. Consequently, the failure of the modernization model dealt a very severe blow to this large sector of the population.
90. To the degree that it is possible to interpret the concept of youth (which we attempted above) as a phenomenon that results from the inter-relationship that exist among the three major social structures or institutions--the family, employment and education--it would be appropriate to analyze these factors in order to observe the characteristics of the present situation in this sector of the population.

Employment

91. Modernization of society in the countries of the region failed to attract sufficient numbers of the youth of Latin America to productive employment.
92. Although, during the 1960-1970 period, young people swelled the ranks of the permanently employed labor force in the cities more rapidly than the adults, during the next decade the situation changed. Around 1980, although the educational system absorbed the 15 to 25 years age-group, that sector of the population accounted for at least 50 percent of the open unemployment in most countries. The figures for Colombia and Mexico were close to 70 percent. Consequently, there was a very sharp increase in the number of young people holding part-time jobs, as demonstrated in the case of Chile. (18)
93. By failing to find permanent employment in the productive process, they found all the pertinent levels of social and political participation closed to them.

94. This resulted in a trend toward continued forms of social grouping of the young people thus excluded from the productive process. An important consequence of this has been their prolonged and involuntary classification as the "youth" social group. Concurrently, this underprivileged status reduces the possibility of they themselves becoming agents of changes which may reverse their situation.
95. The object of the above description of the situation is to indicate the economic and social conditioning of the "youth" sector that is furthered by the existence of a series of phenomena such as abuse of alcohol and other drugs, as well as violence, prostitution and crime. Therefore, these emergent social factors cannot be reduced to the strictly individual level for purposes of interpretation.
96. It is evident that the aforementioned situations create favorable conditions for such behavior, as both alternatives for coping with an impossible social structure and as a response to, and escape from, frustration. An example of this is the involvement of youth in illegal drug traffic as an alternative to the impossibility of access to the permanent labor force. Such a step may assume the form of underemployment in response to those who, in their opinion, are responsible for their lack of opportunities.

Education

97. During the past 20 years, in most of the Latin American countries, in both rural and urban areas, there has been substantial growth of educational coverage of youth. "In most of the countries of the region the attendance rates of the young have doubled and even tripled. This phenomenon is not limited to the cities; it is paralleled by a rapid upsurge of such rates in rural areas".(19) Furthermore, the number of years of attendance in schools has also increased. Consequently, the entry of young people into the labor force has been postponed, with resultant extension of the period of their classification as "youth". Another result has been a widening of the generation gap at the educational levels.
98. Likewise, there has been evident frustration of expectations among large groups of educated youth. They have seen their opportunities for employment at the intermediate and higher social levels hampered by the limited capacity of the modern sectors of the urban economy to absorb them.
99. It should be emphasized that, in recent years, in some countries, as a result of the economic crisis and the need for employment at an early age for subsistence purposes, entry into the educational system and school attendance rates have declined, not only at the level--thereby generating a new form of social alienation-- but also at the level of the "children" group. Such children (the "street kids"), who are exploited in ill-paid jobs in their efforts to

survive, engage in both legal and illegal activities. This opens the path to drug use, as a means to escape a desperate situation, or as a lucrative means of subsistence, with the object of alleviating the poverty of the nuclear family.

The family

100. The Latin American family has evolved from the extend pre- industrial group to the nuclear urban family.
101. "Nevertheless, the crisis in the urban-industrial family model is found everywhere, and especially in the lower-income urban groups." Referring to Colombia, R. Parra describes the situation as follows: "The phenomenon of intensive disintegration of the family models took place without successful preservation of the model which stemmed from an urban-industrial society, while successfully disorganizing existent models". (20)
102. On the other hand, the effect of the economic crisis of recent years on the low-income and average-income groups has been that the young have had to seek shelter under the paternal roof, thus restoring the links of the extended family, but in conditions of crowding and family conflicts, with the result that they have been thrown out on the streets to seek their own dwellings. This has resulted in the creation of youth groups, or gangs, which often take to drug use and drug trafficking, as well as criminal associations, prostitution, etc. It should be noted that, in such groups, this alternative fosters a feeling of "belonging", which compensates for family failures in the normative and economic areas, among others.

II. DRUG USE AND ITS TRENDS

A. The Broad Picture

103. In preparing this section of the study, data from official reports of the countries which participated in the surveys of the Inter-American Children's Institute and in the VI Conference of the States Parties to the South American Convention on Drugs and Psychotropic Substances (ASEP) held in Bogota in 1984 were used. With reference to the scope of the official reports, it must be stressed that such documents are usually incomplete and imprecise, and tend to minimize the problem. In order to offset such deficiencies, national as well as international publications have been consulted.
104. Furthermore, a reference to failures to respond to requests for information is in order. Apparently, this resulted from actual lack of data at the national level, as well as the sociopolitical implications of the problem. Approximately 50 percent of the

countries responded to the "Survey of Abuse of Addictive Drugs by Minors in the Americas" (IIN, 1982), while an even smaller percentage responded to the one on "Updated Information on the Problem of Drug Addiction among the Children and Youth of the Central American and Caribbean Countries" (IIN, 1985). Although, generally speaking, such surveys provide important information, their data evidently lack homogeneity--thereby hampering comparisons among the countries--as well as sufficient epidemiological research.

105. It should be noted that, unlike practice in the United States, which carries out National Drug Abuse Surveys on a periodic basis, most of the available Latin American research refers only to small samples of the school population. Thus, data on many children and youths who do not attend school or drop out is excluded. On the basis of existent evidence it may be estimated that the drug problem in this group is particularly severe.
106. A broad picture of trends in drug use in the hemisphere reveals a marked worsening of the problem in most of the Latin American and Caribbean countries in recent years, although in such countries the problem appears to be less severe than in the United States. During the past five years, however, in that country, which has had a grave drug problem, there has been some stabilization of drug use trends.
107. According to official publications (21), 20 million Americans use marijuana once per month; in recent years, 1 out of 18 high school juniors or seniors have used it on a daily basis; and approximately 4 million persons (of whom 50 percent are in the 18-25 years age bracket) use cocaine, while some 500 thousand are heroin addicts. No data was found on the number of persons who abuse legal drugs, although massive use of such drugs is admitted.
108. An aspect uniformly observed among youth of the region is the trend toward politoxicomania (the combination of several drugs and their mixture with alcohol).
109. Other common factors observed are the appearance of new drugs in the market, as well as the decline in the prices of several of them, which increases accessibility, with resultant expansion of use.

B. The Drugs Used Most Frequently

110. In the United States, as well as Latin American and the Caribbean region, it is generally agreed that alcohol is the drug most frequently used in the general population, even among the young. Alcohol abuse creates many problems that are associated with it, such as automobile accidents, violence, and crime.
111. A census carried out in Puerto Rico in 1980 established the following: "Although, typically, the 15 to 19 years age group drank

only occasionally (65.5 percent), it was found that 13.66 percent (24,085) were 'heavy' drinkers".* (22)

112. The United States reports that alcohol is its major problem, to the degree that it has been estimated that there are 10 million adult problem-drinkers in that country, plus 3 million problem-drinkers in the 14 to 17 years age bracket. (23)
113. Studies carried out in Chile indicate that 8 percent of the country's adolescents abuse alcohol, and use other psychopharmaceuticals at appreciably lower levels. (24)
114. After alcohol, the drugs most frequently used are marijuana, coca, coca by-products and inhalants. In order of frequency of use, these are followed by benzodiazepines and other psychotropic substances such as amphetamines.
115. In Argentina, as well as Paraguay and Uruguay, marijuana is the illegal drug most frequently used. In Chile, the highest incidence of marijuana use is found in the 14 to 26 years age group and, since 1960, its use throughout all the socioeconomic strata, including its combination with alcohol, has been observed. In Venezuela it is in the forefront of drug use and is consumed by novices initiating drug use.
116. In another part of this study it is stated that 20 million persons use this drug in the United States. Epidemiological studies carried out in Panama also put marijuana in second place, after alcohol.
117. Reference to the considerable frequency of combined use of marijuana with other drugs is in order. At present, such use is significant in countries such as Peru and Colombia, where the base coca paste is inhaled through marijuana cigarettes.
118. Chewing of coca leaves is an ancestral tradition among the indigenous population of the Andes region. It is recognized as a cultural practice, designed to relieve fatigue and to allay the pangs of hunger. At present, this modality of use is maintained over broad areas which encompass several million rural inhabitants.
119. In recent decades, the production of various coca leaf by-products has gradually entered the field of illegal activities, as in the cases of cocaine hydrochloride and of alkaloidal cocaine mentioned previously.

* "They consume alcoholic beverages one or twice per week or more frequently, downing four drinks (or more) on each occasion".

120. The myth regarding the relative harmlessness of coca by-products --using the opiates as parameters--has been followed by scientific evidence of their enormous capacity for generating dependence. The conclusion is that, of the known drugs, these are the most addictive.
121. The potential for addiction of these drugs has furthered their expanded use during the past decade at unprecedented speed. This development is related to the higher doses consumed, the multiple means for administering these drugs (intravenous injections, inhalation and aspiration), and the increased frequency of administration presently observed among users. This increased demand was met by concomitant increases in supply, which in turn provided feedback for demand.
122. During the past 3 to 5 years a significant increase in use of all the coca leaf by-products (sulfates, hydrochlorides, etc.) has been observed in many countries of the region.
123. In some of them, such as Colombia, the situation is truly dramatic, as indicated in the following statement:

"The magnitude of consumption of basuca in Colombia has had greater impact since the early part of 1983, when the Attorney General carried out a study in the southeastern area of Antioquia, where 600 confiscations of that product had taken place; during the first 6 months of the year the press has published complaints to the effect that not a single departmental municipality throughout the country is free of basuca consumption, that farmers pay their employees with this drug, and that youths, executives, adults and even children use it; the alarm caused is all the greater because of the rise in crimes and street muggings related to that drug, as well as the extremes to which addicts go in their desperate quest for the drug. There are reports of household objects, such as beds, being sold in the drug markets, as well as the murder of loved ones in order to obtain money for purchases".

"Sound statistical data on the incidence, prevalence and distribution of consumption do not exist, but the demand situation in the treatment centers, the reports of addicts, and the scope of confiscations and the numbers of persons involved in them indicate that this problem affects the following:

All the principal age groups (mainly the younger ones, including children under 12 years) and even adult women of over 50 years of age.

- Both the male and female sexes.
- The upper, middle and low social classes.
- All city neighborhoods including those of the upper class.
- The urban and rural sectors and intermediate municipalities.
- Professionals, executives, laborers, farmers and unemployed persons.

It may be easily estimated, without fear of error, that, in Colombia, from 25 to 30 percent of the population consumes basuca, and that a minimum of from 3 to 5 percent of the population is addicted to that drug".(25)

124. In relation to coca and its by-products, for example, countries such as Brazil report an increase in cocaine hydrochloride consumption resulting from the decline in prices. In Ecuador, their use is restricted to the wealthier socioeconomic groups. In Peru, one of the major producer countries, cocaine hydrochloride is also used by the more affluent groups, but the base coca paste is found at all levels of society and in the major cities. In 1984 Peru reported to the VI Conference of States Parties to the South American Agreement on Drugs and Psychotropic Substances (ASEP) that its use has extended to the population in the less than 16 years of age bracket, and to that in the over 25 years of age group.
125. Research pertaining to 1984 indicates that, in Peru, of the high risk group in the 12 to 24 years of age bracket, which totals approximately 13,500,000 persons, 180,000 had used coca paste and 100,000 had consumed cocaine.(26)
126. Although it is known that Bolivia is a large-scale producer of coca and its by-products, and current observations indicate widespread use of the base coca paste, official information to this effect is not available.
127. Central American and Caribbean countries have reported ever-greater expansion of the consumer market for base paste, given its low cost and considerable availability. Studies indicate that, in Mexico, cocaine is not the drug of preference. Up to the present there are no reports on consumption of cocaine sulfate in that country. Furthermore, no significant levels of consumption have been observed in Argentina, Chile, Uruguay and Venezuela.
128. Authorized United States sources (27) report that, in that country, the number of persons who used cocaine at least once during the month before the survey remained at the same level from 1979 to 1982. In the latter year, over half the users were in the 18 to 25 years of age bracket. In 1982 the level of use among persons of less than 18 years of age remained constant, following the sharp rise observed during the 1976-1979 period. In the 1982-1983 period, the total number of emergency hospital admissions related to cocaine use rose by 12 percent, and the deaths that occurred during that period because of cocaine use are estimated at about 13 percent.
129. Inhalants are the drug of preference among children on the lower end of the socioeconomic scale, although this has also been observed at other social levels and among adolescents.(28)

130. Increased use of such substance is reported by most of the countries of the Americas. This is a matter of concern in Argentina, Brazil, Costa Rica, Chile, Mexico and other countries.
131. The severe effects of inhalation are similar to those of intoxication produced by ethyl gasoline, namely, a euphoric state, vertigo and dizziness, together with feelings of omnipotence, apathy and marked loss of appetite. Furthermore, it may create hallucinations, mainly of the visual type.
132. These substances generate tolerance and addiction, especially in the case of toluene and gasoline. Administration of these substance may cause accidents (asphyxiation) and may be an indirect cause of death.
133. Investigation of prevalence of use reveals a considerable difference when the population studies refer to the school environment, where the figures are relatively low. On the other hand, studies carried out directly among the underprivileged population--the normal habitat of inhalers--produce figures which bespeak an alarming increase in use, combined with absolutely poor conditions in the areas of health, education, employment and use of free time. Simultaneously, a high degree of family breakdowns, unemployment and illnesses, such as alcoholism and other addictions, are found in families. Apparently, such use may be linked to criminal behavior, including drug trafficking.
134. The above considerations are based on a study of minors in a marginal Costa Rican community (29), where 12 percents of the children in the 7 to 18 years age group inhaled glue on a regular basis. They received this substance as payment for services rendered, such as serving as lookouts to warn of the arrival of police or distribution of marijuana. The children had police records, were school dropouts, had experienced serious family breakdowns and, often, provided the economic support of their families.

3. Other Epidemiological Characteristics

135. With reference to behavior of the problem, the decline in the age of initiation in use of the various drugs should be emphasized as a highly relevant and widespread development. This has been reported by several countries, such as Mexico and Jamaica.
136. For example, in the case of inhalants, its use among children in the 6 to 7 years age bracket has been reported. A study of use of coca paste by 348 persons carried out by Dr. Raúl Jari (30) revealed that their ages ranged from 10 to 62 years, and that half of them were in the 10 to 20 years bracket.

137. Venezuela has reported that the age of initiation of marijuana use is 15 years, while that of first use of cocaine is in the 16 to 17 years range. Information is also available on the predominant use of cocaine by males, although in several countries an increase in consumption among females has been reported.
138. On the whole, available data indicate the vast scope of the drug problem at all levels of society. Although, at each level, the type and modalities of use of identical drugs may vary, the choice of drug types may also vary. Another factor to be considered is the usual variation in motivation, which is determined by socioeconomic and cultural conditioning. This applies to inhalants, which are substances typically used in the lower-income groups, although some consumption has been observed in the middle and higher classes, but not as the drug of choice.
139. Cocaine hydrochloride is frequently used in affluent groups because of its price. Nevertheless, lower-income users also have access to it, through their recruitment by dealers, who pay them in the form of doses for personal consumption.
140. Finally, it should be stressed that the problem of drug use has been associated traditionally with urban development, but recent reports from various countries indicate its spread to rural and semi-rural areas.
141. In considerable measure, the reason for this is that in such areas, which account for most of the production, substances move for purposes of processing and/or initial phases of manufacturing, and are accessible to the population involved in such activities.
142. In brief, both the magnitude and nature of the problem of drug use in the children/youth group show that it does not emerge with the same intensity in all the countries of the region, but that in some of them it has reached dramatic proportions.
143. The problem changes rapidly with regard to the type of drugs used, modalities of consumption, the population groups involved, traffic channels, market prices, etc. It has extended to ever-younger age groups and to all social strata, albeit with different motivations for use. Although drugs are used mainly by males, young women are also acquiring access to consumption.
144. Albeit not properly quantified in many instances, available evidence compels some countries to adopt policies of vigilance and preventive education which, while focusing on the groups that are at highest risk, will actually reach a substantial number of young persons and their families.
145. In countries where the problem is of epidemic proportions much more must be done in order to dissuade the young from drug use, treat

addicts and reduce the growing supply of drugs which threatens not only youth but all of society.

146. Governmental and nongovernmental institutions, civic organizations of all types and particularly youth organizations, families, parents and professionals must be made aware of this danger. Widespread dissemination of information on the factors that lead to drug use, as well as the consequences of consumption, is a sound way to achieve this. Perhaps it will be possible to thus ensure that all society will become a pressure group which will motivate the governments to accord to this problem the priority that it deserves, considering its disastrous impact on individuals, families and society itself.
147. However, because of the international nature of the problem, it is absolutely imperative that, together with the internal campaign waged by each country against drug traffic and their efforts to control supply there be effective inter-American cooperation, resolute support from international organizations, and contributions from the developed countries where, as is well-known, the considerable demand for drugs accounts for a major part of production and trade.

