

FOR A 21ST CENTURY FREE OF DRUGS

POUR UN 21^e SIÈCLE LIBÉRÉ DES DROGUES

من أجل عالم متحرر من المخدرات في القرن الحادي والعشرين

ЗА XXI ВЕК СВОБОДНЫЙ ОТ НАРКОТИКОВ

POR UN SIGLO XXI LIBRE DE DROGAS

争取实现二十一世纪无毒品

CAMPAIGN ORGANIZED BY



UNITED NATIONS
EDUCATIONAL, SCIENTIFIC
AND CULTURAL ORGANIZATION



UNITED NATIONS
INTERNATIONAL DRUG CONTROL
PROGRAMME





UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION

FOR A 21ST CENTURY FREE OF DRUGS

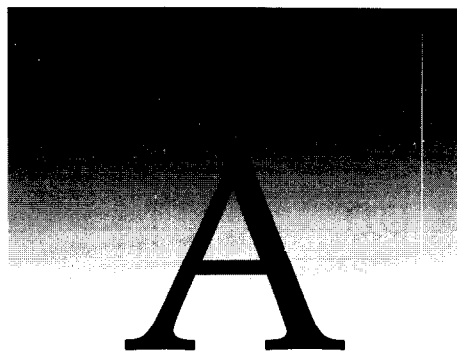
*Young people from all over the world
are mobilizing*



Table of contents

 INTERNATIONAL YOUTH MEETING	1
I. Introduction	2
II. Opening	3
III. Researchers' papers	5
• Laurent Laniel: <i>The impact of globalization on drugs: the example of Africa</i>	6
• Mario Pecheny: <i>Drug taking, discrimination and AIDS prevention, with reference to Argentina</i>	10
• Nacer Lalam: <i>Local drug markets: the case of disadvantaged neighbourhoods (France)</i>	13
IV. Young people speak out	16
• In plenary session	16
• In groups	16
V. Closure	19
 LOCAL SITUATIONS AND EDUCATION TO PREVENT DRUG ABUSE	21
I. Overview of preventive education projects	22
II. Monographs	25
 NAMES AND ADDRESSES OF THE YOUNG PARTICIPANTS AND THEIR RESPECTIVE NGOs	83
 SIGNATURES TO THE CHARTER	91
 ANNEXES	95
I. Youth Charter for a Twenty-First Century Free of Drugs	96
II. « Free of drugs »	99
III. Questionnaire sent to the young people	102
IV. Article from the <i>Peddro</i> newsletter	107





INTERNATIONAL YOUTH MEETING



I Introduction

An international meeting organized on the initiative of UNESCO and the United Nations International Drug Control Programme (UNDCP) in collaboration with Environnement Sans Frontière was held on 9 and 10 February 1998 in Paris at UNESCO Headquarters. Young people selected from 25 countries met to share their experiences of drug prevention with a large audience from institutions and NGOs active in this field.

The event was structured around the Charter For a Twenty-First Century Free of Drugs, drawn up on the basis of contributions from thousands of young people as the first phase of an international campaign.

The campaign set out, first and foremost, to listen to what young people had to say and to call upon adults so as to generate real synergy in the planning and organization of innovative preventive education projects that would be better geared to the various groups that they addressed.

With future prevention in mind, the campaign organizers sought to highlight the need to work together, and for young people and adults to share their experiences.

The Charter was submitted and made available for signature on 14 and 18 April 1998 during the Vision from Banff conference (Alberta, Canada) organized by the UNDCP.

In June 1998, in New York, during the extraordinary session of the United Nations General Assembly on the world drug problem, the Youth Charter for a Twenty-First Century Free of Drugs was presented to the Secretary-General of the United Nations by a girl from UNESCO's Associated Schools system, who had helped draw up the Charter. Mr Kofi Annan has since forwarded the Charter to all Heads of State and Government with a view to world mobilization.

Taking account of the wide range of the contributions made during these meetings, this report also stresses the young people's experiences at grassroots level. The report first sets out a number of issues connected with the development of drug trafficking, and drug use and abuse in the world, and goes on to describe the various measures that should be taken: mobilization of political authorities and civil society, education and prevention for young people, with special attention to community projects, especially those undertaken by "peers", i.e. young people themselves.

On the first day of the international meeting, 9 February 1998, addresses were delivered by Mr Federico Mayor, Director-General of UNESCO, Mr Pino Arlacchi, Executive Director of the UNDCP, Mr René Lenoir and Mr Eric de

Romain, representatives of the NGO Environnement Sans Frontière, papers were read by researchers and some of the young participants spoke about their experiences. 10 February was devoted to an exchange of views among the young people. The day was organized according to language group, took place in private and gave rise to particularly interesting methodological and cultural contrasts.

The monographs in the second part of the report were written on the basis of a questionnaire (see annex) filled in by the young participants after the international meeting. They reflect the image young people have of drug-related problems in their countries and the types of projects they have chosen to combat them.

Six types of preventive action can be identified in the accounts of the young people invited to attend the meeting:

- prevention directed towards the individual: "strengthening young people's personal defences";
- prevention directed towards improving the environment: "reducing risk factors";
- prevention directed towards collective mobilization: "involving the various actors in a common approach";
- peer prevention: "contact groups, volunteers";
- comprehensive prevention: "health education";
- preventive education at school.



II Opening

The Youth Charter

In order to involve young people from all regions of the world in combating drugs, they had to be given a chance to state their opinions and make recommendations on the subject. Their participation could take the form of written contributions, oral accounts and pictures. Calls for contributions were therefore made through the main UNESCO networks, including UNESCO Associated Schools, UNESCO Clubs and the PEDDRO network. The NGO Environnement Sans Frontière, which was directly involved in the Youth Charter project, also relayed the call for contributions through its various NGO networks.

Thousands of young people between the ages of 9 and 25 from more than 80 countries sent in contributions, which are reflected in the Youth Charter for a Twenty-First Century Free of Drugs (see annex) which was presented for the first time at UNESCO by two young participants during the international youth meeting.

As Mr Eric de Romain, Executive Director of the NGO Environnement Sans Frontière, emphasized, the Charter has several functions: "it sets out a number of observations, rights and commitments which express the positions most frequently expressed by the young people consulted in the 80 countries".

René Lenoir, a member of the Board of Environnement Sans Frontière, former Minister of Social Affairs, explained what he saw as its essential value: "at once providing everyone with food for thought and a reference text for preventive action both public and private...".

Mr Federico Mayor, Director-General of UNESCO, gave it not only an ethical and educational, but also a political and pragmatic, dimension: "This message ... enshrined in the Youth Charter for a Twenty-First Century Free of Drugs on which you have been working with thousands of other young people (...) will be your contribution to the special session of the United Nations General Assembly on drugs (...) in New York in June".

The central purpose of the document is to be a teaching aid in preventive work, and to be used by young people and workers at grassroots level to draw up proposals and actions, stimulate discussion – in short, to make young people aware of drug-related problems and enable them to confront them in a spirit of solidarity.

Giving the floor to young people

"This House, a symbol of peace and tolerance, is yours. This meeting is also yours, since it was convened by UNESCO and the UNDCP in order to listen to you, to learn what you have done in practical terms to combat drugs through education and prevention, and to make your activities more widely known so that other young people throughout the world may follow your example. (...) We want you to proclaim your message here. This message is enshrined in the Youth Charter for a Twenty-First Century Free of Drugs. (...) We also have much to learn from your experience, from your encounters with everyday life, the life of your communities and your peers ..."

It was in these terms that Mr Federico Mayor opened the meeting, thus strongly underlining the exceptional, proactive nature of the event in implementing young people's right to be involved in their own future. For the first time, young people not only formed the majority of guests and speakers, but were also involved as decisive participants in the work of the meeting. In order to symbolize this, the meeting took place in the official conference room of the Executive Board of UNESCO because, as Mr Eric de Romain, representative of the NGO Environnement Sans Frontière, later stressed: "young people are not silent witnesses of social problems such as drugs".

... from both North and South

Mr Federico Mayor also emphasized that: "Like war, [drugs] kill; they kill every day in North and South alike (...) Who are the principal victims? They are young people, the adults of tomorrow, who are our most precious asset. It is therefore the very future of our societies that is at risk".

Speaking as a biochemist of the brain as well as in his capacity as Director-General of UNESCO, Mr Mayor added that drugs were a danger to both the individual and society since they threatened social structures and were instrumental in destroying the cerebral receptors of the human brain.

Mr René Lenoir, of the NGO Environnement Sans Frontière, said there were 690 days before the beginning of the twenty-first century: "the young generations of today will be the actors and decision-makers of tomorrow. For



themselves and for future generations throughout the world they have decided to mobilize 'For a Twenty-First Century Free of Drugs'. They know the burden is heavy, but with the help of international organizations like UNESCO and the UNDCP and associations like Environnement Sans Frontière, they have chosen to work to make the twenty-first century a century more free of drugs than the twentieth has been".

Combating drug trafficking and building peace

The fight against drug trafficking and peace-building are part of the same struggle.

Thus, Mr Federico Mayor noted how "every year, billions of dollars from the drug traffic are laundered and invested in organized crime or armed conflict, thus sustaining the spiral of human misery. (...) the drug problem has grown worse over the last 10 years with the liberalization of trade, the increasing interdependence of the world economy, the lack of an ethical framework, especially for financial transactions, and the marketing of new synthetic drugs. We are guided by the market and not by principles. (...) Every time a young person takes to drugs, it means that society, religion and the State have failed; we have failed because we have not had the courage to cut back on the machinery of war in order to strengthen the defences of peace... (...) A new ethic must take the place of blind market forces, which are already demonstrating their criminal nature in social, human and cultural affairs".

