United Nations E/CN.7/1999/8

Economic and Social Council

Distr.: General
11 January 1999

Original: English

Commission on Narcotic Drugs
Forty-second session
Vienna, 16-25 March 1999
Item 7 (b) of the provisional agenda*
Reduction of illicit demand for drugs: world situation with regard to drug abuse, with particular emphasis on youth and drug abuse

Youth and drugs: a global overview

Report of the Secretariat

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. 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. 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.

Contents

* E/CN.7/1999/1.

V.99-80121 (E)

I. Introduction

1. At its forty-first session, the Commission on Narcotic Drugs, during consideration of the provisional agenda for the forty-second session, agreed to consider the issue of youth and drugs as a special topic under the item entitled "Reduction of illicit demand for drugs". The present report is submitted pursuant to that decision. Before discussing the specific issue of youth and drug abuse, the report will present a brief overview of the world situation with regard to emerging trends in drug abuse based on the responses to the annual reports questionnaire for 1997.

II. World situation with regard to emerging trends in drug abuse

2. In 1997, a total of 80 countries out of the 192 to which annual reports questionnaires had been sent provided information on drug abuse. For reasons of brevity only the emerging trends by drug type are reported here.

3. Cannabis is the drug for which most countries reported an increase in 1997. Out of 63 countries that provided such information, 42 reported an increase in the abuse of cannabis as compared with 1996. In another 14 the situation was stable and only 7 reported a decrease in abuse. The areas with a significant number of countries reporting an increase are eastern Europe (9), Africa (8), western Europe (7) and east and south-east Asia (6).

4. Only 4 countries reported on the "ecstasy" group, but there were increases in the general category of amphetamine-type drugs, for which 30 countries (mainly from south-east Asia and eastern and western Europe) out of 45 reported an increase in abuse. Another 8 countries indicated that they had registered an increase in amphetamine abuse and 11 countries an increase for methamphetamine.

5. Cocaine abuse was reported to be increasing in 25 countries (6 in eastern Europe, 4 in Africa, 5 in western Europe, 4 in South America, 3 in Central America, 2 in the Caribbean and 1 in North America), but it remained stable in 17 others.

6. Heroin abuse decreased in 11 countries out of 42, but another 25 registered some increase, while 6 reported a stabilization in abuse compared with 1996. Increases were registered in eastern Europe, western Europe, Africa and the Near and Middle East.

7. The abuse of volatile solvents is apparently increasing in eastern Europe (five countries), but it is decreasing in south-east Asia (five countries) and remaining generally stable in western Europe (five countries).

III. Youth[1] and drug abuse

8. Information about the extent of drug abuse among young people in the world is sporadic and the few data available do not permit the drawing of systematic comparisons between them. Surveys are usually carried out in different years, often using different sampling and data collection methods. The most common information on drug abuse among young people often relates to specific populations, namely, students. Such information, though valuable for the identification of trends and attitudes, does not cover the extent of drug abuse among those who have left school or among drop-outs and truants. Household surveys also have their limitations since youth may be reluctant to admit using drugs in the presence of their families.

9. In addition to the above, there are considerable problems with respect to the age ranges to be considered. The data presented in the present report refer to the age range 15-24 years, but other age ranges will be also taken into consideration. This is because the drug abuse problem in many instances affects people younger than 15 and also because the information available from studies and research carried out at the national level is presented in age ranges that are not always comparable. Additionally, the gender factor is not always considered in the collection of data on drug abuse among young people. Lastly, the classification of drugs varies from country to country and from survey to survey. In some countries, barbiturates and amphetamines are classified under the same generic title of "tablets". In others, cocaine does not include "crack".

10. Notwithstanding the above problems, data from various types of studies have been collected and are presented in a number of figures to give an idea of the drug abuse situation among youth.

11. In some countries, the reported prevalence may appear high in comparison with other countries. It is advisable to check the age range considered, since one or two years of difference may influence the prevalence significantly. A low age range (14-17, for example) is likely to register a lower prevalence rate as compared with a higher age range (20-24, for example). In addition, household surveys tend to report a lower prevalence than school surveys. School surveys

usually promote anonymity and are thus more likely to produce more reliable answers.

12. The present report is based on information obtained from various sources. In fact, given the limitations of the information provided to the United Nations International Drug Control Programme (UNDCP) through the Annual Reports Questionnaire by Member States, it has been necessary to supplement the existing information with data from regional or national school surveys (such as the European School Survey Project on Alcohol and Other Drugs and the Monitoring the Future Study carried out in the United States of America), household or population surveys and other published research available to UNDCP.

13. Throughout the report there is constant reference to lifetime prevalence of the abuse of the various drugs. This choice is determined by the fact that lifetime prevalence data are available for a large number of countries and that this indicator, while less significant when applied to the general population, is more relevant when applied to youth. In fact, to know that a 65-year-old person has tried cannabis once in his life is not valuable information, but it is for someone in his or her teens. Data on the abuse of drugs in the previous year (annual prevalence) and in the previous month or week (frequent use) were less often available and therefore have not been considered in the report.

A. Drug abuse situation among youth

1. A vulnerable population

14. One of the worst aspects of the drug problem is that it affects primarily those who are most vulnerable, such as youth. The transition from adolescence to young adulthood is a crucial period in which experimentation with illicit drugs in many cases begins. Drugs may have strong appeal to young people who are beginning their struggle for independence as they search for identity. Because of their innate curiosity and thirst for new experiences, peer pressures, their resistance to authority, sometimes low self-esteem and problems in establishing positive interpersonal relationships, young people are particularly susceptible to the allure of drugs. However, youth around the world do not all have the same reasons for abusing drugs.

15. Drug abuse continues to emerge as a strategy to cope with problems of unemployment, neglect, violence and sexual abuse. Marginalized youth are particularly susceptible to the enticement of drugs. Furthermore, the number of marginalized young people is increasing, in particular in the urban areas of developing countries where street life and all its aspects, including drug abuse and drug trafficking, is becoming the norm for a growing number of young people. Data from various studies confirm that drug abuse is high among young people living in vulnerable situations.[2] Populations such as street children, working children, refugee and displaced children, children and youth in institutional care, child soldiers and sexually exploited children are particularly at risk of abusing drugs mainly for functional reasons (for example, to keep awake for work, to get to sleep, to reduce physical and emotional pain or to alleviate hunger).