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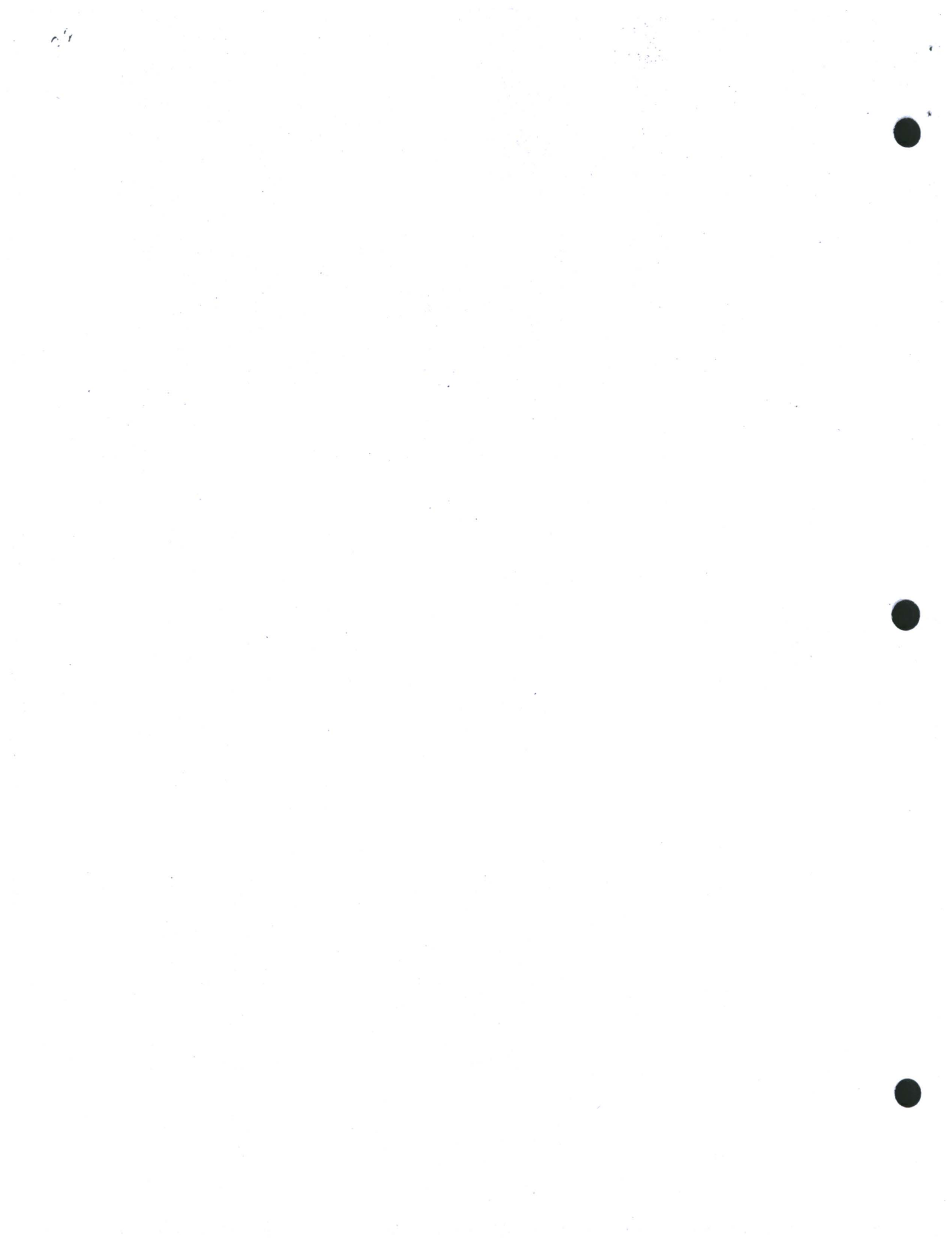
SUMMARY

1. The drug problem in the Americas has acquired international dimensions, and most of the countries are involved in it in one way or another, either as producers, consumers or transit channels.
2. Apparently this problem results from interaction of demand for psychoactive substances (for both legal and illegal use) among population groups, and supply (drug traffic) in environmental circumstances that may or may not further such interaction.
3. In recent years, there has been an unprecedented rise in the production and marketing of illegal drugs as well as their use, in addition to increased consumption of legal drugs that are diverted to illegal channels. The United States is the major consumer of drugs in the world, and ample information is available in that country regarding trends in drug use at the various levels of its population. Notwithstanding the limited information that is available on the situation in Latin America and the Caribbean region, an extraordinary surge in both production and drug traffic has been observed, together with unprecedented expansion of drug use.
4. Drug consumption is not limited to the children/youth group of the population, although it is more evident there. It also affects adults. It invades pre-existent modalities of alcohol abuse and, like any social problem, its nature is determined by many factors. It should be stressed that drug use does not necessarily imply drug addiction, as there are various degrees and modalities in the relationship between the subject and drugs.
5. Apparently, the impact of the problem of the children/youth group of the population is especially important because of the special vulnerability of the process of personality development that takes place in their age groups. In the case of many youths and children, this process takes place in an environment that has become dangerous because of the ever-greater availability of various psychotropic substances. In view of how drugs may affect the immediate future of broad sectors of the population, the problem acquires alarming proportions.
6. The substances most frequently consumed by the youth of the region are alcohol, marijuana, and coca and its by-products. The drugs of choice among children are the inhalants, especially in the lowest-income groups of society in the Latin American countries. Use of alcohol and the benzodiazepine type of tranquilizers is more widespread among adults.
7. The use of base coca paste, which is inhaled while smoking tobacco or marijuana cigarettes, by growing numbers of young people, more and more countries of the region, is especially alarming.

8. Despite the adoption of measures to control drug production and traffic in products such as marijuana and coca and its by-products, the countries report that the supply of these drugs, at low market prices, is considerable. Furthermore, in the case of cocaine hydrochloride the product is more pure. These factors make these drugs more accessible to all sectors of society, even to the most economically disadvantaged.
9. Because of the complementary relationship, of mutual feedback, between drug supply and demand, frequently the alarming phenomenon of ever-greater numbers of persons--generally speaking, the young--entering the consumer market and seeking ever-larger amounts of drugs is observed. Thus, production is stimulated and supply surpluses are created, with resultant expansion to new markets in countries which, in recent decades, have been drug consumers, as well as to the producer and transit countries. Enormous amounts of varied and sophisticated resources and modern marketing techniques promote drug production and traffic.
10. In view of this, it may be assumed that, if vigorous and coordinated efforts are not made, the alarming use of these substances will not decrease in the immediate future. Unfortunately, however, the interaction of the aforementioned drug supply with the present terrible socioeconomic conditions in most of the region promotes drug use. Unemployment, or underemployment, among the young, together with their frustrated hopes and lack of plans for the future, as well as the crisis in the nuclear family, have been severe blows against the youth of this generation. Their present numbers are unprecedented--especially in the cities--and their age group never was so educated nor exposed to so much unemployment and social alienation. The young have never participated to such a high degree in violence in all its forms--drug addiction, prostitution and crime--as at present.
11. The increasing use of inhalants by children, even in their early years (the 7 to 8 years bracket) in the major cities of Latin America is a problem that creates the deepest concern. It poses a serious challenge to those who should control it, in view of the social factors that create it, its tragic consequences and the many uses of drugs and places where they may be purchased, as well as the conditions that surround drug consumption.
12. At present, changes in the drug problem are rapid (new locations for production, substitution of drugs by other drugs, changes in their quality and quantity, etc.). Consequently, prompt responses are urgently needed.
13. However, the available information is insufficient and, in some instances, unreliable. Furthermore, the problem is heterogeneous, in

the sense that its parameters are not homogeneous. This complicates the task of analyzing the situation and does not allow comparisons between countries or continents. An additional complication is the usual unavailability of data.

14. The present situation, and its trend toward deterioration, require more vigorous action to control the problem, with reference to both the enormous supply that exists and present unprecedented demand for drugs. Action by the hemispheric society and the governments, cooperation among the countries, support of inter-American institutions as well as other international organizations will be needed in order to undertake, with hope of success, the struggle against this scourge.



RECOMMENDATIONS

1. Given existent evidence of the gravity of the drug problem and the scarcity of pertinent data, it is recommended that the countries devote more attention to compilation of reliable and updated information, in order to carry out a complete analysis of the situation and an evaluation of control measures.
2. Nevertheless, incomplete data already reveal the presence of a terribly serious social disease, which affects children and young people particularly, and requires immediate action on all fronts.
3. The studies and measures to be undertaken must be based on an overall view of the far-reaching interrelationship between drug supply and demand, as well as the demand generated by the widespread use of drugs.
4. Countries, governmental sectors and international organizations must coordinate the measures to be adopted for control of drug supply and demand.
5. Given its tragic consequences, the problem of drug production and traffic must be accorded priority and, consequently, sufficient financial and personnel resources must be allocated in order to ensure a real and lasting reduction of the drug supply.
6. The governments of the countries of the region are urged to effectively implement existent international agreements and conventions on this matter. Furthermore, they are urged to create the necessary legal instruments for limiting the production of psychoactive substances and traffic in such products.
7. Because of the growing demand of young people for drugs, the countries must carry out detailed studies of the individual and social factors entailed in the problem, so as to properly orient their preventive policies.
8. The present situation of children and the young with regard to drug use should be a matter of special concern to the governments, and they should adopt effective measures designed to protect these future assets of mankind.
9. Prevention of demand through education must be based on broad and correct information designed to motivate the various national social groups so that there will be a real mobilization of communities, and their authorities, in the various aspects of the fight against drugs.

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10. Given their awareness of the problem, the media are urged to try to promote preventive education of the public, and to avoid dissemination of news that would encourage experimentation in drugs and alcohol and their habitual use.

 11. In each country, it is advisable to identify the specific groups that are at risk--children of low-income families, unemployed youth, minors living in irregular situations or in extreme poverty, as well as other groups--with the object of intensifying preventive work among them. In addition to education, preventive measures should include action designed to mitigate the effects of the adverse living conditions of such children and young persons which promote drug consumption.

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ORGANIZATION OF AMERICAN STATES

**INTER-AMERICAN SPECIALIZED CONFERENCE
ON TRAFFIC IN NARCOTIC DRUGS**



FIRST MEETING
April 22, 1986
Rio de Janeiro, Brazil

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A CHANCE TO GROW: EDUCATION CONFRONTS DRUGS

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ORGANIZACION DE LOS ESTADOS AMERICANOS
ORGANIZAÇÃO DOS ESTADOS AMERICANOS
ORGANISATION DES ETATS AMERICAINS
ORGANIZATION OF AMERICAN STATES

17th Street and Constitution Avenue, NW Washington, D.C. 20006

February , 1986
CED-045/86

My dear Mr. Chairman:

As you are aware, the General Assembly, in its resolution AG/RES. 699 (XIV-0/84), regarding preparations for the First Inter-American Specialized Conference on Drug Traffic, by operative paragraph 8 instructed the Permanent Executive Committee of the Inter-American Council for Education, Science, and Culture (CIECC) to prepare a study on the educational aspects of prevention and control of the unlawful use of drugs, to be presented for consideration by the Specialized Conference.

In operative paragraph 3 of the same resolution, the Assembly instructed the Permanent Council to draft rules of procedure for the Specialized Conference, update the agenda, and submit both for consideration by the member states.

With a view to providing support to CEP-CIECC in fulfilling its duty, the General Secretariat, through the Department of Educational Affairs, had the enclosed study prepared by a group of experts of the region. The experts also benefitted from the cooperation of other specialized agencies. It is my pleasure to forward this study to you for the pertinent purposes.

Further, I wish to inform you that, in fulfillment of operative paragraph 2 of resolution CIECC-706/85, recommending "that the General Secretariat, as soon as the study in reference is ready, forward it to the governments of the member states for their use in preparation of their programs on the matter for the next biennium," a copy of this document has been delivered to the Secretary General for transmittal to the countries.

Sincerely yours,

(s) Enrique Martín del Campo
Executive Secretary for Education,
Science, and Culture

Mr. Alfredo Ramírez Araiza
Chairman of CEP-CIECC
Washington, D.C.



FINAL REPORT OF THE GROUP OF EXPERTS ON EDUCATION AND DRUG ABUSE
(PREDE-OAS, December 1985 - preliminary version)

PREFACE

In fulfillment of the mandates of the General Assembly and CIECC (resolutions AG/RES. 699 (XIV-0/84), CIECC 659/84, CIECC 674/84, and CIECC 706/85), whereby the area of Education, Science, and Culture was assigned the task of identifying effective means for enlisting education in combatting the improper use of drugs, the General Secretariat, through the Division of Communication for Education of the Department of Educational Affairs of the OAS, carried out a rapid survey among the countries to assess their activities in this regard. Following this, it convened a technical meeting of experts, which took place at the headquarters of the Organization, in Washington, D.C., September 9-13, 1985, to prepare a report on the subject for consideration by the Inter-American Specialized Conference on Drug Traffic. The Secretariat took this action in support of CEP-CIECC's responsibility in the matter.

The experts who attended the meeting did so in a strictly personal capacity. As a group, they were representative of a professional profile in the fields of health education, education, pedagogy, educational planning, legal aspects, sociology, communications sciences and cultural anthropology, psychiatry, clinical psychology, psychoanalysis, and institutional psychology. Within the restricted number of participants, they also represented experience covering a vast geographic expanse of the region. All of them hold, and have held, directorial positions in agencies that have a differing level of scope in the systems of education, health, and particularly the planning of preventive action to check the improper use of narcotic drugs. The meeting was also attended by observers from the Pan American Health Organization, the U.S. National Institute on Drug Abuse, and the U.S. Department of State.

Appendix 1 contains the names and brief biographical sketches of the participants, observers, advisers, and special guests who attended.

These activities had the endorsement expressed in CIECC's resolution 706/85, giving that body's vigorous support to these actions, with the recommendation that the report be sent to the governments of the member states. The present report, prepared by the Secretariat based on the reports on the meeting written by the experts themselves, is being reviewed by them, so that it may be presented to the Inter-American Specialized Conference in its final version.

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FINAL REPORT OF THE PREDE-OEA GROUP OF EXPERTS
DECEMBER 1985

SUMMARY

Educational practices that in other times proved appropriate in inspiring attitudes of rejection of the supply and use of toxic substances, today are no longer adequate. New circumstances have had a debilitating effect on the educational systems in their efforts to block the temptations of drug use excesses. A parallel exists in the social communications media, and family life, so that it is difficult to develop any models for alternative, appealing, and realistic action to instill in the members of society attitudes of rejection of drug abuse, and the enticements of escape from reality.

The habitual use of drugs is here defined in the context of the intention with which the drug is used, including in the case of drugs that come under the category of those that may licitly be used and marketed for medical, industrial, or household purposes.

In defining these toxic substances and their abuse, the pharmacological qualities of each drug must be taken into account. This is due to the fact that some of them, as is the case with heroin and cocaine, cause physical dependence as well as psychological addiction. This makes them especially dangerous and is also the reason why they have been declared illicit. This adds to the damage done by the drug itself, those caused by the illicit traffic and the associated delinquency, efforts to exercise control over it, and the resulting deterioration of the social, economic, legal, and political order that all these things cause.

Important factors that contribute to the improper use of drugs are:

- The absence of social models and the lack of a supply of productive activities for the proper use of leisure time and unexpended energy.
- The psychological adoption of images that directly or indirectly enhance the improper use of drugs.
- Social factors that pave the way for social instability and anomalies, such as uprooting migrations, nonproductive idleness resulting from unemployment, and the inadequacy of public services to respond to the demands of growing urban populations.
- The negative effects of these factors on the orderly functioning of the family as a unit.

At the same time, there are some potential and even real encouraging elements that can be mobilized in educational action. They are: creation of a greater general awareness and a receptive attitude towards taking action; better understanding of the social and psychological mechanisms that contribute to drug abuse, and of strategies for the prevention of that abuse; evaluation of institutions and experience; and a growing interest in international cooperation for the exchange of information on experience and resources.

Four areas of factors that provide a favorable climate for the incidence of the problem have been identified: the individual, the family, the school, and the social environment.

In regard to the individual, in most cases this concerns factors that cause negative attitudes and insecurities that impede the building of a definable social identity. As to the family unit, this concerns patterns of alcohol and drug abuse within the family, imbalance in or absence of sufficiently good and strong family bonds. In the matter of school, there is an absence of an educational plan for the individual school to convert it into an educational community responsible for the genuine interests of its members. Likewise, the problems of staffing and infrastructure were also found; remuneration is too low, and not sufficient numbers of executives and teachers are being trained. Moreover, the autocratic nature of the educational structure and the formality and authoritarianism in pedagogic relationships are also to blame. As concerns the social environment, the most important component identified was the availability of the drugs, the existence of social role models geared to drug abuse, and the detrimental influence of some mass media messages.

In the chapter of recommendations, following some suggestions of a broad scope that emphasize that the problem concerns one and all, and that each person bears a share of responsibility in solving it, the study makes some specific recommendations addressed to those who are considered to be the main agents in the prevention of drug addiction: the authorities in general; key persons in the social communications media, the educational system, the health system; the leaders of community associations; families and the members of the family; and those responsible in the scientific sector and in the international cooperation agencies.