Mr Pino Arlacchi, Executive Director of the UNDCP, stressed the importance of the meeting, which was proof of the involvement of civil society in the fight against drugs: "This is an important event. It is the first time that young people from every part of the world have met to express their commitment to drug control, and show they do not need drugs to be happy; they do not need drugs to be strong and 'cool'".

Political mobilization first

Mr Federico Mayor added that "This disastrous trend obliges us to fight back even harder. We need to understand the reason for our failures so that we can develop a coherent overall strategy. We must identify the underlying causes of the demand for drugs. (...) We must mobilize legislators first and persuade them to invest and take political decisions..."

Mobilization of civil society, the media and communities combining drug prevention and solidarity with users

Mr Pino Arlacchi emphasized the essential role of civil society in prevention and helping drug users: "Civil society, parliamentarians, non-governmental organizations, the private sector, young people's organizations, the family, individuals directly affected by drug abuse ... are the main players in drug prevention, treatment and rehabilitation, and are an integral part of our fight".

Mr Federico Mayor also called upon the media and stressed their role here: "The media must also help us. It is not enough simply to describe what is happening: they must help us anticipate it and avoid it".

With a view to comprehensive prevention, it is particularly important to implement projects likely to foster tolerance for, and solidarity with, those who take no part in this work.

Among a number of measures taken by the UNDCP specifically for young people, Mr Pino Arlacchi stressed the need to promote sporting activities: "The UNDCP has launched a world campaign *Sport against Drugs*, to promote a healthy, drug-free life. The goal of the campaign is to use sport to prevent drug abuse. It is backed by some 600 Olympic athletes and sports personalities from 121 countries and territories".

Mr Mayor also stressed the need to invest "in the education of young people, prevention work and sporting activities. This means we must invest in (...) the defence of health, harmony and life".

The question of groups at risk was also mentioned: young people living in situations of hardship, street children, intravenous drug users, women in shanty towns, etc.

For example, Mr Pino Arlacchi said that in Colombia: "the UNDCP is supporting prevention programmes for young people by establishing 21 centres [for them], leisure and employment programmes for 10,000 young people and the introduction of 333 community workers".

Supporting peer prevention projects, Mr Pino Arlacchi told the participants: "You have a duty to pass on the message to your friends and other young people that a healthy way of life is a worthwhile way of life. This is your mission. You are in the best position to influence your generation to make choices that will have an impact, not only on their personal situation, but also on the well-being of their families and society. It is a challenge for us all ...".



III Researchers' papers

On the basis of case studies in various continents, and according to different approaches (micro/macro/economic, sociological, etc.), three researchers gave an overview of situations created by drug trafficking and abuse:

- LAURENT LANIEL
of the Observatoire Géopolitique des Drogues (OGD),
- MARIO PECHENY
of the Gino Germani Institute
(University of Buenos Aires, National Council for Scientific and Technological Research)
- NACER LALAM
of the Centre International de Recherche sur l'Environnement et le Développement
(U.A. CNRS No. 940 – École des Hautes Études en Sciences Sociales)



The impact of globalization on drugs: the example of Africa

LAURENT LANIEL

Geopolitical Drug Watch

It may seem paradoxical to take Africa as an example of the current process of globalization. According to the "Afropessimism" prevalent in the West, sub-Saharan Africa is regarded as more or less isolated from developments in the rest of the world. At best, it is regarded as a distant suburb of the "global village" to which Mr Arlacchi referred in his opening speech to this conference. World trade, that is, legal trade to which Africa makes only a minimal contribution, is often cited as evidence of this. In short, the view is that because Africa has many problems, it takes little or no part in globalization.

But if one looks at drugs,¹ which are now without any doubt one of the most globalized socio-economic and health problems, one sees that this perception is false. Africa is a perfect illustration of the processes which have led a continent, where very serious poverty prevails and which is supposed to be 'lagging behind' the rest of the world, to become an important player on the planetary drug scene.

I will attempt to illustrate this point by looking briefly at three aspects of drugs in Africa:

- the cultivation of drug-producing plants;
- drug trafficking and laundering of drug money;
- drug taking.

Cultivation

The only widespread illegal drug in Africa is cannabis. It is from this plant, known since Antiquity in Eurasia and Egypt² for its psychotropic³ properties, that marijuana and hashish are obtained, the two substances whose use and abuse are most widespread and globalized on the eve of the twenty-first century. Three major historical periods of cannabis distribution in Africa can be identified. This history reminds us that globalization is not a new phenomenon: it did not begin in the twentieth century, but long before.

- (a) Cannabis was probably first introduced into sub-Saharan Africa by Arab trading-posts on the East coast of Africa (the coasts of present-day Somalia, Kenya and the United Republic of Tanzania) from the thirteenth century onwards.
- (b) It was in the mid-twentieth century that the second phase of cannabis cultivation and use began. Cannabis seems to have arrived on the West coast of Africa only around 1945 as a result of the Second World War. Present knowledge suggests that it was introduced into

West Africa, at least in the coastal and forested regions, by Ghanaian and Nigerian soldiers who had served in the British army in Burma and whose non-operational base was India.⁴

- (c) This brings us to the last phase in the development of cannabis in Africa: the present period, which began in the mid 1980s. At that time, cannabis was probably already cultivated in all African countries, but the middle of the last decade marks the beginning of a substantial development in its cultivation and use throughout the continent. According to a number of OGD studies in West Africa, one of the main factors in the spread of cannabis cultivation in West Africa was the "debt crisis" of 1980-1990 and the structural adjustment programmes (SAPs) officially put in place to remedy it.

In a context of very high indebtedness of Third World countries in general, and of Africa in particular, the SAPs favoured reforms undertaken, *inter alia*, to "open up" economies, promote agriculture and reduce State intervention in economic life. In exchange for implementing such reforms, countries received IMF loans and funding from the World Bank.

With respect to cannabis cultivation, by ending various subsidies and mechanisms to control the prices of agricultural products, both food (rice) and commercial (groundnuts, cocoa, coffee, etc.), and opening African markets to the importation of foodstuffs generally cheaper than those produced locally, the SAPs have been a major cause of the veritable boom in commercial cannabis cultivation in Africa since the mid-1980s.

In Côte d'Ivoire, for example, the abolition of various types of subsidies, loans and guarantees to producers of cocoa at the end of the 1980s, at the same time as a number of ecological factors resulting from the exhausting of forest reserves, made cocoa farmers far more vulnerable to price fluctuations on world markets. So a farmer who sold his cocoa for 400 CFA francs in 1987, received only 200 CFA francs in 1990.⁵

In order to try to maintain their income, or simply not sink into poverty, many farmers in Côte d'Ivoire (and, during the same period, cocoa and coffee farmers in Ghana, Nigeria and Togo, rice farmers in Guinea, groundnut and cocoa farmers in Senegal) started growing cannabis. Because it is illegal, cannabis is far more profitable than cocoa and the price scarcely fluctuates.



Moreover, some traffickers do not hesitate to provide seed and even give credits to farmers by advancing cash to enable them to start to cultivate it. Let us remember that the SAPs put an end to credits for the production of legal, state-subsidized agricultural foodstuffs. Cannabis is also far easier and cheaper to grow than almost all other commercial plants: it requires far less labour and land and is far more profitable. A study conducted by the OGD in the cocoa-growing region of south-west Côte d'Ivoire in 1995 showed that the harvest of 0.1 hectares of cannabis brought in as much as about 30 hectares of cocoa. Cannabis is therefore 300 to 400 times as profitable as cocoa. So, in a sense, cannabis cultivation has replaced subsidy and price control mechanisms for legal crops in many West African countries. Thus a proportion of African exports of agricultural products that is difficult to quantify is in a sense subsidized by cannabis, which therefore contributes to the repayment of the debt of many African countries.⁶

Trafficking and laundering

Like cannabis production, trafficking in various drugs (principally marijuana, heroin and cocaine) and money-laundering have increased greatly in Africa over the last 15 years. Here, too, SAPs are partly responsible. Three main consequences of SAPs for the development of trafficking in hard drugs can be identified.

The massive redundancies in the civil service imposed on many African countries by SAPs were seldom matched by corresponding measures to give jobs to former, "slimmed down" civil servants. Some of the "déflâtés" (deflated ones), as civil servants who have lost their jobs as a result of SAPs are called in French-speaking Africa, went into drug-trafficking to survive, especially those who still had contacts in government. The government departments which often used to be the principal employers of young Africans are no longer able to recruit them. The thousands of young people leaving African universities every year (for the minority who have the opportunity of going in the first place) often find themselves unemployed and with no job prospects. Some turn to drug trafficking, one of the few buoyant sectors in their countries. Many of them also become hard drug users.

The "informal sector" which trades in all sorts of products, both between African countries and between Africa and Asia or Latin America (because, at the same time, severe visa restrictions have made it far more difficult for Africans to travel to Europe and North America), has been booming. Some smuggling networks set up to avoid paying customs duties or being too heavily subjected to rake-offs by unscrupulous civil servants (a practice almost universal in Africa) are used by drug traffickers. Of the smuggling networks of legal products most obviously implicated in drug trafficking (both cannabis and hard drugs), are coffee/cocoa between Côte d'Ivoire, Ghana and Togo and probably Europe (cannabis); the spare parts trade between Brazil, Argentina and Africa; electronic goods and

clothing between Thailand and the Middle East (Dubai) and Africa; the diamond smuggling network between southern and central Africa (Angola, South Africa, Democratic Republic of the Congo), Brazil, the Near East (Israel and Lebanon), Europe (Belgium) and the United States (New York); the gold networks between East Africa (Burundi, United Republic of Tanzania, Kenya) and India, etc.

By considerably reducing customs duties on both imports and exports, liberalizing trade, introducing greater transparency in public accounts, privatizing State-owned enterprises - in short, by reducing the opportunities for illegal rake-offs by politicians and senior civil servants on legal trade and financial flows, SAPs also reduced the incomes of part of the African ruling classes. In a bid to maintain their incomes, some did not hesitate to become involved in illegal drug trafficking. But, here again, Africa is not an exception - on the contrary, it is part of a worldwide phenomenon.