16. At the same time, there is considerable abuse of drugs among socially integrated young people, in particular in the industrialized world. This could be attributed in part to the fact that significant numbers of the world's young people are being exposed to a culture that appears to be more tolerant towards the use of drugs. There are also indications that experimentation with drugs and initiation into drug abuse are taking place at an earlier age than previously. The growing popularity of drugs such as amphetamine-type stimulants (ATS) in western Europe, North America, in some countries of eastern Europe, south-east Asia and Africa is of particular concern. Amphetamine and "ecstasy", in particular, are drugs closely associated with the "rave" or dance scene, a scene that is attractive to young people. Despite their potential harm, those drugs paradoxically enjoy a more benign image than plant-based stimulants.

17. Research in Australia, Germany, Italy, the Netherlands and the United Kingdom of Great Britain and Northern Ireland shows that users of "ecstasy" are likely to be experimenting with other drugs as well. The prevalence of illegal drug consumption has been found to be significantly higher among young people participating in the "rave" or "techno" scene than among those in the same age group who are not involved in such activities.

2. Increased availability of drugs

18. While the nature and extent of drug abuse vary from region to region and from country to country, very large numbers of young people are being exposed to a variety of drugs. Cheap and easily available substances such as solvents and cannabis are widely used throughout the world. ATS, including "ecstasy", are also widely abused. Easy availability and low prices have contributed to the popularity of coca paste and "crack" in some parts of South America.

19. Abuse of heroin seems to remain the province of only a small minority of young people, but the availability of

heroin of high purity, thus the possibility of inhaling or smoking it, seems to have contributed to an increase in heroin abuse among teenagers and young adults in the United States during the 1990s. This rising trend now seems to have halted, according to recent figures.[3] In the European Union the abuse of heroin remains relatively stable (up to 2 per cent among younger groups), but there are reports of increases in some Member States and several countries report heroin smoking by new groups of young people, both from socially integrated populations and from minority groups.[4]

20. Since the advent of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), injecting drugs has come to be considered unsafe and ingestion, smoking, sniffing or snorting "safe" practices. Increasing opiate abuse, in particular among youth, has been reported by countries of central Asia, where injection of poppy straw brew ("kompot") has been reported. In Brazil, the incidence rate of AIDS is increasing among young people and injecting drug use is a major cause of infection among them (36 per cent of cases).

3. Cultural trends and normalization of drug abuse

21. High prevalence figures for cannabis among youth in some parts of the world suggest an acceptance of the place of cannabis in the lives and experiences of a significant number of young people. The growing popularity of drugs such as amphetamine, "ecstasy", methamphetamine and other ATS in Europe, North America and certain countries in east and south-east Asia is of particular concern.

22. In many countries, a significant minority of young people experiment with illicit drugs during a phase of rebellion or as part of the search for identity and independence, then give them up spontaneously when a particular stage of maturity has been reached, without any apparent permanent damage being done. However, since young people are less able to evaluate the dangers and to judge the likely consequences of their behaviour, the "coping mechanisms" or problem-solving resources of the individual become crucial. When such coping skills are not developed, for whatever reason, the individual is likely to be more vulnerable to drug abuse.

23. Whatever the specific reasons for the use of their drugs of choice may be—and they vary greatly—the emerging trends in global drug abuse among young people should be seen against the backdrop of an environment where, in many countries, young people are increasingly being confronted with rapid social and technological change and a more competitive society, where the drive to succeed is high and personal self-fulfilment is emphasized. Additionally, a weakening of traditional values and family ties and increased needs for higher levels of stimulation are being experienced.

24. There are also indications that young people are increasingly being exposed to a popular youth culture and mass media messages that are more tolerant towards the use of certain illicit drugs. This creates the wrong impression that the recreational use of those drugs is acceptable and glamorous and may even be beneficial in the pursuit of material success and the satisfaction of personal needs. The mass media are a major source of such messages and they play a powerful role in shaping young people's responses to social stimuli in the environment. A stronger prevention and treatment focus in many countries on so-called "hard" drugs such as heroin and cocaine may, albeit unintentionally, also be creating the impression of a greater tolerance towards and social acceptability of the "recreational" use of other drugs, with correspondingly less social stigma.

4. The role of drug abuse prevention among youth

25. Most studies of drug dependence suggest that there is a correlation between problematic or dependent drug use and age of initiation. The earlier illicit drug use of any kind begins, the more likely it is that the individual will take other types of drugs and will consume them more frequently, with correspondingly more severe long-term consequences for health, educational and emotional maturity and the likelihood of enjoying a stable adult life. While it is true that most of the young people who experiment with drugs such as cannabis do not develop significant problems and that cessation of drug abuse at a later stage is quite common, there are also others who, because of their more problematic backgrounds, are likely to maintain the habit and escalate in their patterns of abuse.

26. Notwithstanding the fact that overall drug use among youth in many countries is high and that there is some tendency towards presenting some drugs (such as cannabis and "ecstasy") as less harmful than they actually are, there is nevertheless room for optimism, especially where consistent and sustained preventive interventions are gradually showing results. Overall, also because of the prevention efforts related to HIV/AIDS, injecting drug use among young people is decreasing, the average age of injecting drug users is increasing and prevalence rates are stable or falling, at least in the industrialized countries. Abuse of "ecstasy", which has escalated in many European countries, is showing signs of stabilization in some countries. In the United States, the 1998 Monitoring the Future Study[3] indicates that for the

second straight year there has been no significant increase in the abuse of drugs and that the abuse of certain drugs is even falling among youth. There are also encouraging indications as to the attitudes of young people towards the abuse of drugs: more young people perceive a number of drugs as risky.

5. Cannabis

27. Figure I shows lifetime prevalence for cannabis for the period 1990-1997 in countries with data available for youth. The data reported are for the most recent year available. It is important to point out that the data presented refer to different age ranges (difference in the age range considered can significantly modify the reported prevalence). In most cases the data presented have been collected through school surveys and in other cases through surveys of the general population from which data referring to youth have been extracted. Differences can also be found between these two kinds of survey because anonymous self-reporting questionnaires, which are usually used for school surveys, may draw more information from young people than the questionnaires generally used for general population surveys or household surveys (it is more difficult for a young person to admit to abusing drugs in the context of a household interview). The data, though not comparable for the reasons explained above, are presented together in the figures to give an idea of the magnitude of the problem.