1



A CHANCE TO GROW: EDUCATION CONFRONTS DRUGS

REPORT OF THE GROUP OF EXPERTS CONVENED BY THE
DEPARTMENT OF EDUCATIONAL AFFAIRS OF THE OAS*
(Washington, D.C., September 1985)

I. WHAT'S THE PROBLEM?

This study is limited to what it defines as the weakness and inadequacy of educational systems in coping with new social situations that lead to abuse of toxic drugs.

Despite improvements in the coverage and quality of educational services, because of new social circumstances educational practices which, in other times, may have been appropriate for fostering public attitudes of rejection and control of drug supply and demand, are now inadequate.

The capacity of the school, the media and the family to prepare and support their members--both affectively and cognitively--to reject drug abuse has been seriously reduced. They find that it is increasingly difficult to propose and develop attractive and realistic action models designed to discourage the individual from falling into toxic practices in his efforts to escape reality.

Some of the difficulties stem from:

- Lack of preparation of families to act so as to reduce the likelihood of their members turning to drug abuse; if members engage in such abuse, the families should be supportive and seek help, so that such members may be rehabilitated;
- Lack of preparation and resources, at the professional and decision-making levels of the media, for orienting their message so as to strengthen values and practices that provide alternatives to drug abuse, and avoid messages which openly or implicitly tend to encourage such abuse;
- Lack of preparation and resources for producing messages which clearly present and promote values and behavior which consciously and actively reject drug use, not only among the population in general but especially among potential consumers in sectors that are at highest risk;

* This version is being revised by the experts. Please do not quote it prior to its final approval. (January 30, 1986)

- Lack of preparation and resources in the governmental and educational services sectors for undertaking campaigns against drug abuse;
- Lack, or non-existence, of institutions capable of providing training and resources for organized communities which wish to confront the problem actively; and
- Lack of preparation of educators for identifying and dealing with the various levels of risk and abuse in the student population.

Inasmuch as education affects individual and collective knowledge, attitudes and behavior, it is important to explain some components of the phenomenon of drug abuse.

1. Abuse of drugs (including alcohol) is a growing problem. In countries in which the magnitude of the problem is not yet critical, the evolution of this phenomenon indicates that it is a real threat.

2. For the purposes of this report, the term "drug" is used in relation to the intention that determines its consumption, including that of drugs that are used licitly for medical, industrial and household purposes.

3. In characterizing these substances and their abuse, the pharmacological properties of each toxic substance must also be considered, because some drugs, such as heroin and cocaine, add physical habit to psychological dependence. Consequently, they are particularly dangerous and their trade has been declared illicit, with the result that the damage caused by these drugs per se is aggravated by that caused by traffic in narcotic drugs and related criminal activities, as well as the resultant deterioration of the social, economic, legal and political order.

4. The following are important factors which contribute to intentional drug abuse:

- Ignorance regarding other socially productive alternatives;
- Lack of motivation and opportunities for wholesome use of free time;
- Lack of social role models for guidance of behavior; and,
- On the other hand, psychological acceptance of role models which, directly or indirectly, lend prestige to drug abuse.

5. Social factors which, in one way or another, create feelings of anonymity and individual or collective instability also contribute to this phenomenon, such as:

- Migration to cities in order to escape rural poverty;
- Urban crowding which exceeds the capacity of public services;
- Unproductive idleness caused by unemployment and underemployment;
- Cultural shock; and
- Changes and conflicts in family life caused by all the above factors.

These factors do not play a role in all national societies, nor are they necessarily present. Furthermore, drug abuse cannot be attributed to any of them as a necessary direct cause, although many studies link them to increased demand.

6. It is felt that positive real or potential factors also exist, which may be mobilized and developed for educational action. They include:

- General increased awareness of the problem;
- A favorable attitude toward adoption of more far-reaching measures by governmental authorities, as well as those in the areas of formal and health education, together with use of the media, scientific and technical research, and community organizations;
- Improved knowledge and techniques pertaining to sociopsychological mechanisms which promote drug abuse;
- Institutions and evaluated experiments which may provide a basis for new measures or action plans; and
- Increased interest in international cooperation for exchanges of experience and resources aimed at educational action.

II. WHAT'S THE STATUS OF THE PROBLEM? HOW IMPORTANT IS IT?

1. Magnitude of the problem

According to available data, abuse of drugs and alcohol is increasing. The data are based on research which varies with regard to the methodology applied and the age groups observed. The problem has spread rapidly among the population of the member states, starting with clearly defined groups. It has extended and affects different age groups and socioeconomic levels.

2. Evolution of the problem

On the basis of background data, it may be stated that we face a situation in which drug and alcohol abuse is now difficult to control. Governmental administrative structures, such as the Ministries of Education, Health and Justice, have been unable to provide effective general solutions to the problem, either in their policies or through their operational units. The situation involves all society, because neither the family nor the community organizations in which its members should participate have been able to react adequately. We are witnessing a disproportion between the speed with which the problem emerges and grows, and the capacity of the various structures which should cope with it to respond rapidly.

3. Characteristics of the problem

Although drug use has common characteristics, these reveal particular modalities in different places and groups with regard to levels of risk, types of drugs, forms of use, motivation and capacity for rehabilitation of addicts and their liberation from the habit. Understanding of these differences is essential for any preventive action.

In the case of licit drugs, careful analysis indicates that, firstly, the family and its use of drugs provide the model. Generally speaking, the use of many licit drugs is not subject to legal control. In the case of illicit drugs, not enough information is available on the degree to which they have penetrated society, although it is known that existent controls are ineffective.

It may be stated unequivocally that no country is free of this problem and that if, in the case of a particular drug, at present either there is no problem or it exists only in incipient form, the speed of environmental changes will result in the emergence of a supply of the illicit drug and, subsequently, demand for it or abuse of licit drugs. In the case of illicit drugs, consumption is determined or limited mainly by availability of money for purchases.

Socioeconomic and political factors have also affected the increase in drug abuse. Unemployment and the insecurity felt by individuals regarding a future that usually does not offer alternatives for the young are considered factors that facilitate occurrence of the problem.

In other instances, political repression and resultant repression in schools and universities have hampered the natural development of a critical mental attitude in the individual which is basic to development of a positive attitude toward life and the world. This fosters feelings of anxiety and depression which, in turn, lead to a need for drugs and to their abuse.

4. Factors which contribute to occurrence of the problem*

The problem of drug and alcohol abuse is very complex. Many factors or variables that are intricately interrelated play a role in this. Nevertheless, on the basis of experience with the particular situations in some countries of the Americas, four major factors that explain substance abuse may be identified. Such identification is useful in considering the role of the educational sector in the region's fight against drug traffic and abuse. These factors are: the individual, the family, the school and the environment.

a) The individual as a factor or variable associated with the problem

The psychological characteristics of the individual in an undesirable family environment have been discussed. Lack of guidance for adequate use of time and energy produces a deficient personality whose expectations are not fulfilled, and intensifies the negative pressures of peer groups. Negativism and insecurity with regard to the future has been observed among the young.

Factor (variable) considered

Observations

Psychological personality characteristics

This factor is important with regard to both the initiation as well as the incidence of drug and alcohol consumption. It is also relevant when the individual develops in an undesirable family environment.

Difficulty in structuring his social identity

* Comments are offered regarding the factors or variables that are characteristic of the individual and affect his use and abuse of alcohol and drugs. Although they are merely listed, it should be understood that some members of the group expressed reservations regarding some of the factors, stating that they do not apply to the situation in all the countries whose problems have been considered, and that their relation to other relevant factors was indicated in only a few cases. The only purpose of this presentation is to contribute to formulation of a tentative model for explaining most of the situations, facilitating understanding of the phenomenon and the planning of preventive action in each member state, and providing guidelines for future research. Many variables are only presented grosso modu, and may be broken down in greater detail.

Factor (variable) considered

Observations

Lack of significant relationships in his development

Lack of curiosity regarding new experiences

Lack of capacity for receiving and giving affection and recognition

Negativism and insecurity regarding the future

Misuse of free time

This factor affects consumption if the environment is unwholesome, as it cannot provide positive opportunities if the family's guiding role is absent. On the other hand, if these factors work positively it is assumed that the effect of this factor is very limited.

Negative peer group pressures

Great importance is attributed to this factor, although its incidence is greater when the individual's personality is deficient. Its incidence is associated with dysfunction in the family, the school and society.

Unfulfilled expectations

Although this factor is sometimes not identified as an immediate cause, and it is difficult to determine the degree to which it explains the problem of drug abuse, it is considered to be very important and also associated with a deficient personality as well as dysfunction in the family, the school and society.

b) The family as a factor or variable associated with the problem

The importance of the family to the individual who is developing in it, while not yet under the influence of formal education, has been discussed. The family provides the first role model for the individual. Because of factors such as types of housing and employment, and opportunities for obtaining them, the extended family of former years has been replaced by the nuclear family. The effect of providing a strong supportive network, with many interchangeable roles and, sometimes, providing a productive system, that used to characterize the extended family has now been reduced to that of the influence of the father, the mother and one or more brothers or sisters.

It is known that families are constituted in many different forms, with one or two parents or in other forms that function as a substitute family. In all cases, they are considered "family."

The same factors that have been discussed as characteristic of the individual and affect drug abuse apply to factors that may exist at the family level.

Factor (variable) considered

Observations

Abuse of alcohol and drugs by other members of the family

Although this is considered an important factor, it is associated with family dysfunction.

The working mother

This factor is not considered relevant per se. Its importance is determined by the age of the child and the time that his parents devote to him. Its influence is considerable in the child's early years and is found in cases of family dysfunction.

Child abuse

In this connection, it has been said that how the father and mother cope with their aggressiveness is an important factor in developing rejection of escapist behavior.

Insufficient time for rearing the children

This factor is very important.

Drug consumption model that encourages drug abuse in the family

Ruptures (imbalance) in family relations

This is an important factor which affects use and abuse of alcohol and drugs by the individual. Deficient affective relations which are either non-existing or frustrating, and open or hidden conflicts in the family predispose the individual to alcohol and drug abuse.

Lack of communication in the family

Single-parent households

This factor is very important because, in these cases, the parent must assume multiple roles and society does not usually provide forms of assistance in child-rearing.

Migration to urban centers, the changing roles in couples as women gradually acquire access to employment outside the home, as well as reduced time with the children, have impacted family relations. Because of the socioeconomic conditions that prevail in developing countries, which have been aggravated by the world-wide recession, fathers have had to increase their work hours in order to ensure the minimum income needed to support the family. In fatherless households, the woman has had to assume an ever-larger multiple role, being, simultaneously, a mother, the only immediate role model for the children, and the family's breadwinner. These situations are tantamount to "mistreatment," affect the individual and lead him to seek escape.

The importance of values such as affection, understanding, respect, and tolerance is enhanced, given the affective deprivation settings that draw the individual to drug abuse.

c) The school as a factor or variable associated with the problem

Certain characteristics of educational policies and practices are reflected in merely informative curricula and autocratic schools which hamper the personal growth of both teachers and students and are factors that foster drug and alcohol abuse by the individual. Furthermore, another factor in the problem is the quality of the training of the faculty (teachers, principals, supervisors, etc.). In some educational systems, because of increased enrollment it has been necessary to reduce the school day, thereby increasing the amount of free time for the students. Furthermore, the schools do not possess an adequate infrastructure for responding to the interests expressed by the students regarding use of their free time (sports, study or productive activities).

If we consider, additionally, the lack of an educational school project that responds to the real interests of the community (including those of all the inhabitants of the area where the school is located), and the lack of involvement and commitment on the part of the educational community, we face a situation in which individuals have lost their capacity to respond to the problem of alcohol and drug abuse and the school is unable to provide solutions to such problems. Legal rules exist which regulate schools and guarantee achievement of the major objectives of the educational system in the various countries, but their implementation is very deficient and difficult.

The same considerations addressed previously with regard to factors or variables that characterize the individual or his family group are applicable here and interact with the following factors that pertain to the school.

Factor (variable) considered

Observations

Lack of an educational project in each school which would promote the attitudes, habits and development of human values desired by society and the community

The autocratic school

This is a significant negative factor because it hampers the personal growth of children and young people, as well as respectful and affectionate relations with teachers.

Emphasis of school curricula on provision of information

It is felt that information is desirable, but insufficient per se, and that the school should emphasize development of the student.

Lack of gratification and motivation of teachers

It is necessary to enhance the noble role of the teacher in developing the individual and society.

Inadequate selection of teachers

The selection and admission procedures of teachers' colleges should ensure the quality of applicants, in order to recruit more suitable and better trained personnel for coping with the requirements for solution of the drug and alcohol abuse problem.

Inadequate preparation of teachers

For our purposes, "preparation" means the requirements that must be met in order to obtain a teaching certificate. Experience indicates that teachers are not prepared to carry out preventive measures against alcohol and drug abuse.

Inadequate training of teachers

For our purposes, teacher training means action designed to improve performance when the teacher holds a certificate and exercises his profession. Teacher training is considered inadequate for combating alcohol and drug abuse; measures for training teachers in prevention of such abuse, as well as general health education, should be promoted.

Factor (variable) considered

Observations

Inadequate preparation of school principals

Great importance is attributed to this factor because the principal's sensitivity to the problem and his ability to direct his school's project will determine the success or failure of the educational unit.

Inadequate preparation of superintendents of schools

Importance is attributed to the role of superintendents of schools as mediators between the educational authorities and the classroom teacher. However, theirs should be a supportive and guidance role and not one of control.

Reduction of the school day

This factor is important in an environment which, generally speaking, does not provide opportunities for adequate use of the individual's free time.

Inadequate infrastructure for responding to the students' free time interests

Lack of involvement of the educational community

Although, strictly speaking, this factor does not pertain to the curriculum, it is important because it pertains to the commitment of the members of the educational community. Their involvement is very important for achieving discipline in the quest for solutions to that community's problems.

Narrow interpretation of educational systems limited to the school education concept

The ideal interpretation of preventive measures should be broad and understood as the relationship between education and the community.

d) The environment as a factor or variable associated with the problem

Among other factors, reference has been made to the fact that the availability of drugs facilitates access to them for population groups that are at risk. Opinions differ as to whether the existence of laws governing the traffic, possession and consumption of drugs is a factor that inhibits drug abuse. In some situations, the existence of legislation on this matter does not affect the problem that we are considering. At any rate, the problem does not exist in most of the population. Consequently, the factors that favor abuse should be sought among individuals whose personality has not matured properly.

Generally speaking, analysis of these qualitative approximations for describing alcohol and drug abuse reveals considerable diversity in the situation, and differences in the amounts and types of substances consumed in the various countries.

In the 10 countries of North, Central and South America analyzed, the most frequent type of consumption is abuse of alcohol, marijuana, tobacco and tranquilizers.

Second in order of importance of frequency of consumption are organic solvents and amphetamines (in 6 countries) and cocaine (in 5 of the 10 countries analyzed). On the other hand, abuse of opiates, hallucinogens, bazooka and antidepressants is characteristic in one of the 10 countries.

On the basis of qualitative analysis of the situation in another 10 countries, regarding which the participating experts provided information, it may be stated that the most important problems pertain to abuse of alcohol, tobacco, marijuana and cocaine, although they differ in nature and characteristics. In six of those countries, alcohol abuse is the most important problem.

In 5 of the 10 countries considered, marijuana was found to be second in importance in the problem; in another 3 second place went to consumption of cocaine, while that place was accorded to marijuana in the other 2. While in one country marijuana shares second place with tobacco in the order of importance of consumption, in another it shares second place with solvents. The following table explains the above information in detail.

| <u>Factor (variable) considered</u> | <u>Observations</u> |
|---|---|
| Supply of drugs | This is considered the most important factor in promoting initiation of consumption of alcohol and drugs and their habitual abuse. |
| Negative influence of the media | This factor is very important with reference to the transmission of information as well as its influence on public opinion. However, more knowledge is needed regarding its impact. |
| Lack of laws on the traffic, possession and consumption of drugs in general | Reference has been made to misuse of existent legislation governing violation of such laws. It has also been stated that laws exist but do not affect the problem. Furthermore, it is believed that the rules of custom and social mores are not at work. |
| Existence of social or cultural models that foster abuse | |

Existence and prevalence of
subcultures

Regional socioeconomic and
racial discrimination

Lack of basic social values
that are accepted and shared
by age groups and socio-
economic groups

TYPES OF PROBLEMS THAT EXIST IN 10 COUNTRIES OF THE AMERICAS
THEIR RELATIVE IMPORTANCE AND THE TYPES OF POLYTOXICOMANIA MOST FREQUENTLY ENCOUNTERED

Table No. 1

| Problems that the experts believe must be addressed | | | | | | | | | | | | General Characteristics | |
|---|---------|-----------|------------------|---------|--------------|---------|---------|---------------|---------------|---------|-----------------|---|---|
| COUNTRY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Order of importance assigned to the different forms of drug abuse <u>2/</u> | Polytoxicomania most frequently encountered in the countries analyzed <u>3/</u> |
| | Tobacco | Marijuana | Organic Solvents | Alcohol | Amphetamines | Opiates | Cocaine | Hallucinogens | Tranquilizers | Bazooka | Antidepressants | | |
| BOLIVIA | X | X | | X | | | X | | X | | | 4-7 2 | (4-7-1) |
| BRAZIL | X | X | X | X | X | | | | X | | X | 4-2-1-5-9-11-3 | (1-2-4-5) |
| CHILE | X | X | X | X | X | | | | X | | | 4-1-2-5-9 | (1-2-4) |
| COLOMBIA | X | X | | X | X | | X | | X | X | | 10-7-2-4-5-9-1 | (10-4) (4-2) (2-4-5) |
| COSTA RICA | X | X | X | X | X | | | | X | | | 4-2-3-5-9 | (1-2-4-3) |
| MEXICO | X | X | X | X | X | | | | X | | | 1-4-3-2-5-9 | 4/1 |
| PERU | X | X | X | X | | | X | | X | | | 1-4-2-7 | (1-4) |
| TRINIDAD AND TOBAGO | X | X | | X | | | X | | X | | | 4-2-9 | (4-9) (4-7) (1-2) |
| URUGUAY | X | X | | X | | | | | X | | | 1-9-2 | (1-4-9) |
| U.S.A. | X | X | X | X | X | X | X | X | X | | | 1 2 5 4 - 3 - 6 7 8 9 | (1-4) (2-4) (7-4) |
| TOTAL | 10 | 10 | 6 | 10 | 6 | 1 | 5 | 1 | 10 | 1 | 1 | | |

1. A distinction should be drawn between legal and illegal opiates. The latter are our concern.
2. When two or more types of drug abuse are equally important, they are indicated at the same level on the table. For example, in the case of Bolivia, consumption of tobacco, marijuana and tranquilizers are shown as three in order of importance.
3. The parentheses separate the existence of two or more types of polytoxicomania encountered in the countries.
4. Toxicomania exist, but the types most frequently encountered cannot be identified.