All this has been made possible by the general development of global communications.

For example, the development of air and sea traffic between Africa and the rest of the world, express courier services, and bus and taxi lines within Africa itself, have been used by African and foreign dealers operating in Africa. Some dealers also own air or shipping lines, and they very often own a fleet of collective taxis or buses.

Two major basic axes of the transit of international drug trafficking through Africa can be identified. The decisive factor is Africa's geographical position between Latin America, which produces coca and exports cocaine, and Asia, which produces opium and exports heroin and hashish.

Recent raids by police in Togo (summer 1997 and January 1998) suggest that this geographical orientation may be undergoing an important change as a result of the increased globalization of drugs. Nigerian traffickers coming from Asia were arrested in possession of quite large quantities of cocaine in Lomé, the capital of Togo. This was something new, as cocaine had previously been imported into Africa almost exclusively from Latin America, not Asia. It therefore seems that Asian suppliers of hashish, and above all heroin, have added cocaine to the range of drugs they offer their African clients.

The globalization of finance, based on the existence of tax havens, combined with the use of computer networks which make it possible to transfer capital from one part of the world to another in a few seconds, has made money laundering and the investment of drug money (and money from every other illegal activity, including those peculiar to the wealthier societies in the world, viz. tax evasion), far easier, including for African dealers.

Southern Africa, particularly South Africa because of its "modern" banking and financial sector, is now certainly one of the world centres of money laundering. The development of the tourist industry, which is both a factor in, and a result of, globalization, is often financed in Africa (and elsewhere) by dubious, or actually criminal, capital.



Some specialists are even seriously wondering whether laundering and macro-investment are not becoming the main channels through which Africa is being absorbed into international financial networks.

Drug use

Partly because of the increase in production and trafficking, there has been a sharp increase in drug taking in Africa since the early 1980s. I should point out that this increase, like all drug-related phenomena in Africa, is not quantifiable, as there are few state or private organizations which have been compiling sufficiently reliable statistics for long enough. I am therefore basing my argument on interviews with specialists on drugs (the authorities, NGOs, doctors, drug addicts, peddlers, etc.) conducted in Africa by the OGD. All agree that there has been an increase in the number of African drug users. Restricting myself to the most common substances (i.e. the most globalized), cannabis and heroin, I will put forward a number of hypotheses to explain the increase in drug taking in Africa.

A large proportion of African cannabis users take the drug as a stimulant, a substance which they say helps them "work harder" in the difficult working conditions (in Europe they would be described as unacceptable) usual for most Africans: long days of 10 to 12 hours or more, extreme heat and often high humidity; disturbed rest (overcrowded housing), often inadequate food (one meal a day, little or no meat), etc.

Cannabis use in underprivileged sections of African societies is described as "utilitarian".⁷ In West Africa, for example, we have seen that production has increased, so

cannabis is widely available on markets and extremely easy to obtain. At the same time, the living conditions of most people have deteriorated considerably since 1980 and people have to work harder simply to survive, partly because of the debt crisis and structural adjustment; There has therefore been an increase in the number of people smoking cannabis, especially as marijuana is one of the few (almost) common consumer products whose price has not increased on African markets in recent years.

According to a recent OGD study in Togo and Côte d'Ivoire, heroin and cocaine (especially crack) are used more to relax than to work. Young unemployed people are taking drugs and this is resulting in an increase in crime (burglaries, car thefts, petty fraud, etc.) and in prostitution, mainly, but not exclusively, among girls and street children. A large proportion of African prostitutes, at least in West Africa, smoke crack and sometimes heroin (the two drugs are often associated); for most of them, marijuana is utilitarian (taken to give themselves courage before "serving" their clients). However, drug taking is not limited to the unemployed, offenders and prostitutes. The "ghettos" (places where drugs are sold and taken) of Abidjan and Lomé, for example, are also frequented by minor civil servants (who sometimes go there in uniform), craftworkers, labourers, teachers, etc. In short, people with steady jobs. According to some medical specialists, the spread of drug taking in Africa is mainly due to European users (Germans, French, British and Dutch) who initiated Africans. Furthermore, the closure of European borders to Africans (see above) has led to the repatriation of many students who learned to use these drugs in Europe. Middle and high school pupils and, above all, students, also take hard drugs.

Notes

1. I use the term "drugs" to include all facets of the "total" phenomenon which affects the economy, politics, society and culture.
2. For a detailed, illustrated account of the history of cannabis in the world, see OGD (1996) *Atlas mondial des drogues*, PUF, pp. 10-16.
3. "Psychotropic" means "mind-altering".
4. Borrofica, A. (1966), "Mental Illness and Indian Hemp in Lagos, Nigeria" in *East African Medical Journal*, 43, p. 379.
5. OGD (1996), p. 112.
6. For further details of the various aspects of cannabis production in West Africa, see the articles on Côte d'Ivoire, Ghana and Senegal

in OGD (1997), *The World Geopolitics of Drugs 1995/1996*, Annual Report of OGD, distributed free of charge on the Internet server: <http://www.ogd.org> from 25 September 1997.

7. Laniel L., "Marché local de la consommation et développement des cultures illicites de cannabis au Ghana", *The Situation of Drugs in Sub-Saharan Africa: Production, Trafficking and Consumption*, International seminar organized by the OGD at UNESCO, Paris, 1-3 April 1997.
8. The customs and police departments responsible for preventing the arrival of drugs on consumer markets are generally under-equipped and under-paid (which makes it easier to corrupt them) and very ineffectual. But in comparison with prevention and treatment facilities, they seem to be a little better off.



For example, at the University of Lomé in Togo, 5% of students interviewed by a Togolese psychiatrist for a study admitted injecting heroin. The university has about 16,000 students, of whom nearly 800 inject heroin, if the figures of this study are extended to the student body as a whole.

It will be seen that Africa is fully integrated in the world development of drug abuse and even that it is a market whose size is still difficult to estimate, but one that dealers regard as worthy of their attention, since it is altogether profitable. This development is extremely worrying as African societies seem at present very ill-equipped to control it. To mention only prevention and rehabilitation facilities,⁸ it is no exaggeration to describe the situation as catastrophic. Even in South Africa, a relatively better equipped country, existing facilities, both public and private, are wholly inadequate. All the studies the OGD and other bodies, such as the UNDCP, have conducted in Africa, have highlighted the existence of good intentions and positive initiatives, but side by side with an indulgence and lack of resources that considerably reduce their impact. Voluntary bodies do not usually find the resources to finance their preventive activities and, when

they do, the funds are often cut after a few years. Very often, at the instigation of SAPs, public hospitals have introduced charges, without thereby guaranteeing the availability of medicines or adequate equipment.

This paper has tried to show that the development of drugs in Africa is the result of factors connected with the worldwide imposition of a single socio-economic model, "neo-liberalism" being embodied in Africa by structural adjustment. One of the major effects of the now hegemonic neo-liberal model will have been to increase enormously the profit margins of companies present on world markets or that figure among the leading organizations involved in the drug trade and laundering the money derived from it. In the area that concerns us here, it has resulted in the multiplication of situations in which drugs appear to be necessary, or at least very tempting, in view of the emergence of living and production conditions very unfavourable to huge sections of society. In Africa there is an emergency.

(Summary of the paper read at the meeting at UNESCO Headquarters, Paris, 9 February 1998)



Drug taking, discrimination and AIDS prevention, with reference to Argentina

MARIO PECHENY

Institut Gino Germani – University of Buenos Aires
National Council for Scientific and Technological Research

The illegal substances used in Argentina are marijuana and cocaine. The use of other drugs such as heroin and LSD is almost negligible. The possession of illegal drugs, even for personal use, is punishable by law. There is a stigma attached to drug taking in many circles, so drug-users are potentially subject to dual ostracism: they are outside the law and in opposition to prevailing social values.

Furthermore, drug taking is affected by pathologies which are not directly linked to drugs but to a particular type of absorption: intravenous injection, which very often involves sharing syringes and needles. This explains the high level of illnesses transmitted by blood, such as HIV infection and Hepatitis B and C among people injecting drugs.

The central idea of this study is to show that the combination of discrimination or social exclusion and risks associated with injecting drugs causes a situation that favours the growth of the AIDS epidemic. Consequently, only campaigns that seek to reduce both high-risk behaviours and social exclusion will have any success in stemming the epidemic which is still spreading with extraordinary speed.

According to the Pan-American Health Organization (PAHO), Argentina is ranked third with respect to the number of cases of AIDS in Latin America, after Brazil and Mexico. In November 1997, the total number of AIDS cases in Argentina was 11,509. This figure has to be corrected to take account of the latest data – the Programme estimates the number to be 13,509 – and to this must be added unregistered cases. The 1996 figures are 19% higher than those for 1995, and the last three years (1994-1996) account for 61% of cases, which indicates that the illness is spreading.

The AIDS epidemic and drug taking

As with other illegal practices – abortion, for example – there are no reliable figures in Argentina for the prevalence of practices punishable by law which are undertaken in private. Another, not inconsiderable, difficulty is added to this: the figures quoted seldom specify categories of users (sporadic or regular users, confirmed addicts), drugs, frequency, modes of use or the social circles and types of population involved. The available data come from the police and institutions giving treatment. The population that does not come into contact with these institutions is not therefore registered (Aureano, 1997).

The Secretariat for the Prevention of Addiction (SEDONAR) gives the following data: of 932 patients treated

in 1996, 266 (28.5%) showed signs of disease; 119 (12.8% of the total) were infected with HIV (Kalina, 1997). Other partial studies also show very high HIV-positive rates among intravenous drug-users and their sexual partners (Cahn *et al.*, 1996).