28. Cannabis is the most widely abused drug, with about 2.5 per cent annual prevalence among the world's population. The data available on the nature and extent of drug abuse among young people reveal high lifetime prevalence rates of cannabis use in many regions of the world. Though in the past there have been other periods when cannabis abuse was widespread, the current trend of high prevalence differs from the past since it concerns a greater number of countries and is occurring in very diverse cultural and historical contexts. Some countries with comparable data available for a number of years show an increase in the lifetime prevalence of cannabis. Some signs of stabilization are reported for the United States.[3]

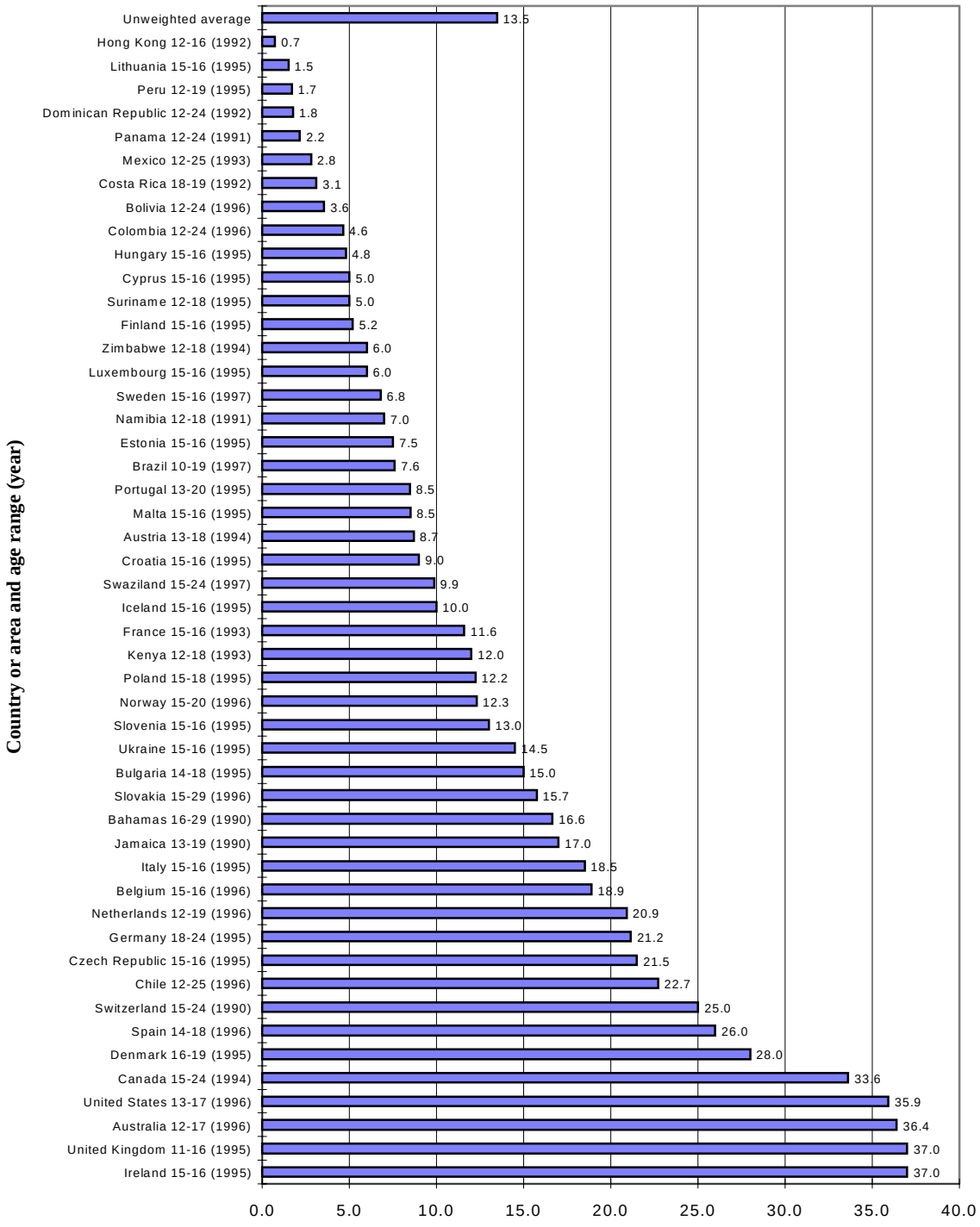
29. The proportion of schoolchildren and young adults who admit to having used cannabis is as high as 37 per cent in some countries, while the proportion for past-month use can be as high as 10-25 per cent. Such high figures indicate that in certain parts of the world cannabis use is becoming normalized and is not confined to small marginal groups.

30. The countries reporting the highest lifetime prevalence rates (over 25 per cent) of cannabis abuse among young people are Australia, Canada, Denmark, Ireland, Spain, the United Kingdom and the United States. In western Europe cannabis abuse remains high, with most of the countries above 10 per cent and only a few (Austria, Finland, Portugal and Sweden) below that threshold.

31. The European School Survey Project on Alcohol and Other Drugs (carried out in 1995 in 25 European countries) also provided data for 15- and 16-year-old students in several countries of central and eastern Europe.[5] Apart from the Czech Republic (21.5 per cent), lifetime prevalence varies between 15.7 per cent (Slovakia) and 1 per cent (Lithuania), with the majority of the countries concentrated in the 7-13 per cent range. Generally speaking, the lifetime prevalence values are lower than for western Europe, but cannabis abuse has been increasing constantly during the 1990s in central and eastern Europe, especially among youth.

32. While it is often difficult to obtain reliable prevalence data on youth from Africa, most studies report that use of cannabis is increasing and that it is the drug, apart from inhalants, most widely abused by young people in Africa. Lifetime prevalence rates are lower than in industrialized countries, but there is anecdotal evidence of a gradual increase during recent years. In Kenya, a study carried out in 1993 showed a lifetime prevalence of 12 per cent among students (age range 12-18). Among secondary school students in Swaziland the lifetime prevalence was reported to be 9.8 per cent, in Namibia 7 per cent and in Zimbabwe 6 per cent. Other studies covering specific groups or with limited geographical coverage also confirm that cannabis is the most widely abused drug among African youth. Among black youth in South Africa there

Figure I. Lifetime prevalence rates of cannabis abuse among youth, 1990-1997[a]



[a]The data are not directly comparable (see paras. 8-13)

was a 4 per cent lifetime prevalence in 1994. Another survey among Egyptian students reports a lifetime prevalence of 5.6 per cent. In Lagos State in Nigeria, 2.1 per cent of university students reported having tried cannabis at least once in their life.

33. In Latin America and the Caribbean the highest lifetime prevalence is registered in Chile, with 22.7 per cent (age range 12-25). In Jamaica (age range 13-19) and the Bahamas (with a rather broad age range 16-29), around 17 per cent of youth indicated having tried cannabis once. Data from Brazil indicate a 7.6 per cent lifetime prevalence, but it must be pointed out that the school surveys here included a population from 10 to 19 years of age. The other countries in the region all report a lifetime prevalence of below 5 per cent.