The table reveals another qualitative characteristic of the phenomenon in the various countries: polytoxicomania, that is, simultaneous abuse of different drugs by an individual.

In the 10 countries analyzed, however, such types of polytoxicomania result from very different combinations of the drugs consumed, and no regular pattern or tendency has been observed.

While, in some countries, 3 and even 4 types of drugs are combined in the polytoxicomania frequently encountered, apparently in others 2 and as many as 3 types of polytoxicomania are found most frequently. In most cases of polytoxicomania alcohol consumption is common, together with other types of drug. The last column of the table shows the different combinations that are found in the situations described. It is known that polytoxicomania exists in Mexico, although it is not yet possible to specify the types of combinations most frequently used. Finally, in another country the clearly identifiable toxicomania combines alcohol abuse with tobacco consumption.

III. AGENTS FOR PREVENTION OF DRUG ADDICTION

The group of individuals and every person in society who play a definitive role in drug prevention are known as agents for prevention of drug addiction.

In societies in which toxic addiction, as well as its promotion are widespread, prevention should involve society itself, and education should take the form of general measures designed to inform the public and change the values and attitudes of its various sectors.

The population may be subdivided into the high risk and low risk categories, in accordance with the potential for adoption of the characteristic patterns of drug addiction.

It is also necessary to distinguish those who suffer the problem directly from those who try to adopt measures for coping with it.

On the basis of these ideas, the target population or agents in the prevention process were identified as follows:

1. Political institutions: both national and international, governmental and nongovernmental.
2. The media.
3. The educational community (teachers, heads of family, students and principals).
4. Local community organizations.
5. The family and its members.

1. Political and Administrative Institutions

International organizations may play an important role in development of innovative programs for prevention in the countries of the hemisphere. They should seek close coordination with the governments and among themselves, avoiding duplication of efforts which hamper implementation of programs and their correct evaluation.

2. State Institutions

State institutions have promoted preventive activities in the health, education, welfare and justice sectors. Despite some success and myriad efforts, in most instances their efforts have been fruitless because of lack of adequate intersectoral coordination, limited budgets, meager political support and deficient technical criteria in program implementation.

3. The Media

The media usually promote drug abuse implicitly and foster unwholesome habits among the young and adults with respect to recreation and use of free time. They fail to encourage creative thinking regarding the situation and, in many instances, transmit incredible messages regarding drug use, thereby damaging their credibility with the public. However, proper use of the media on sound scientific and technical bases may contribute to prevention of drug abuse.

The media should provide for the young an environment and education that will enable them to watch television programs with a critical attitude, converting them into active and critical viewers, while providing recreation for them.

4. The Educational Community

The group recognizes the importance of teachers (schools/colleges) as agents for change and as indispensable elements in preventing drug abuse.

However, it also recognizes the existence of a series of factors which offset that possibility and affect their specific functions negatively.

Generally speaking, these factors have been recognized as consequences of changes in the administrative structures which entail quantitative changes of long-term effect: access of large sectors of the population to education in crowded classrooms, curricular approaches aimed at the masses, difficulties in achieving such educational objectives, and frustrations that militate against an educational process that would really generate a desire and capacity for acquisition of knowledge in the young.

Many sectors pressure the educational sector to implement preventive programs that would complement existent specific ones, thereby overburdening the teacher's role and hampering achievement of a substantial part of the proposed objectives.

The group recognizes that families are unaware of the importance of their influence on school education and participate only meagerly in education activities, so that the teacher, of whom performance for which he is not presently equipped given the multiple factors that facilitate drug consumption, has to stand alone.

Education must provide recreational and cultural opportunities for the young, especially in view of the fact that, in recent years, the school day has been shortened drastically and they have many hours of unproductive free time.

IV. RECOMMENDATIONS

1. GENERAL RECOMMENDATIONS

All educational programs on drug abuse should emphasize that the problem affects the entire community and that all its members share responsibility for solving it.

Although some licit drugs entail various risks, indiscriminate use of any of them should be considered as toxic behavior.

It should be recognized that prevention of drug abuse addresses a social problem in which all aspects of the educational factor can be very effective.

Such integral education should provide alternatives for a constructive social life and reject the escapism and cover-ups that are always associated with drug abuse.

This process should be an integral part of development for life and, consequently, should begin in the family, regardless of its structure. It should continue in the school and be constantly reinforced by pertinent groups and the messages that society provides.

If possible, preventive action should cover the so-called illicit drugs, as well as licit drugs (including alcohol and tobacco) which are abused with ever-greater frequency.

Such action should result from the participation of all the sectors that are involved and, very particularly, the educational, health and justice sectors, together with organized community groups and the family.

2. RECOMMENDATIONS TO THE AUTHORITIES

The authorities should analyze and understand their role in the problem of drug abuse, and be aware that their performance should provide a sound role model for all society and enhance the value of their official educational pronouncements.

Strategies should be scientifically and technically sound and avoid improvisation which may turn out to be counterproductive.

At all times it should be remembered that drug abuse is the result as well as the cause of other problems.

Community leaders should participate in the process of identification and implementation of strategies proposed in programs.

Priority attention should be given to children and youths who are at potential risk, and not limit such attention to those who already engage in drug abuse.

Efforts should focus on strengthening the mechanisms that further the development of mature personality in children and young people so that they will reject drugs.

Every effort should be made to avoid exaggerated or hysterical responses to the problem that have proven to be counterproductive.

Intersectoral participation in formulating policies and action designed, generally, to promote general health education and aimed, specifically, at prevention of alcohol and drug abuse, should be encouraged.

The research capacity of public and private entities should be promoted and developed in order to:

- a) Develop epidemiological research on the prevalence of drug consumption in countries that do not have nationwide studies of this topic;
- b) Develop epidemiological research on the prevalence of drug consumption in countries which lack information on specific areas and regions;
- c) Develop research designed to explain the interrelation among the factors that lead to drug abuse, to estimate the correlation among the independent factors at work that are related to the problem, and to measure the relative importance of the factors thus identified; and

- d) Identify the more vulnerable groups, with the object of orienting and reorienting intersectoral involvement in preventive action.

To establish and implement an Integral Health Education System, with multidisciplinary and multisectoral participation.

3. RECOMMENDATIONS TO MEDIA LEADERS

Given the important role of the media as a vehicle for information and change, media leaders are urged to assume greater social responsibility with reference to the population's use of alcohol and other psychoactive drugs. They should be aware of their role as molders of values, feelings and attitudes, and that they often inadvertently encourage drug consumption.

They should provide educational messages designed to promote personal development that will enable the individual to adopt decisions and search for an alternative and constructive life style, while improving his capacity to establish harmonious interpersonal relationships.

Before preparing any campaign for preventing drug abuse, media leaders should seek the services of one or more specialists who would provide supervision and guidance. They should not transmit untested and non-objective material, as it may even encourage drug consumption.

They should facilitate use of the media for transmitting technically sound messages which will promote rejection of drug abuse by the public.

In their messages they should seek to present effective and attractive forms of participation by youth and parental organizations in prevention of drug addiction.

They should feature models of good communications in the family group.

They should promote the involvement of children and youths in educational, cultural and recreational programs that bring positive messages to the community.

In the communications area, the media leaders should recommend to those who develop human resources that they include in the curricula aspects that pertain to prevention of drug abuse.

They should promote research and study designed to measure the impact of the media in this connection.

The governments and the media should establish standards designed to prevent excessive responses that may be triggered by the information provided.

Media leaders should encourage involvement of the community, the young, heads of family and society as a whole in prevention of drug addiction.

4. RECOMMENDATIONS TO THE EDUCATIONAL SYSTEM

The educational system should carry out a general discussion of the objectives of its schools, in order to analyze and reanalyze the present trend which stresses the student's social success and relegates to a secondary position efforts to ensure his success as a person.

It should realize that formal education is one of the most important weapons in the fight against drug abuse and, consequently, should be strengthened at all its levels and in all its modalities.

The educational system should coordinate the pedagogical criteria applied to schools with those used in professional training and social studies, including in the curricula current ideas on prevention of drug abuse recommended by experts and professionals, with the object of promoting full participation by future generations of society.

It should develop a critical and harmonious outlook in students, starting with those in the first grade of elementary school, by involving them in humanitarian activities.

It should encourage the habit of mutual help and "team" study among students, as well as development of cooperative projects related to the objectives of the curriculum.

The educational system should seek to improve knowledge in interpersonal and group communication, not only among its leaders and the teachers but also among the students.

It should develop ability in problem-solving and settlement of disputes.

It should promote programs for enhancing self-esteem, affective development and maturity among students and teachers.

It should propose educational reforms aimed at improving teacher-student relations, viewing education as a joint quest for knowledge and the teacher as its promoter.

It should introduce and emphasize the mental health area in all health and education faculties and schools, making future professionals aware of the problem in conformity with their role in society as molders and generators of attitudes. To this end, concepts related to drug abuse should be taught (its causes, prevention and treatment).

It should re-educate the family so that it may play its original role, and promote its effective participation in the task of preventive education.

It should promote effective involvement of the community so that it will respond positively to prevention of drug abuse and rehabilitation of drug addicts.

It should promote and develop alternative programs (recreational, cultural and social) for wholesome use of free time, thereby furthering personal development among the community's young people.

It should promote and support the creation of self-help groups among students in order to enlist the positive influence of peers, as well as involvement groups consisting of heads of family ("Schools for Parents") and students, with the object of analyzing and trying to solve the social problems of children and youths.

It should train teachers and other competent and necessary personnel for development of preventive education and psychological and moral support programs, in their role as agents for individual and social change; they should be trained as researchers, communicators, counselors, etc.

The educational system should establish an employment counseling program so as to enable the student to reflect and choose his vocation, as well as to relate what he learns to a productive life.

It should seek to provide opportunities for successful experiences for students so as to break the vicious circle of alienation caused by failures or difficulties encountered in school, which foster a generally rebellious attitude as well as escapist behavior, thus opening the doors to drug abuse.

The system should provide counselling and, when necessary, therapy, in order to promote the institutional, group and individual health of each educational community.

It should seek for teachers the training, employment conditions, support and supervision that will ensure that their performance will provide an exemplary model for the students.

It should participate in the training of community, family and other groups for educational action to prevent drug abuse.

It should use the crisis in drug abuse as both an opportunity and an effective tool for overall improvement of the educational system.

5. RECOMMENDATIONS TO LEADERS OF THE HEALTH SECTOR

Leaders of the health sector should participate, together with those of the other sectors, in prevention of alcohol and drug abuse by providing services at the initial level, and applying an educational approach that identifies the family as the basic factor in ensuring that children and youths will reject drugs. They should also participate in early detection of consumption and develop capacity for timely treatment.

Physicians and pharmacists should receive instruction at regular intervals regarding the risks and benefits of prescription drugs, the danger of addiction to some of them, and early detection of symptoms of addiction.

Health workers should be trained in the effects of non-traditional drugs, such as inhalants and those found in plants.

In order to avoid limiting the efforts of other sectors, leaders of the health sector should create awareness in their ranks of the importance of intensifying joint efforts to implement international treaties on control of psychotropic drugs.

Efforts should be made to avoid conditions that foster indiscriminate prescription of any drugs, mainly the psychotropic ones, as the purpose of the user is often gratification of a fancied need, or recourse to "magic" in an effort to solve his problems. This leads gullible or uneducated population groups to dangerous habits in the use of medicines.

6. RECOMMENDATIONS TO COMMUNITY LEADERS AND ORGANIZATIONS

Community leaders and organizations should create awareness at all levels that community involvement is essential for preventing and reducing the incidence of drug abuse. The community may be defined as any social group sharing the same interests, administrative structure or geographical location which may be mobilized to cope with the problem of drug abuse.

The local communities should be responsible for coping with local problems. Most of the resources needed for solving local problems are found at the local level and should be provided by the community.

Local communities should analyze their respective problems, evaluate needs, identify available resources, acquire necessary knowledge, and develop, implement and evaluate plans.

Generally speaking, groups and teams are much more effective in problem-solving than isolated individuals. Young people should participate at all levels of program development.

Community programs for prevention of drug abuse should maintain a support network with other communities, sharing both their successes and their failures.

The community should be involved in solutions that call for its members to participate in their implementation.

Every solution should take into account the fact that drug abuse has multiple roots in the community, the family and the school.

All sectors of the community should work jointly as a "team," in identifying constructive solutions to the problem of drug abuse and becoming a part of such solutions.

Community action to prevent drug abuse should not be used as a political tool.

The common problem of drug abuse may help to unite community groups. It is important to mobilize the groups that exist in the community and not encourage the creation of new organizations. It is also important that program leaders be members of the community.

Leaders of existent community groups should be encouraged to facilitate participation of many groups and not oppose the involvement of new groups.

The communities must be provided with resources for training leaders, as well as technical assistance, including state of the art research in drugs.

7. RECOMMENDATIONS TO THE FAMILY AND ITS MEMBERS

The family should be viewed as a network of relationships, involving several persons around its nucleus, with each member having specific and interacting functions.

The nuclear family should provide an environment of communication, feelings and reassurance among its members. These factors are of fundamental importance in developing the personality of the individual member and decisively affecting his future behavior.

Families should be alerted to the possibility of crises, when one of the members needs help in resisting pressure toward drug use and tries, through various types of behavior, to communicate with the other members but the latter, because of lack of knowledge regarding such behavior or failure to understand it, waste an opportunity to prevent drastic future consequences.

Families should be made aware of the fact that the family as a whole and every member, without exception, are responsible for educating the children; families should avoid placing sole responsibility on only one member.

The family should encourage creation and support of youth groups, as well as promotion of self-help among their members by such groups.

Families--and, particularly, the underprivileged and most needy ones--should promote solidarity among neighbors, as well as self-help systems for child care and education.

Families should promote community programs of various types (cultural, sports, etc.) and participate actively in them, thus enabling parents and children to share their duties and recreation.

The family and its members should seek appropriate training on a group or individual basis so as to protect themselves against publications and publicity that promote general indiscriminate consumption ("consumerism"), and particularly in the case of medicines and drugs.

8. RECOMMENDATIONS TO THOSE RESPONSIBLE FOR PROVIDING SCIENTIFIC DATA FOR THE AUTHORITIES

Persons responsible for providing scientific data for the authorities should compile available data on prevention of drug abuse by preparing analytical summaries and creating data banks, in order to facilitate understanding of the problem and to establish guidelines for future research.

They should create and/or promote appropriate channels for communicating research findings to the authorities as rapidly as possible, so as to enable them to adopt sound decisions; they should establish liaison between information sources and the decision-makers.

They should promote the creation of research and information networks, in order to achieve intersectoral and interinstitutional cooperation in explaining the problem.

They should promote the organization of international, national and regional meetings for exchanges of specific experience in research. Furthermore, they should create appropriate facilities for evaluation of such data by the research community and for establishment of standard definitions and methodology which would facilitate comparative analysis.

They should create and/or promote communication channels for widespread dissemination of research findings, with the object of keeping the general public informed.

They should promote epidemiological studies covering samples of the entire population that take into account all age groups and individuals (and not limit such sampling to the school population).

They should promote development of new lines of research for use of education as a means for preventing alcohol and drug abuse.

They should make available updated demographic data for estimating the population at potential risk (age groups) in the relatively near future.

They should promote development of research designed to:

- a) Refine estimates of rates of alcohol and drug abuse and available drugs so as to measure the magnitude of the problem; and
- b) Identify the factors which favor occurrence of the problem; correlate independent factors associated with the phenomenon and others that are at work; and estimate the relative importance of each factor that explains the problem.

