

Searching for Life's True Purpose

PERSPECTIVES ON MORALITY AND ETHICS

Drugs and Our Youth: Focus on Prevention



INTERNATIONAL EDUCATIONAL
FOUNDATION

13

Thirteenth in a Series

SEARCHING FOR LIFE'S TRUE PURPOSE

Perspectives on Morality and Ethics

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Other Volumes in This Series

The content of these presentations is the product of the International Educational Foundation's involvement in hundreds of conferences, beginning in the former Soviet Union and then expanding to China and other countries. Our organization has been working with educators and other professionals in response to the moral and ethical challenges that have accompanied the rapid economic and social transformations in those countries. At the conclusion of each of these important events, the team of lecturers and writers reviewed each presentation and offered proposals for improvement. That process of development continues. Therefore, the volume that you now hold in your hands is more of a beginning than an end.

This is part of the series, *Searching for Life's True Purpose: Perspectives on Morality and Ethics*. Topics covered in other volumes include:

- The need for moral education
- Universal principles and life goals
- The family as the school of love
- The consequences of the sexual revolution
- Family life education: which road to take?
- An ethic of true love and sexuality
- Preparing youth for marriage
- Promoting a marriage culture
- Building healthy marriages
- Causes and resolution of conflict

This volume is designed to fulfill several functions: as a manual for lecturers, as a resource for people wishing to deepen their understanding of the topic, and as a general introduction to IEF's perspectives on preventing drug abuse. The content set apart in boxes supplements the text. The colored rectangles in the text mark a change in slides.

Acknowledgements

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Dr. Joon Ho Seuk

Preface

Abuse of depressants, stimulants and hallucinogens is leaving its mark, directly or indirectly, on millions of people in diverse cultures throughout the world. This a recent phenomenon in human history. However, human contact with drugs is longstanding, as narcotics were commonly used in many ancient societies. People in various cultures have relied on the properties of some plants to relieve pain and induce altered states of consciousness. Traditionally, these plants were seen as possessing magic powers. They served religious, therapeutic and social functions, yet their use was strictly controlled.

In the 19th century, scientists became interested in studying the properties of these substances. People experimented with medicinal uses for such plants, and artists and writers attempted to enhance their creative output with such substances. Because these drugs impact the central nervous system, affecting the mind and behavior, they are called psychoactive. The development of international trade networks made these drugs more widely available.

Spirituality had traditionally motivated people to face and endure the psychological and physical challenges of life through a strong will. However, with the decline of traditional values in the 20th century, not only the presence of suffering became intolerable but also the absence of happiness. Melancholy and frustration became bases for reliance on drugs, not just to kill pain but to seek contentment, even if only temporarily.

The present crisis began in the 1960s, when young people in the West began using psychoactive drugs for recreational purposes. Technologies for refining psychoactive substances, synthesizing new compounds and injecting drugs directly into the bloodstream have multiplied the effect of drugs, increasing the potential for addiction and lethal consequences. In a few decades, drug abuse and drug addiction have become major challenges on all continents.

A global threat requires global strategies, mobilizing international resources and an interdisciplinary approach. IEF's focus is on preventing drug abuse through education that cultivates young people's character and heart. Those who pursue meaningful life goals experience natural highs.

When people adopt a healthy lifestyle, the appeal of drugs diminishes.


Dr. Joon Ho Seuk
Director of the writers' team
President, IEF International

Introduction

More people are abusing drugs now than at any time in the past. The United Nations Office of Drug Control and Crime Prevention estimates that 3.3 to 4.1 percent of the global population consumes illicit drugs. The largest market is in the United States. Each year, people are becoming hooked on drugs at younger and younger ages.¹

People abuse manufactured or naturally occurring substances without medical supervision in order to change the way they feel, think or behave. The initial motivation is often to “have fun.”² Because of the physical and psychological effect of these drugs, the initial experiment may become a habit and then an addiction.

Who uses drugs? The answers are similar around the world: more men than women, more singles than married people, more city dwellers than rural people, and more young people than old.³

 Four main strategies are employed in attacking the drug problem:

- Stopping illegal production and trade
- Prosecuting those who make, sell and use illegal drugs
- Treating addicts to help them overcome their dependency
- Reducing the demand by addressing the underlying causes of drug abuse

The first three strategies consume the most resources of governments and agencies dealing with the drug problem. Some countries have made substantial progress in decreasing the cultivation of plants used in the production of drugs. However, cultivation continues in other countries, and psychoactive drugs are widely synthesized. Resources are inadequate to fight the drug trade, and treatment programs are generally effective only when addicts want help.⁴ Many analyses of the drug problem conclude with a tone of despair.

Thoughtful people recognize that reducing the demand for illegal drugs is the key to success. However, preventing drug abuse is less concrete than the other strategies and usually receives fewer resources. Nevertheless, it promises substantial results.

Strategies in the Fight Against Drugs

1. Law enforcement, Interdiction & Treatment
 - ❖ Need more resources
 - ❖ Poor results
2. Prevention
 - ❖ Needs less resources
 - ❖ Promising results

The front line in the war on drugs is not in the growing fields, secret laboratories, border patrols or criminal courts. It resides in the human character and heart. People are more likely to “say no” to the allure of drugs when they are in touch with their heart’s desire for the healthy life choices that yield lasting joy and satisfaction. Cultivating heart and character and making healthy choices in life are at the core of this issue. Therefore, IEF considers the challenge of drug abuse to be essentially a moral issue in which human character is decisive.

The first part of this presentation explores the causes of drug abuse and describes several key approaches to prevention. A focus on basic life goals offers a healthy framework for moral education and reduces the appeal of drugs. Moreover, there is a natural human longing for exhilaration, and there are many ways to achieve natural highs without artificial stimulation.

The information in this presentation can be adapted in developing innovative programs in schools, families and in the community for people of various ages, cultures and socio-economic backgrounds. The Appendices deal with global patterns of the drug trade and the detrimental effects of drug abuse.

¹ United Nations Office of Drug Control and Crime Prevention (UNODCCP), UN Drug Report, June 26, 1997. Annual updates on global patterns of drug abuse are available online at undcp.org.

² Definition used in “Drugs and Our Youth,” The Global Youth Network, UNOCDDP.

³ UNODCCP, February 20, 2002 report.

⁴ Joshua Wolf Shenk, “Baring Teeth in the Drug War,” *New York Times*, October 30, 1996.

Youth and Drugs: A Global Overview

The United Nations Economic and Social Council issued a report entitled "Youth and Drugs: A Global Overview" in 1999. The following is part of the executive summary:

"Drug abuse continues to emerge as a strategy among youth to cope with the problems of unemployment, neglect, violence and sexual abuse. At the same time, there is considerable abuse of drugs among socially integrated young people,

in particular in the industrialized world. This may be attributed in part to the fact that significant portions of the world's youth population are being exposed to a culture that appears to be more tolerant towards the use of drugs. The data available present a situation of concern in terms of the abuse of drugs among young people in almost every region of the world.... The changing perception of cannabis among young people,

the increasing abuse of amphetamine-type stimulants and the widespread abuse of other drugs indicate a need for innovative approaches and the adaptation of prevention strategies aimed at reducing the demand for illicit drugs."[†]

[†] "Youth and Drugs: A Global Overview." Report of the Secretariat: Commission on Narcotic Drugs, U.N. Economic and Social Council. Distributed January 11, 1999, p. 1.

PART 1: Conventional Approaches

Conventional Reasons Why People Begin to Take Drugs



- ❖ Curiosity
- ❖ Peer pressure
- ❖ Change mood or sensation
- ❖ Pleasure
- ❖ Enhance performance

What entices people to take drugs that alter their thinking, emotions and behavior? By nature, adolescents tend to challenge limitations, seek adventure and excitement, disregard long-term consequences of their actions, and believe that they are immune to serious harm. Such tendencies can encourage experimenting with drugs. Young people try drugs out of curiosity or from peer pressure. Most likely, they get their first offer of drugs from a friend or an acquaintance. Many young people cross the threshold into the drug culture in order to be accepted as part of a group. Others take drugs for relaxation and pleasure, or to enhance their mental or physical performance. People who feel trapped in hopeless circumstances may turn to drugs as a way to escape from a depressing reality.

Research in the United States reveals that more than four out of ten high school seniors have taken an illegal drug; often their first exposure to drugs was before the age of 13. Adolescents give the following reasons for taking drugs: as recreation, as a rite of passage, as a socializer, for a new experience, to conform, to prove sexuality, to reduce stress, to relieve anxiety, for pleasure, for rebellion, in response to an impulse of self-exploration, to relieve depression, to relieve fatigue, to relieve boredom and to solve personal problems.¹

Media Influence



- ❖ Glamorizes drug abuse
- ❖ Road to popularity and maturity

Popular culture promoted through the mass media introduces another enticement to experiment with drugs. Celebrities in the music and entertainment industries associated with the drug culture impart an ambiance of glamour and legitimacy to deviant behavior. Insecure teenagers who view their favorite stars associating with the drug culture may identify drugs with fame and popularity.

Information About Dangers — Does not address the deeper reasons why people take drugs



Need to focus on root causes of drug use

To counter these attractions, conventional prevention programs teach about the dangers of drug abuse. For some people, these warnings are sufficient, but others may dismiss such information as scare tactics, because they do not see any immediate negative effects. Information about the physical and psychological effects of drugs may even stir people's curiosity. Information alone does not deal with the deeper, underlying reasons why people turn to drugs.

The most respected drug abuse prevention programs go beyond warning about the dangers of drugs. These programs help young people by:

- teaching them how to resist negative peer pressure
- creating healthy peer circles
- providing constructive recreational activities
- countering the negative influence of the mass media
- introducing positive role models
- teaching decision-making skills

The crucial age group for these programs is just before adolescence. The aim is to teach children to make healthy choices before they are confronted with the allure of drugs. Most studies suggest that the earlier young people begin using any kind of illegal substance, the more likely they are to take other types of drugs and use them more frequently.

¹ R.G. Mackenzie and E.A. Jacobs, "Recognizing the Adolescent Drug Abuser," *Adolescent Medicine*, Vol. 14 (1987), pp. 225-235.

Recommendations for Effective Programs

Based on consensus among drug-prevention experts, practitioners and youth, the United Nations Commission on Narcotic Drugs offers the following eight observations and recommendations:[†]

- Youth are not homogenous and they are not all equally vulnerable. Strategies should be carefully tailored to clearly defined populations and programmes need to target particular youth cultures and youth settings;
- Multiple strategies are probably the best way to approach the complexity of the drug abuse problem and the greatest chances of success are likely to come from a combination of different approaches. Ideally, that combination should combine the knowledge/attitude/behaviour approach with health promotion, and the building of self-esteem and resistance skills;
- Prevention strategies should try to foster and enhance individual strengths and to develop resilience factors that protect individuals in stressful situations and environments, and should try to give youth a set of specific skills for resisting peer pressure to use drugs, to strengthen personal commitment against drug use and to increase social competency (e.g., in communications or relationships with peers). It is also important to offer young people accessible and low-cost opportunities to meet, cultivate an appreciation for the arts, play sports and take part in other challenging activities that develop self-confidence;
- Young people are not the problem. They are instead a key resource for making a difference in drug abuse and they should be given the chance to express their views, which in turn should be taken seriously. Youth should be involved in all stages of the development of prevention programmes. Also, there is strong indication that involving young people as prevention agents in peer-led initiatives can produce good results;
- Prevention should not focus on one drug only, but it should address, within the wider concept of health promotion, substance abuse in general, including that of tobacco, alcohol and inhalants;
- There is openness among youth to information, if it is factual and does not contrast too sharply with their personal experience of drugs. Scare tactics used in some information material do not serve the purpose for which they are intended, but rather significantly reduce the trust that youth may have in the advice of adults and in some cases even encourage risky behaviours;
- Prevention programmes should include the family and the community at large in order to reinforce the information that is communicated to young people in the context of prevention activities;
- Substance abuse behaviours usually change very slowly. Thus prevention programmes need to be sustained over a long period of time to be effective.