34. In Asia data on drug abuse among youth are available only for Hong Kong (1992), where the reported lifetime prevalence among students was 0.7 per cent. However, anecdotal information indicates that there are higher cannabis abuse prevalence rates across the region. A study carried out in Kathmandu in 1992 showed a 6.1 prevalence among students (age range 12-22). A study among college students in Benares, India, registered a 4.5 per cent lifetime prevalence.

35. Various explanations can be offered for the high prevalence of cannabis use among young people, explanations that include the increasing availability and relative inexpensiveness of the drug, a growing movement in support of the legalization of cannabis and a perception that the recreational use of cannabis has less harmful effects than the use of legal drugs such as alcohol and tobacco or illicit drugs such as cocaine and heroin. There is also evidence to suggest that various cannabis products, with much higher concentrations of tetrahydrocannabinol (THC) than was previously the case, are becoming increasingly available.

36. The widespread regular use of cannabis is a cause for concern and is one of the serious challenges for the future healthy development of young people. A World Health Organization (WHO) report[6] summarized some of the health effects of cannabis use as including impairment of cognitive development (capability to learn), including associative processes; impairment of psychomotor performance in a wide variety of tasks; and an increased risk of motor vehicle accidents among persons who drive when intoxicated by cannabis. The chronic abuse of cannabis may lead to greater impairment of cognitive development and psychomotor functions and to a cannabis dependence syndrome characterized by loss of control over cannabis abuse. It should be noted, however, that the research evidence for such assertions comes mainly from industrialized countries.

6. "Ecstasy"

37. In recent years, the most pronounced increase in drug abuse has been reported for synthetic drugs, including ATS. In the World Drug Report (1997)[7] it is estimated that some 30 million people (0.5 per cent of the global population) consume ATS worldwide. The most widespread ATS is methamphetamine (street names: "Batu", "Hot Ice", "Meth" etc.), with high levels reported from North America, as well as from a number of countries in the Far East and the south-east Asian region. In many Asian countries, methamphetamine is the most, or second most, abused substance after cannabis.

38. Within the large group of ATS there has been a particular focus on the abuse of "ecstasy". Though "ecstasy" is a substance popular in the industrialized world (especially in Europe), there are indications that its abuse is spreading to other regions. However, a comparative analysis of the abuse of "ecstasy" by youth worldwide is difficult because most data come from Europe, North America and Australia.

39. Europe has been widely affected by the abuse of amphetamine and "ecstasy", in particular during the last decade. The most common ATS in Europe is still amphetamine (street names: "Dexies", "Oranges", "Pep pills", etc.), though consumption of the various "ecstasy" group of substances or methylenedioxymethamphetamine (MDMA) (street names: "XTC", "Kleenex", "Adam" etc.) has increased rapidly during recent years. Consumption seems to have stabilized in countries with higher prevalence, but is still rising in countries with lower prevalence rates. "Ecstasy" abuse is high among youth in Belgium, Germany, Ireland, Italy, the Netherlands, Spain and the United Kingdom. In the Scandinavian countries prevalence rates are lower but increasing.[4]

40. "Ecstasy" became popular for its association with major trends in the European youth culture ("techno" music, "raves" and "house" parties) and is even popular among socially integrated adolescents. While initially "ecstasy" abuse was not associated with other drugs, recent patterns indicate that it is increasingly being consumed together with other drugs (cannabis, cocaine, lysergic acid diethylamide (LSD) and benzodiazepines). The Annual Report of the European Monitoring Centre for Drugs and Drug Addiction for 1998[4] notes that there is a growing impression that

"ecstasy" has become just another drug on the market and is no longer the unifying cultural symbol that it used to be in the context of "house" music and culture.

41. The abuse of "ecstasy" in the United States (3.1 per cent) and Australia (3.6 per cent) is below the levels of a number of western European countries (see figure II). Some local studies and anecdotal evidence indicate that "ecstasy" abuse has also surfaced in southern Africa (South Africa and Swaziland) and south-east Asia (Indonesia, Singapore and Thailand). Central and Eastern Europe have registered an increase in the abuse of "ecstasy" during the 1990s as the "dance scene" associated with "ecstasy" abuse spread across the continent. Data from the European School Survey Project on Alcohol and Other Drugs[5] among 15- and 16-year-old students indicate lifetime prevalence rates in the lower range compared with some countries of western Europe (Croatia, 2.5 per cent; Slovenia, 1.5 per cent; Hungary, 0.8 per cent; and Poland, 0.5 per cent), but there are signs of an upward trend in most countries. Reports from Belarus and Bulgaria also indicate the existence of a market for "ecstasy".

42. In Latin America natural plant-based stimulants are available in abundance. Nonetheless, ATS have a significant share in illicit drug markets. Information on significant levels of "ecstasy" abuse among youth is not available, however. Only Suriname reports a 0.4 per cent lifetime prevalence among university students.

43. In South Africa "ecstasy" first appeared on the streets between 1989 and 1991 and has been seen as a problem only in recent years. Its use is reportedly growing at an alarming rate, but the only data available from a study on black youth reported a 0.1 per cent lifetime prevalence.

44. One of the characteristics of "ecstasy" abuse compared with that of other substances is that its abuse is concentrated among socially integrated young people who often do not consider themselves abusers or addicts and do not seek help and assistance. There is therefore a relative invisibility of the abuse of "ecstasy" to traditional assessment methods.

45. "Ecstasy" is a relatively new drug whose long-term effects on health are as yet not well established. A number of adverse physical effects have been reported and some deaths have occurred, related in part to the effects of the drug and in part to the circumstances in which the drug was used. The amphetamine-like effects of "ecstasy" provide an increase in physical and mental energy and reduce awareness of body signals such as thirst and the need for rest and sleep. This has led to several cases of collapse and heatstroke in "rave" dancers. A considerable number of complications affecting a wide range of body functions have been recorded following the use of MDMA. However, evidence of long-term neurotoxicity of "ecstasy" remains unclear in humans, although indicated in animal studies.[8,4]

7. Cocaine

46. Cocaine abuse among youth varies from a lifetime prevalence of 6.3 per cent in the Bahamas (it should be noted that the wide age range considered is 16-29) to 0.2 per cent in Finland (see figure III). The group of countries with the highest lifetime prevalence is similar to that for cannabis with Australia, the United States and some, but not all, western European countries accounting for the highest prevalence rates. Kenya (4.5 per cent) and Chile (3.4 per cent) also report high rates.