9. RECOMMENDATIONS TO INTERNATIONAL ORGANIZATIONS

The international organizations should motivate and support the governments so that they will develop research projects in the prevention of drug addiction, covering the cultural, social and psychological aspects of the problem.

The role of the OAS as the region's international forum for discussion of the drug problem and the search for solutions should be strengthened, in coordination with other international organizations.

International organizations should be urged to combine their efforts, with simultaneous support of multinational and national action in the area of Integral Education for Social Health.

They should promote and support horizontal cooperation to facilitate exchanges of information, experience and experts in the area of preventive education.

They should consider the possibility of creating and supporting a "Latin American Association of Volunteers for Education and Social Health" consisting of professionals from various disciplines.

OAS should formulate and support an integral Latin American plan for prevention of drug abuse.

OAS should request that national institutions and organizations cooperate in its efforts--hitherto isolated--to coordinate action for presenting a united front against this common foe.

OAS should establish a network for information, documentation and exchange of experience so that the entire region may be kept informed on the problem of drug addiction and means for preventing it.

Short Backgrounds on the Members of the Group
PREDE-OAS Technical Meeting of the Group of Experts
on Education and Drug Abuse

(Washington, D.C., September 1985)

FRANCISCO BATISTA

- Psychiatrist. Brazilian.
- Member of the Society of Analytical Psychotherapy of the Rio de Janeiro group.
- President of the Center for Mental Health Studies of Santa Catarina.
- Delegate in Brazil of the World Federation of Therapeutic Communities.
- Former Technical Superintendent of the Santa Catarina Foundation for the Well-being of Minors - FUCABEM, in Santa Catarina.
- Former Vice President of the Association of Child and Adolescent Psychology and Psychiatry - Bahia.
- Former Secretary for Latin America of the PAN AMERICAN Forum for the Study of Adolescents.
- Former Secretary General at the IV Meeting of the PAN AMERICAN Forum for the Study of Adolescents - Salvador, Bahia.

Publications: O adolescente de Santa Catarina (Psychological Profile); Falando de Adolescentes (articles); Uma Experiencia Institucional (Autobiographical account of an institution).

DR. MICHAEL H. BEAUBRUN

Is professor of Psychiatry of the University of the West Indies at its St. Augustine Campus, Trinidad and Tobago, his native country. He is also Director of the Caribbean Institute on Alcoholism and other Drug Problems at the College of the Virgin Islands. He is a member of the Expert Advisory Panel on Drug Dependency of the WHO and a Vice President of the International Council on Alcohol and Addiction. He was formerly President of the World Federation for Mental Health (1972-75) and was the Foundation Professor of Psychology at the Jamaica Campus of the University of West Indies in 1964.

His awards include the Browning Achievement Award in 1976 for "Outstanding Achievement in the Alleviation of Addiction."

He has served from time to time as a Temporary Advisor or Short-term Consultant for PAHO, US-AID, ICAA and other organizations.

NORA BERTONI VALLADARES

Chilean physician, specialist in public health for the last four years. Chief of the Regional Unit for the Prevention of Drug Dependence of the OAS Pan American Children's Institute. Formerly Permanent OPS/OPS Adviser. Faculty Member of the School of Public Health of the Faculty of Medicine of the University of Chile.

JAIME CHAMAN LINARES

- Peruvian Educator.
- President of the Sectoral Committee of Preventive Education Against the Improper Use of Drugs.
- Member of the Drug Control Executive Office.
- Member of the Special Committee on Preventive Education of the American Embassy.
- Representative of the Educational Sector in the Peruvian-Colombian Agreement on the Struggle Against the Drug Traffic.
- Adviser of committees on support to youth.

HUGO A. MIGUEZ

- Diplomas in Psychology, Universidad de Buenos Aires and Universidad de Costa Rica.
- Courses and Seminars in several Latin-American Universities.
- Since 1979 Professor at the Schools of Psychology and of Medicine of the Universidad de Costa Rica in the areas of Community Psychology, Preventive Medicine and Psychiatry.
- Chief of the Research Department of the Instituto Nacional sobre Alcoholismo, San José, Costa Rica.
- His articles have been published in many technical journals, and he has received the ACTA PRIZE, 1982, from the ACTA Foundation of Buenos Aires, for his article "The Alcoholic Patient: Description and Results."

CLAUDIO MOLINA DIAZ

- Research professor of the Center of Advanced Studies, Experimentation and Pedagogical Research, Senior Technical Agency of the Ministry of Public Education, Chile.

- Author of several epidemiological works on estimating rates of consumption of toxic materials and on study of the factors associated with such consumption by children and adolescents.
- Author of works (the majority) on variables pertaining to the Chilean national education system.
- Author of textbooks for high school students of natural sciences and biology and natural sciences for elementary teaching.
- Author of texts on methodology for social and biological research.
- Member of the National Mixed Committee on Health and Education of Chile from 1976 to 1980.
- Natural Science teacher for elementary and high school students.
- Teacher at the Center for Advanced Training, Experimentation and Pedagogical Research for: i) social research methodology and ii) methodology for teaching the natural sciences and biology.

LUIS PEREGRINA P.

- Mexican surgeon and pediatrician.
- Master in Public Health.
- Director of the School of Public Health of Mexico (1970-1982).
- Director of Rehabilitation and Social Assistance (1982-1983).
- Member of the Committee of Experts on Medical Education and Health - WHO, Geneva.
- Full Professor of Preventive Medicine and Social Medicine - Universidad Autónoma de México.
- Director of Special Programs (ADEFAR), 1983 - present.

YOLANDA PUYANA V.

- Colombian Social Scientist.
- Master in Population Studies.
- Specialized professional of the National Planning Department.
- Member of the National Committee on Prevention of Drug Addiction.
- Has been responsible for outlining, drafting and coordinating the National Plan Against Drug Dependence since 1983.

Organization of American States

- Ambassador Edilberto Moreno
Chief of the Delegation of Venezuela
Chairman of the Permanent Council's Working
Group on the Drug Traffic
- Enrique Martín del Campo
Executive Secretary for Education,
Science and Culture
- Luiz Navarro de Britto
Director of the Department of
Educational Affairs
- Irving G. Tragen
Ad Hoc Coordinator for Matters
Related to the Drug Traffic
- Osvaldo Kreimer (Organizer and Moderator
of the Meeting)
Chief of the Division of Communication
for Education
Department of Educational Affairs
- Silvia Schreiter (Technical Secretariat
of the Meeting)
Specialist
Department of Educational Affairs
- Martha Bellis
- Lilian Scorazzo
Administrative Assistance

Special Guests

- Dr. Richard Lindblatt
Associate Director
U.S. National Institute on Drug Abuse
- Dr. René González Uzcategui
Regional Adviser on Mental Health
Pan American Health Organization

Observers

- Dr. Mariano Gallardo
Consultant
Bureau of International Narcotics Matters
U.S. Department of State

- Joan Greer
Deputy Director
Education Program on Alcohol and Drug Abuse
U.S. Department of Education



ORGANIZATION OF AMERICAN STATES



INTER-AMERICAN SPECIALIZED CONFERENCE ON TRAFFIC IN NARCOTIC DRUGS

FIRST MEETING
April 22, 1986
Rio de Janeiro, Brazil

OEA/Ser.K/XXXI.1
CEIN/doc.5/86
12 February 1986
Original: Spanish

DRAFT RULES OF PROCEDURE FOR
THE INTER-AMERICAN SPECIALIZED
CONFERENCE ON THE TRAFFIC IN NARCOTIC DRUGS

CP/RES.429 (621/85)



DRAFT RULES OF PROCEDURE FOR THE
INTER-AMERICAN SPECIALIZED CONFERENCE ON THE
TRAFFIC IN NARCOTIC DRUGS

I. NATURE AND PURPOSE OF THE CONFERENCE

Article 1. The Inter-American Specialized Conference on the Traffic in Narcotic Drugs, convoked by resolution AG/RES. 699 (XIV-0/84) of the General Assembly of the Organization of American States, is an Inter-American Specialized Conference, in accordance with Article 128 of the Charter of the Organization and resolution AG/RES. 85 (II-0/72) of the General Assembly, which established the Standards for Inter-American Specialized Conferences.

Article 2. The Conference is meeting to consider the topics that appear on the agenda approved by the Conference itself.

II. PARTICIPANTS

Article 3. The governments of the member states of the Organization may accredit delegations to the Conference. The delegates must be accredited by the Ministry of Foreign Affairs of the individual country, and to sign the convention the Conference approves, they must have full powers.

Article 4. The governments may also accredit advisers with the power to participate in the deliberations.

Article 5. The Secretary General of the Organization or the representative whom he designates shall participate with voice but without vote in the Conference, as provided in Article 116 of the Charter of the Organization.

Article 6. One representative of the Inter-American Juridical Committee, one of the Inter-American Commission on Human Rights, and one of the Inter-American Court of Human Rights may participate in the Conference, with voice but without vote.

The representatives mentioned in the first paragraph may also give their advisory opinion on the legal points of the drafts when invited to do so by the President of the Conference, or by the chairman of a committee or working group.

Article 7. Permanent Observers may attend the Conference in accordance with the provisions of the resolutions of the General Assembly and the Permanent Council, after informing the Secretary General, in writing, of their intention to do so.

Article 8. The following may accredit observers to the Conference:

- a. The Inter-American Specialized Organizations and American regional intergovernmental agencies;
- b. The United Nations and its specialized agencies;
- c. International or national organizations that maintain relations of cooperation with the Organization, or, aside from this case, when the Permanent Council so decides;
- d. The governments of the states that are not members of the Organization and have no Permanent Observers, when such governments express, in writing, an interest in attending and the Permanent Council so authorizes.

The General Secretariat shall issue invitations to the international institutions mentioned in this article.

Article 9. Persons of recognized competence in the topics to be considered at the Conference will be able to attend as special guests, when the Permanent Council or the Conference so decides.

Article 10. The Permanent Observers, other observers, and special guests may speak at the sessions of the Conference or meetings of its committees, when invited by the President or the corresponding chairman to do so.

The chairman of a working group, after consulting its members, may invite any participant who might be able to advise them during their deliberations.

The General Secretariat shall provide the official documents of the Conference, except those whose distribution it has been decided to restrict, to the participants mentioned in this article.

III. PRESIDENT

Article 11. The acting president of the Conference shall be the head of the delegation that appears first on the order of precedence that the Permanent Council establishes by lot. The Permanent Council shall also establish the order of precedence of the Permanent Observers.

Article 12. The President of the Conference shall be elected by the vote of a majority of the delegations.

Article 13. The President shall have the following duties:

- a. To preside over the sessions of the Conference and to submit to it for consideration the matters appearing on the order of business;

- b. To recognize the delegates in accordance with these Rules of Procedure;
- c. To decide on points of order that arise in the discussions of the Conference, without prejudice to the right of the delegations established in Article 26;
- d. To submit to a vote any questions that so require and to announce the results;
- e. Through the Secretariat, to transmit the order of business of the plenary sessions to the participants, as much in advance of each session as possible;
- f. To take such measures as he considers appropriate to advance the work and to see that these Rules of Procedure are observed.

Article 14. The heads of delegation shall be the Vice Presidents of the Conference and shall replace the President in his absence, following the established order of precedence.

IV. SECRETARIAT

Article 15. The General Secretariat of the Organization of American States shall render technical and secretariat services to the Conference. These services shall be under the direction of the official designated for the purpose by the Secretary General of the Organization.

V. SESSIONS OF THE CONFERENCE

Article 16. The Conference shall hold a preliminary session, an inaugural session, plenary sessions, and a closing session.

Article 17. Prior to the inaugural session, the heads of delegation shall hold a preliminary session with the following order of business:

- a. Agreement on the election of the President;
- b. Agreement on the agenda;
- c. Agreement on the rules of procedure;
- d. Agreement on the committees and the topics to be assigned to them;
- e. Agreement on the Credentials Committee and the Style Committee;
- f. Agreement on the time limit allowed to the delegations for presenting proposals or amendments;

- g. Agreement on the approximate duration of the Conference; and
- h. Miscellaneous matters.

Article 18. The agreements reached at the preliminary session shall be formally adopted at the first plenary session.

Article 19. The plenary sessions of the Conference and the meetings of its committees shall be public, unless the Conference or the committee concerned decides otherwise.

Meetings of the Credentials Committee and of the Style Committee shall be private. Meetings of working groups shall also be private unless they decide otherwise.

VI. DISCUSSIONS AND PROCEDURES

Article 20. English, French, Portuguese, and Spanish shall be the official languages of the Conference.

Article 21. A majority of the delegations of the member states participating in the Conference shall constitute a quorum for plenary sessions. One third of the delegations forming the committees and working groups shall constitute a quorum for meetings of those bodies. Nevertheless, in order for a vote to be taken, the presence at the session or meeting concerned of at least a majority of the delegations that are members of those bodies shall be required.

Article 22. Proposals shall be presented in writing to the Secretariat by the deadline provided for in subparagraph f) of Article 17 and may not be discussed until twenty-four hours after they have been distributed to the delegations. Nevertheless, the Conference or the committee concerned, as the case may be, may, by the vote of a majority of the accredited delegations at the Conference, authorize discussion of a proposal that has not been presented by the deadline or has not been distributed in time.

Article 23. At any time during the consideration of a proposal a motion may be made to amend it.

A motion shall be considered to be an amendment to a proposal only when it deletes, changes or adds something to that proposal. A motion that would totally replace the original proposal or that is not related to it shall not be considered to be an amendment.

Article 24. A proposal or an amendment may be withdrawn by its proponent before it has been put to a vote. Any delegation may present again a proposal or amendment that has been withdrawn.

Article 25. For reconsideration of a decision taken in a plenary session of the Conference, the approval of the corresponding motion by the vote of two thirds of the delegations of the states participating in the Conference shall be required. For reconsideration of a decision taken by a committee or working group, the approval of the motion by two thirds of the delegations that are members of the group shall be required.

Article 26. During the discussion of a topic, any delegation may raise a point of order, which shall be decided upon immediately by the President. Any delegation may appeal this decision of the President, in which case the appeal shall be put to a vote immediately.

While raising a point of order, a delegation may not go into the substance of the matter under discussion.

Article 27. The President or any delegation may propose suspension of discussion. Only two delegations may speak in favor of, and two against, such a motion, and it shall be put to a vote.

Article 28. The President of any delegation, when he or it considers that a topic has been discussed sufficiently, may propose that the discussion be closed. Only two delegations may speak in favor of, and two against, the motion, and it shall be put to a vote immediately.

Article 29. During any discussion, the President or any delegation may propose that the session or meeting be suspended or adjourned. Such a motion shall be put to a vote immediately and without discussion.

Article 30. Decisions on the matters dealt with in Articles 26, 27, 28, and 29 shall be taken by the vote of a majority of the delegations present.

Article 31. Except as provided in Article 26, the following motions shall have precedence over other proposals or motions, in the order set forth below:

- a. Suspension of the session;
- b. Adjournment of the session;
- c. Suspension of discussion of the topic under consideration;
- d. Close of discussion of the topic under consideration.

Article 32. The provisions regarding discussion and procedure contained in this Chapter shall govern the plenary sessions and the meetings of the committees and working groups.

VII. VOTING

Article 33. Each delegation shall have the right to one vote.

Article 34. In both the plenary sessions and in the committee meetings, decisions shall be taken by the vote of a majority of the accredited delegations at the Conference.

Article 35. In the working groups, decisions shall be taken by the vote of a majority of the delegations present.

Article 36. Votes shall be taken by a show of hands, but any delegation may request a roll-call vote, which shall be taken beginning with the delegation of the country whose name shall be drawn by lot by the President and continuing in the order of precedence of the delegations.

No delegation may interrupt the voting, except for a point of order relating to the manner in which it is being conducted. The voting shall be considered terminated when the President has announced the results.

Article 37. After discussion is closed, the proposals submitted, together with any amendments thereto, shall be put to a vote immediately.

Proposals shall be voted upon in the order in which they are submitted.

Article 38. An amendment shall be submitted for discussion and shall be put to a vote before the proposal that it is intended to change is voted upon.

Article 39. When several amendments to a proposal are submitted, a vote shall be taken first on the one that departs furthest from the original text. The other amendments shall be voted upon in like order; in case of doubt in this regard, they shall be considered in the order in which they were submitted.

Article 40. When the adoption of one amendment necessarily implies the exclusion of another, the latter shall not be put to a vote. If one or more of the amendments is adopted, the proposal as amended shall be put to a vote.

VIII. COMMITTEES OF THE CONFERENCE

Article 41. The Conference shall organize the committees it considers necessary to study the various topics of the agenda. Each delegation shall have the right to be represented on each of the committees.

Article 42. Each committee shall elect a chairman, a vice chairman, and a rapporteur from among its members.

Article 43. Each committee shall be responsible solely for the study, discussion, and formulation of recommendations on the topics assigned to it.

Article 44. When necessary, the committees may establish working groups. The delegations which are not members of a working group shall have the right to participate in its discussions with voice but without vote.

Article 45. In addition to the committees that the Conference decides to organize, a Credentials Committee and a Style Committee shall be established.

Article 46. The Credentials Committee shall be composed of three delegates appointed at the first plenary session. The Committee shall examine the credentials of the delegations and submit a report thereon to the Conference.