[†] "Youth and Drugs: A Global Overview," p. 16.

PART 2: Life Goals Approach

Primary Reasons People Begin to Take Drugs

Substitute for the fulfillment
of basic life goals

- ❖ Mature character
- ❖ Loving relationships
- ❖ Contribution to society

Effective drug abuse prevention deals with the deeper personal and interpersonal factors that predispose people to abuse drugs. This is the hallmark of IEF's life goals approach. It is a systematic, long-term approach to cultivating heart and conscience and promoting good character. It taps into the idealism of youth and offers compelling goals and aspirations to counter the appeal of drugs.

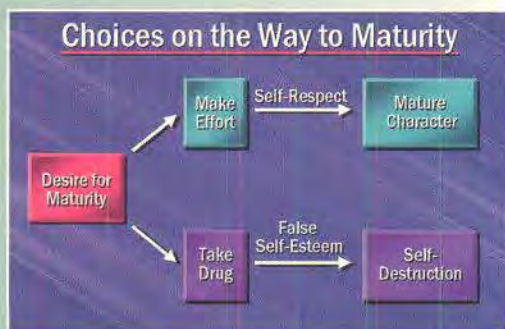
The root causes of drug abuse are connected with our irrepressible search for happiness and joy. As explained in the presentation on Universal Principles and Life Goals, we experience happiness when we fulfill our basic life goals. These life goals are: first, to achieve personal maturity; second, to establish loving relationships; and third, to make a contribution to society. Fulfilling these life goals is the key to experiencing competence, well-being and joy.

The quest for true joy, freedom, love, creativity and mastery involves a lifetime of effort. People who lose their direction in life or face major obstacles may turn to drugs in the desperate hope of satisfying the longing and emptiness inside. Drugs offer effortless thrills, even though the feelings are artificial and transitory. Drugs temporarily mimic the natural chemical reactions in the brain that produce feelings of satisfaction. For a short time, people experience the emotions that are typical of a successful and happy life. When the effect of the drug wears off, people look for more drugs in order to recapture the thrill. Thus, people can become hooked, physically and psychologically.

Life is an ongoing series of choices. One pattern of choices leads to a lifetime of joy, freedom, love and creative mastery. Another pattern of choices leads to temporary, illusory experiences of well-being, such as those induced by psychoactive drugs. We will examine the kinds of healthy choices that help us achieve the three life goals.

A. Choices on the Way to Maturity

A young person's initial goal in life is to grow up. Thus, healthy choices in life focus on maturity in body, mind, character and heart. When we channel our desire for maturity into efforts to develop our character and heart, as



well as our body and mind, we achieve our full human potential. People of good character are guided by their conscience. We fortify our conscience by respecting our parents and people in authority, practicing self-control and taking responsibility for our actions. This is an ongoing process.

Drugs, on the other hand, impart a false sense of self-esteem that gives the illusion of maturity and of being in control. Some drugs produce a sensation similar to being in love. The euphoria produced by psychoactive chemicals mimics the exhilaration we feel when we achieve our aspirations and when we experience a perfect balance between mind and body.

Intellectually, drug abusers may realize the havoc that drugs wreck upon their psychological well-being and physical health. However, intoxication transforms those fears into a false sense of immortality and invincibility. As Malcolm X, an African-American civil rights activist, once confessed: "Cocaine produces ... an illusion of supreme well-being, and a soaring confidence in both physical and mental ability. You think you could whip the heavy weight champion and that you are smarter than everybody."¹

These drug-induced illusions fade as people awaken to discover that their life is falling apart and heading toward self-destruction.

Drugs Mimic Aspirations for Fulfillment

Dr. Nadia Panunzi-Roger is a psychologist who visits drug addicts in French prisons. Going beyond the hardened facades of drug addicts, she tries to identify and empower their hidden aspirations for fulfillment as a tool to counteract their dependence. Her thinking is that only something stronger than the powerful addiction of drugs can motivate them to endure the long course of withdrawal from drugs. Consider the following three cases:

In the case of 31-year-old Michel, Dr. Panunzi-Roger first

noticed his lack of confidence. Then she analyzed that he was seeking refuge from life's challenges in the escape offered by drugs. Michel reported: "Drugs protect me, because I hate suffering.... Even my own life is not interesting for me. Drugs are the only things that interest me. When I take drugs, I am happy." After being incarcerated six times for drug dealing, he confessed: "My challenge is to find something which replaces the pleasure of drugs, perhaps a different pleasure, but equally intense."²

Alexandre's case is completely different. Rather than to escape from reality, he takes drugs as a false way of gaining mastery over his life and trying to be successful. The son of a senior government official, he artificially tries to imitate the imposing figure of his father. He has a brother who could also be a model for him. But Alexandre has chosen a different path. At age 26, he is sentenced to eight months in prison for robbery with violence. His multiple addictions are serious: for the last ten years he has taken marijuana, heroin, cocaine and

Drugs Mimic Aspirations for Fulfillment (cont.)

alcohol. He plays music in a band, and providing substances to people in show business gives him a double satisfaction: he can feel powerful, and he likes to transgress the law. He boasts: "I have always been able to find high-quality drugs. I consume and sell the best drugs you can find in Paris." A doctor acquainted with his case comments: "To sell 'good drugs' in Paris seems to give him an identity and feeling of self-worth. As a dealer, he can easily make contact with high circles and feel that he belongs to them." Alexandre is fascinated by his father, but he perceives his father to be an unreachable model. Drugs give him a sense of power

which he uses to manipulate his fiancée, the prison staff and the judges. Unable to become like his father in real life, he transgresses the law, striking out against the unreachable model of his father to gain a false sense of omnipotence and self-sufficiency.^{††}

Sama first "caught the dragon" (a Thai expression for getting high on drugs) when he was 16 years old. In the technical high school of Suphanburi, 25 percent of the students were taking methamphetamines. Sama soon joined the ranks of his drug-using classmates. He says, "In the beginning, you feel like you are superman. You're neither hungry, nor tired." Starting with one pill a week, he quickly

increased to one or two per day. He reports: "It is a vicious circle. If I did not take a dose, then I would feel exhausted." His father, a police inspector, tried to reason with him. Nevertheless, Sama became a dealer, eventually ingesting 20 pills a day. "In six months, I lost 20 kgs. I was sleeping one hour a night, and could hear the voices of ghosts," he reports.^{†††}

[†] Nadia Panunzi-Roger, *L'Expérience toxicomane*, *Hommes et perspectives*, 1993, p. 120.


^{††} *Ibid.*, pp. 110-113.

^{†††} Hélène Vissière, "Le nouveau dragon qui dévore la Thaïlande," *Le Point*, October 27, 2000.




The factors that make for an immature character are also major risk factors for drug abuse. People with an immature character lack the confidence to make responsible choices in life or the resolve to accomplish goals. As a result, they tend to have poor self-esteem, and their moral standards decline. Such people can easily be manipulated and ensnared into deviant and criminal behavior. They are likely to spurn the guidance of elders. Lacking self-discipline, they have little power to resist the promise of immediate gratification offered by drugs. Being irresponsible, they do not care much about the consequences of their actions. Other factors may play a role. People may experiment with drugs out of existential boredom and melancholy. Their creative potential may be untapped. A lack of internal or external direction for a long period of time may make a person susceptible to addiction.

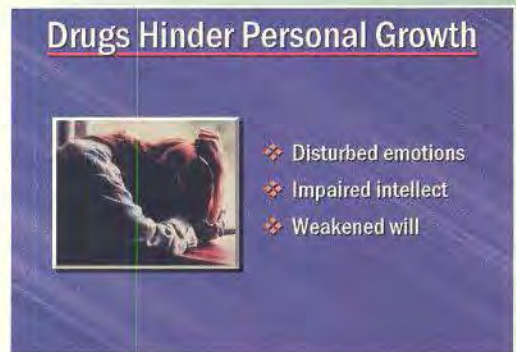
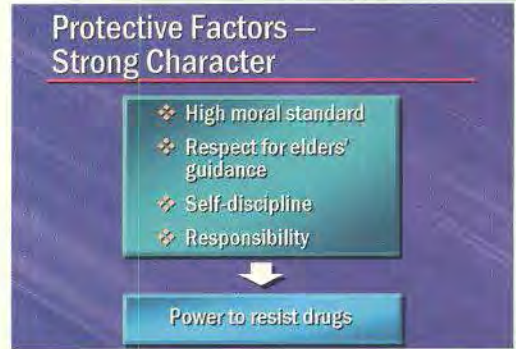
French psychologist Dr. Jean Bergeret focuses on the personality characteristics that lead to addiction. He states that drug addiction "is in actuality a symptom of personality disorders which may accompany other risky behavior such as violence, sex, suicide."²

 In contrast, the same components that contribute to a mature character are protective factors against drug use. These include: a high moral standard, respect for parents and elders, self-discipline and self-restraint, and a sense of responsibility. People who exhibit these good character traits have the power to resist the allure of drugs, whether from peer pressure, messages from the media, or the enticements of drug dealers.

Protective strategies include helping young people explore the fundamental meaning of life and make responsible choices. Thus, drug abuse prevention is rooted in the cultivation of character and heart. A curriculum adapted to all age groups and encompassing school, home and community life can address the causes of drug abuse effectively, even when drugs are not explicitly at issue. [For more details, see the presentation on the Need for Moral Education.]

 People are complex beings with intellectual, emotional and volitional aspects, developed in varying degrees. We need to cultivate our intellect, emotion and will in a balanced way in order to attain maturity. Drug abuse, however, disturbs the emotions, impairs the intellect and weakens the will. Once drugs have become a focus, giving people warnings may be too little too late.

When people find it too painful to face their weaknesses, they may turn to drugs for the illusion of strength and self-mastery that drugs provide. Under the influence of intoxicants, problems seem to vanish, and people believe that they are stable, mature and poised.



My Life, My Responsibility

Consider the following two examples of people awakening to recognize their own responsibility for the direction of their life:

Kathy, a 26-year-old recovering drug addict, gave up drinking and smoking marijuana only to discover to her dismay that her life was still plagued with all the old problems that she had managed to avoid

facing during the years she was using drugs: "I started drinking when I was twelve, and two years later I was a regular user of marijuana. When I couldn't cope with things, I would get high to make it through. The next thing I knew as a twenty-year-old was that I was getting nowhere. I thought if I gave up the stuff then everything would somehow be all right, but the reality was that I had all the

"I thought if I gave up marijuana and drinking then everything would somehow be all right. But the reality was that I had all the same problems that I did as when I started."

—Tommy Hughes

same problems that I did as when I started. Nothing had changed except that now as an adult I still

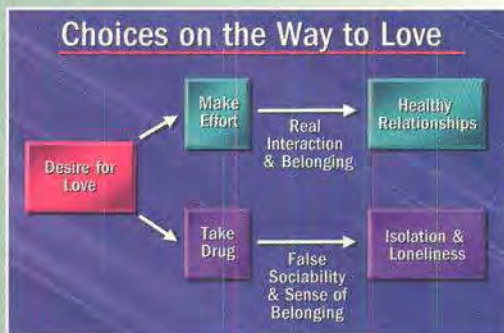
My Life, My Responsibility (cont.)

had all the same insecurities and emotional disposition as when I was twelve."