The terms “innocence” and “guilt” should not be used in relation to health and illness. Nevertheless, AIDS is a health problem with strong moral connotations: in the mind of society there is a distinction between the “innocent” patients (children, and people who have received blood transfusions) and “guilty” patients, who “had it coming to them” (people infected sexually or by sharing syringes).

Given the confusion between the realm of health and the socio-moral (even criminal) order, AIDS is both a public health problem and a human rights issue. Studies of AIDS in various parts of the world have shown to what extent people living with HIV/AIDS lose their rights or the possibility of exercising them because of their status as HIV-positive: the right to work, social protection, health and dignity.

“Drug addicts” experience the same thing. According to Guillermo Aureano, Argentinian law is ambiguous: when someone is arrested in possession of illegal drugs, even a small quantity for personal use, the law permits the person who admits that he or she is a drug addict or has problems with drugs, temporarily to avoid prison by opting for an alternative. What parliamentarians did not see in this situation was that obliging someone to wear a label – a label with a stigma attached to it – has terrible consequences on the individual’s life. The fact that the person has to carry a label with a stigma attached to it and admit he is a drug addict, not only to various criminal authorities, but also in the family and workplace, is a very powerful, decisive experience for the individual (Aureano, 1997, p. 42).

The stigmatization of drug taking is sometimes accepted by users themselves. In a survey of drug-users in three specialized centres in Buenos Aires, those questioned said that they had experienced strong social rejection of drug-users and strong prejudice against the physical appearance associated with drug taking (Kornblit *et al.*, 1992, p. 39). According to a survey of 1600 people in four Argentinian towns about AIDS, the population “ranked intravenous drug-users first with respect to spreading the AIDS virus” (Kornblit *et al.*, 1992, p. 85). Furthermore, 70% of 400 intravenous drug-users agreed “they were the main group responsible for spreading the HIV virus” (Kornblit *et al.*, 1992, p. 86). We see here how society and even the stigmatized groups introduce



epidemiological data on a pre-existing interpretative grid which morally condemns drug taking and defines it as dangerous for the social order.

In short, for a large part of Argentine society, AIDS and drug use are factors in stigmatization and social discrimination. To the suffering connected with the pathology (in the case of AIDS) and the undesirable consequences of drug abuse, is added further, perhaps unbearable, suffering as a result of social exclusion.

Discrimination and exclusion: risk factors

Discrimination and exclusion are factors which increase the probability of individuals behaving in a way dangerous for their own and other people's health. Four hundred intravenous drug-users in four Argentinian towns were interviewed (Kornblit *et al.* 1997, pp. 85-104). Eighty per cent of them said they shared or had shared syringes, and 94% knew that there was a high or very high risk of contracting HIV in this way. Of these, 42% said they regularly shared injection equipment (72% with friends, 38% with acquaintances and 22% with their partner); 60% had on occasion done nothing to disinfect needles and syringes; of the remaining 40%, half washed them with water, 28% with alcohol and only 1% with chlorine.

When exchanging syringes, 42% did not think of the risk of "catching" HIV and 35% thought the risk was minimal; only 23% thought the risk was high. There is therefore a gulf between knowledge and concern in the abstract, and actually taking precautions, i.e. in situations of risk. The reasons mentioned for multiple use of syringes:

- (a) priority given to taking drugs over the risk of infection: "it's easier to share than to go out to buy them";
- (b) difficulty of obtaining syringes: "You walk round in circles and can't make up your mind to go to the chemist's"; "I was ashamed to go out and buy 10 syringes"; "Some chemists won't sell them to me because they know I shoot up and I'm afraid they'll call the police";
- (c) the pleasure of sharing;
- (d) fear of causing a hostile reaction from their peers if they refuse to share;
- (e) the context: "I'm afraid because I'm in a public place and I haven't time to go and buy them";
- (f) trust in friends who take drugs.

AIDS prevention for drug users

The emergency of the AIDS epidemic makes it necessary to act here and now. A distinction should therefore be drawn between long-term campaigns against drug addiction and AIDS prevention campaigns. The basic need is to reduce the incidence of HIV infection as "harm" caused by intravenous drug use.

Two types of public policy on drug abuse can be distinguished: the "abstentionist" policy and the "risk reduction" policy (Touze and Rossi 1993, p. 11). With respect to AIDS, the abstentionist policy is directed towards eliminating high-

risk behaviour. With respect to sexual transmission, abstinence and stable monogamous relationships are recommended; with respect to intravenous drug use, the objective is to eliminate and prosecute use. The risk reduction policy presupposes that drug use will continue despite prosecution and advice on prevention. Instead of making a total end to drug taking the single objective, the aim is to reduce risks and the negative effects on health drug use entails. With respect to AIDS, the focus is on using condoms during sexual intercourse and single use of syringes when injecting drugs. To this end, measures are proposed ranging from unrestricted sale of syringes to programmes to distribute the drug itself.

Risk reduction policies above all target those who inject drugs and have little or no contact with health and social services. A hierarchy of objectives is put forward:

- (a) don't start taking drugs;
- (b) if you have started taking drugs, have treatment to stop or reduce intake;
- (c) if you can't cut down, stop injecting and take drugs in some other way;
- (d) if you inject, use sterile equipment for every injection;
- (e) if you can't use sterile equipment, don't share syringes and needles;
- (f) if you share equipment, disinfect it with chlorine (the efficacy of this is still debatable).

In order to reach these objectives, the methods most accessible to users must be provided (geographical mobility, flexible hours and confidentiality).

There are several arguments in favour of a preference for a risk reduction policy. First, recognition that the spread of HIV is a greater, more urgent danger than drug abuse and that abstentionist policies have not proved effective in halting the spread of the epidemic. Secondly, risk reduction policies have proved at least as effective as abstentionist policies with respect to the rate of treatment and cure of drug addicts. Thirdly, risk reduction policies are comparatively more effective in reducing the criminal behaviour associated with drug use and HIV-transmission prevention (Marks, 1997, p. 274). Lastly, despite some fears, according to several studies, risk reduction policies have not encouraged drug use (Lurie, 1997, p. 257). In our opinion, risk reduction policies are therefore more effective in preventing the transmission of HIV.

Furthermore, an effective prevention policy should presume that the drug user is capable of responding rationally to information and public health services. The responsibility of the individual user, who can make choices (if they are available) and change certain critical aspects of his or her drug use, must therefore be recognized.

In conclusion, the spread of the AIDS epidemic makes it necessary and urgent to implement targeted policies for drug users. Governments and NGOs should not only address messages about preventing the transmission of HIV and other diseases transmitted through the blood specifically to intravenous drug users, but also back up those messages with the resources to put them into practice (see table).

(Summary of the paper read at the meeting at UNESCO Headquarters, Paris, 9 February 1998)



Cases of AIDS according to mode of transmission (in %) in Argentina at 30 November 1997

Mode of transmission	1982-87	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	Total	
Intravenous drug use	10.6	18.5	24.5	41.3	42.0	45.2	44.2	44.1	43.8	40.2	37.3	41.3	4,757
Homosexual/Bisexual	75.9	66.5	48.6	41.0	37.6	27.5	27.6	26.5	25.0	21.9	22.4	28.7	3,299
Heterosexual	4.7	5.0	6.8	7.5	8.5	16.1	15.8	19.8	19.0	25.2	25.0	18.1	2,080
Child of mother who is a carrier of HIV	1.2	2.0	8.5	4.9	7.0	5.0	7.8	5.2	7.5	7.9	8.4	6.7	771
Haemophiliacs/Transfusions	6.5	6.5	9.9	4.3	2.7	4.0	1.8	1.9	0.9	1.0	1.5	2.2	256
No reply	1.2	1.5	1.7	1.0	2.2	2.2	2.8	2.4	3.8	3.8	5.3	3.0	346
Total	100	100	100	100	100	100	100	100	100	100	100	100	
Number of cases	170	200	299	491	731	1,112	1,441	2,132	2,067	2,155	711		11,509

Source: This table was drawn up from statistics of the Programa Nacional de Lucha contra los Retrovirus del Humano y Sida, *Boletín sobre el sida en la Republica Argentina*, Buenos Aires, Ministerios de Salud y Accion Social (July 1996, December 1997), situation at 30 November 1997.

Works cited

- AUREANO, G., "Entrevista", *La Maga*, Buenos Aires, 24 December 1997, pp. 50-53.
- CAHN, P.; BEN, G.; BLOCH, C. et al., "Who is knocking on the door for HIV testing: Study of 9959 cases", Xlth World Conference on AIDS, Vancouver, July 1996.
- KALINA, E., "Drogas: Está todo mal", *El Mirador*, Buenos Aires, N° 6, December 1997, pp. 4-8.
- KORNBLIT, A.; MENDES DIZ, A.M. and BILYK, A., *Sociedad y drogas*, Buenos Aires, CELA, 1992.
- KORNBLIT, A.L., et al., *Y el Sida está entre nosotros. Un estudio sobre actitudes, creencias y conductas de grupos golpeados por la enfermedad*, Buenos Aires, Corregidor, 1997.
- LURIE, P., "Redução de danos: A experiência norte-americana", in Ribeiro M.; and Seibel, S.I. coord., *Drogas: a hegemonia do cinismo*, São Paulo, Memorial, 1997, pp. 253-267.
- MARKS, J., "Dosagem de manutenção de heroína e cocaína", in Ribeiro M.; and Seibel, S.I. coord., *Drogas: a hegemonia do cinismo*, São Paulo, Memorial, 1997, pp. 269-281.
- PECHENY, M.; VUJOSEVICH, J. and KORNBLIT, A.L., "Discriminación basada en la orientación sexual: un problema de derechos humanos", in Centro de Estudios Legales y Sociales, *Informe anual sobre la situación de los Derechos Humanos en la Argentina*, 1996, Buenos Aires, Publicación del CELS, 1997, pp. 323-340.
- TOUZE, G. and ROSSI, D., *Sida y droga. Abstención o reducción del dano?* Buenos Aires, Ed. Fondo de Ayuda Toxológica, 1993.