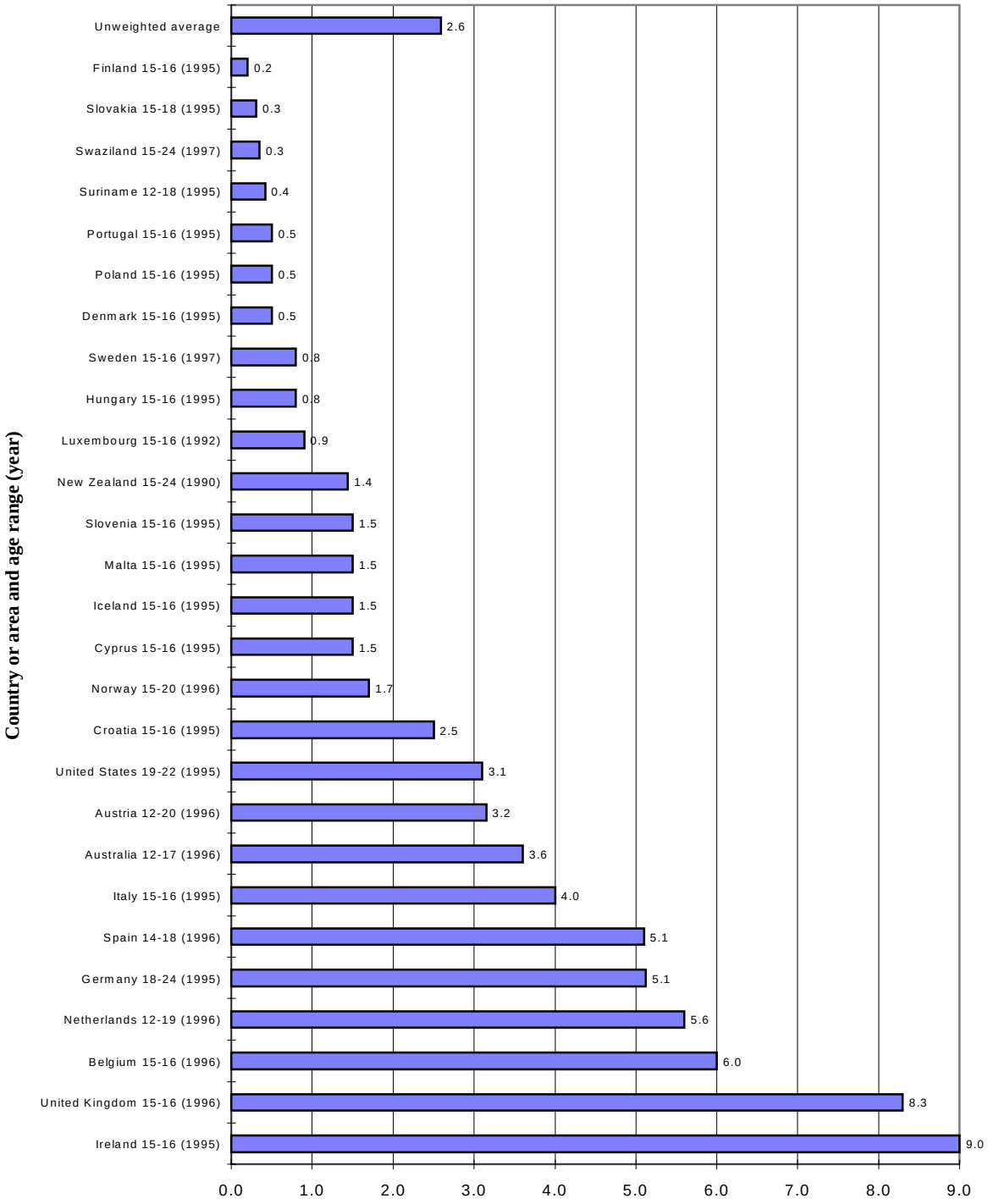
47. Lifetime prevalence in western Europe varies from 3.2 per cent (Spain) to 0.2 per cent (Finland). The unweighted average of around 1.2 per cent in western Europe is well below the levels of cannabis (16.6 per cent) and "ecstasy" (3.3 per cent). Cocaine tends to be abused more occasionally in the context of recreational activities and its abuse is more characteristic of younger adults. A similar pattern but with a lower prevalence seems to appear in eastern Europe.

48. Lifetime prevalence of cocaine abuse among young people (age range 13-17) in the United States (6 per cent in 1996) is high compared with other countries. Both cocaine and "crack" lifetime prevalence rates have been rising since 1991. Lifetime prevalence of cocaine for students in grade 8 was 2.3 per cent in 1991 and increased to 4.6 per cent in 1998. Among students in grade 12 the increase in the same period was from 7.8 per cent to 9.3 per cent.

49. In Latin America lifetime prevalence for cocaine among young people varies from 0.5 per cent to 3.5 per cent. The lifetime prevalence for coca paste ("basuco") is also around those values.

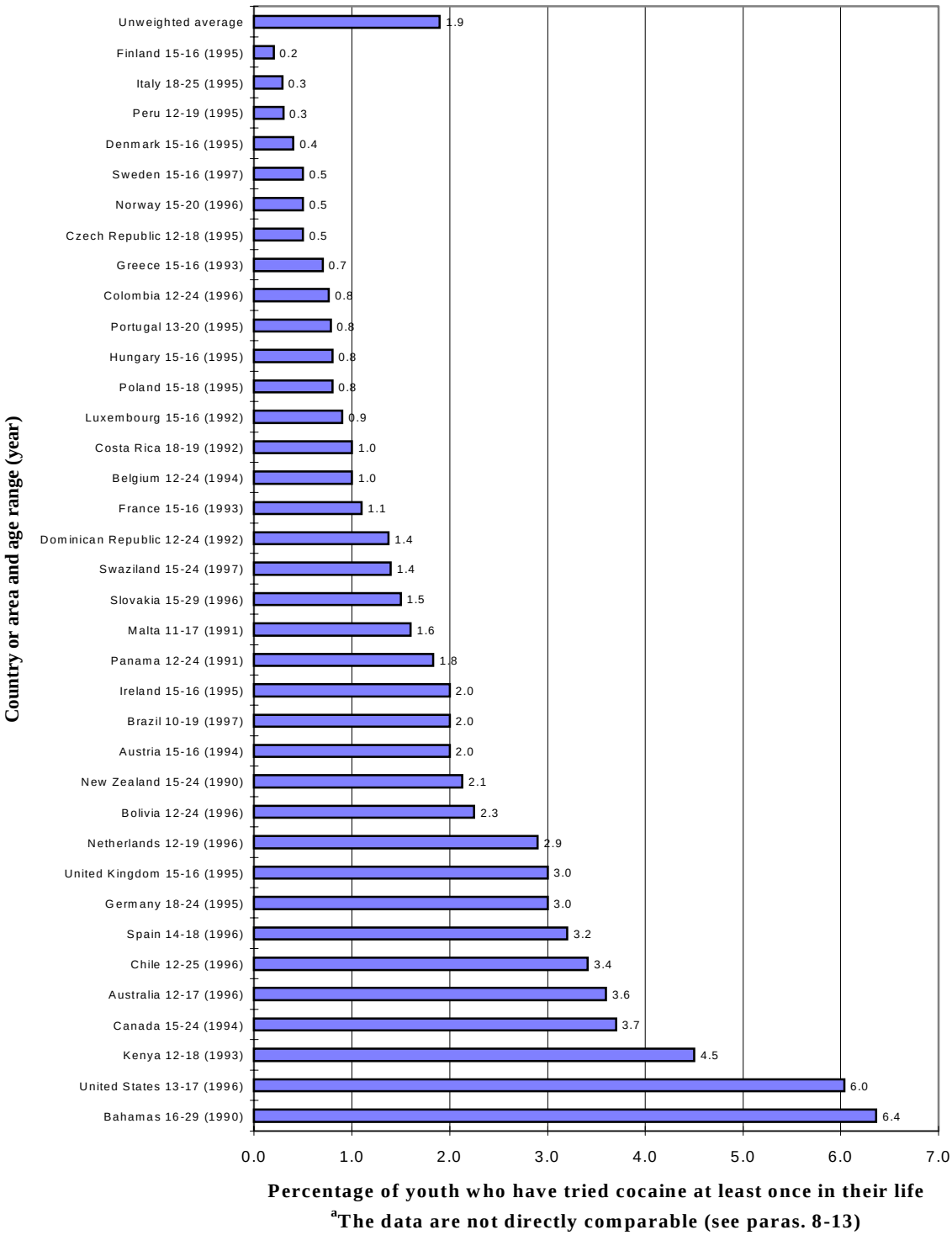
50. The few figures available for Africa (Kenya, 4.5 per cent for the age range 12-18) show lifetime prevalence somewhat higher than for Latin America. In Asia only a few countries report abuse of cocaine among youth. Lifetime prevalence is low.