Barbara G., a member of Narcotics Anonymous in California, gave the following account: "I always wanted someone to take care of me. That was a reasonable expectation when I was growing up, but as I began to get close to adulthood, I started looking for ways to avoid taking responsibility for my own life. Looking back, it's hard to understand what I was so terrified of. I was pretty smart, had decent grades, and had parents with enough money to finance my college education. However, I also

had a drug problem, and a violent antipathy to the whole idea of self-support. I dropped out of high school with an almost perfect academic record and ran away from home. Though I couldn't face the idea of going to college, I had no fear of going into rooms with strangers who were much stronger than me, and I had no fear of injecting directly into my bloodstream something that I had gotten from someone I had never met before. I decided that if I had a baby, I would qualify for welfare. I thought there was no commitment or responsibility involved. Of course, I had a rude awakening. I took my son home from the hospital only

to find myself living in hell. There is nothing quite like being poor, strung out, and simultaneously angry at and guilty about the presence of an innocent baby. I got clean when my son was nine months old, but it took me a long, long time to understand how to apply the principle of self-support to my life. I was twenty-five and I didn't know who I was. I was too old to go back to school. I made excuses to avoid taking responsibility for my own life. They had money; I didn't. They had husbands sharing household responsibilities; I didn't. They had careers; I didn't."



B. Choices on the Way to Love

Our second basic life goal is the experience of love, especially within a stable family. Most people desire to be loved and to give love in return within committed relationships. During adolescence, relationships present many difficulties. We are meant to go through these kinds of challenges. Emotional maturity involves accepting the challenges of developing relationships. To give love requires a certain level of emotional maturity. On the way to love, we make choices which are partly influenced by our level of emotional maturity. Thus, emotional growth, along with intellectual growth, helps people make wise choices.

Researchers have studied the role of emotions in making decisions. Antonio Damasio concluded that "when a person makes a decision, she is not just using her reason and knowledge. She also needs emotions to guide her choices."³ Daniel Goleman focuses on emotional intelligence. He postulates that to know right from wrong requires highly developed emotional faculties.

Ideally, this emotional maturity is nurtured in the family. When the family functions as a school of love, then children will more likely grow up making the right choices about relationships. When our natural desire for love is channeled towards building lasting, constructive relationships, we feel empowered, enjoy interacting with others, and have a sense of belonging.

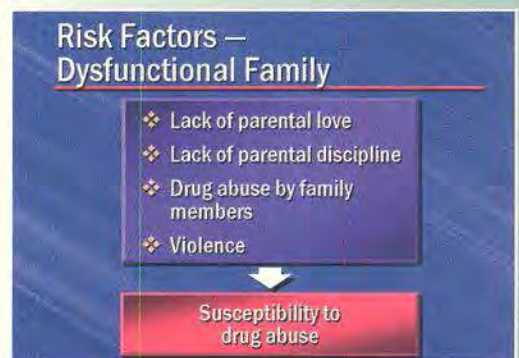
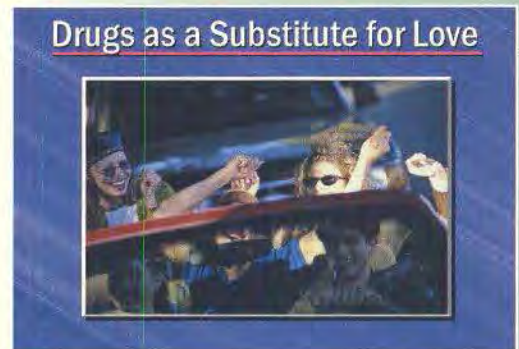
Many substance abusers, however, rely on drugs for feelings of love and belonging rather than investing the hard work required for building lasting relationships. Drugs (including alcohol) give the illusion of facilitating social relationships and putting people at ease with one another.

When the longings for relationship and belonging are left unfulfilled, experimentation with drugs can be a misguided attempt to fulfill these legitimate emotional needs. Some drugs are known for their capability to simulate an empathy that intuitively penetrates the thoughts and feelings of others.⁴ The first encounter with drugs may induce sensations such as “flash experiences” or “love at first sight.” But these are temporary and illusory. In fact, they provide only a false sense of sociability and belonging. Those who alienate family and true friends in favor of fellow drug users end up isolated, lonely and in despair.

Children are at a higher risk for drug abuse when their family is dysfunctional, when husband and wife show little concern for each other or their children, and where parental love and discipline are missing. When there is domestic violence or when other family members abuse alcohol or drugs, young people may turn to drugs.

Research shows that the absence of the full spectrum of loving relationships in a stable family is a major contributor to addiction:

- Three-fourths of American young people in drug treatment centers come from single-parent homes.⁵
- Drinking and substance abuse are heaviest among single and divorced people. A University of Michigan study shows that once people get married, drug and alcohol abuse declines dramatically.⁶
- Drug abuse can also arise as a reaction to a lack of intimacy or caring between parents and children, as the young people try to fill an unmet emotional need.⁷ This may be rooted in troubled relationships between the parents.



For example, Italian psychologists found that the root of problems between children and their parents was often marital distress. One common profile of parents of addicted children is unresolved frustration based on unrealistic expectations of each other. These expectations revolve around the conscious or unconscious desire to compensate for the love that they never received as a child from their own parents. The gap between the spouses' expectations of each other and the real challenges of building a healthy marriage relationship may trigger an emotional withdrawal that affects the children.⁸

Dysfunctional Family Relationships and Addiction

Consider how dysfunctional family relationships affected Claudio. His father, Marco, began his career as an entrepreneur early in life, since his own father was poor and his mother suffered from tuberculosis. Claudio's mother, Marta, barely remembered her father as he had abandoned them early on. Furthermore, her own mother was very busy and did not make much effort to communicate with her. Marta married hoping that she could receive from her husband the father's love that she had never known.

When Claudio was born, his two grandmothers moved in together with his parents. Both grandmothers quarreled bitterly about who would win his affection. Furthermore, Marta was constantly paralyzed by her own mother, who criticized her lack of experience with children and pushed her to just keep her job. Thus, Marta was discouraged from being a caring and responsible mother, and Claudio was brought up by two quarrelling grandmothers. To further complicate matters,

whenever there were quarrels among the women in the family, Marco submitted to his mother rather than supporting his wife. Thus, Claudio was prevented from receiving the appropriate love and discipline from any of his immediate family. The grandmother took the place of the mother, the mother became a distant observer, and the father, instead of guiding his son, remained like a child toward his own mother.


Upon reaching adolescence, Claudio started to claim his rights for more autonomy and freedom in the choice of friends, clothes and activities. His maternal grandmother took it as a personal attack against her. Marta then tried to support her son against her possessive mother. She tried to regain the affection of her son, but the end result was increasing struggles among the two women over the education of Claudio while Marco escaped into his work to avoid the ensuing conflict between his mother and mother-in-law.

Eventually, Claudio rebelled against all forms of authority, and

his school work suffered. When Marco was summoned to interfere, he exercised his authority with excessive severity. Finally, the two grandmothers sabotaged Marco's attempts to be a real father. They could unite with each other to blame Marco's excessive authority, urging him to just pay attention to his work and leave Claudio alone.


At the age of 18 and with a profound sense of failure, Claudio took heroin for the first time. His addiction went unseen for a few years, despite his constant demands for money. When the tragedy was finally discovered, his mother tried desperately to fulfill her responsibilities as a mother. She retired from her job, rebuked her own mother and tried to become more intimate with Claudio. Yet her compassion was divorced from the moral guidance that Claudio needed and only confirmed for him his sense of failure. Marco absolved himself of responsibility toward his son, blaming his wife for everything.[†]

[†] Stefano Cirillo, Roberto Berrini, Giani Cambiaso and Roberto Mazza, *La Famille du toxicomanie* (Paris: ESF éditeurs, 1997), pp. 72-76.

 In contrast, a healthy family is a protective factor against substance abuse. When children are raised and nurtured with warm parental love and receive proper and fair discipline, they become secure and confident that they are loved; in turn, they learn to trust and love others. Where there is harmony and respect among family members, children learn to respect others and get along well in relationships. These experiences in the family give them the inner strength to resist intoxicants.⁹ They need no substitute for the love they have.


It is also a protective factor when family members set a good example by being drug-free themselves. Children raised by parents who smoke cigarettes are far more likely to become smokers themselves, while children raised by nonsmokers are less likely to take up smoking. The same applies to alcohol and drugs.

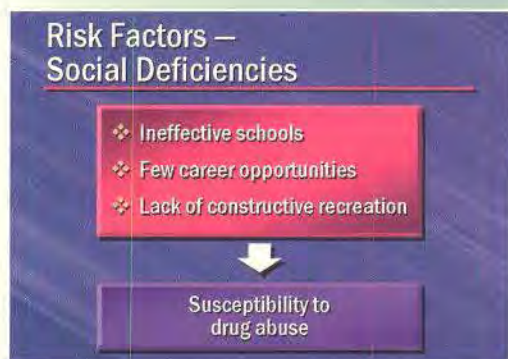
C. Choices on the Way to Mastery

 The third basic life goal is to make a contribution to society through creativity and mastery. Young people long to excel in something—schoolwork, creative activities, sports, careers, etc. They want the power, money and prestige that come with success. This requires mastery of their talents and the intellectual, physical or artistic skills necessary to create something of value. Through their accomplishments, they can gain the approval of their elders and peers. More importantly, they seek the inner satisfaction that comes with being good at what they do and making a difference in the lives of others.

Real mastery requires training, effort, discipline and focus. These are the normal choices in the path to competence and success. Our desire for mastery springs from our deepest heart, and when that desire is frustrated, people may turn to substitutes.

Intoxicants can give an illusion of competency while perverting and distorting genuine creativity. Substance abusers may enjoy a flattering sense of competency and power for a while. Yet, in the end, they risk losing control over themselves, their relationships and their life in general.

 When people are focused on developing their creativity and mastery, they are less likely to be tempted by intoxicants. Social factors that block opportunities for young people to develop mastery and creativity become risk factors for



substance abuse. Ineffective schools plagued with discipline problems, uncaring teachers and uninteresting programs put young people at risk, regardless of how strongly they promote an anti-drug message. People with no career or job prospects may turn to drugs to escape the sense of hopelessness. When there is nothing to inspire youth to develop their creative mastery, this fundamental human desire remains unsatisfied, and people may choose the allure of drugs hoping to gain some sense of achievement.¹⁰



☐ Ideally, communities provide effective schools, ample career opportunities, and a wide variety of recreational and creative pastimes. When young people are recognized for their accomplishments, it helps motivate them to improve their skills and strive for higher goals. Athletics, music, drama, arts and service projects offer additional routes for developing creativity and mastery. All these serve to channel young people's energies into striving for mastery. When people are busy honing their skills and striving for success, they are unlikely to be attracted to intoxicants.

Successful People Are Not Immune to Addiction

Dr. Raham J. Twerski, founder of Gateway Rehabilitation Center in the U.S., states, "Successful people often believe that success makes them immune against addiction. It does not."[†]

Consider his account of a lawyer who was arrested while pleading his first homicide case as a defense counsel. A regular user of cocaine, he had been involved with some distributors. He said, "I was the first district attorney in the country ever to be indicted, and I was facing ten years in federal custody." Emotional wounds mixed with peer pressure and fear of responsibility had made him an addict. The young man was

ambitious, but confronted with the suicide of his father and the challenge of high tuition during his studies, he could not strengthen his character. "When stress came, I would escape with drugs. It was simple, quick and easy," he reported.

Nothing could deter him from his addiction. His first wife had been proud to share the life of someone in a prestigious profession. Yet, the suicide of a cousin, the stress of professional responsibilities, and the lack of deep communication with his wife resulted in his quitting his position and getting a divorce. He commented, "I don't know if it is arrogance or apathy that has brought us to the point where we are years behind in the fight against drug and alcohol

abuse within the ranks of our profession.... Lawyers write the laws that protect the unborn, the newborn and the helpless. Yet, not one lawyers' group had established an assistance program to help the alcoholic or addict lawyer...."