Local drug markets: the case of disadvantaged neighbourhoods (France)

NACER LALAM

International Research Centre on the Environment and Development, U.A. CNRS 940
École des Hautes Études en Sciences Sociales

What position will science take on a problem about which it is difficult to obtain precise information? This is not an anodyne question insofar as drugs are the subject of numerous ideological points of view. The value of science, including the human sciences, resides in a "neutral" analysis and reading of drug-related activities.

First, the reality of drug-related activities (use and trafficking) must be described as objectively as possible; then, the factors that lead some individuals to enter into these activities and the economic and social consequences at the local level must be analysed.

Economics is therefore a discipline that is concerned on several counts:

- use: users' behaviours in response to a rise or fall in prices, or a breakdown in supply;
- supply: production, transportation, distribution, channels, networks;
- public policies and their cost: how effective are public policies? What level of intervention, local and/or international?
- strategies of accumulation; for many individuals, sale or resale may be extremely lucrative and make them rich;
- national and international issues: the money derived from trafficking may flow into official financial networks after certain laundering processes.

In this paper, we shall stress two components of the local market: use and supply, and their impact. The work on which the paper is based took place in 1993 and 1995. The studies used were conducted in 1993 and 1995 in neighbourhoods of the conurbations of Lille, Paris and Marseille.¹ The choice of these areas can be explained by the interactions that may exist between an environment in socio-economic decline and delinquent, especially drug-related, activities.

The reader's attention is drawn to the fact that the place where the study was conducted should in no way be seen as stigmatizing it and its population, but as describing an actual situation. All the more so since drugs are used illegally in other social circles, including among the wealthy, which are not, however, the subject of this work. Illegal drug use activities in disadvantaged neighbourhoods differ according to region, the history of the neighbourhoods and therefore of their inhabitants, and the socio-economic situation. Nevertheless, there are some common features.

Illegal drug use

Cannabis use has become a feature of everyday life

It is accepted that the use of cannabis is quite widespread in these neighbourhoods. The percentages of 15 to 30-year-olds using cannabis are higher than the national average (about 15% of boys and 10% of girls are regular or occasional users).

It is used more and more openly.

For some young people, it is increasingly their first use of psychotropic drugs, before alcohol and tobacco, at ages 13 to 14. Cannabis is widely socialized (it seems to be part of an initiation process among young people).

Polyconsumption

Polyconsumption is the use, simultaneously or at different times, of several types of legal or illegal drugs: alcohol, medicines, glue, solvents, volatile substances, cannabis and its derivatives, heroin, cocaine, crack, ecstasy, LSD.

In the neighbourhoods studied, polyconsumption is widespread, the main associations being: alcohol and cannabis among cannabis users, medicines and heroin among heroin addicts. Of course, according to the availability of illegal drugs on local markets, there may be temporary substitutions.

The use of medicines (Temgesic, Rohypnol, Valium or Temesta) by heroin addicts is to be explained primarily by uncertain supply.

An unexpected effect of risk reduction measures, particularly substituting methadone, has been the local appearance of cocaine. Patients taking methadone look for, or are offered, cocaine when they come out of treatment centres.

Furthermore, after a few years of methadone substitution, small-scale dealing in methadone appears.

The invisibility of heroin users

Initial observations at grassroots level may give the impression that there are no heroin addicts in the neighbourhood, while closer study shows there are, but that they are relatively invisible, a state of affairs for which there may be several reasons:



- young users hide their use of heroin and any signs that might betray it. They resort to subterfuge so that their dependence is not noticeable (they avoid meeting the eyes of the people close to them and leave no clue to their use at home: spoon, syringe, lemon, cotton wool, elastic, lighter, etc.).
- long-standing addicts mix only with one another and may even form a sort of sub-culture with its own codes, references and language;
- heroin addicts have a negative image in the neighbourhood: they are regarded as “harmful” to the environment.

These observations explain to some extent the fact that the people who turn to treatment systems are usually long-standing users. Furthermore, during the early days of use, addicts do not feel the need to come off heroin: they are still on the “upward” curve of use.

Prices and resources

Cannabis

The price of cannabis is relatively stable. Quality, on the other hand, has declined significantly. Most of the cannabis found in the neighbourhoods comes from Morocco. The resin from Morocco, which is mediocre, seems to be cut with other substances several times before reaching the user.

- A gram of cannabis resin is sold for about 30 francs (\$5).²
- The standard unit of sale is a bar equivalent to 100 francs for about 3 grams. However, in view of the poor quality of cannabis and therefore a greater quantity per joint, users tend to buy in units of 12 grams (300 francs = \$50) or 25 grams (500 francs = \$80).
- The quantity of cannabis smoked per day by a regular user with no official work (job, traineeship or other occupation) can be estimated at between 3 and 4 grams. The monthly cost of this, remembering that a proportion is “socialized” among the group, is about 2,000 francs.

Heroin

The price of heroin varies greatly from one region to another. In Paris and its environs the average price of a gram of heroin has remained stable, or even fallen, and now stands at 600 to 800 francs. There are two types of heroin on local markets: white, from South-East Asia, and Paco (brown sugar) from Pakistan. The former seems more scarce, however.

The standard unit sold is the half-gram at 400 francs. The larger the quantity bought, the lower the price. In some parts of Paris, 10 grams can be bought for 3,000 francs. Overall, quality seems to have declined and the substances cut with it are legion (manicol, lactose, various medicines, glucose, etc.).

A new user may take a gram of heroin over several days; first smoked or snorted, it is then often injected. A gram provides about 10 shots. If he or she takes one gram a week, the user will have to find 3,200 francs a month. The

longer heroin users continues the habit, the greater the quantity of the drug they require (cumulative tolerance and dependence).

For cannabis and heroin users, the same question arises of resources with which to obtain the products: where does the money come from?

Resources may be distinguished according to their source, legal or illegal. The user can buy the product with legal income (from gainful employment), illegal income, or both. There may be gifts, though they are rare.

<i>Legal income</i>	<i>Illegal income</i>
• salary • benefits • savings • odd jobs	• dealing in illegal drugs • theft, burglary • receiving stolen goods • blackmail (racketeering) • prostitution

At this stage we can note the particular situation of heroin users: their dependence leads them to search compulsively for the drug, so they look for ever greater financial resources, and this may cause nuisance or serious risks for those around them.

Illegal drug peddling and dealing

A central figure: the user-dealer

User-dealers spend most of the income derived from selling drugs on financing their habit and, residually, on current expenditure (clothing) or evenings out (restaurants, discothèques). User-dealers are a driving force in the market, since they carry out their activity with a relatively stable nucleus of users. The fact that they are users themselves reassures their peers, since they do not adopt commercial behaviour in the strict sense of the term, which is deplored by some heroin addicts. In this respect, some observations show a sort of “juvenilization” of non-user dealers, who, in many cases, do not tolerate discounts, reductions or credit. Such radicalization of petty dealers is tending to change the relationship between dealer and user and favours the prosecution of simple users.

The figure of the user-dealer is common with respect to cannabis. There is a great risk of the user-dealer going over to sale on a larger scale, for a number of reasons:

- the sale of illegal drugs is far less dangerous than other illegal activities, such as theft, hold-ups, etc.;
- the remoteness of prospects of socio-occupational integration may lead them to go over to full-time dealing.

The dealer's calculation (cost/benefit)

Many types of petty dealers coexist in neighbourhoods, from the small-scale peddler to the professional dealer who makes dealing a single, central activity. Some dealers have set themselves up as little short of businesspeople. They make a



more or less explicit calculation (cost/benefit). The costs include the risks connected with prosecution – arrest, followed perhaps by imprisonment and a fine, violence among dealers and violence between dealers and users. The benefits are connected with rapid, substantial financial gains which represent more or less direct assistance to the family, the desire to satisfy a thirst for consumption, exhibiting a type of success, the ability to be “one’s own boss”, the line of least resistance, etc. In the final analysis, the resultant changes are quite immediate and tangible – such as having a large amount of cash.

Furthermore, young dealers do not regard themselves as offenders, but tend to speak of “business”. Their solvency attracts receivers of stolen goods and, as some users pay them in kind (hi-fi equipment, jewellery, cars), they may themselves act as receivers, and this may result in the creation of mini parallel economies in which they broaden the range of their illegal activities and occupy a central place.

These arguments bring out a clear preference for living in the present: the worry of a career plan is pushed into the background, even though some well-established dealers plan to buy a house or a business.

At this level of dealing, however, the arrest and imprisonment of dealers push them into a destabilizing situation after enjoying a standard of living considered sumptuous. When they are released, the dealing/imprisonment alternative carries more weight than their desire to have recourse to official integration measures: the memory of periods when they spent money like water weakens the employment or training proposals made to them.

Destabilizing social impact

Consequently, dealing tends to distance some young people from official integration paths through the seduction of “easy money” and dealers’ ostentatious spending. The relative success exhibited by such young dealers is seen by younger people and makes them want to do the same. Especially as some dealers employ young middle-school-children as lookouts³ and touts⁴: the hundreds of francs they earn change their relationship with school (they prefer to miss lessons and earn money), the family (they may have more money than is in the family budget), and ordinary consumption (they can buy items that were previously inaccessible: sports shoes, designer clothes, cross-country bikes, etc.). Furthermore, police and social workers have noticed a tendency for young people to prefer unofficial activities.

Such visibility increases the feeling of frustration among young people following normal paths of integration: seeing dealing activities and the earnings they generate has a negative impact on people whose work is onerous.

The frequent comparison of income associated with drug-dealing and that offered by legal integration measures is one of the arguments put by young people to those working with them (educators, community leaders, social workers, etc.). For the same amount of work, there is no comparison between the gains.