Figure II. Lifetime prevalence rates of "ecstasy" abuse among youth, 1990-1997[a]



[a]The data are not directly comparable (see paras. 8-13)

Figure III. Lifetime prevalence rates of cocaine abuse among youth, 1990-1997[a]



[a]The data are not directly comparable (see paras. 8-13)

51. Apart from the lack of specific age range figures, the relatively low prevalence registered in all regions, compared with that of other substances, could be due to the fact that the abuse of cocaine seems to be more common among younger adults rather than youth. In some countries (especially in the Latin American region) coca paste is more abused by marginalized youth. In addition, the popularity of ATS among youth, probably as a result of their lower price compared with that of cocaine, may also be one of the reasons for lower rates in the abuse of cocaine.

8. Heroin

52. Heroin, like cocaine, is not the main drug of abuse among young people. The average age of heroin abusers is increasing in most countries of the world and injecting drug use, given the risk of HIV/AIDS infection, is not popular among youth. Nevertheless, there are some signs that point to the need for continuing the monitoring of heroin demand.

53. The highest lifetime prevalence rates are registered in Europe (in Denmark, Greece, Ireland and Italy the lifetime prevalence rate among 15- and 16-year-olds is 2 per cent) (see figure IV). There are some indications of an increase in heroin smoking in some countries of western Europe. Heroin injection has increased during the 1990s in eastern Europe and this trend has also touched youth. In particular, lifetime prevalence in Slovakia among 15- and 16-year-olds was reported to be 1.9 per cent, thus almost reaching the highest levels found in western Europe. In the United States, the rise in the abuse of heroin among youth, which began in the 1990s, is stabilizing.[3] There is an increase in heroin smoking among youth, however, who mistakenly believes the practice to be less addictive than injecting.

54. Generally speaking, heroin injection seems to remain the habit of marginalized groups in urban areas.

9. Inhalants

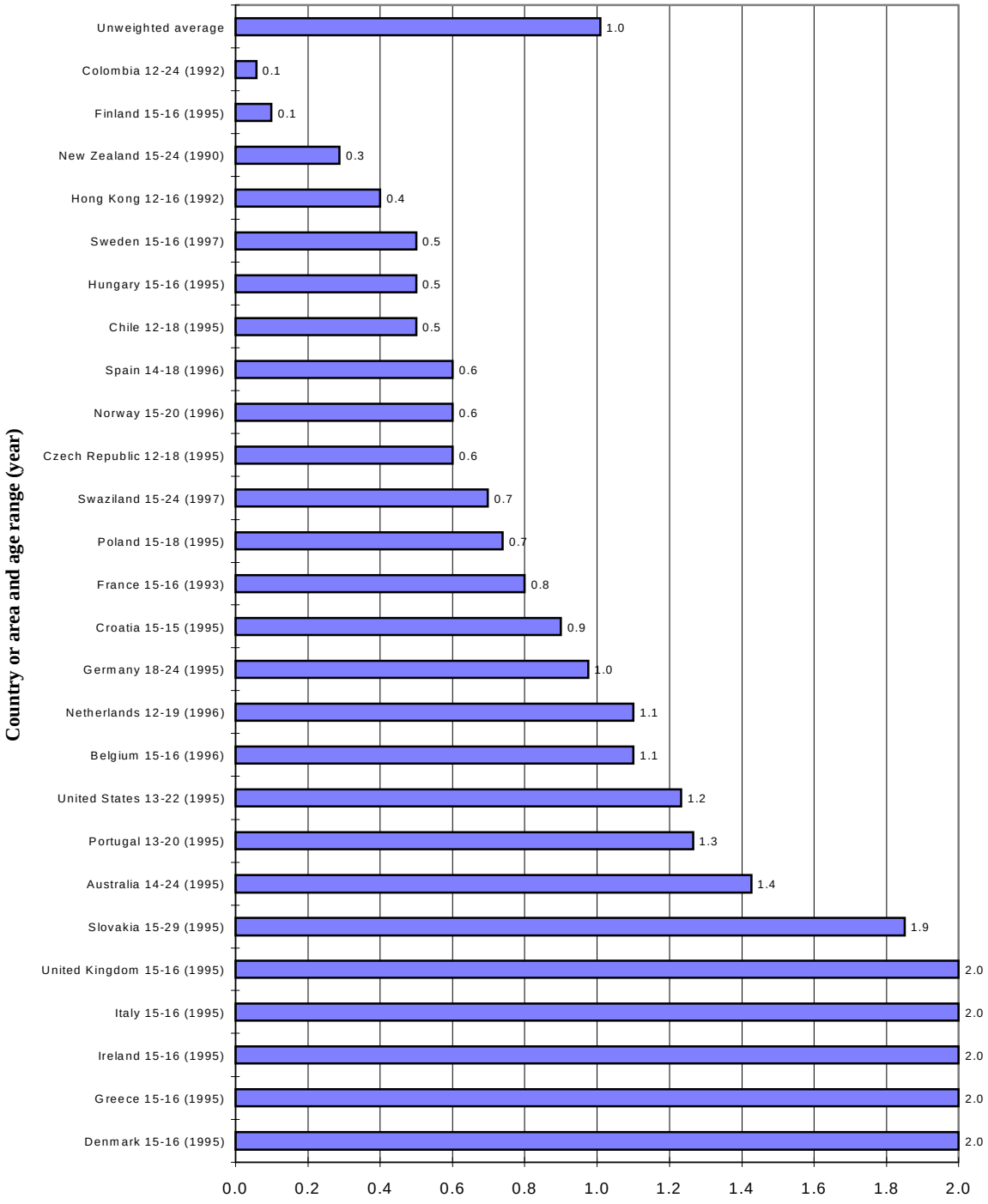
55. Although volatile substances that can be abused by inhalation are not subject to international control, their abuse is widespread among youth and is reported from every region of the world. The abuse of volatile solvents is closely linked to the abuse of illicit drugs in many ways. Given their easy availability and low price, such substances are often the first drug of choice for many young people who start abusing drugs.