The gap between the social image and the internal reality continued until the failure of a second marriage, a total collapse of his work and his arrest. This arrest, however, and the discovery of Alcoholics Anonymous saved the life of this lawyer, who is now working hard to redeem himself and help young people.

[†] Raham J. Twerski, *Substance-Abusing High Achievers* (Northvale, New Jersey: Jason Aronson, 1998).

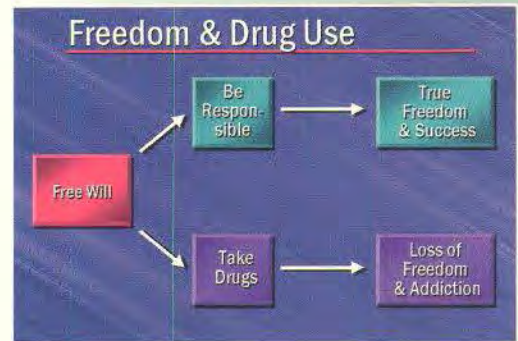
D. The Quest for Freedom

There is a natural human desire for freedom that can only be fulfilled when we draw upon all our mental, emotional, spiritual and physical resources to accomplish meaningful goals. Drug abuse hurts people's ability to function as free and conscious human beings, capable of achieving their life goals. Freedom from drugs protects our capacity to face the challenges of life and experience true happiness.

Some people turn to drugs in an attempt to overcome limitations. Shy people may initially take drugs as a social lubricant in order to reduce their inhibitions. People naturally long to love and be loved, but those who depend on drugs for their bonds with others become frozen emotionally.

Freedom involves choices. We are not programmed like robots to discern right from wrong. We need proper information and moral guidance in order to exercise our free will in making moral decisions. We have the free will to make healthy and responsible choices, or to make unhealthy and irresponsible choices. Making responsible choices leads to true freedom and success in life. True freedom allows us to achieve our full potential and achieve substantial goals.

When freedom is divorced from moral guidance, responsibility and worthwhile accomplishments, it is perverted into license. When drugs control people's actions and reactions, how free are they? People under the control of drugs have lost their freedom to lead a normal life; they abandon what makes human beings admirable and unique. Societies enact laws to restrict the freedom of those who, in doing as they please, commit crimes and harm both themselves and others.



True Freedom Is Principled, Responsible and Uplifting

Laws and principles guide our freedom, just as the constitution of a country gives its citizens the freedom for collective self-determination. Freedom is both independence *from* external limitations and liberty *for* achieving a higher purpose. It does not bypass natural laws or universal principles, but is built on mastery of natural laws as well as moral and ethical principles. Today, we have achieved the freedom to fly, because people have command over the technology of aviation. Great pianists have the freedom to express themselves through their instruments, because

of the proficiency they achieved through long years of practice and observance of the principles of their art forms.

True freedom endows us with the responsibility to accomplish something worthwhile. This is the freedom for which patriots have died. Young people want to be the protagonists of their own fate, and they need guidance and support in their aspiration for autonomy. When people assume that their freedom allows them to do anything that they want to do, they may end up recklessly risking their life for fleeting pleasures and becoming

enslaved by addictions. People of good character choose to be responsible, uphold moral values and live according to their ideals.

Finally, true freedom empowers people to invest their life for the sake of ideals and transcendent goals. Psychoactive substances produce excitement and intoxication, giving users the impression that they are breaking ego boundaries and are liberated from limitations. But this is a false freedom and a false elation. True freedom raises people to higher levels, bringing true joy and fulfillment.

Natural "Highs"

- ❖ Life-affirming exhilaration
- ❖ Original joy desired

E. The Quest for Natural Highs

Most people long for peak experiences or great moments in life. These can be called natural highs. People who take drugs experience only a brief period of ecstasy, and drug-induced intoxication is a poor substitute for natural highs. Drugs exact a toll for their temporary thrills.

On the other hand, natural highs are intense, exhilarating experiences that affirm the best in ourselves. They do not depend on substances and are physically, emotionally and mentally empowering. They serve as rewards for our accomplishments and confirm that we are on the path to maturity, love and mastery.

We can experience natural highs when we set a challenging goal and meet our objectives. For instance, students enjoy a natural high at the end of a four-year track of rigorous studies, course work and examinations. All of the hard work and discipline invested in passing exams and getting good grades is appreciated and validated in the graduation ceremony. Family and friends are proud of the graduates' accomplishments and shower them with loving praise.



Another kind of natural high comes through overcoming physical challenges. For instance, after facing all kinds of difficulties, mountain climbers experience exhilaration and triumph upon reaching the summit. In sports, such exhilaration can come with scoring a goal, winning a tournament, earning a trophy, or just in knowing that we gave the game our best effort.

Natural highs can accompany the second life goal of loving relationships and families. Falling in love is a natural high; it cements two people with the strong bond they need to carry them through a lifelong marriage. Parents experience a natural euphoria when a child is born, speaks its first words and achieves recognition for accomplishments.

Making a contribution to society through creativity and mastery offers additional opportunities for natural highs. Each person has a creative spark that can be expressed in some way. Each person has a potential for masterful achievements in some field. For example, musicians experience exhilaration when the music they hear in their mind is perfectly expressed through their instruments. Walking in the woods in the springtime and seeing the flowers blooming can be a natural high, reawakening a love of nature and inspiring art or poetry. Making an unforgettably delicious meal is a source of genuine pride. Persevering and solving a challenge after everyone else gave up on it is thrilling. The baby who has successfully taken its first step radiates exuberance and moves forward with confidence into the arms of its excited parents.

These natural peak experiences reinforce the positive behavior that leads to success and creativity, whereas drug-induced intoxication does not. The only thing drug-induced highs reinforce is drug abuse, leading to ever greater dependence and ultimately addiction. Natural highs encourage the development of sound character and maturity, whereas drug-induced highs distort and impede growth by short-circuiting the path to psychological and social maturity. Natural highs lead to improved health and well-being, whereas a drug-induced euphoria leads to a deterioration of physical and mental health and well-being.



Experiencing One's Inner Ideal in the Outer World – A Path of Some Scientists

When scientists talk about the experience of the sublime, their accounts of experiencing flashes of insight or cosmic consciousness seem to resemble reports by drug users. Yet these are experiences of natural highs. Albert Einstein associated the spontaneous sensation of elation with an aspiration for values: "The individual feels the futility of human desires and aims at the sublimity and marvelous order manifested both in nature and in the world of thought. Individual existence may impress him as a sort of prison and they seek to experience the universe as a single significant whole in which they participate."¹ On another occasion, Einstein wrote: "The physicist is astonished to notice

how sublime order emerges from what appeared to be chaos. And this cannot be traced back to the working of his own mind but is due to a quality that is inherent in the world of perception. The most beautiful and most profound experience that man can have is the sense of the mysterious. This constitutes the foundation of religion and all other profound striving in art and science. He who has not experienced it seems to me, if not dead, at least blind. To perceive that, behind what can be experienced, something is hidden which is unattainable for our spirit—something whose beauty and sublimity reach us only indirectly and by way of a pale reflection—this is religiousness."²

French physicist Louis de

Broglie called attention to the flashes of insight that inspired great discoveries: "The great epoch-making discoveries in the history of science (for example, that of universal gravitation) have been like sudden flashes of lightning, allowing us to perceive in one single glance a harmony up till then unsuspected, and it is to have, from time to time, the divine joy of discovering such harmonies that pure science works without sparing its toil."³

¹ A. Einstein, "Prologue." In M. Planck, *Where Is Science Going?* (New York: Norton, 1932), p. 11.

² F. Herneck, "Einstein's Gesprochenes Glaubensbekenntnis," *Die Naturwissenschaften* 53 (1966), p. 198.

³ Louis de Broglie, *Physics and Microphysics* (New York: Grosset and Dunlap, 1966), p. 82.

¹ Alex Haley, *The Autobiography of Malcolm X* (New York: Ballantine Books, 1992).

² Jean Bergeret, "Toxicomanie et personnalité," *Que Sais-je?* (Paris: PUF, 1994), p. 20.

³ "Une rencontre avec Antonio Damaso, Les émotions, source de la conscience" ["A Meeting with Antonio Damaso, Emotions: Source of the Conscience"], *Sciences Humaines* (August-September 2001), p. 45.

⁴ This psychoactive property is called entactogenic by the U.N. Office for Drug Control and Crime Prevention.

⁵ Herting Eggert, "Preventing Teenage Drug Abuse," *Youth and Society* (June 1991), p. 491.

⁶ "Most Students Outgrow Fling with Drugs," *USA Today*, December 18, 1996.

⁷ "The Relationship between Family Variables and Adolescent Substance Abuse: A Literature Review," *Adolescence* 29 (Summer 1994), p. 4.

⁸ Stefano Cirillo, Roberto Berrini, Gian Cambiaso and Roberto Mazza, *La Famille du toxicomanie* (Paris: ESF éditeurs, 1997).

⁹ "What Works: Schools without Drugs," U.S. Department of Education, 1992, p. 14.

¹⁰ *Ibid.*, p. 37.

PART 3: Drug Abuse – A Moral Challenge

A. Moral Aspects of Drug Abuse

Drugs – A Moral Problem

“Drug use is a misguided attempt to find the meaning of life [that gives] users a false and temporary sense of power and control. The drug problem is fundamentally a moral [one]...”

William Bennett, former director of the Office of National Drug Control Policy

Leading educators have recognized that drug abuse is a moral problem. William Bennett, former U.S. Secretary of Education and National Drug Control Policy Director, said: “Drug abuse is a misguided attempt to find the meaning of life. It is a great deception because it gives users a false and temporary sense of transcendence, of power and control. The drug problem is fundamentally a moral problem in the end. It is seeking meaning in a place where no meaning can come.”¹

Thomas Lickona, a leader of the character education movement in the United States, lists four reasons why depending on drugs is morally wrong:²

- It violates our obligation to respect and care for ourself, develop our potential, and not throw away our future.
- It almost always leads to other wrong behavior, such as lying, stealing, selling drugs to pay for the habit, or reckless and violent behavior.
- It causes much suffering to those who love and care about the drug abuser.
- Those who buy and sell drugs are contributing to enormously destructive social problems, on national and worldwide levels.

There are moral dimensions to every aspect of drug abuse. People who lack a sound moral center are more vulnerable to the appeal of drugs. Furthermore, people’s moral development stagnates when they begin abusing drugs. Finally, drug abuse has destructive effects on abusers, those around them and society at large.

Deficiencies in people’s moral formation leave a vacuum that they may attempt to fill with drugs. One high school principal remarked: “A lot of children have drug information, but when the moment comes, that is not what makes them decide what to do. It is how they feel about themselves that influences whether they say yes or no to drugs.”

In IEF’s perspective, drug abuse is a moral issue because

it blocks the fulfillment of the basic life goals. People who abuse drugs disrespect themselves, causing potentially irreparable harm physically and psychologically. They have difficulty establishing loving relationships and healthy families. Instead of making a contribution to society, they become a burden.

B. Balanced Education

Effective drug abuse prevention is part of a balanced education. Heart and conscience are the core of our being. These need cultivation, beginning in the home and continuing in the school and community. We cultivate children's hearts through caring for their physical and emotional needs. Warm, responsive parental love nurtures the child's moral center. Conscience is cultivated and shaped through education, first by parents and then by teachers and other people in a position of influence. Our conscience gravitates towards goodness and truth and warns us against destructive tendencies. We are well-educated when we have the foundation of a loving heart and live by ethical norms. This gives us the basis for mastering the knowledge and skills that enable us to be productive citizens.