The comparisons some young people make are a problem to the people working with them, for whom possible counter-arguments are the non-sustainable nature of dealing and the risk of being trapped in a type of crime.

This system, which is a pernicious challenge for institutions, is not an alternative for all young people. Most reject it for individual, social and ideological reasons. Nevertheless, there is a valid correlation between exclusion and drug-dealing as an alternative to integration.

One can, moreover, have reservations about cracking down on the trade, as it tends to eliminate petty dealers to the advantage of the more experienced ones, whose earnings may then increase.

One of the most visible effects of drug use and dealing in a neighbourhood is the use of space, with strong identification with certain places. For example, entrance halls to blocks of flats and car parks are identified as places where dealing and use take place. Some areas of public space are temporarily appropriated by some young local people. The spatial configuration makes it possible quickly to identify intruders and people from outside the neighbourhood, which means that uniformed police are immediately identifiable.

It is undeniable that use and dealing interact with spatial factors. The considerable flexibility that characterizes micro drug markets gives them a great capacity for adaptation and proliferation.

Dealers take advantage of spatial forms and mould them in order to control them; cellars and bicycle sheds are also used, and hallways, staircases, corridors and pedestrian bridges are taken over from time to time.

Housing estates provide numerous nooks and crannies in which to hide products or run away from police. Prosecution is a factor which causes dealers to reorganize, to select certain types of dealing and increasingly to form networks.

Combating drug dealing goes beyond the simple priority given to prosecution and calls into question all forms of public intervention designed to prevent people from becoming hardened dealers.

In the final analysis, the study of drug markets should be part of a comprehensive view of the changes society is undergoing.

(Summary of the paper read at the meeting at UNESCO Headquarters, Paris, 9 February 1998)

Notes

1. With the support of the Conseil National des Villes and the Maison des Sciences de l’Homme.
2. At an exchange rate of 6 francs to the dollar.
3. The lookout raises the alarm if an unknown person or the police arrive at the place of sale.
4. Touts direct users to the dealer.



IV Young people speak out

In plenary session

During the first day of the meeting, the young people were invited to present their preventive education work in plenary session. Several themes illustrate their approaches:

- (a) Education as an instrument of social transformation: the specific role of preventive education in a changing world.

With the sub-themes:

Preventive education in a broader context of human development – of citizenship, democracy and a culture of peace: young people mobilize to prevent drug abuse.

- (b) Various approaches to preventive education: individual responsibility and collective action.

With the sub-themes:

The role of schools in preventive education.

Prevention through sport and cultural activities.

The photographs appended to this report emphasize the key moments of these speeches in which seriousness, emotion, conviction and determination attest to the young people's will to work actively on the issues arising from drug use.

To supplement their oral presentations, broader information that might bring out the possible interactions between environment and drug use were sought.

A questionnaire was sent to the young participants (see annex). The information collected shows their daily experience through their view of the city and neighbourhood in which they work, the descriptions of a typical family, of housing and of the leisure activities available. They also illustrate these young people's awareness of situations connected with health and issues raised by drug use.

They describe, in addition, the preventive education work in which they are directly involved.

This search for direct testimony, this geographical, cultural, economic and political diversity is reflected in the monographs presented on page 27.

In groups

The young people also had an opportunity to exchange experience informally in groups behind closed doors on 10 February 1998. The groups were formed according to the participants' languages (French, English and Spanish).

The aim of the group work was essentially to discuss and plan the follow-up to the youth meeting at local and international levels and, more particularly, to plan a number of stages for the distribution of the Charter and the promotion of the International Youth Campaign For a Twenty-First Century Free of Drugs.

The idea of collecting signatures to the Charter was also discussed and of presenting it at the Forum on Drug Abuse organized by the UNDCP in Banff, Canada, in April 1998, and at the extraordinary session on drugs of the United Nations General Assembly in New York in June 1998.

During the exchanges, a plan of action for the campaign was outlined.

It was agreed to evaluate and update the Charter in the year 2000. The young participants made recommendations about the role the various partners, associations, schools and NGOs might play in the mobilization campaign. Among other things, they wanted to continue their involvement in the campaign within a network.

With respect to the schools interested in a preventive education programme, the group suggested that they should apply to NGOs and other agencies likely to be able to provide them with the necessary information and resources; it suggested that peer-group education, voluntary work and information exchange should be encouraged.

The young people proposed that the Charter be distributed through the media, the press, youth clubs, schools, etc., and that it should be made public on the Internet. In various countries, contact groups could undertake to organize cultural events whose aim would be to hold debates about the Charter and drug prevention.

The groups exchanged experience and agreed to remain in touch when they returned to their respective countries.



List of young participants

ARGENTINA

Gabriel AYBAR *
25
Fundacion Anpuy

AUSTRALIA

Leoni GIBBONS
25
Health Promotion Services

BELGIUM

Saskia de CLERCQ *
23
LEEFSEUTELS – Clefs pour la Jeunesse

BOLIVIA

Francisco MORALES *
24
Proyecto "Tu vida vale ¡cuídala!"

CANADA

Karen BISS *
21
Students Against Drinking and Driving

ECUADOR

Ivan BIRACUCHA *
28
Movimiento Juvenil del Sur
"Caminos de Libertad"

FRANCE

Michaëlla BOGATCHEK *
17
Lycée Grand-Air (Arcachon)

Laetitia BOURGEOIS *
22
Fondation Leo Lagrange

Tiffany BRULE *
17
Lycée Châtelet (Douai)

Laetitia GODREAU *

21
Croix Rouge française

Cédric SAUBION *

20
Lycée Grand-Air (Arcachon)

Jacqui SCHNEIDER HARRIS *

28
Ass. Méditerranéenne de Prévention
Des Toxicomanies (Marseille)

Audrey WOJCIECHOWSKI *

18
Lycée Châtelet (Douai)

GREECE

Irene FLOROU *
22
Centre of Creative Occupation – PROTASI

ICELAND

Hildur SVERRISDOTTIR
19
Icelandic Secondary School Student Union

ITALY

Federica FOLLI*
26
Spazio Giovani Prevenzione

KENYA

Rodney V. OSIAKO
19
Drug Chase Foundation Project

MALTA

Gabriella CALLEJA*
27
Agency Against Drug and Alcohol Abuse
SEDQA



NEW ZEALAND

Kimberley PATON *
18
Parents Resource Institute for Youth Drug Education

PAKISTAN

Rehana KOUSAR *
23
RIFAHI Committee

PARAGUAY

Gustavo MARTINEZ *
25
Jovenes paraguayos contra la adicción a drogas

PERU

Evelyn COLOMA RIOS *
18
Nuestro objetivo_ Vivir sin drogas

RUSSIAN FEDERATION

Evgueni TROUBINE *
18
Moscow Youth Organization
Prospect Mira

SPAIN

Gemma ALTELL ALBAJES
26
Associacio Benestar i Salut

SRI LANKA

Shantha FERNANDO
24
Sri Lanka Anti Narcotics
Association (SLANA)

ST VINCENT & THE GRENADINES

Ephraim FISHER
19
ASP – Drug Abuse Education

THAILAND

Thanet THANORMJIT
20
Youth Group

TOGO

Ayao KOUMA *
17
Féd. Togolaise des associations
et clubs UNESCO

TUNISIA

Karima GAZZEH *
25
Org. nationale de la jeunesse scolaire
Tunisienne

UNITED STATES

Jody CAMERON
25
PRIDE International

ZIMBABWE

Sarah FRANKIS *
18
ASP Chaplin School

* See monograph.



V Closure

Listening to young people

At the end of the meeting, Mr Franck Marx, Director-General for Education, Training and Youth at the Commission of the European Communities, recalled the various programmes and activities of the Commission and encouraged exchanges between young people and initiatives *for* young people *by* young people. He said the Charter exactly reflected what was being done in the framework of the European Commission's Youth Programme.

In his closing address, Mr Colin N. Power, Assistant Director-General for Education (UNESCO), recalled that good teachers had to be able to listen to their students and devote time to them: "It is time we worked with you on the problems of drug abuse which concern both adults and young people".

Mr Power stressed the importance of forging alliances above all with young people, NGOs, the UNDCP, WHO and other organizations. He recalled that, for more than 30 years, the people involved in drug education had sought to develop education programmes; educators, academics and preventive education specialists had worked to design programmes in order to reduce or prevent drug abuse.

Mr Power emphasized that specialized education about drugs had always been difficult: "Sometimes we expect too much from education programmes and policies, but sometimes, too, we believe it is enough to inform about the problems and danger of drug abuse. This is not the case. The first thing to be done is to listen to young people themselves. This is very difficult, especially when you are speaking to users of hard drugs. It is very important for us to work with you, listen to your diagnosis of the problem and not give you ours. Of course we must share with you all our research findings and we can also tell you that some of the things you suggest have already been tried but have failed. The first

thing is to respect other people and listen to them. If we do not do that, we will not reach the root of the problem because you are closer to it than most of us.

"We must learn to listen, to understand as human beings, to respect the dignity of every individual. All young people enter life with the same aspirations, hopes, dreams and ambitions as you. We must try to identify the warning signals."

Mr Power then reaffirmed his support for the Youth Charter for a Twenty-First Century Free of Drugs, thanked all the participants and declared the meeting closed.

A rap group

After the Charter had been read, a group of young rappers, *Chaque Minute en Progression* (CMP), sang a song specially written for the occasion: this is a mode of expression that can raise young people's awareness and stimulate their solidarity about drug-related problems in their own language. The song was successfully tested on the young people at the meeting and a disc has been produced that will be distributed on request in the coming months.