56. If inhaled in sufficient quantities, many volatile substances produce effects similar to those of central nervous system depressants such as ethanol and barbiturates. Repeated abuse may also result in psychological dependence and other harmful health effects. Apart from the obvious threat to health, volatile solvent abuse could be considered to be instrumental in opening the way for the abuse of other illicit substances for many young people. It is therefore worth while considering volatile solvents abuse among youth in the context of the present report.

57. After cannabis, solvents are the most common substance abused by young people in several countries, with lifetime prevalence rates over 10 per cent in many of those countries (see figure V). Australia reports the highest lifetime prevalence rate, 25.5 per cent. Brazil, Croatia, Kenya, Lithuania, Malta, Swaziland, the United Kingdom, the United States and Zimbabwe report rates of between 10 per cent and 20 per cent. No particular regional pattern seems to emerge. Only Asian countries do not indicate prevalence of volatile substance abuse, but this may be due more to the lack of data for the age range considered in the report rather than the absence of volatile solvent abuse in that region.

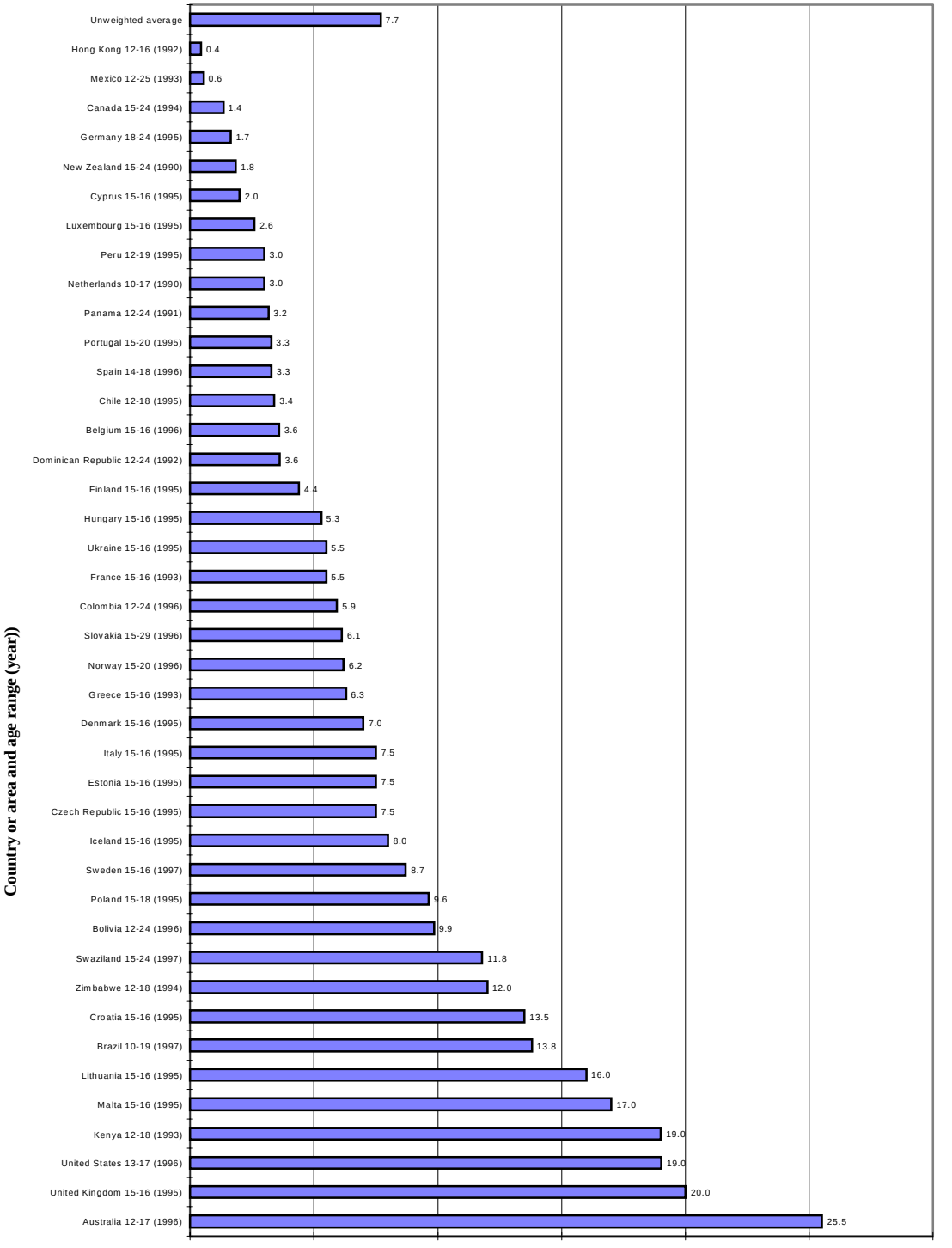
58. In summary, the data shown so far present a situation of concern in terms of the abuse of drugs among young people in almost every region of the world. Lifetime prevalence of cannabis abuse is high in many regions (the unweighted average is 13.5 per cent) and its abuse is spreading. ATS abuse is diffuse and “ecstasy” abuse, while stabilizing at a high level in some western European countries, is increasing in others and is also spreading to other regions. The unweighted average for “ecstasy” is 2.6 per cent. There are high variations in cocaine prevalence, but it is reported to be increasing again among youth in the United States. Injection of heroin is increasing among youth in eastern Europe, while there are signs of a rise in abuse of heroin by smoking (United States and western Europe). However, cocaine and heroin, with unweighted averages of 1.9 per cent and 1.0 per cent respectively, are not the main drugs of choice of youth. Inhalant abuse is common (unweighted average 7.8 per cent) and remains a serious problem for many young people.