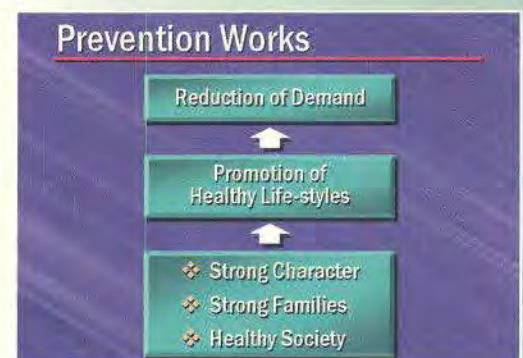
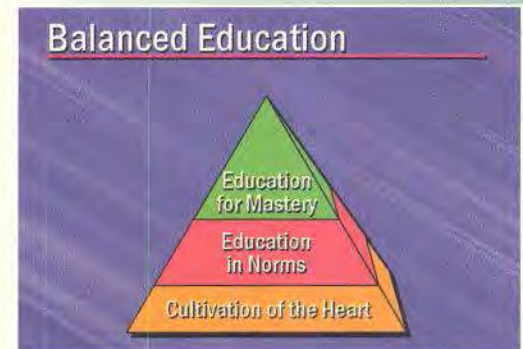
A balanced approach to education promotes healthy lifestyles and offers effective protection against drug abuse. People find their moral center through developing good character and healthy relationships. A healthy society is built individual by individual and family by family. Strengthening the norm of a healthy lifestyle is the most effective way to reduce the demand for drugs.

In the United States, coordinated campaigns for drug abuse prevention on the national, state and local levels helped cause a decline in substance abuse in the late 20th century. Between 1975 and 1995, the use of intoxicants by twelfth graders declined by half. Emphases on traditional moral values and building good character have been key factors in the success of these prevention efforts.³

¹ William J. Bennett, *The De-Valuing of America* (New York: Simon & Schuster, 1994), p. 94.

² Thomas Lickona, *Educating for Character: How Our Schools Can Teach Respect and Responsibility* (New York: Bantam Books, 1991), p. 386.

³ Darryl S. Inaba and William E. Cohn, *Uppers, Downers, and All Arounders*, 2nd edition (CNS Productions, 1994), p. 171.



Conclusion

Drug abuse represents a multi-faceted challenge, and prevention is a complex task. Stopping the production and distribution of drugs, prosecuting offenders and treating addicts are important components in the war against drugs. But it is cheaper, easier and wiser to prevent a problem than to cure it after it has occurred.


A Chinese proverb advises people to “repair the house before it rains.” The ultimate solution to the ravages of drug abuse lies in cultivating resistance to the illusory escape that intoxicants promise—especially within young people who have never experimented with illicit drugs. A systemic, long-term, integrated approach involving school, home and community helps promote healthy life choices and counter tendencies to drug abuse, promiscuity, juvenile delinquency and violence. Healthy lifestyles and norms reduce the demand for drugs, and reduction of the demand is the key to preventing drug abuse.

Rather than focusing on the negative, IEF’s approach cultivates the positive. It offers a profound way for the family, school and community to work together to tap into the aspirations of young people for lasting joy and fulfillment. The most powerful inoculations against drug abuse are a mature heart and character, loving families and meaningful opportunities to make a contribution to society.

In the wisdom of Aristotle, the core of the community is the common business of good citizens. The “common business” we face is the nurturing, protection and moral education of our young people. If today’s youth can be supported in making healthy choices, their future is the brightest of any generation in history.

APPENDIX 1: Psychoactive Drugs



 Psychoactive drugs are substances that change the way people feel, think or behave. This includes plants that are used as drugs as well as drugs that are synthesized from chemicals.

Some psychoactive drugs have legitimate uses in the proper dose. The pioneer of pharmacology, Paracelsus,¹ wrote, "Dose alone determines whether or not something is a poison." The excessive doses used for recreational purposes can be very harmful physically as well as psychologically. For some synthetic drugs, there are no medicinal uses and no safe doses. Psychoactive drugs are addictive, and their abuse is potentially destructive to oneself and others.

A. Major Categories

There are three major categories of psychoactive drugs:

Stimulants

Cocaine and amphetamines, as well as milder stimulants such as tobacco and coffee. People can become highly dependent on stimulants. Among the potential effects are increased alertness of mind and body, increased pulse rate and blood pressure, euphoria, insomnia, loss of appetite and an illusion of well-being. When people have become accustomed to stimulants and can no longer obtain them, they can experience depression, disorientation, apathy and long periods of sleep.

Depressants

Narcotics such as opium and heroin, tranquilizers such as barbiturates, sedatives such as alcohol, and anesthetics found in many inhalants. Narcotics relieve pain and produce euphoria, drowsiness and constricted pupils; depressants slow down physical and mental functions. People can become very dependent on depressants; overdoses of heroin can cause coma and death. When people have become accustomed to depressants and can no longer obtain them, they can experience loss of appetite, nausea, chills, cramps, tremors, anxiety, insomnia, delirium and panic.


Psychedelics

Cannabis, hallucinogens such as mescaline (from peyote), and synthetic compounds such as LSD and PCP. Potential effects include distorted perceptions, altered thinking and emotions, hallucinations, poor motor coordination and relaxed inhibitions. These substances may not be highly addictive, but users risk losing touch with reality.

B. Commonly Abused Drugs

The following are more detailed descriptions of commonly abused substances:

Cocaine


 Cocaine is produced from coca plants grown in South America. Cocaine produces sensations of great energy and the illusion of well-being. It is extremely addictive, causing erratic behavior and strained relationships, thus leading to a progressive decay of a person's social life. Even a single use of cocaine can cause death. Crack, a purified form of cocaine causing paranoia and violence, has become a serious problem because it is rather inexpensive and easy to obtain.

Cocaine



- ❖ Illusion of well-being
- ❖ Extremely addictive
- ❖ Cardiac arrest or lung failure

Amphetamines


 Often called "speed," amphetamines speed up the heartbeat, breathing, blood pressure and body temperature. They give the user a sense of power and alertness, but this can be accompanied by sleeplessness, irritation, dizziness, blurred vision, anxiety and panic attacks. Amphetamines are less addictive than cocaine, but large doses can cause death by stroke or heart failure.

Amphetamines



- ❖ Sense of power
- ❖ Psychological dependence
- ❖ Psychosis
- ❖ Stroke or heart failure

Heroin

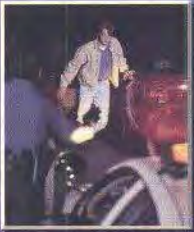
 Heroin blocks pain and provides pleasure by imitating the body's natural pain-killing chemicals called endorphins. It is highly addictive, causing severe physical and psychological dependence. Heroin can give a sense of well-being, but this can be accompanied by vomiting, sleepiness, loss of balance, loss of concentration and loss of appetite. Injecting heroin creates a powerful high, but users often share needles without sterilizing them, thus risking the spread of HIV. Large doses

Heroin



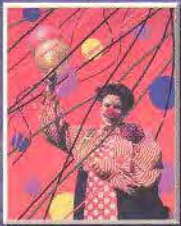
- ❖ Blocks pain and gives pleasure
- ❖ Extremely addictive
- ❖ Coma or cardiac arrest
- ❖ Needles spread AIDS

Marijuana



- ❖ Impaired memory and low motivation
- ❖ Lung damage
- ❖ Laced with other drugs

LSD



- ❖ Hallucinations
- ❖ Panic, paranoia and flashback

PCP



- ❖ Delusions
- ❖ Violence
- ❖ Temporary insanity


Inhalants




- ❖ Cause exhilaration
- ❖ Poisonous
- ❖ Common among young adolescents

can lower the blood pressure and heart rate, bringing coma and death.


Marijuana (*cannabis*)

 Marijuana, produced from the cannabis plant, induces pleasant sensations and sometimes mild hallucinations. However, repeated use of the drug impairs learning and memory and leads to sluggishness and low motivation. Sophisticated breeding techniques have made cannabis three to seven times more potent than before. It is often laced with other drugs such as heroin, PCP or cocaine.


LSD

 LSD (lysergic acid diethylamide) is a powerful psychedelic drug, causing hallucinations. The user experiences a “trip” to a world that may be full of delights or full of terrors. Users may experience suspicion, confusion, anxiety, panic and loss of control. Delayed effects, or flashbacks, can occur even a long time after people stop using the drug.

PCP

 PCP (phencyclidine) affects perception, memory, concentration and judgment in unpredictable ways. Users often have delusions of extraordinary abilities and think they can do anything. PCP sometimes unleashes violent behavior, with users flying into a rage and killing people. It can also cause temporary madness; some PCP users have jumped from buildings thinking they could fly.

Inhalants

 Inhalants are chemicals found in ordinary household products, such as glue, nail polish and aerosol sprays. They are not drugs and can be easily purchased and used by young adolescents. When inhaled, these vapors cause brief numbness and a feeling of being high. They can cause drowsiness, headaches, nausea, fainting, fast heartbeat and disorientation. Prolonged use can cause brain, lung, kidney and liver damage, and even death.

Designer drugs

Drugs are defined in terms of their basic chemical formulas. To bypass legal restrictions, underground chemists modify the molecular structure of psychoactive drugs to produce similar compounds, known as designer drugs. These can be much stronger than the drugs they imitate.


One such drug, ecstasy, has become popular at teen clubs. Like amphetamines, ecstasy speeds up the nervous system by increasing physical and emotional energy levels. Users may feel happy, warm, loving and more energetic; however, ecstasy can overheat the body and cause dehydration. Prolonged use can lead to brain or liver damage.

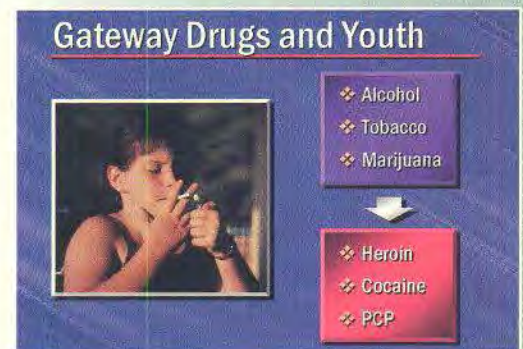
Another designer drug is rhyprnol (known as "roofie"). A tasteless, colorless sleeping agent, it can be slipped into a drink without the victims' knowledge, causing them to pass out. Young women have reported waking up after a party in unfamiliar surroundings with unfamiliar people. Such circumstances can lead to robbery and rape.

Anabolic steroids

Anabolic steroids are closely related to the male sex hormone, testosterone. Taken in combination with muscle-building exercises and diet, steroids may contribute to an increase in body weight and muscular strength. Athletes sometimes use steroids hoping to enhance their performance, and young people may use steroids hoping to speed up their physical development. However, there are more than 70 harmful side effects to steroid use, including damage to the liver, heart and reproductive organs. Psychological effects may include sudden aggressive behavior and depression.

C. Gateway Drugs


 It seems that using one psychoactive drug opens the way to using more. Alcohol and tobacco predispose people to try harder drugs such as cocaine and heroin. Young people are more likely to try hard drugs if they have tasted the intoxication of alcohol or marijuana and inhaled the smoke of cigarettes. Thus alcohol and tobacco, along with marijuana, are called "gateway drugs."



Tobacco



- ❖ Addictive
- ❖ Kills one million annually worldwide
- Source: World Health Organization
- ❖ Lung and heart disease


 Tobacco contains nicotine, which is a highly addictive drug. Smoking cigarettes is not a casual habit, but is driven by addiction to nicotine. As the body becomes habituated, smokers may need to smoke 40 or 50 cigarettes a day to receive the same feeling. Tobacco is the leading preventable cause of premature death in the United States, where an estimated 430,000 people die every year as a result of heart disease, lung cancer and emphysema brought on by tobacco use.² The World Health Organization estimates that tobacco is responsible for three million deaths worldwide every year.