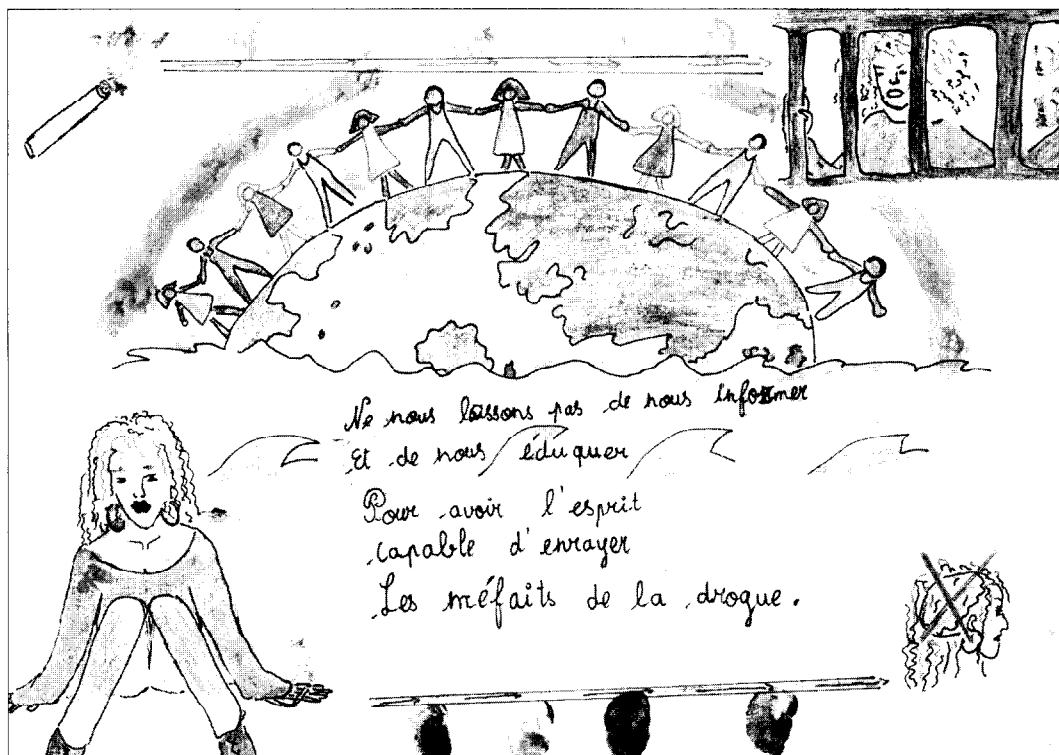
*"I take the liberty of speaking for all of us young people
Drugs strike us all without social distinction
The reasons differ – social insecurity,
Boredom, long lonely evenings (...)
Then from drug taking some go on to dealing
Pushing then becomes for them a means
Of integration in a capitalized society
In which the law of money alone is observed."*

(See full text of song in annex.)



B

LOCAL SITUATIONS AND EDUCATION TO PREVENT DRUG ABUSE



[Slogan on illustration:] Let's keep learning and finding out so that our minds can say no to the dangers of drugs

I Overview of preventive education projects

The 21 projects described by the young people in their monographs can be classified by type. This presentation will give an idea of the educational approaches adopted by the young participants in their respective countries. They can be divided into six major, sometimes overlapping, groups.

(1) Prevention directed towards the individual

This means preparing young people not to use drugs to prove that they are suffering, but to express that suffering to their peers and the adults around them. For this purpose, the question of drugs cannot be separated from all the difficulties young people encounter during adolescence.

The main aims of this type of approach are to develop young people's ability to express their problems to adults, who themselves learn to respond to them better. Therefore, in the preventive process directed towards the individual, it is not a matter of treating the symptom, in this case addiction, but of preventing its crystallizing. This type of approach requires a knowledge of adolescent psychology and also special teaching methods to encourage oral expression.

The project presented by Gabriel Mariano Aybar from Argentina illustrates the approach:

"Our project is called the Psycho-educational Workshop. It is not a place where lectures on ideal forms of behaviour are given, but a place open to all, where everyone can express themselves, give their opinion and share their experiences about drugs with other people. We discuss themes such as communication, self-esteem, group pressures (...). It is more important to treat the causes of drug taking than its effects (...). We conclude that this type of project helps young people give their lives a different direction, a direction without drugs".

See also the monographs presented by Gabriella Galleja, Malta; Rehana Kousar, Pakistan; Ayao Kouma, Togo.

(2) Improving the environment

The approach that seeks to improve the environment does not consist only of giving young people a wider choice of leisure activities, but of inviting them think about the way each individual perceives limits or prohibitions.

Games, sports and cultural activities will foster the development of the personality, and encourage meeting in the group context, but the group must not be presented as an end in itself or the solution to all the problems posed.

The influence of the group is "good" or "bad" according to circumstances and the individual situation of each of its members. This therefore requires that the young person does not lose himself or herself in, and identify completely with, the group, thus alienating his or her personality, critical sense and autonomy.

It is important to remember that the group of friends cannot be sufficient unto itself. Integration in a group of adolescents of the same age is not a substitute for communicating with adults. Adults are one of the essential benchmarks for the formation of the adolescent's personality. The main aims of such an approach are to inculcate a sense of responsibility and provide opportunities for inter-generational encounters.

The project presented by Saskia De Clerq of Belgium illustrates the approach:

"We have tried to reduce risk factors by putting in place sports and cultural activities (...). Parents were also enthusiastic about the proposals we made to improve their children's lives. At the beginning of the project, young people were at first sceptical, but soon understood the value of the work. This was especially true when they were able to speak to teachers, youth leaders and educators on a one-to-one basis. The presence of other people seemed to bother them".

See also the monographs presented by Yevgeny Troubine, Russian Federation; Evelyne Coloma Rios, Peru; Michaëlla Bogatchek and Cédric Saubion, France; Sarah Frankis, Zimbabwe.



(3) Collective mobilization

The prevention work should not be addressed to young people alone, but should try to reach as many people as possible in various environments (schools, the family, work, housing, leisure, etc.). This saves educators a great many interpersonal problems connected with young people's rebellious tendencies.

As Margarita Morales (federal delegate of Vie Sociale, Prévention, of the Fédération Leo Lagrange, France) emphasizes, in this approach: "the combined efforts of professionals and non-professionals come together to exchange knowledge and skills. Informing, raising awareness, education – this is the fundamental role of professionals in stimulating a population that will have to take a conscious part in citizenship".

The project presented by Laetitia Bourgeois of the Fédération Léo Lagrange illustrates this approach clearly: "At the outset, there was a need to inform and train everyone involved in social action (local people, professionals and decision-makers) who could enlist the emergence, participation and mobilization of civil society. (...) With groups of decision-makers, professionals, adults (local people and parents) and young people, we formed a working group and a study group. We initiated projects and actions with young people and adults".

See also the monographs by Ivan Oswaldo Chanatasig Biracucha, Ecuador; Irene Florou, Greece.

(4) Peer group prevention

This work is carried out mainly by young volunteers in the context of their schools, associations or youth movements. Young people seem to look for a sort of *alter ego*, someone who reassures them, but does not judge, and with whom they can identify.

This approach has great potential because it results in development of the individual through possibilities of furthering knowledge in the human and social sciences. It gives young people an opportunity to take part in a study group, throw themselves into creative work and find a place in society.

The project presented by Rubes Francisco Morales Quisbert from Bolivia illustrates the approach:

"Our work is called 'Your life is worth it – Protect it!' (...) Thanks to the involvement of young people in preventive work (peer groups), we are trying to provide civics education. (...) With groups of young people we collect information and material from specialized prevention centres, make contact with the school boards, high schools and universities which present the most risks. We run discussion, study and analysis groups".

See also the monographs by Karen Bliss, Canada; Jacqui Schneider-Harris, France; Gustavo Martínez, Paraguay; Paton Kimberley, New Zealand; Federica Folli, Italy.

(5) The comprehensive approach

The many issues connected with drug taking are part of a broad health education programme which invites young people to make choices about their quality of life.

The aim of health education is to provide accurate knowledge and stimulate appropriate attitudes, but also and above all to promote healthier behaviour (habits and lifestyles).

It is therefore useful to ask: "Why do you think you smoke/drink/eat too much/take tranquillizers?" Discussing the reasons and circumstances raises awareness and may bring about change.

In this approach, it is essential to give the young people concerned the possibility of reacting to what is said to them, and expressing any disagreement they may feel. It is only after such exchanges that the need to change some forms of behaviour which may be dangerous in the short, medium or long term can be brought out.

One of the goals is to give or restore the ability to make relevant, informed choices.

The project presented by Laetitia Godreau, France, illustrates this approach:

"Our project is called 'Health and Environment Passport'. (...) We found that young people were ignorant about their bodies and basic physical needs. (...) We brainstorm to find out what the children know and do not know about health. We use games appropriate to the children's intellectual level to encourage them to voice their questions so as to deepen the concept of health. (...) Drugs should be combated by different means. First, through primary prevention by establishing a certain quality of life, before having recourse to prohibition".

See also the monographs by Karima Gazzeh, Tunisia; Ivan Oswaldo Chanatasig Biracucha, Ecuador.



(6) Preventive education projects at school

In many countries throughout the world, various ministerial circulars urge people in education to stress the need to conduct preventive education with various categories of staff.

In France, the Ministry of Education has for some years been involved in examining ways and means of broadening education in schools to include certain social issues:

“schools must open up to the world. As soon as new, serious public health problems arise, they have a duty to inform young people about them and prepare them to make choices about their behaviour”.

It was in this spirit that institutional structures were established and gradually developed.