Article 47. The Style Committee shall be composed of delegates appointed at the first plenary session, each of whom shall represent one of the four official languages. The Style Committee shall receive the drafts adopted by the committees before they are submitted to a plenary session for consideration, and shall introduce in them such style changes as it deems necessary. If it notes that a draft suffers from defects of form that it cannot correct without altering its substance, the Style Committee shall raise the question with the working group concerned or a plenary session. In addition, the Style Committee shall be responsible for the coordination of the texts of the documents mentioned in Article 53, in the official languages of the Conference.

Article 48. The reports of the committees shall be prepared by the rapporteurs, with the aid of the Secretariat, and shall contain a summary of the background information, a list of the documents studied, the substance of the discussion, the results of the votes taken, and the complete text of the conclusions and drafts recommended.

Article 49. The reports of the committees shall be delivered to the Secretariat sufficiently in advance of the plenary session at which they are to be discussed, for distribution to all the delegations.

Article 50. Any proposed activity having financial implications for the Organization that is presented to the Conference shall be accompanied by an estimate of its cost. The Secretariat shall provide the necessary cooperation for this purpose.

Article 51. Summary minutes shall be prepared of the plenary sessions and of the meetings of the committees, and the verbatim texts of such statements as the Plenary or the committees agree to include may be added.

Article 52. The minutes shall be prepared and distributed as soon as possible. They shall be published first in provisional form and afterwards in final form, once their text has been revised in accordance with any style corrections included at the request of the respective delegations.

IX. CONVENTION AND FINAL ACT

Article 53. The convention approved by the Conference shall be published in English, French, Portuguese, and Spanish. The Final Act, which shall be published in the same languages, shall include the resolutions, recommendations, and agreements approved by the Conference.

Article 54. Any reservations and statements the delegations may have made with respect to the convention during the Conference shall appear in the respective instruments, and any made on recommendations and agreements shall appear in the Final Act. Those reservations and statements may be made in the appropriate committee or at the latest in the plenary session in which the corresponding instrument is voted on. Before the Convention is signed, the Secretariat shall read aloud any reservations and statements made. In any case the text of the reservation or statements shall be communicated in due course in writing to the Secretariat of the Conference so that it may distribute it to the delegations.

Article 55. The General Secretariat of the Organization shall publish the documents mentioned in Article 53 as soon as possible and shall send certified copies of them, in the four official languages, to the governments of the member states of the Organization of American States and to the participants referred to in Chapter II. The General Secretariat shall also publish the minutes and proceedings of the Conference.

Article 56. The General Secretariat of the Organization of American States shall take custody of the documents and archives of the Conference and shall serve as depository of the inter-American treaty and agreements emanating from it and of the respective instruments.

ORGANIZATION OF AMERICAN STATES



INTER-AMERICAN COUNCIL FOR
EDUCATION, SCIENCE, AND CULTURE

CEPCIECC

PERMANENT EXECUTIVE COMMITTEE

XVI SPECIAL MEETING OF CEPCIECC
March 18, 1986
Washington, D.C.

OEA/Ser.J/IX
CEPCIECC/doc.955
6 March 1986
Original: Spanish

EDUCATIONAL PROGRAMS AIMED AT THE PREVENTION
AND CONTROL OF DRUG ABUSE

(Report of the Group of Experts
on Education and Drug Abuse,
held in Washington, D.C., in September 1985)

(2)



ORGANIZACION DE LOS ESTADOS AMERICANOS
ORGANIZAÇÃO DOS ESTADOS AMERICANOS
ORGANISATION DES ETATS AMERICAINS
ORGANIZATION OF AMERICAN STATES

17th Street and Constitution Avenue, NW Washington, D.C. 20006

February , 1986
CED-045/86

My dear Mr. Chairman:

As you are aware, the General Assembly, in its resolution AG/RES. 699 (XIV-0/84), regarding preparations for the First Inter-American Specialized Conference on Drug Traffic, by operative paragraph 8 instructed the Permanent Executive Committee of the Inter-American Council for Education, Science, and Culture (CIECC) to prepare a study on the educational aspects of prevention and control of the unlawful use of drugs, to be presented for consideration by the Specialized Conference.

In operative paragraph 3 of the same resolution, the Assembly instructed the Permanent Council to draft rules of procedure for the Specialized Conference, update the agenda, and submit both for consideration by the member states.

With a view to providing support to CEP-CIECC in fulfilling its duty, the General Secretariat, through the Department of Educational Affairs, had the enclosed study prepared by a group of experts of the region. The experts also benefitted from the cooperation of other specialized agencies. It is my pleasure to forward this study to you for the pertinent purposes.

Further, I wish to inform you that, in fulfillment of operative paragraph 2 of resolution CIECC-706/85, recommending "that the General Secretariat, as soon as the study in reference is ready, forward it to the governments of the member states for their use in preparation of their programs on the matter for the next biennium," a copy of this document has been delivered to the Secretary General for transmittal to the countries.

Sincerely yours,

(s) Enrique Martín del Campo
Executive Secretary for Education,
Science, and Culture

Mr. Alfredo Ramírez Araiza
Chairman of CEP-CIECC
Washington, D.C.

(4)



FINAL REPORT OF THE GROUP OF EXPERTS ON EDUCATION AND DRUG ABUSE
(PREDE-OAS, December 1985 - preliminary version)

PREFACE

In fulfillment of the mandates of the General Assembly and CIECC (resolutions AG/RES. 699 (XIV-0/84), CIECC 659/84, CIECC 674/84, and CIECC 706/85), whereby the area of Education, Science, and Culture was assigned the task of identifying effective means for enlisting education in combatting the improper use of drugs, the General Secretariat, through the Division of Communication for Education of the Department of Educational Affairs of the OAS, carried out a rapid survey among the countries to assess their activities in this regard. Following this, it convened a technical meeting of experts, which took place at the headquarters of the Organization, in Washington, D.C., September 9-13, 1985, to prepare a report on the subject for consideration by the Inter-American Specialized Conference on Drug Traffic. The Secretariat took this action in support of CEPCIECC's responsibility in the matter.

The experts who attended the meeting did so in a strictly personal capacity. As a group, they were representative of a professional profile in the fields of health education, education, pedagogy, educational planning, legal aspects, sociology, communications sciences and cultural anthropology, psychiatry, clinical psychology, psychoanalysis, and institutional psychology. Within the restricted number of participants, they also represented experience covering a vast geographic expanse of the region. All of them hold, and have held, directorial positions in agencies that have a differing level of scope in the systems of education, health, and particularly the planning of preventive action to check the improper use of narcotic drugs. The meeting was also attended by observers from the Pan American Health Organization, the U.S. National Institute on Drug Abuse, and the U.S. Department of State.

Appendix 1 contains the names and brief biographical sketches of the participants, observers, advisers, and special guests who attended.

These activities had the endorsement expressed in CIECC's resolution 706/85, giving that body's vigorous support to these actions, with the recommendation that the report be sent to the governments of the member states. The present report, prepared by the Secretariat based on the reports on the meeting written by the experts themselves, is being reviewed by them, so that it may be presented to the Inter-American Specialized Conference in its final version.

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FINAL REPORT OF THE PREDE-OEA GROUP OF EXPERTS
DECEMBER 1985

SUMMARY

Educational practices that in other times proved appropriate in inspiring attitudes of rejection of the supply and use of toxic substances, today are no longer adequate. New circumstances have had a debilitating effect on the educational systems in their efforts to block the temptations of drug use excesses. A parallel exists in the social communications media, and family life, so that it is difficult to develop any models for alternative, appealing, and realistic action to instill in the members of society attitudes of rejection of drug abuse, and the enticements of escape from reality.

The habitual use of drugs is here defined in the context of the intention with which the drug is used, including in the case of drugs that come under the category of those that may licitly be used and marketed for medical, industrial, or household purposes.

In defining these toxic substances and their abuse, the pharmacological qualities of each drug must be taken into account. This is due to the fact that some of them, as is the case with heroin and cocaine, cause physical dependence as well as psychological addiction. This makes them especially dangerous and is also the reason why they have been declared illicit. This adds to the damage done by the drug itself, those caused by the illicit traffic and the associated delinquency, efforts to exercise control over it, and the resulting deterioration of the social, economic, legal, and political order that all these things cause.

Important factors that contribute to the improper use of drugs are:

- The absence of social models and the lack of a supply of productive activities for the proper use of leisure time and unexpended energy.
- The psychological adoption of images that directly or indirectly enhance the improper use of drugs.
- Social factors that pave the way for social instability and anomalies, such as uprooting migrations, nonproductive idleness resulting from unemployment, and the inadequacy of public services to respond to the demands of growing urban populations.
- The negative effects of these factors on the orderly functioning of the family as a unit.

At the same time, there are some potential and even real encouraging elements that can be mobilized in educational action. They are: creation of a greater general awareness and a receptive attitude towards taking action; better understanding of the social and psychological mechanisms that contribute to drug abuse, and of strategies for the prevention of that abuse; evaluation of institutions and experience; and a growing interest in international cooperation for the exchange of information on experience and resources.

Four areas of factors that provide a favorable climate for the incidence of the problem have been identified: the individual, the family, the school, and the social environment.

In regard to the individual, in most cases this concerns factors that cause negative attitudes and insecurities that impede the building of a definable social identity. As to the family unit, this concerns patterns of alcohol and drug abuse within the family, imbalance in or absence of sufficiently good and strong family bonds. In the matter of school, there is an absence of an educational plan for the individual school to convert it into an educational community responsible for the genuine interests of its members. Likewise, the problems of staffing and infrastructure were also found; remuneration is too low, and not sufficient numbers of executives and teachers are being trained. Moreover, the autocratic nature of the educational structure and the formality and authoritarianism in pedagogic relationships are also to blame. As concerns the social environment, the most important component identified was the availability of the drugs, the existence of social role models geared to drug abuse, and the detrimental influence of some mass media messages.

In the chapter of recommendations, following some suggestions of a broad scope that emphasize that the problem concerns one and all, and that each person bears a share of responsibility in solving it, the study makes some specific recommendations addressed to those who are considered to be the main agents in the prevention of drug addiction: the authorities in general; key persons in the social communications media, the educational system, the health system; the leaders of community associations; families and the members of the family; and those responsible in the scientific sector and in the international cooperation agencies.

REPORT OF THE GROUP OF EXPERTS CONVENED BY THE
DEPARTMENT OF EDUCATIONAL AFFAIRS OF THE OAS*
(Washington, D.C., September 1985)

I. WHAT'S THE PROBLEM?

This study is limited to what it defines as the weakness and inadequacy of educational systems in coping with new social situations that lead to abuse of toxic drugs.

Despite improvements in the coverage and quality of educational services, because of new social circumstances educational practices which, in other times, may have been appropriate for fostering public attitudes of rejection and control of drug supply and demand, are now inadequate.

The capacity of the school, the media and the family to prepare and support their members--both affectively and cognitively--to reject drug abuse has been seriously reduced. They find that it is increasingly difficult to propose and develop attractive and realistic action models designed to discourage the individual from falling into toxic practices in his efforts to escape reality.

Some of the difficulties stem from:

- Lack of preparation of families to act so as to reduce the likelihood of their members turning to drug abuse; if members engage in such abuse, the families should be supportive and seek help, so that such members may be rehabilitated;
- Lack of preparation and resources, at the professional and decision-making levels of the media, for orienting their message so as to strengthen values and practices that provide alternatives to drug abuse, and avoid messages which openly or implicitly tend to encourage such abuse;
- Lack of preparation and resources for producing messages which clearly present and promote values and behavior which consciously and actively reject drug use, not only among the population in general but especially among potential consumers in sectors that are at highest risk;

* This version is being revised by the experts. Please do not quote it prior to its final approval. (January 30, 1986)

- Lack of preparation and resources in the governmental and educational services sectors for undertaking campaigns against drug abuse;
- Lack, or non-existence, of institutions capable of providing training and resources for organized communities which wish to confront the problem actively; and
- Lack of preparation of educators for identifying and dealing with the various levels of risk and abuse in the student population.

Inasmuch as education affects individual and collective knowledge, attitudes and behavior, it is important to explain some components of the phenomenon of drug abuse.

1. Abuse of drugs (including alcohol) is a growing problem. In countries in which the magnitude of the problem is not yet critical, the evolution of this phenomenon indicates that it is a real threat.

2. For the purposes of this report, the term "drug" is used in relation to the intention that determines its consumption, including that of drugs that are used licitly for medical, industrial and household purposes.

3. In characterizing these substances and their abuse, the pharmacological properties of each toxic substance must also be considered, because some drugs, such as heroin and cocaine, add physical habit to psychological dependence. Consequently, they are particularly dangerous and their trade has been declared illicit, with the result that the damage caused by these drugs per se is aggravated by that caused by traffic in narcotic drugs and related criminal activities, as well as the resultant deterioration of the social, economic, legal and political order.

4. The following are important factors which contribute to intentional drug abuse:

- Ignorance regarding other socially productive alternatives;
- Lack of motivation and opportunities for wholesome use of free time;
- Lack of social role models for guidance of behavior; and,
- On the other hand, psychological acceptance of role models which, directly or indirectly, lend prestige to drug abuse.

5. Social factors which, in one way or another, create feelings of anonymity and individual or collective instability also contribute to this phenomenon, such as:

- Migration to cities in order to escape rural poverty;
- Urban crowding which exceeds the capacity of public services;
- Unproductive idleness caused by unemployment and underemployment;
- Cultural shock; and
- Changes and conflicts in family life caused by all the above factors.

These factors do not play a role in all national societies, nor are they necessarily present. Furthermore, drug abuse cannot be attributed to any of them as a necessary direct cause, although many studies link them to increased demand.

6. It is felt that positive real or potential factors also exist, which may be mobilized and developed for educational action. They include:

- General increased awareness of the problem;
- A favorable attitude toward adoption of more far-reaching measures by governmental authorities, as well as those in the areas of formal and health education, together with use of the media, scientific and technical research, and community organizations;
- Improved knowledge and techniques pertaining to sociopsychological mechanisms which promote drug abuse;
- Institutions and evaluated experiments which may provide a basis for new measures or action plans; and
- Increased interest in international cooperation for exchanges of experience and resources aimed at educational action.

II. WHAT'S THE STATUS OF THE PROBLEM? HOW IMPORTANT IS IT?

1. Magnitude of the problem

According to available data, abuse of drugs and alcohol is increasing. The data are based on research which varies with regard to the methodology applied and the age groups observed. The problem has spread rapidly among the population of the member states, starting with clearly defined groups. It has extended and affects different age groups and socioeconomic levels.

2. Evolution of the problem

On the basis of background data, it may be stated that we face a situation in which drug and alcohol abuse is now difficult to control. Governmental administrative structures, such as the Ministries of Education, Health and Justice, have been unable to provide effective general solutions to the problem, either in their policies or through their operational units. The situation involves all society, because neither the family nor the community organizations in which its members should participate have been able to react adequately. We are witnessing a disproportion between the speed with which the problem emerges and grows, and the capacity of the various structures which should cope with it to respond rapidly.

3. Characteristics of the problem

Although drug use has common characteristics, these reveal particular modalities in different places and groups with regard to levels of risk, types of drugs, forms of use, motivation and capacity for rehabilitation of addicts and their liberation from the habit. Understanding of these differences is essential for any preventive action.

In the case of licit drugs, careful analysis indicates that, firstly, the family and its use of drugs provide the model. Generally speaking, the use of many licit drugs is not subject to legal control. In the case of illicit drugs, not enough information is available on the degree to which they have penetrated society, although it is known that existent controls are ineffective.

It may be stated unequivocally that no country is free of this problem and that if, in the case of a particular drug, at present either there is no problem or it exists only in incipient form, the speed of environmental changes will result in the emergence of a supply of the illicit drug and, subsequently, demand for it or abuse of licit drugs. In the case of illicit drugs, consumption is determined or limited mainly by availability of money for purchases.

Socioeconomic and political factors have also affected the increase in drug abuse. Unemployment and the insecurity felt by individuals regarding a future that usually does not offer alternatives for the young are considered factors that facilitate occurrence of the problem.

In other instances, political repression and resultant repression in schools and universities have hampered the natural development of a critical mental attitude in the individual which is basic to development of a positive attitude toward life and the world. This fosters feelings of anxiety and depression which, in turn, lead to a need for drugs and to their abuse.

4. Factors which contribute to occurrence of the problem*

The problem of drug and alcohol abuse is very complex. Many factors or variables that are intricately interrelated play a role in this. Nevertheless, on the basis of experience with the particular situations in some countries of the Americas, four major factors that explain substance abuse may be identified. Such identification is useful in considering the role of the educational sector in the region's fight against drug traffic and abuse. These factors are: the individual, the family, the school and the environment.

a) The individual as a factor or variable associated with the problem

The psychological characteristics of the individual in an undesirable family environment have been discussed. Lack of guidance for adequate use of time and energy produces a deficient personality whose expectations are not fulfilled, and intensifies the negative pressures of peer groups. Negativism and insecurity with regard to the future has been observed among the young.

Factor (variable) considered

Observations

Psychological personality characteristics

This factor is important with regard to both the initiation as well as the incidence of drug and alcohol consumption. It is also relevant when the individual develops in an undesirable family environment.