Tobacco companies have aggressively promoted smoking in the developing nations. Yet, people are becoming increasingly aware of the health and social costs of smoking. Government regulations and changes in public attitudes are now reducing cigarette consumption in many countries. In the U.S., campaigns have restricted smoking in many public places. Litigation has succeeded in forcing tobacco companies to award billions of dollars in damages to the families of victims of cancer due to smoking.

Alcohol Abuse



- ❖ Impairs judgement and coordination
- ❖ Lowers inhibitions
- ❖ Causes birth defects and liver damage

 Alcohol is humanity's oldest intoxicant, used since ancient times. The pleasure of alcohol comes from its chemical effect on the brain as a depressant, thereby reducing anxiety, helping people forget their worries, and lowering their inhibitions. Alcohol abuse impairs judgment and coordination, a serious problem when people are driving a car or operating machinery. Due to the lessening of inhibitions against immoral behavior, alcohol use among college students in America has been linked to 60 percent of the cases of sexually transmitted diseases, including AIDS, and 66 percent of the cases of student suicides.³ Children born to alcoholic mothers may suffer physical and mental impairment. Long-term alcohol abuse causes liver damage.

Although many people can control their alcohol consumption, a certain percentage of the population is genetically susceptible to alcoholism.

Sometimes called legal drugs because they are sold publicly, cigarettes and alcohol have psychoactive properties and can create addiction. Because of their widespread use, they are responsible for more health problems than all other drugs combined. For this reason there is a worldwide trend to restrict the consumption of cigarettes, especially among minors.

The probability that a 12- to 17-year-old smoker will one day use cocaine is 19 times greater than a non-smoker. A teenage drinker is 50 times more likely to one day use cocaine than someone who does not drink. A teenager who smokes marijuana is 85 times more likely to use cocaine than one who never smokes marijuana.⁴ Conversely, if people have never used alcohol, marijuana or tobacco before the age of 21, it is very unlikely that they will ever use harder drugs.


D. Global Estimates of Drug Abuse

In its 2000 report,⁵ the U.N. Office for Drug Control and Crime Prevention estimates that 180 million people worldwide are using illicit drugs more or less regularly. The following drugs are the most widely abused:

- Marijuana: 141 million users
- Amphetamine-type stimulants: 30 million users
- Cocaine: 13 million users
- Heroin and other opiates: 8 million users

The Commission on Narcotic Drugs of the U.N. Economic and Social Council published the following analysis of drug use among young people worldwide in 1999: "Lifetime prevalence rates of abuse of cannabis is high in many regions and is on the increase. Abuse of amphetamine-type stimulants is diffused and abuse of 'ecstasy', while stabilizing at a high level in some western European countries, is rising in others and spreading to other regions. There are high variations in the prevalence of cocaine, but it is reported to be increasing again among youth in the United States of America. Injection of heroin is expanding among youth in eastern Europe, while there are signs of a rise in abuse of heroin by smoking (United States and western Europe). Abuse of inhalants is common and remains a serious problem for many young people."⁶

Example of the United States

 The United States is an interesting case study for two reasons. First, the popularization of drugs in the youth culture started there and later affected many other industrialized nations. Secondly, international organizations agree that U.S. statistics on drug use tend to be more reliable than statistics in other areas of the world.

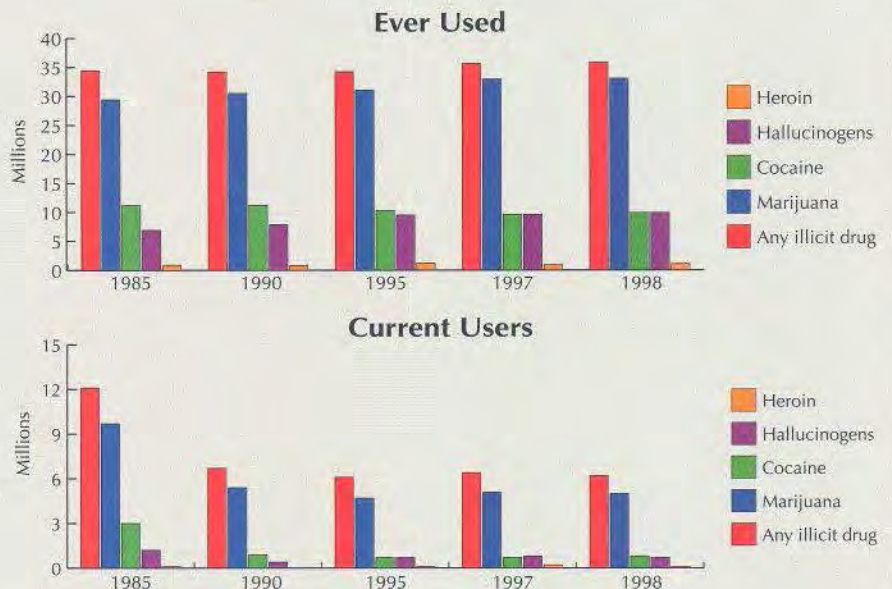


The use of drugs sharply grew in the 1960s and 1970s, remained stable until the end of the 1980s, and began decreasing around the end of the century. In 1998, approximately 6.2 million Americans (about 2.5 percent of the population) were abusing drugs.

Evolution of Drug Use in the U.S.

The following diagram shows the evolution of drug use in the U.S., among people over 12 years old, between 1985 and 1998.⁷

Ever used means that the person has used this drug at least once in her life. *Current user* means that the person has used this drug at least once in the past month, and is regularly taking the substance. This diagram indicates that drug abuse is subsiding in the U.S. Yet, the mobilization against drugs remains strong as the overall use is still problematic:



Drug Abuse Among U.S. Children



Doubled among 12-17 year olds, 1992-95

Source: 1994, U.S. Department of Health and Human Services

China's Drug Problem

380,000 drug addicts in 1995

- Almost 30 tons of illicit drugs seized between 1991-1995

Source: U.S. Department of Health and Human Services, 1994

Projected to have the world's largest number of addicts by 1998

- Heroin is increasingly popular in major cities

Source: New York Times, Nov 11, 1995

Most alarming is a sharp increase in teenage drug use in the 1990s. More than four out of ten high school seniors have used illicit drugs. This prompted the U.S. government to launch a five-year anti-drug media campaign in 1998, targeting youth from 9 to 18 years of age.⁸

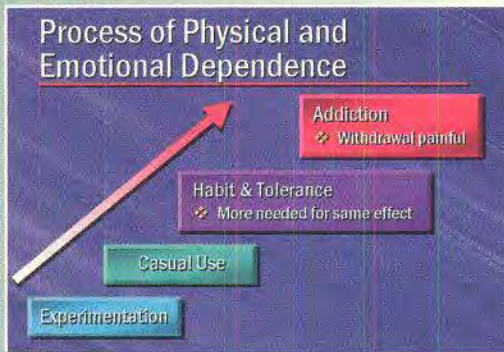
Example of China

Drug abuse is also rising in the developing world. In China, imperialist powers used drugs to try to take control of a whole civilization. At the end of the 18th century, retired English soldiers brought opium from India back to England. The substance spread among art and literary circles. Having witnessed the ravages of opium mania, England decided to use opium as a means to conquer China.

Opium produced by the Bengalis of northern India was smuggled into China. Determined to eradicate drugs, the governor of Canton opened rehabilitation centers for addicts,

punished traffickers and ordered the destruction of 1,300 tons of opium.⁹ However, opium represented one seventh of all of England's trade, and it retaliated with two opium wars, which forced China to open its markets. By 1878, there were 100 million addicts in China. In the 1950s the drug trade was severely curtailed in China. However, China's open door policy made the country more vulnerable to the growing worldwide drug trade.

APPENDIX 2: The Process of Addiction



❏ Psychoactive drugs affect the central nervous system by manipulating brain chemicals. When they are misused, they endanger psychological and physical health. In many cases, this dependence goes beyond mere habit to become an addiction that is very difficult to break. Psychoactive drugs have psychological and physiological effects that may alter personality and behavior in many undesirable ways.

A. Experimentation

The path to addiction begins with experimentation. Rarely does a first-time user try a drug because he is offered a sample from a drug dealer. Usually the person's first drug experience comes through a peer or even a friend. The stimulus may be curiosity or peer pressure. Such people do not believe that they will become addicted. People experiment based on their perception of the risks involved and approval of their peers.

B. Casual, Recreational Use

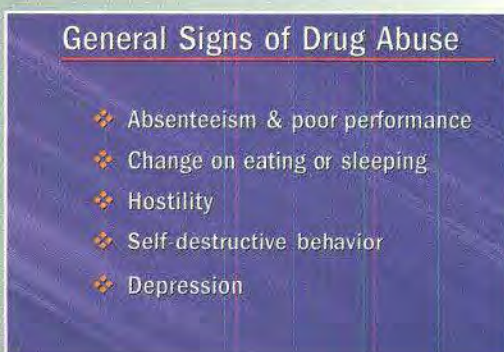
Next comes the stage of recreational use. The drug facilitates social acceptance within the group of fellow abusers, and produces a desirable effect. Recreational users begin to seek sources for the drug.

C. Habit


A definite pattern of drug abuse develops, and the drug has a strong, compulsive grip on the user. Physical and psychological dependence is so strong that the user needs the drug in order to function normally. People continue using the drug in spite of the negative consequences it has on their well-being, health, relationships, social life, and finances. The drug controls the user.

❏ In general, warning signs of drug abuse include the following:


- Frequent absenteeism
- Decline in academic or job performance
- Hostility and lack of cooperativeness
- Problems with peers
- Self-destructive and rebellious behavior




- Deteriorating relationships with family
- Change in eating or sleeping habits
- Emotional imbalance
- Depression, withdrawal, isolation
- Physical changes, such as red eyes, dilated pupils, coughing, frequent sore throats, burn marks, bags under eyes, runny nose, and sudden weight loss

 Habitual users may deny that they have a problem. Denial is a psychological defense against overwhelming psychic pain. Through denial, drug abusers avoid the pain of facing the fact, first, that they have a problem, second, that by the problem they are harming others, and third, that they must face themselves and recognize that the problem lies with them.

D. Addiction

 People become drug addicts when they lose all control of themselves and the drug becomes the most important thing in their life. Addicts spend most of their time thinking about, getting and using drugs. They live to use the drug, and they use the drug to live. The tendency to addiction crosses all social, economic and racial barriers.

Psychoactive drugs affect the nervous system and imprint certain behaviors and desires on the brain. Over time, the brain responds by developing a tolerance to these effects. Thus, people need to take more of the drug simply to be able to maintain the same effects produced previously by smaller amounts.¹⁰

 When the body has become habituated to function with the drug, any lack of the drug produces a strong craving. If addicts try to stop taking the drug, they go through withdrawal. The experience of withdrawal is painful and frightening, because the psychological and physical sensations are usually overwhelming. The physical symptoms can include convulsions, vomiting, cramps, insomnia and great pain. Psychological withdrawal symptoms can include paranoia, delirium, depression and uncontrollable flashbacks to previous drug experiences. At this point, users are willing to lie, cheat, steal, prostitute themselves or do whatever they need to do in order to buy the drug and get it back into their system.

Denial

- ❖ Defense mechanism
- ❖ to avoid recognizing damage
- ❖ Moves from conscious to unconscious

"After you take 'crack' [cocaine] for a while, you don't want to stop until all the money is gone, until you have no choice."

Crack, local user

Withdrawal Symptoms

Physical	Psychological
❖ Convulsions	❖ Paranoia
❖ Vomiting	❖ Delirium
❖ Cramps	❖ Depression
❖ Pain	❖ Flashbacks

E. Treatment

The first step on the road to recovery is for people to admit that they have lost control over their lives and seek help. The most effective approaches to helping people escape from addictions are based on 12-Step Programs. Originally developed for recovering alcoholics, the 12 steps of Alcoholics Anonymous have been applied successfully to help people with other problems, including drug abuse, gambling, promiscuity and overeating. Narcotics Anonymous focuses on helping drug addicts. Information may be obtained through the Internet at na.org or through the following offices:

World Service Office in Los Angeles
PO Box 9999
Van Nuys, California 91409 USA
Telephone (818) 773-9999

World Service Office-Europe
48 Rue de l'Été/Zomerstraat
B-1050 Brussels, Belgium
Telephone 32-2-646-6012

Recovering drug abusers need to restructure their lives, rebuild their character and relationships, and develop healthy avenues for experiencing the pleasure and fulfillment they initially sought through drugs.