Figure IV. Lifetime prevalence rates of heroin abuse among youth, 1990-1997[a]



[a]The data are not directly comparable (see paras. 8-13)

Figure V. Lifetime prevalence rates of inhalant abuse among youth, 1990-1997[a]



[a]The data are not directly comparable (see paras. 8-13)

B. Responses to drug abuse among youth

59. The responses of various countries to the situation described above have been different and do not always target the specific needs of young people. The main sources of information for the preparation of the present section have been the replies to section 2 of part II of the annual reports questionnaire. From 1993 to 1997, 129 countries responded to section 2, which covers education, the workplace, leisure time, community and media activities. (Some 129 out of 134 countries responded to all three sections of part II (concerned with demand reduction activities).) It must be pointed out that responses indicate only the existence or not of certain activities and do not provide information on the quality or impact of the programmes. However, the focuses of drug abuse prevention activities worldwide provide some indication as to the various trends in that area.

60. Overall, it seems that most countries have some kind of drug abuse prevention activity taking place at the various levels of the educational system. More than 70 per cent of the countries that responded have some activities during the year. The reported activities differ widely, ranging from an annual symposium on drug abuse for secondary school children to comprehensive programmes combining different approaches, including peer-led intervention and integration with other sectors of society (police, sports clubs, workplace and parents). The majority of activities are concentrated in secondary schools, and to a lesser extent in primary schools, and they tend to taper off at the higher level of education. Around 60 per cent of the countries responding reported that drug abuse prevention activities were part of the school curriculum. This suggests that while many countries are involved in prevention activities in the schools, not all of them have the resources or the resolve to carry out sustained and long-term prevention activities as part of the curriculum.

61. When asked about activities or programmes for particular target groups, over 70 per cent of the countries reported some kind of activity for the rather broad category “youth groups”. Around 40 per cent do something for street children and 36 per cent for drop-outs. Activities include lectures and seminars on drugs, the provision of shelter, the offer of alternative activities and counselling. The distribution of activities shows that there is a focus on activities for youth in general rather than for specific groups at risk. Around 45 per cent of the countries responding have some kind of leisure-time prevention activity for young people. Such activities are typically integrated efforts to inform and mobilize youth against drugs through music, drama and sports events.

62. Apart from school, the other avenue used for drug abuse prevention is the mass media. Over 70 per cent of the countries responding broadcast some kind of prevention message through the media. However, little is known about the nature and the impact of those messages and there seems to be a lack of systematic evaluation of such activities.

63. In summary, there seems to be a worldwide preference to use the school environment and the mass media to deliver drug abuse prevention messages. Fewer resources are given to leisure-time activities and other kinds of outreach interventions designed for youth groups particularly at risk. Also, the activities and programmes carried out rarely become permanent. One-time media campaigns and ad hoc prevention events in schools are quite common, but the insertion of drug abuse prevention in the school curriculum is less common.

C. What works in prevention: reviewing prevention strategies and rethinking approaches

64. The changing perception of cannabis among young people, the increasing abuse of ATS and the widespread abuse of other drugs indicate a need for innovative approaches and an adjustment of prevention strategies aimed at reducing the demand for drugs. In that connection, the guiding principle of UNDCP in the process of reviewing prevention strategies and rethinking prevention has been “listening to young people”. UNDCP took the initiative to consult a selected group of young people on their ideas and strategies to prevent drug abuse among their peers. The “For youth, by youth” Global Forum on Drug Abuse Prevention, held in Banff, Alberta, Canada, from 14 to 18 April 1998, brought together young people from 24 countries. The vision of those young people was brought to the attention of the General Assembly at its twentieth special session devoted to countering the world drug problem together. Five young delegates from the Global Forum took the floor in the Committee of the Whole of the Assembly and in a panel discussion entitled “Children, Young People and Drugs”. They also presented “The Vision from Banff” to the Secretary-General of the United Nations.

65. No particular approach or strategy has been proved through rigorous scientific study to be consistently effective over the long term in reducing drug abuse. Scientific evaluation of prevention programmes is difficult because of the multiple factors influencing drug abuse. However, there

is some consensus among experts, practitioners and youth themselves on what kinds of elements need to be taken into consideration when designing prevention programmes for youth:

(a) Youth are not homogeneous 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;

(b) 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;

(c) 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;

(d) 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;

(e) 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;

(f) There is an 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 case even encourage risky behaviours;

(g) 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;

(h) Substance abuse behaviours usually change very slowly. Thus prevention programmes need to be sustained over a long period of time to be effective.

Notes

[1] "Youth" is defined by the United Nations as reflecting the age group 15-24 years. The World Health Organization (WHO) considers adolescence the period between 10 and 19 years and the term "young people" refers to the composite age group 10-24 years. These definitions are based on a certain consensus about the factors (biological, social and cultural) that define youth worldwide. However, it should be noted that the notion of youth may vary considerably across countries in accordance to the socio-economic-cultural context. The social and cultural entry into adult life may correspond to the economic autonomy of the person, the establishment of a family or participation in a certain ritual.

[2] See World Health Organization, *The Rapid Assessment and Response Guide on Psychoactive Substance Use and Especially Vulnerable Young People* (Geneva, World Health Organization, 1998).

[3] See L. D. Johnston, P. M. O'Mallay and J. G. Bachman, *National Survey Results on Drug Abuse from the Monitoring The Future Study, 1975-1998*, vol. I: *Secondary School Students* (Rockville, Maryland, United States of America, in preparation).

[4] See European Monitoring Centre for Drugs and Drug Addiction, *1998 Annual Report on the State of the Drugs Problem in the European Union* (Luxembourg Office for Official Publications of the European Communities, 1998).

[5] See Björn Hibell and others, *The 1995 ESPAD Report: Alcohol and Other Drug Use Among Students in 26 European Countries* (Stockholm, Swedish Council for Information on Alcohol and Other Drugs (CAN) and the Pompidou Group, 1997).

[6] World Health Organization, *Cannabis: a health perspective and research agenda* (Geneva, World Health Organization, 1997).

[7] United Nations International Drug Control Programme, *World Drug Report* (Oxford, Oxford University Press, 1997).

[8] See United Nations International Drug Control Programme, *Amphetamine-Type Stimulants: A Global Review* (Vienna, 1996), UNDCP Technical Series No. 3.