Difficulty in structuring his social identity

* Comments are offered regarding the factors or variables that are characteristic of the individual and affect his use and abuse of alcohol and drugs. Although they are merely listed, it should be understood that some members of the group expressed reservations regarding some of the factors, stating that they do not apply to the situation in all the countries whose problems have been considered, and that their relation to other relevant factors was indicated in only a few cases. The only purpose of this presentation is to contribute to formulation of a tentative model for explaining most of the situations, facilitating understanding of the phenomenon and the planning of preventive action in each member state, and providing guidelines for future research. Many variables are only presented grosso modu, and may be broken down in greater detail.

Factor (variable) considered

Observations

Lack of significant relationships in his development

Lack of curiosity regarding new experiences

Lack of capacity for receiving and giving affection and recognition

Negativism and insecurity regarding the future

Misuse of free time

This factor affects consumption if the environment is unwholesome, as it cannot provide positive opportunities if the family's guiding role is absent. On the other hand, if these factors work positively it is assumed that the effect of this factor is very limited.

Negative peer group pressures

Great importance is attributed to this factor, although its incidence is greater when the individual's personality is deficient. Its incidence is associated with dysfunction in the family, the school and society.

Unfulfilled expectations

Although this factor is sometimes not identified as an immediate cause, and it is difficult to determine the degree to which it explains the problem of drug abuse, it is considered to be very important and also associated with a deficient personality as well as dysfunction in the family, the school, and society.

b) The family as a factor or variable associated with the problem

The importance of the family to the individual who is developing in it, while not yet under the influence of formal education, has been discussed. The family provides the first role model for the individual. Because of factors such as types of housing and employment, and opportunities for obtaining them, the extended family of former years has been replaced by the nuclear family. The effect of providing a strong supportive network, with many interchangeable roles and, sometimes, providing a productive system, that used to characterize the extended family has now been reduced to that of the influence of the father, the mother and one or more brothers or sisters.

It is known that families are constituted in many different forms, with one or two parents or in other forms that function as a substitute family. In all cases, they are considered "family."

The same factors that have been discussed as characteristic of the individual and affect drug abuse apply to factors that may exist at the family level.

| <u>Factor (variable) considered</u> | <u>Observations</u> |
|---|---|
| Abuse of alcohol and drugs by other members of the family | Although this is considered an important factor, it is associated with family dysfunction. |
| The working mother | This factor is not considered relevant <u>per se</u> . Its importance is determined by the age of the child and the time that his parents devote to him. Its influence is considerable in the child's early years and is found in cases of family dysfunction. |
| Child abuse | In this connection, it has been said that how the father and mother cope with their aggressiveness is an important factor in developing rejection of escapist behavior. |
| Insufficient time for rearing the children | This factor is very important. |
| Drug consumption model that encourages drug abuse in the family | |
| Ruptures (imbalance) in family relations | This is an important factor which affects use and abuse of alcohol and drugs by the individual. Deficient affective relations which are either non-existing or frustrating, and open or hidden conflicts in the family predispose the individual to alcohol and drug abuse. |
| Lack of communication in the family | |
| Single-parent households | This factor is very important because, in these cases, the parent must assume multiple roles and society does not usually provide forms of assistance in child-rearing. |

Migration to urban centers, the changing roles in couples as women gradually acquire access to employment outside the home, as well as reduced time with the children, have impacted family relations. Because of the socioeconomic conditions that prevail in developing countries, which have been aggravated by the world-wide recession, fathers have had to increase their work hours in order to ensure the minimum income needed to support the family. In fatherless households, the woman has had to assume an ever-larger multiple role, being, simultaneously, a mother, the only immediate role model for the children, and the family's breadwinner. These situations are tantamount to "mistreatment," affect the individual and lead him to seek escape.

The importance of values such as affection, understanding, respect, and tolerance is enhanced, given the affective deprivation settings that draw the individual to drug abuse.

c) The school as a factor or variable associated with the problem

Certain characteristics of educational policies and practices are reflected in merely informative curricula and autocratic schools which hamper the personal growth of both teachers and students and are factors that foster drug and alcohol abuse by the individual. Furthermore, another factor in the problem is the quality of the training of the faculty (teachers, principals, supervisors, etc.). In some educational systems, because of increased enrollment it has been necessary to reduce the school day, thereby increasing the amount of free time for the students. Furthermore, the schools do not possess an adequate infrastructure for responding to the interests expressed by the students regarding use of their free time (sports, study or productive activities).

If we consider, additionally, the lack of an educational school project that responds to the real interests of the community (including those of all the inhabitants of the area where the school is located), and the lack of involvement and commitment on the part of the educational community, we face a situation in which individuals have lost their capacity to respond to the problem of alcohol and drug abuse and the school is unable to provide solutions to such problems. Legal rules exist which regulate schools and guarantee achievement of the major objectives of the educational system in the various countries, but their implementation is very deficient and difficult.

The same considerations addressed previously with regard to factors or variables that characterize the individual or his family group are applicable here and interact with the following factors that pertain to the school.

Factor (variable) considered

Observations

Lack of an educational project in each school which would promote the attitudes, habits and development of human values desired by society and the community

The autocratic school

This is a significant negative factor because it hampers the personal growth of children and young people, as well as respectful and affectionate relations with teachers.

Emphasis of school curricula on provision of information

It is felt that information is desirable, but insufficient per se, and that the school should emphasize development of the student.

Lack of gratification and motivation of teachers

It is necessary to enhance the noble role of the teacher in developing the individual and society.

Inadequate selection of teachers

The selection and admission procedures of teachers' colleges should ensure the quality of applicants, in order to recruit more suitable and better trained personnel for coping with the requirements for solution of the drug and alcohol abuse problem.

Inadequate preparation of teachers

For our purposes, "preparation" means the requirements that must be met in order to obtain a teaching certificate. Experience indicates that teachers are not prepared to carry out preventive measures against alcohol and drug abuse.

Inadequate training of teachers

For our purposes, teacher training means action designed to improve performance when the teacher holds a certificate and exercises his profession. Teacher training is considered inadequate for combating alcohol and drug abuse; measures for training teachers in prevention of such abuse, as well as general health education, should be promoted.

| <u>Factor (variable) considered</u> | <u>Observations</u> |
|--|---|
| Inadequate preparation of school principals | Great importance is attributed to this factor because the principal's sensitivity to the problem and his ability to direct his school's project will determine the success or failure of the educational unit. |
| Inadequate preparation of superintendents of schools | Importance is attributed to the role of superintendents of schools as mediators between the educational authorities and the classroom teacher. However, theirs should be a supportive and guidance role and not one of control. |
| Reduction of the school day | This factor is important in an environment which, generally speaking, does not provide opportunities for adequate use of the individual's free time. |
| Inadequate infrastructure for responding to the students' free time interests | |
| Lack of involvement of the educational community | Although, strictly speaking, this factor does not pertain to the curriculum, it is important because it pertains to the commitment of the members of the educational community. Their involvement is very important for achieving discipline in the quest for solutions to that community's problems. |
| Narrow interpretation of educational systems limited to the school education concept | The ideal interpretation of preventive measures should be broad and understood as the relationship between education and the community. |

d) The environment as a factor or variable associated with the problem

Among other factors, reference has been made to the fact that the availability of drugs facilitates access to them for population groups that are at risk. Opinions differ as to whether the existence of laws governing the traffic, possession and consumption of drugs is a factor that inhibits drug abuse. In some situations, the existence of legislation on this matter does not affect the problem that we are considering. At any rate, the problem does not exist in most of the population. Consequently, the factors that favor abuse should be sought among individuals whose personality has not matured properly.

Generally speaking, analysis of these qualitative approximations for describing alcohol and drug abuse reveals considerable diversity in the situation, and differences in the amounts and types of substances consumed in the various countries.

In the 10 countries of North, Central and South America analyzed, the most frequent type of consumption is abuse of alcohol, marijuana, tobacco and tranquilizers.

Second in order of importance of frequency of consumption are organic solvents and amphetamines (in 6 countries) and cocaine (in 5 of the 10 countries analyzed). On the other hand, abuse of opiates, hallucinogens, bazooka and antidepressants is characteristic in one of the 10 countries.

On the basis of qualitative analysis of the situation in another 10 countries, regarding which the participating experts provided information, it may be stated that the most important problems pertain to abuse of alcohol, tobacco, marijuana and cocaine, although they differ in nature and characteristics. In six of those countries, alcohol abuse is the most important problem.

In 5 of the 10 countries considered, marijuana was found to be second in importance in the problem; in another 3 second place went to consumption of cocaine, while that place was accorded to marijuana in the other 2. While in one country marijuana shares second place with tobacco in the order of importance of consumption, in another it shares second place with solvents. The following table explains the above information in detail.

| <u>Factor (variable) considered</u> | <u>Observations</u> |
|---|---|
| Supply of drugs | This is considered the most important factor in promoting initiation of consumption of alcohol and drugs and their habitual abuse. |
| Negative influence of the media | This factor is very important with reference to the transmission of information as well as its influence on public opinion. However, more knowledge is needed regarding its impact. |
| Lack of laws on the traffic, possession and consumption of drugs in general | Reference has been made to misuse of existent legislation governing violation of such laws. It has also been stated that laws exist but do not affect the problem. Furthermore, it is believed that the rules of custom and social mores are not at work. |
| Existence of social or cultural models that foster abuse | |

Existence and prevalence of
subcultures

Regional socioeconomic and
racial discrimination

Lack of basic social values
that are accepted and shared
by age groups and socio-
economic groups

TYPES OF PROBLEMS THAT EXIST IN 10 COUNTRIES OF THE AMERICAS
THEIR RELATIVE IMPORTANCE AND THE TYPES OF POLYTOXICOMANIA MOST FREQUENTLY ENCOUNTERED

Table No. 1

| COUNTRY | Problems that the experts believe must be addressed | | | | | | | | | | | General Characteristics | |
|---------------------|---|----------------|-----------------------|--------------|-------------------|--------------|--------------|--------------------|---------------------|---------------|-----------------------|--|--|
| | 1 Tobacco | 2 Marijuana | 3 Organic Solvents | 4 Alcohol | 5 Amphétamines | 6 Opiates | 7 Cocaine | 8 Hallucinogens | 9 Tranquillizers | 10 Bazooka | 11 Antidepressants | Order of importance assigned to the different forms of drug abuse 2/ | Polytoxicomania most frequently encountered in the countries analyzed 3/ |
| BOLIVIA | X | X | | X | | | X | | X | | | 4-7 2 | (4-7-1) |
| BRAZIL | X | X | X | X | X | | | | X | | X | 4-2-1-5-9-11-3 | (1-2-4-5) |
| CHILE | X | X | X | X | X | | | | X | | | 4-1-2-5-9 | (1-2-4) |
| COLOMBIA | X | X | | X | X | | X | | X | X | | 10-7-2-4-5-9-1 | (10-4) (4-2) (2-4-5) |
| COSTA RICA | X | X | X | X | X | | | | X | | | 4-2-3-5-9 | (1-2-4-3) |
| MEXICO | X | X | X | X | X | | | | X | | | 1-4-3-2-5-9 | 4/1 |
| PERU | X | X | X | X | | | X | | X | | | 1-4-2-7 | (1-4) |
| TRINIDAD AND TOBAGO | X | X | | X | | | X | | X | | | 4-2-9 | (4-9) (4-7) (1-2) |
| URUGUAY | X | X | | X | | | | | X | | | 1-9-2 | (1-4-9) |
| U.S.A. | X | X | X | X | X | X | X | X | X | | | 1 2 5 4 - 3 - 6 7 8 9 | (1-4) (2-4) (7-4) |
| TOTAL | 10 | 10 | 6 | 10 | 6 | 1 | 5 | 1 | 10 | 1 | 1 | | |

1. A distinction should be drawn between legal and illegal opiates. The latter are our concern.
2. When two or more types of drug abuse are equally important, they are indicated at the same level on the table. For example, in the case of Bolivia, consumption of tobacco, marijuana and tranquillizers are shown as third in order of importance.
3. The parentheses separate the existence of two or more types of polytoxicomania encountered in the countries.
4. Toxicomania exist, but the types most frequently encountered cannot be identified.

The table reveals another qualitative characteristic of the phenomenon in the various countries: polytoxicomania, that is, simultaneous abuse of different drugs by an individual.

In the 10 countries analyzed, however, such types of polytoxicomania result from very different combinations of the drugs consumed, and no regular pattern or tendency has been observed.

While, in some countries, 3 and even 4 types of drugs are combined in the polytoxicomania frequently encountered, apparently in others 2 and as many as 3 types of polytoxicomania are found most frequently. In most cases of polytoxicomania alcohol consumption is common, together with other types of drug. The last column of the table shows the different combinations that are found in the situations described. It is known that polytoxicomania exists in Mexico, although it is not yet possible to specify the types of combinations most frequently used. Finally, in another country the clearly identifiable toxicomania combines alcohol abuse with tobacco consumption.

III. AGENTS FOR PREVENTION OF DRUG ADDICTION

The group of individuals and every person in society who play a definitive role in drug prevention are known as agents for prevention of drug addiction.

In societies in which toxic addiction, as well as its promotion are widespread, prevention should involve society itself, and education should take the form of general measures designed to inform the public and change the values and attitudes of its various sectors.

The population may be subdivided into the high risk and low risk categories, in accordance with the potential for adoption of the characteristic patterns of drug addiction.

It is also necessary to distinguish those who suffer the problem directly from those who try to adopt measures for coping with it.

On the basis of these ideas, the target population or agents in the prevention process were identified as follows:

1. Political institutions: both national and international, governmental and nongovernmental.
2. The media.
3. The educational community (teachers, heads of family, students and principals).
4. Local community organizations.
5. The family and its members.

1. Political and Administrative Institutions

International organizations may play an important role in development of innovative programs for prevention in the countries of the hemisphere. They should seek close coordination with the governments and among themselves, avoiding duplication of efforts which hamper implementation of programs and their correct evaluation.

2. State Institutions

State institutions have promoted preventive activities in the health, education, welfare and justice sectors. Despite some success and myriad efforts, in most instances their efforts have been fruitless because of lack of adequate intersectoral coordination, limited budgets, meager political support and deficient technical criteria in program implementation.

3. The Media

The media usually promote drug abuse implicitly and foster unwholesome habits among the young and adults with respect to recreation and use of free time. They fail to encourage creative thinking regarding the situation and, in many instances, transmit incredible messages regarding drug use, thereby damaging their credibility with the public. However, proper use of the media on sound scientific and technical bases may contribute to prevention of drug abuse.

The media should provide for the young an environment and education that will enable them to watch television programs with a critical attitude, converting them into active and critical viewers, while providing recreation for them.

4. The Educational Community

The group recognizes the importance of teachers (schools/colleges) as agents for change and as indispensable elements in preventing drug abuse.

However, it also recognizes the existence of a series of factors which offset that possibility and affect their specific functions negatively.

Generally speaking, these factors have been recognized as consequences of changes in the administrative structures which entail quantitative changes of long-term effect: access of large sectors of the population to education in crowded classrooms, curricular approaches aimed at the masses, difficulties in achieving such educational objectives, and frustrations that militate against an educational process that would really generate a desire and capacity for acquisition of knowledge in the young.

Many sectors pressure the educational sector to implement preventive programs that would complement existent specific ones, thereby overburdening the teacher's role and hampering achievement of a substantial part of the proposed objectives.

The group recognizes that families are unaware of the importance of their influence on school education and participate only meagerly in education activities, so that the teacher, of whom performance for which he is not presently equipped given the multiple factors that facilitate drug consumption, has to stand alone.

Education must provide recreational and cultural opportunities for the young, especially in view of the fact that, in recent years, the school day has been shortened drastically and they have many hours of unproductive free time.

IV. RECOMMENDATIONS

1. GENERAL RECOMMENDATIONS

All educational programs on drug abuse should emphasize that the problem affects the entire community and that all its members share responsibility for solving it.

Although some licit drugs entail various risks, indiscriminate use of any of them should be considered as toxic behavior.

It should be recognized that prevention of drug abuse addresses a social problem in which all aspects of the educational factor can be very effective.

Such integral education should provide alternatives for a constructive social life and reject the escapism and cover-ups that are always associated with drug abuse.

This process should be an integral part of development for life and, consequently, should begin in the family, regardless of its structure. It should continue in the school and be constantly reinforced by pertinent groups and the messages that society provides.

If possible, preventive action should cover the so-called illicit drugs, as well as licit drugs (including alcohol and tobacco) which are abused with ever-greater frequency.

Such action should result from the participation of all the sectors that are involved and, very particularly, the educational, health and justice sectors, together with organized community groups and the family.

2. RECOMMENDATIONS TO THE AUTHORITIES

The authorities should analyze and understand their role in the problem of drug abuse, and be aware that their performance should provide a sound role model for all society and enhance the value of their official educational pronouncements.

Strategies should be scientifically and technically sound and avoid improvisation which may turn out to be counterproductive.

At all times it should be remembered that drug abuse is the result as well as the cause of other problems.

Community leaders should participate in the process of identification and implementation of strategies proposed in programs.

Priority attention should be given to children and youths who are at potential risk, and not limit such attention to those who already engage in drug abuse.