F. Promoting Sobriety

The alternative to addictions is called sobriety, and treatment programs promote a lifestyle of sobriety. The term sobriety encompasses a spectrum of healthy life choices:

- Using our full mental and emotional capabilities, without being clouded by abuse of alcohol or drugs.
- Solving life's challenges in respectful, constructive ways, without resorting to violence.
- Channeling our sexual energies into building lasting love with our spouse, without using other people as objects of sexual desire or escaping into pornography.
- Working responsibly to achieve our goals, without cheating, stealing, gambling or workaholism.

Young people who do not abuse drugs or engage in other high-risk behaviors may believe that everyone else is doing it and succumb to pressure to fit in with prevailing low norms. University life is typically a time for exploration, and students push the limits of acceptable moral behavior. American college campuses seek to support people who are making healthy choices through social-norms marketing. The administration surveys students to determine how many are engaged in high-risk behavior. Generally, it is less than 50 percent. They then promote these figures on campus, letting people know that only a minority engages in high-risk behavior and encouraging those who are making healthy and responsible moral choices to retain their position as the majority.

The Partnership for a Drug-Free America sponsors advertising campaigns that promote a drug-free life. It tries to reduce the demand for drugs and other substances by changing societal attitudes that support, tolerate or condone drug use. Leading advertising agents volunteer to create challenging and memorable ads. In one ad, for example, the first image showed two eggs with yolks intact frying in a pan with the caption: "This is your brain." The second image showed scrambled eggs with the caption: "This is your brain on drugs." A large collection of radio, television and print ads, some aimed at youth and others aimed at parents and caregivers, can be accessed at drugfreeamerica.org.

APPENDIX 3: The High Costs of Drug Abuse

Drug Abuse – Never a Private Matter



For every addict

- ❖ Many individuals suffer
- ❖ Society pays

Contemporary societies have tended to make moral relativism and individual freedom the cardinal virtues. Hence, drug use can be considered a private matter when personal choice is valued above social expectations. However, substance abuse is never just an individual matter. In addition to the personal tragedy of addiction, those connected to the addict often share in the heartache of substance abuse. Eventually, the larger community suffers from the economic costs and rising crime rates.

The various dimensions of the drug trade—producers, suppliers and addicts—produce many tentacles of organized crime and corruption. Drug addicts are enslaved by expensive habit-forming substances, while the criminal networks that supply them exploit and manipulate their moral weakness. In addition to causing physical and psychological harm, drug abuse expands into a social cancer. When moral education is lacking, the government weak, corrupt or tyrannical, the economy paralyzed, the production and/or marketing of drugs offers an expedient means of economic survival, social mobility or financing for war and terrorism.

Thus, the consequences of drug addiction are threefold:

- the harm inflicted on oneself
- the fallout spilling over to family and other social relationships
- the increase in social deviance, including crime and terrorism

A. Stunting of Personal Development

People who abuse drugs pay a high price. This is brought to public attention when star athletes such as Diego Maradona fall to the ravages of drugs. But the vast majority of drug abusers are ordinary citizens. Under the influence of drugs, people tend to avoid dealing with life issues. Drugs induce the illusion of mastery and well-being, thus sapping any incentive to work on developing one's character. To the exclusion of all else, drugs dominate the addict's personality.

While psychological dependence alters the mind's functions, chemical dependence impairs the functions of the

Stunting of Personal Development




- ❖ Avoid dealing with life issues
- ❖ No incentive to develop character
- ❖ Drug takes over personality

brain, heart, lungs, liver and the reproductive organs. Heavily addicted people develop tendencies toward paranoia and schizophrenia. One former addict expressed in tears: "I was no longer the owner of my life. I saw brilliant people becoming wrecks. It's so sad! My love life was broken, the person with whom I was living died of heroin overdose."¹¹


People under the control of drugs become self-centered. They feel justified in lying, cheating and stealing from others. By necessity, many users become dealers or resort to prostitution in order to support their habit. Thus, the vice of substance abuse multiplies by enticing others to use drugs and collaborate in other crimes in an ever-increasing pyramid effect.

In their desperation to satisfy their craving, abusers may betray friends, steal from their families, and become manipulative, domineering or even violent in order to feed their habit. Love for drugs comes to supersede all social relationships.

 Drugs affect the normal functioning of the brain by impairing learning and cognitive development. Youthful drug users lose the ability to concentrate and cannot focus on their schoolwork. In addition, drug users are inclined to associate with friends who are poor students and who dislike school, thus making it more likely that they will drop out of school.¹²

B. Threat to the Family, Social Fabric and Public Health

How many people are affected as a result of just one person's drug problem? Consider all the different relationships that people have—parents, spouse, children, friends, neighbors, co-workers, etc. Every person with a drug problem affects numerous people. This helps convey some of the scope of the impact of drug abuse.

 Alcohol and drug abuse is a significant factor in most spousal abuse cases, and the statistics concerning child abuse are similar.¹³ Fifty percent of all spousal abuse cases in the U.S. are associated with substance abuse, especially alcohol.¹⁴ Rapists are typically under the influence of drugs or alcohol. There are obvious connections between drugs and crime. One quarter of all state prisoners in the United States

Drugs – Destructive to Learning



- ❖ Impair learning and development
- ❖ Tied to school drop-out rates

Domestic Violence and Substance Abuse



50% of all spousal abuse linked to intoxicants

Stunting of Social Development



- ❖ Exploitative relationships
- ❖ Tendency to isolation
- ❖ Social skills

Injecting Drugs Spreads HIV Infection



70% of all New York heroin addicts test positive for the HIV virus

"This woman was pregnant, she was prostituting, was HIV positive and had a \$250-a-day habit."

AIDS Patient


became involved in crime to get money for drugs.¹⁵ Thus, drugs not only corrupt the character but also erode the basis for constructive, meaningful social relationships, particularly through the aggravation of unwanted sex and violence.

☐ Drugs can affect interpersonal relationships in many different ways. Most of us desire to relate with each other in confident, responsive and mutually satisfying ways. Drugs and alcohol can seem to facilitate social relationship by lowering inhibitions, overcoming shyness and instilling an artificial sense of confidence and ease. The problem is that people's genuine social skills may never develop, and they may acquire a psychological reliance on drugs to manage their social relationships. Thus, both personal development and social skills are stunted in drug users.


☐ Injecting drugs, especially heroin, contributes to the spread of HIV. Drug use is now the major risk factor identified in new cases of AIDS, hepatitis C and tuberculosis in the United States.¹⁶ In China, two thirds of the known HIV patients contracted the virus through drug injection. During the period from 1988 to 1992, the proportion of HIV patients who were intravenous drug abusers was 85 percent for Vietnam, 80 percent for Thailand, 66 percent for Myanmar and Spain, 60 percent for Italy, 30 percent for the USA, 25 percent for France and India, and 6 percent for the United Kingdom.¹⁷ The situation remains serious in developing nations, especially as drug addiction is connected to sex tourism in Southeast Asia.

☐ Drug abuse leads to the progressive loss of any sense of responsibility for one's life and the lives of others. Drug addiction and high-risk sexual behavior are linked together. Often there is a correlation between violence, juvenile delinquency and promiscuous sex. Moreover, prostitution is sometimes the only way for addicts to make the money necessary to buy daily doses. Consequently, prostitution and drug networks are often connected. Drugs tend to lower all types of inhibitions, especially sexual. A study among methamphetamine users describes an intense association between methamphetamine use and sex.¹⁸ Crimes associated with the drug trade infect urban neighborhoods and cause people to fear for their lives and the well-being of their children.

C. Economic Impact


 The economic impact of drug abuse has been estimated to be billions of dollars. The total economic cost of alcohol and drug abuse was about \$300 billion in 1996.¹⁹ Of this cost, about 40 percent was due to drug abuse. This increase was due to four factors: the epidemic of heavy cocaine use, the HIV epidemic, the eightfold increase in people imprisoned for drug offenses, and a threefold increase in crimes attributed to drugs.

More than half of the estimated economic costs of drug abuse are related to crime. The other half are related to premature deaths, absenteeism or low productivity caused by chronic illness, and health care expenditures. In the United States, health care expenditures related to drug abuse amounted to around \$121.9 billion in 1998; this was about nine percent of the total health expenditures.²⁰

 The direct and indirect costs of drug abuse to industry are difficult to determine accurately. Even the most general estimates of \$100 billion do not take into consideration the staggering subtle and indirect costs. Drugs affect how a person functions on the job and in the social interaction at work. Studies show that substance abusers are often late for work, their output is far lower than a non-user, and they make far more mistakes. As addiction develops, drug abusers experience three to four times more health problems and on-the-job accidents.²¹

Money spent on drugs takes away resources that could be spent for productive purposes. Between 1995 and 1998, Americans spent \$57.3 billion on drugs (\$38 billion on cocaine, \$9.6 billion on heroin, \$7 billion on marijuana, and \$7.2 billion on other illegal drugs).²²

D. Organized Crime

 How much profit is made by exploiting drug addicts' moral weakness? The U.N. Office for Drug Control and Crime Prevention²³ estimates that money laundering from drug trafficking, corruption and other forms of organized crime represents an estimated 2 to 5 percent of the world's gross domestic product, or \$1 trillion. The profits gained from drugs represent about half of this sum. According to an estimate by the U.N. Commission on Narcotic Drugs, the global trade in

Cost of U.S. Drug Abuse — \$300 Billion Annually



- ❖ Health care
- ❖ Lost productivity
- ❖ Crime
- ❖ Law enforcement

*Source: Special Commission
Headings for National Drug
Control Policy Director
Feb. 26, 1996*

Cost to Industry — More than \$100 Billion



- ❖ Absenteeism
- ❖ Mistakes
- ❖ Reduced production

*Source: Drugs, Deam, et al.
United Nations and
All Countries, 1991*

Worldwide Trade in Illegal Drugs



\$500 billion a year industry

illicit drugs has approached nearly \$500 billion per year. This represents between 10 and 13 percent of all international trade.²⁴

Much of this drug money is recycled and “laundered” in the official economy. In 1985, the banks of Florida laundered more than \$3 billion in drug money. In 1988, the Bank of Credit and Commerce International became notorious for laundering \$32 billion in drug money. As a result, the Pakistani owners were forced to close the London-based bank. That year it was revealed that the Shakarchi Trading Bank of Zürich, Switzerland had laundered \$1.6 billion coming from Lebanese drug trafficking.

In Peru and Bolivia, the illegal drug income sometimes exceeds legitimate exports. The huge profits accumulated by drug cartels are used to put leverage on weak governments to overlook their illegal activities. For example, the drug lords of Colombia once offered to pay the foreign debt of their country, obviously expecting governmental favors in return.²⁵

E. Financing for Terrorism

The use of drug money to support terrorist groups has gained increased attention since the September 11, 2001 terrorist attacks on the United States. Afghanistan produces three quarters of the opium consumed in the world. The Taliban officially banned the cultivation of opium and even destroyed many crops. However, Mullah Omar later said that he would not object to the production of drugs, provided they are used to corrupt non-Muslims and provide money for the Jihad. The Taliban owned 90 percent of the poppy crops and collected tax on its production. The profits were laundered in the financial circuits of the Bin Laden organization, and part of this money was used for terrorist schemes.²⁶

Terrorist organizations such as the Basque ETA (Euskadi ta Askatasuna, Basqueland and Freedom) in Spain, the FARC (The Revolutionary Armed Forces of Colombia) in Colombia, the Sendero Luminoso in Peru, the Tamil Tigers in Sri Lanka, and many others are heavily involved in and financed by drug trafficking.

Appendix 4: Misguided Quest for Transcendence

In modern times, there has been a high incidence of drug use among creative people and a promotion of drugs in the name of science. People explore the psychoactive properties of drugs to alter consciousness and open doors to the unknown. Drug abuse among rock musicians, sometimes leading to death, has been well publicized.

Thomas De Quincey, a 19th-century English author, was driven into chronic melancholy after witnessing the untimely deaths of close relatives. For ten years, he ingested opium occasionally, in pursuit of "divine pleasure."²⁷ Eventually he became addicted, requiring daily doses. French poet Charles-Pierre Baudelaire greatly admired De Quincey as well as American author Edgar Allan Poe, another alleged drug user. French authors Baudelaire, Balzac, Nerval and Gautier were members of the famous club des hachichins (hashish users club).²⁸ Many "hashish parlors" opened in the U.S. and Europe. More than 500 of these parlors existed in New York in the 1880s.²⁹

Increasingly, drugs became identified as a muse that could release the mysterious powers of the subconscious. British novelist Aldous Huxley wrote, "Through the absorption of drugs, I could alter my ordinary mode of consciousness, in order to know, from within, what the seer, the medium and even the mystic were talking about."³⁰ In 1961, 26 scholars invited Huxley to a symposium at the University of California on the theme of control of the human mind, where he declared, "Some drugs can develop and enlarge the limits of the human thought."³¹

Influenced by Huxley, Timothy Leary, a young Harvard University psychologist, experimented with psilocybin (the psychoactive substance extracted from peyote) and made it available to students. In the 1960s, he emerged as the leading figure of the hippie movement, advocating the use of marijuana, LSD and other drugs as the basis for a counter culture.

At the age of 28, Austrian neurologist Sigmund Freud began his consumption of cocaine in pursuit of the panacea that would revolutionize medical practice. According to

literary critic Richard Webster, Freud envisioned that cocaine would lead to a breakthrough in modern medicine on a par with Isaac Newton's influence on physics.³² Freud's infatuation with cocaine was not a trivial matter, but reveals his contempt for ethical values and a fascination with the occult.

Freud wrote *Über Coca* in 1884 with the ambition to become a professor of medicine at the University of Vienna. Recounting his first experience with drugs, Freud reported, "When I first took cocaine, I was in a state of minor depression caused by fatigue.... A few minutes later, I felt a sudden cheerfulness. One feels that one can better dominate oneself. It becomes difficult to feel that one is under the influence of a substance."

Freud described coca as a "magic substance" that allows both mind and body to transcend physical limitations imposed by natural law. With great enthusiasm, he wrote about "the divine plant which satiates the hungry, strengthens the weak, and enables them to forget their miserable fate."

Despite strong warnings from pharmacologists about the dangers of cocaine, Freud prescribed cocaine to his friend Ernst Fleischl as a remedy for morphine addiction. Eventually, Fleischl died as a result of his cocaine addiction. This was not an isolated case, for in 1891 there were 200 cases in Europe of toxic poisoning from cocaine, leading to 13 deaths. Freud never admitted his scientific mistake. He gave up cocaine only at the age of 39.

Freudian psychoanalysis provided a justification for investigating the mind-altering powers of drugs. Dr. Gabriel Nahas of Columbia University studied the influence of Freudian psychoanalysis on cocaine use in the United States between 1960 and 1980.³³ He found it overemphasized the psychological aspects of addiction and excluded evidence of physical dependency. The fact that Freud had underestimated the toxicity of cocaine, denied his own addictive tendencies, and always claimed to control his consumption explains the posture of Freudian psychoanalysts. This influence was felt not just on the fringes of society. Peter Bourne, an advisor to U.S. President Jimmy Carter, considered Freud's experimentation with cocaine to be ample evidence of its harmless nature. Furthermore, Lester Grinspoon, professor of psychiatry at Harvard University, wrote books recommending recreational uses of psychoactive drugs.

¹ Theophrastus Bombastus von Hohenheim, called Paracelsus (1493-1541), was a Swiss alchemist and medical doctor. He pioneered the modern science of pharmacology.

² "Judge for Yourself, Tobacco: Should You Know This?" DATE INC, 1995.

³ "List of Alcohol and Other Drug Facts," Center for Substance Abuse Prevention, November 1992.

⁴ "Marijuana and Youth, The Fact Is ...," *Join Together*, 1996.

⁵ For updates on statistics, see the UNODCCP's annual report available on the Internet at undcp.org.

⁶ "Youth and Drugs: A Global Overview," Report of the Secretariat: Commission on Narcotic Drugs, U.N. Economic and Social Council. Distributed January 11, 1999, p. 1.

⁷ Statistical Abstract of the USA / The National Data Book 120th edition, year 2000.

⁸ "Clinton Unveils Anti-Drug Advertising Campaign," CNN, July 9, 1998.

⁹ Paul Chrastina, OLD NEWS, published nine times a year by Susquehanna Times & Magazine, Inc.

¹⁰ UNODCCP Report, year 2000, Drugs of Abuse – Glossary.

¹¹ Interview on French television channel M6, November 4, 2001.

¹² *American Journal of Public Health* 87, 1997, pp. 51-55.

¹³ "List of Alcohol and Other Drugs Facts," Center For Substance Abuse Prevention, November 1992.

¹⁴ Ibid.

¹⁵ Darryl S. Inaba and William E. Cohen, *Uppers, Downers and All Arounders*, CNS Productions, Inc., 2nd Edition, 1994, p. 219.

¹⁶ Drug Abuse and Addiction Research, the Sixth Triennial Report to Congress, 1999.

¹⁷ *Quid? Encyclopedia*, Paris 1997, p. 195.

¹⁸ Drug Abuse and Addiction Research, the Sixth Triennial Report to Congress, 1999.

¹⁹ National Institute on Drug Abuse, U.S. National Institutes of Health. Updated information may be obtained from nida.nih.gov/EconomicCosts/Index.

²⁰ Statistical Abstract of the USA 2000, p. 108.

²¹ Inaba and Cohen, *Uppers, Downers and All Arounders*.

²² Updated information is available from the U.S. Dept. of Health and Human Services, National Institute of Health, National Institute on Drug Abuse.

²³ Pino Arlacchi, Executive Director of UNODCCP, "Address to the Asia-Pacific Law Enforcement Conference against Transnational Organised Crime," February 2001.

²⁴ Roger Kaplan, "Drugs and Dollars: A Global Challenge," *Freedom Review* 27/4, August 1996, p. 10.

²⁵ See Raymond Goldberg, *Taking Sides: Clashing Views on Controversial Issues in Drugs and Society* (Guilford, Connecticut: Pushkin Publishing Group, 1996), pp. 30-38.

²⁶ Roland Jacquard, *Au nom d'Oussama Ben Laden* (Paris: Editions Jean Picollec, 2001), pp. 265-273.

²⁷ *Confessions of an English Opium-Eater*, 1822.

²⁸ Hashish had been brought back to France after [Napoleon] Bonaparte's campaign in Egypt. The future emperor, who had been assaulted with a knife by an Egyptian under the influence of the drug, forbade the product, which nevertheless became quite popular.

²⁹ Michel Rosenzweig, *Les drogues dans l'histoire: entre remede et poison* (De Boeck and Belin, 1998), p. 107.

³⁰ Aldous Huxley, *The Gates of Perception*.

³¹ Dr. Jean-Michel Oghourlian, *La personne du toxicomane* (Paris: Privat, 1986), p. 172.

³² Richard Webster, *Why Freud Was Wrong: Science, Sin and Psychoanalysis* (London: Harper Collins Publisher, 1995).

³³ Gabriel Nahas, *Freud, la cocaïne et le cerveau* (Paris: F-Xe de Guibert, 1993).

Objectives for Presenters

During the course of the presentation, the presenter should:

- Make every effort to engage the audience. This means moving the heart as well as stimulating the intellect. As much as possible, the presentation should be a dynamic interaction between the presenter and the audience.
- Make the presentation one harmonious whole. During the course of the presentation, the audience should be able to see how each slide leads into the next. The presentation should be understood as one entity rather than a series of unconnected statements and ideas.
- Always be aware of the salient points of each slide and make those points clear. Supporting information should be concisely presented and clearly connected to the main points.
- Encourage the audience to reflect personally on the content. This presentation seeks to awaken people to the need to give young people moral and ethical guidance. At the conclusion of the presentation, the audience should have a deeper understanding of how the quest for fulfilling life goals can safeguard people from the appeal of drugs. As a result, people may feel empowered to exert a substantial positive influence on the youth with whom they come into contact.

Before the presentation, the presenter may look for recent news stories about drug abuse. Whenever possible, the presenter should meet with members of the audience. Since interactive learning has so much potential, the presenter can try to elicit audience response during the presentation.

Immediately prior to making the presentation, the presenter should reflect on the significance and meaning of the content. When the presenter is newly enthused about the content, then there is a greater likelihood that the audience will also respond with enthusiasm. The presenter may choose to reflect on some of these key points:

- Reducing the demand for drugs is the most effective way to deal with the global drug problem.
- People experiment with drugs for various reasons, including curiosity, peer pressure, to get high, to escape a depressing reality.
- Life involves making choices, and healthy choices lead to lasting happiness, freedom and fulfillment.
- Drug-induced highs mimic people's aspirations for success and fulfillment.
- Drugs induce a false sociability and false sense of belonging, leading to loneliness and isolation.
- Drugs create an illusion of competence, but addicts end up losing control over their lives.
- Experiences of natural highs are connected to the pursuit of maturity, loving relationships and mastery.
- People who lack a sound moral center are vulnerable to the appeal of drugs.
- The road to fulfillment in life is paved with values such as self-discipline, kindness to others and hard work.

ABOUT THE INTERNATIONAL EDUCATIONAL FOUNDATION (IEF)

The International Educational Foundation is a nonsectarian, nonprofit organization founded in 1990 by Dr. and Mrs. Sun Myung Moon to promote moral and ethical education among people of all ages. To that end, the four main objectives of IEF are:

- To cultivate heart and character through a balanced approach to education that integrates the best of Eastern and Western, spiritual and material, and traditional and contemporary values.
- To address youth issues such as abstinence education and drug abuse prevention with a heart-centered approach to character development and an ethic focused on pure love.
- To empower families through marriage and parenting education that upholds the family as the seedbed of virtue and the school of love.
- To promote civic responsibility and foster a culture of peace through teaching about conflict resolution and encouraging volunteerism that reaches across boundaries such as race, religion, ethnicity and nationality.



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“Drug abuse continues to emerge as a strategy among youth to cope with the problems of unemployment, neglect, violence and sexual abuse. At the same time, there is considerable abuse of drugs among socially integrated young people, in particular in the industrialized world. This may be attributed in part to the fact that significant portions of the world’s youth population are being exposed to a culture that appears to be more tolerant towards the use of drugs. The data available present a situation of concern in terms of the abuse of drugs among young people in almost every region of the world. The changing perception of cannabis among young people, the increasing abuse of amphetamine-type stimulants and the widespread abuse of other drugs indicate a need for innovative approaches and the adaptation of prevention strategies aimed at reducing the demand for illicit drugs.”

Youth and Drugs: A Global Overview.
Report of the Secretariat: Commission on Narcotic Drugs,
U.N. Economic and Social Council.

“Drug use is a misguided attempt to find the meaning of life that gives users a false and temporary sense of power and control. The drug problem is fundamentally a moral one.”

WILLIAM BENNETT
Former U.S. Secretary of Education and National Drug Control Policy Director



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