Efforts should focus on strengthening the mechanisms that further the development of mature personality in children and young people so that they will reject drugs.

Every effort should be made to avoid exaggerated or hysterical responses to the problem that have proven to be counterproductive.

Intersectoral participation in formulating policies and action designed, generally, to promote general health education and aimed, specifically, at prevention of alcohol and drug abuse, should be encouraged.

The research capacity of public and private entities should be promoted and developed in order to:

- a) Develop epidemiological research on the prevalence of drug consumption in countries that do not have nationwide studies of this topic;
- b) Develop epidemiological research on the prevalence of drug consumption in countries which lack information on specific areas and regions;
- c) Develop research designed to explain the interrelation among the factors that lead to drug abuse, to estimate the correlation among the independent factors at work that are related to the problem, and to measure the relative importance of the factors thus identified; and

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- d) Identify the more vulnerable groups, with the object of orienting and reorienting intersectoral involvement in preventive action.

To establish and implement an Integral Health Education System, with multidisciplinary and multisectoral participation.

3. RECOMMENDATIONS TO MEDIA LEADERS

Given the important role of the media as a vehicle for information and change, media leaders are urged to assume greater social responsibility with reference to the population's use of alcohol and other psychoactive drugs. They should be aware of their role as molders of values, feelings and attitudes, and that they often inadvertently encourage drug consumption.

They should provide educational messages designed to promote personal development that will enable the individual to adopt decisions and search for an alternative and constructive life style, while improving his capacity to establish harmonious interpersonal relationships.

Before preparing any campaign for preventing drug abuse, media leaders should seek the services of one or more specialists who would provide supervision and guidance. They should not transmit untested and non-objective material, as it may even encourage drug consumption.

They should facilitate use of the media for transmitting technically sound messages which will promote rejection of drug abuse by the public.

In their messages they should seek to present effective and attractive forms of participation by youth and parental organizations in prevention of drug addiction.

They should feature models of good communications in the family group.

They should promote the involvement of children and youths in educational, cultural and recreational programs that bring positive messages to the community.

In the communications area, the media leaders should recommend to those who develop human resources that they include in the curricula aspects that pertain to prevention of drug abuse.

They should promote research and study designed to measure the impact of the media in this connection.

The governments and the media should establish standards designed to prevent excessive responses that may be triggered by the information provided.

Media leaders should encourage involvement of the community, the young, heads of family and society as a whole in prevention of drug addiction.

4. RECOMMENDATIONS TO THE EDUCATIONAL SYSTEM

The educational system should carry out a general discussion of the objectives of its schools, in order to analyze and reanalyze the present trend which stresses the student's social success and relegates to a secondary position efforts to ensure his success as a person.

It should realize that formal education is one of the most important weapons in the fight against drug abuse and, consequently, should be strengthened at all its levels and in all its modalities.

The educational system should coordinate the pedagogical criteria applied to schools with those used in professional training and social studies, including in the curricula current ideas on prevention of drug abuse recommended by experts and professionals, with the object of promoting full participation by future generations of society.

It should develop a critical and harmonious outlook in students, starting with those in the first grade of elementary school, by involving them in humanitarian activities.

It should encourage the habit of mutual help and "team" study among students, as well as development of cooperative projects related to the objectives of the curriculum.

The educational system should seek to improve knowledge in interpersonal and group communication, not only among its leaders and the teachers but also among the students.

It should develop ability in problem-solving and settlement of disputes.

It should promote programs for enhancing self-esteem, affective development and maturity among students and teachers.

It should propose educational reforms aimed at improving teacher-student relations, viewing education as a joint quest for knowledge and the teacher as its promoter.

It should introduce and emphasize the mental health area in all health and education faculties and schools, making future professionals aware of the problem in conformity with their role in society as molders and generators of attitudes. To this end, concepts related to drug abuse should be taught (its causes, prevention and treatment).

It should re-educate the family so that it may play its original role, and promote its effective participation in the task of preventive education.

It should promote effective involvement of the community so that it will respond positively to prevention of drug abuse and rehabilitation of drug addicts.

It should promote and develop alternative programs (recreational, cultural and social) for wholesome use of free time, thereby furthering personal development among the community's young people.

It should promote and support the creation of self-help groups among students in order to enlist the positive influence of peers, as well as involvement groups consisting of heads of family ("Schools for Parents") and students, with the object of analyzing and trying to solve the social problems of children and youths.

It should train teachers and other competent and necessary personnel for development of preventive education and psychological and moral support programs, in their role as agents for individual and social change; they should be trained as researchers, communicators, counselors, etc.

The educational system should establish an employment counseling program so as to enable the student to reflect and choose his vocation, as well as to relate what he learns to a productive life.

It should seek to provide opportunities for successful experiences for students so as to break the vicious circle of alienation caused by failures or difficulties encountered in school, which foster a generally rebellious attitude as well as escapist behavior, thus opening the doors to drug abuse.

The system should provide counselling and, when necessary, therapy, in order to promote the institutional, group and individual health of each educational community.

It should seek for teachers the training, employment conditions, support and supervision that will ensure that their performance will provide an exemplary model for the students.

It should participate in the training of community, family and other groups for educational action to prevent drug abuse.

It should use the crisis in drug abuse as both an opportunity and an effective tool for overall improvement of the educational system.

5. RECOMMENDATIONS TO LEADERS OF THE HEALTH SECTOR

Leaders of the health sector should participate, together with those of the other sectors, in prevention of alcohol and drug abuse by providing services at the initial level, and applying an educational approach that identifies the family as the basic factor in ensuring that children and youths will reject drugs. They should also participate in early detection of consumption and develop capacity for timely treatment.

Physicians and pharmacists should receive instruction at regular intervals regarding the risks and benefits of prescription drugs, the danger of addiction to some of them, and early detection of symptoms of addiction.

Health workers should be trained in the effects of non-traditional drugs, such as inhalants and those found in plants.

In order to avoid limiting the efforts of other sectors, leaders of the health sector should create awareness in their ranks of the importance of intensifying joint efforts to implement international treaties on control of psychotropic drugs.

Efforts should be made to avoid conditions that foster indiscriminate prescription of any drugs, mainly the psychotropic ones, as the purpose of the user is often gratification of a fancied need, or recourse to "magic" in an effort to solve his problems. This leads gullible or uneducated population groups to dangerous habits in the use of medicines.

6. RECOMMENDATIONS TO COMMUNITY LEADERS AND ORGANIZATIONS

Community leaders and organizations should create awareness at all levels that community involvement is essential for preventing and reducing the incidence of drug abuse. The community may be defined as any social group sharing the same interests, administrative structure or geographical location which may be mobilized to cope with the problem of drug abuse.

The local communities should be responsible for coping with local problems. Most of the resources needed for solving local problems are found at the local level and should be provided by the community.

Local communities should analyze their respective problems, evaluate needs, identify available resources, acquire necessary knowledge, and develop, implement and evaluate plans.

Generally speaking, groups and teams are much more effective in problem-solving than isolated individuals. Young people should participate at all levels of program development.

Community programs for prevention of drug abuse should maintain a support network with other communities, sharing both their successes and their failures.

The community should be involved in solutions that call for its members to participate in their implementation.

Every solution should take into account the fact that drug abuse has multiple roots in the community, the family and the school.

All sectors of the community should work jointly as a "team," in identifying constructive solutions to the problem of drug abuse and becoming a part of such solutions.

Community action to prevent drug abuse should not be used as a political tool.

The common problem of drug abuse may help to unite community groups. It is important to mobilize the groups that exist in the community and not encourage the creation of new organizations. It is also important that program leaders be members of the community.

Leaders of existent community groups should be encouraged to facilitate participation of many groups and not oppose the involvement of new groups.

The communities must be provided with resources for training leaders, as well as technical assistance, including state of the art research in drugs.

7. RECOMMENDATIONS TO THE FAMILY AND ITS MEMBERS

The family should be viewed as a network of relationships, involving several persons around its nucleus, with each member having specific and interacting functions.

The nuclear family should provide an environment of communication, feelings and reassurance among its members. These factors are of fundamental importance in developing the personality of the individual member and decisively affecting his future behavior.

Families should be alerted to the possibility of crises, when one of the members needs help in resisting pressure toward drug use and tries, through various types of behavior, to communicate with the other members but the latter, because of lack of knowledge regarding such behavior or failure to understand it, waste an opportunity to prevent drastic future consequences.

Families should be made aware of the fact that the family as a whole and every member, without exception, are responsible for educating the children; families should avoid placing sole responsibility on only one member.

The family should encourage creation and support of youth groups, as well as promotion of self-help among their members by such groups.

Families--and, particularly, the underprivileged and most needy ones--should promote solidarity among neighbors, as well as self-help systems for child care and education.

Families should promote community programs of various types (cultural, sports, etc.) and participate actively in them, thus enabling parents and children to share their duties and recreation.

The family and its members should seek appropriate training on a group or individual basis so as to protect themselves against publications and publicity that promote general indiscriminate consumption ("consumerism"), and particularly in the case of medicines and drugs.

8. RECOMMENDATIONS TO THOSE RESPONSIBLE FOR PROVIDING SCIENTIFIC DATA FOR THE AUTHORITIES

Persons responsible for providing scientific data for the authorities should compile available data on prevention of drug abuse by preparing analytical summaries and creating data banks, in order to facilitate understanding of the problem and to establish guidelines for future research.

They should create and/or promote appropriate channels for communicating research findings to the authorities as rapidly as possible, so as to enable them to adopt sound decisions; they should establish liaison between information sources and the decision-makers.

They should promote the creation of research and information networks, in order to achieve intersectoral and interinstitutional cooperation in explaining the problem.

They should promote the organization of international, national and regional meetings for exchanges of specific experience in research. Furthermore, they should create appropriate facilities for evaluation of such data by the research community and for establishment of standard definitions and methodology which would facilitate comparative analysis.

They should create and/or promote communication channels for widespread dissemination of research findings, with the object of keeping the general public informed.

They should promote epidemiological studies covering samples of the entire population that take into account all age groups and individuals (and not limit such sampling to the school population).

They should promote development of new lines of research for use of education as a means for preventing alcohol and drug abuse.

They should make available updated demographic data for estimating the population at potential risk (age groups) in the relatively near future.

They should promote development of research designed to:

- a) Refine estimates of rates of alcohol and drug abuse and available drugs so as to measure the magnitude of the problem; and
- b) Identify the factors which favor occurrence of the problem; correlate independent factors associated with the phenomenon and others that are at work; and estimate the relative importance of each factor that explains the problem.

9. RECOMMENDATIONS TO INTERNATIONAL ORGANIZATIONS

The international organizations should motivate and support the governments so that they will develop research projects in the prevention of drug addiction, covering the cultural, social and psychological aspects of the problem.

The role of the OAS as the region's international forum for discussion of the drug problem and the search for solutions should be strengthened, in coordination with other international organizations.

International organizations should be urged to combine their efforts, with simultaneous support of multinational and national action in the area of Integral Education for Social Health.

They should promote and support horizontal cooperation to facilitate exchanges of information, experience and experts in the area of preventive education.

They should consider the possibility of creating and supporting a "Latin American Association of Volunteers for Education and Social Health" consisting of professionals from various disciplines.

OAS should formulate and support an integral Latin American plan for prevention of drug abuse.

OAS should request that national institutions and organizations cooperate in its efforts--hitherto isolated--to coordinate action for presenting a united front against this common foe.

OAS should establish a network for information, documentation and exchange of experience so that the entire region may be kept informed on the problem of drug addiction and means for preventing it.

Short Backgrounds on the Members of the Group
PREDE-OAS Technical Meeting of the Group of Experts
on Education and Drug Abuse

(Washington, D.C., September 1985)

FRANCISCO BATISTA

- Psychiatrist. Brazilian.
- Member of the Society of Analytical Psychotherapy of the Rio de Janeiro group.
- President of the Center for Mental Health Studies of Santa Catarina.
- Delegate in Brazil of the World Federation of Therapeutic Communities.
- Former Technical Superintendent of the Santa Catarina Foundation for the Well-being of Minors - FUCABEM, in Santa Catarina.
- Former Vice President of the Association of Child and Adolescent Psychology and Psychiatry - Bahia.
- Former Secretary for Latin America of the PAN AMERICAN Forum for the Study of Adolescents.
- Former Secretary General at the IV Meeting of the PAN AMERICAN Forum for the Study of Adolescents - Salvador, Bahia.

Publications: O adolescente de Santa Catarina (Psychological Profile); Falando de Adolescentes (articles); Uma Experiencia Institucional (Autobiographical account of an institution).

DR. MICHAEL H. BEAUBRUN

Is professor of Psychiatry of the University of the West Indies at its St. Augustine Campus, Trinidad and Tobago, his native country. He is also Director of the Caribbean Institute on Alcoholism and other Drug Problems at the College of the Virgin Islands. He is a member of the Expert Advisory Panel on Drug Dependency of the WHO and a Vice President of the International Council on Alcohol and Addiction. He was formerly President of the World Federation for Mental Health (1972-75) and was the Foundation Professor of Psychology at the Jamaica Campus of the University of West Indies in 1964.

His awards include the Browning Achievement Award in 1976 for "Outstanding Achievement in the Alleviation of Addiction."

He has served from time to time as a Temporary Advisor or Short-term Consultant for PAHO, US-AID, ICAA and other organizations.

NORA BERTONI VALLADARES

Chilean physician, specialist in public health for the last four years. Chief of the Regional Unit for the Prevention of Drug Dependence of the OAS Pan American Children's Institute. Formerly Permanent OPS/OPS Adviser. Faculty Member of the School of Public Health of the Faculty of Medicine of the University of Chile.

JAIME CHAMAN LINARES

- Peruvian Educator.
- President of the Sectoral Committee of Preventive Education Against the Improper Use of Drugs.
- Member of the Drug Control Executive Office.
- Member of the Special Committee on Preventive Education of the American Embassy.
- Representative of the Educational Sector in the Peruvian-Colombian Agreement on the Struggle Against the Drug Traffic.
- Adviser of committees on support to youth.

HUGO A. MIGUEZ

- Diplomas in Psychology, Universidad de Buenos Aires and Universidad de Costa Rica.
- Courses and Seminars in several Latin-American Universities.
- Since 1979 Professor at the Schools of Psychology and of Medicine of the Universidad de Costa Rica in the areas of Community Psychology, Preventive Medicine and Psychiatry.
- Chief of the Research Department of the Instituto Nacional sobre Alcoholismo, San José, Costa Rica.
- His articles have been published in many technical journals, and he has received the ACTA PRIZE, 1982, from the ACTA Foundation of Buenos Aires, for his article "The Alcoholic Patient: Description and Results."

CLAUDIO MOLINA DIAZ

- Research professor of the Center of Advanced Studies, Experimentation and Pedagogical Research, Senior Technical Agency of the Ministry of Public Education, Chile.

- Author of several epidemiological works on estimating rates of consumption of toxic materials and on study of the factors associated with such consumption by children and adolescents.
- Author of works (the majority) on variables pertaining to the Chilean national education system.
- Author of textbooks for high school students of natural sciences and biology and natural sciences for elementary teaching.
- Author of texts on methodology for social and biological research.
- Member of the National Mixed Committee on Health and Education of Chile from 1976 to 1980.
- Natural Science teacher for elementary and high school students.
- Teacher at the Center for Advanced Training, Experimentation and Pedagogical Research for: i) social research methodology and ii) methodology for teaching the natural sciences and biology.

LUIS PEREGRINA P.

- Mexican surgeon and pediatrician.
- Master in Public Health.
- Director of the School of Public Health of Mexico (1970-1982).
- Director of Rehabilitation and Social Assistance (1982-1983).
- Member of the Committee of Experts on Medical Education and Health - WHO, Geneva.
- Full Professor of Preventive Medicine and Social Medicine - Universidad Autónoma de México.
- Director of Special Programs (ADEFAR), 1983 - present.

YOLANDA PUYANA V.

- Colombian Social Scientist.
- Master in Population Studies.
- Specialized professional of the National Planning Department.
- Member of the National Committee on Prevention of Drug Addiction.
- Has been responsible for outlining, drafting and coordinating the National Plan Against Drug Dependence since 1983.

Organization of American States

- Ambassador Edilberto Moreno
Chief of the Delegation of Venezuela
Chairman of the Permanent Council's Working
Group on the Drug Traffic
- Enrique Martín del Campo
Executive Secretary for Education,
Science and Culture
- Luiz Navarro de Britto
Director of the Department of
Educational Affairs
- Irving G. Tragen
Ad Hoc Coordinator for Matters
Related to the Drug Traffic
- Osvaldo Kreimer (Organizer and Moderator
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Chief of the Division of Communication
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Department of Educational Affairs
- Silvia Schreiter (Technical Secretariat
of the Meeting)
Specialist
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- Martha Bellis
- Lilian Scorazzo
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Special Guests

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Associate Director
U.S. National Institute on Drug Abuse
- Dr. René González Uzcategui
Regional Adviser on Mental Health
Pan American Health Organization

Observers

- Dr. Mariano Gallardo
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U.S. Department of State

- Joan Greer
Deputy Director
Education Program on Alcohol and Drug Abuse
U.S. Department of Education

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