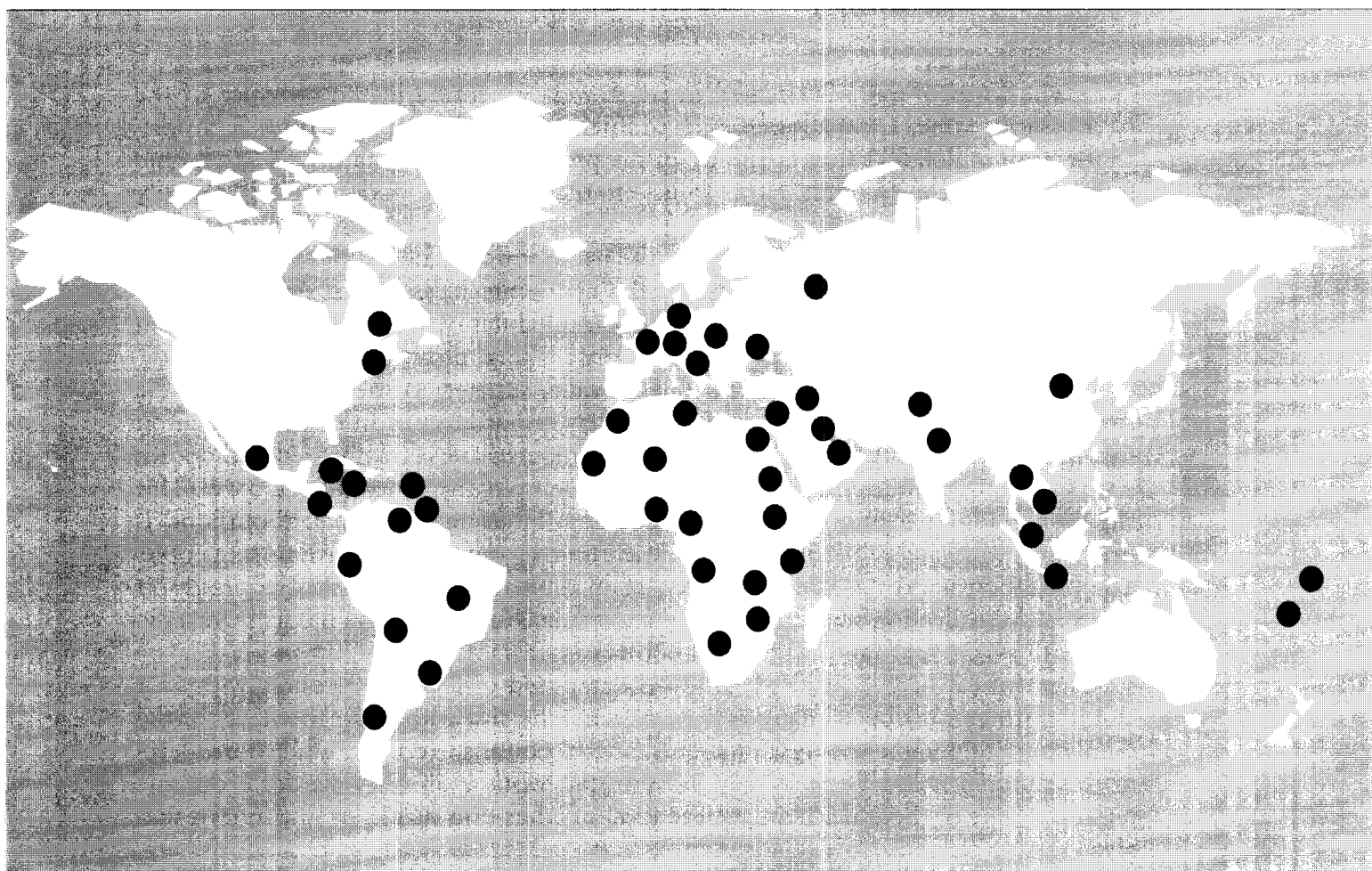
The project presented by Gabriella Calleja, Malta, is an example of this:

“Our prevention work among young people is done mainly in schools. A prevention programme has been put in place for secondary school pupils (11-16) in all the schools on the island. (...) During the first three years of the programme, the teachers incorporate information about prevention and discussions into their classes. In the first year, they deal mainly with tobacco, in the second with alcohol and in the third with other drugs. Teachers receive a textbook. In the fourth year, a group of students is selected to take part in a peer-group information programme. They then set up a preventive project in their school”.

See also the monographs by Karima Gazzeh, Tunisia; Michaëlla Bogatchek and Cédric Saubion, Lycée de Grand Air, Arcachon, France.



II Monographs



Geographical diversity of the young participants



ARGENTINA, Salta

Gabriel Mariano Aybar – age 25

“The children work from an early age as shoeshine boys, newspaper sellers or beggars. With little supervision from their families, they are in a high risk situation with respect to drugs, violence and delinquency.”

The town of Salta is situated in north-west Argentina in the province of the same name, 1,700 kilometres from Buenos Aires (the capital). It has a population of 400,000. The economy of the province is based mainly on agriculture (tobacco, sugar-cane, cotton, citrus fruits, etc.), livestock and trade. There is virtually no industry.

With respect to the social situation, the needs for basic necessities of most of the population are not satisfied because of the economic recession in Argentina. The number of shanty towns is increasing and their inhabitants, especially children, are in a risk situation with regard to delinquency, drug taking, prostitution, AIDS, etc.

We will take the people of the Villa Lavalle, situated to the south-west of the town as an example. It is a community with few resources as most of the population of working age do not have steady paid jobs. The men are self-employed and do not pay pension contributions; they have neither unemployment nor welfare cover. This situation leads to delinquency and drug taking. Housing in the neighbourhood is makeshift, with sheets of zinc for roofs, each unit accommodating five or six people. The neighbourhood has drinking-water, main drainage, electricity, public transport and a refuse collection service. Only the main streets are paved, the others being covered with stones and sand, which makes them impassable when it rains.

The typical neighbourhood family is composed of a married couple with four children (there may be as many as nine or ten) who live with other members of the family under the same roof (grandparents, uncles, cousins, etc.). The educational level of the children is low because they have to start work at an early age for economic reasons. Some of them reach an average level of education thanks to institutions that give evening classes.

The family does not have access to cultural or artistic events, as they are expensive and very rarely free. The father is often a mason or a carpenter, sometimes a government employee or policeman. The mother is a cleaner. These self-employed men, work long hours and are seldom at home, so that elder brothers often play the father's role. The children work from an early age as shoeshine boys, newspaper sellers or beggars. With little supervision from their families, they are in a high risk situation with respect to drugs, violence and delinquency.

The housing is situated on the outskirts of the town. The houses have three rooms, one of which is for the parents. The others are shared between the brothers and sisters and any relatives who live with them. The family also has a kitchen, dining-room, bathroom and garden. The roofs of the houses are made either of sheets of zinc or bricks. There is drinking water and natural gas is available. The inhabitants have serious problems in the winter, as they have no heating and are therefore susceptible to illness. In summer, when there are heavy rains, streets and houses are



flooded. The difference between one house and the next depends on the family's resources.

Schools are nearby and reached on foot. Classes take place from Monday to Friday and last an average of four to five hours a day. The number of pupils varies between 35 and 46 according to the directives of the head. Sometimes, when there are too many children, some are sent to other schools in other neighbourhoods.

The primary school has seven classes of different levels. Twelve subjects are taught at the secondary school. The first level is composed of compulsory subjects (mathematics, social sciences and natural sciences) and special classes (music, physical education, visual arts, etc.).

The education system in Argentina is at present being reformed: there will be compulsory general education for nine years and a secondary level of three or four years. The system is gradually being put in place.

The major difficulty facing the young people in the neighbourhood is lack of motivation in schools. There is no stimulation for work or social development at school. It cannot be said that the teachers are lacking in interest or commitment, but the fact that they are not attached to a single school and teach in several does not give them enough time to do their work thoroughly. Some heads are trying to set up projects such as drug and AIDS prevention, or music and movement or drama classes in schools. The other problem is that, besides going to school, the children work to bringing money for their families, which reduces school time proportionately.

As I see it, health can be defined as a state of physical, psychological and social well-being. These three aspects are interconnected and influence one another. Health is not mere absence of illness. The most important health problems are tuberculosis, STDs, AIDS, alcoholism, cancer and drug dependence.

Drugs are substances that damage individual and collective health. They cause social marginalization, and reduce the security of the community and the autonomy of the individual.

Men and women use alcohol, tobacco, psychotropic drugs, cocaine and marijuana. Young people under twenty use alcohol, tobacco, solvents, marijuana and cocaine (in order of importance). We do not have precise data on the number of people who take these drugs in the neighbourhood.

Our action is called the Psychoactive Prevention Workshop and we are part of the Anpuy Foundation. We started the workshop because of the increase in drug-taking among children and adolescents, whether attending school or not. As the latter group had neither family nor school protection, they were more affected.

We carried out our work with primary and secondary school children aged between six and 18 in state schools in outlying neighbourhoods of Salta, high-risk areas for drugs. This group has no facilities for leisure or discussion and is held back by an economic situation which prevents them from gaining access to private training or leisure centres. This situation results in idleness and is conducive to drug taking.

In the Educational Psychology Workshops, we coordinate groups of children and adolescents who take part in our prevention project. The workshop is a place in which to think and use techniques to show how to prevent the abuse of legal and illegal drugs. It is not a place where lectures are given about ideal forms of behaviour, but a place open to everyone, where everyone can talk, express their opinion, share their experiences relating to drugs with other people and thus show how to cut down on alcohol and other drugs. For this work we coordinators cover themes such as communication, self-esteem, group pressure, etc. We think it more important to deal with



the causes of drug taking than with its effects. These we also with when participants ask us to do so.

The difficulties we encounter in our work concern the spirit of commitment of some teachers. There is an opening for this project to be carried out, but we have encountered obstacles from some teachers who do not want to give up their hours for the workshop, claiming that it leads to extra work. We do not believe this amounts to a boycott, but the teachers are not used to working in a team with people from outside the school, and they find it difficult. Still, it is an initial contact that will serve in the future when we call upon them again, or when other organizations are set up with other types of project and when we feel we can work together to achieve positive results with children and young people.

We worked with children and young people in schools. We suppose our work has influenced the families, but we do not know how, as we have no direct contact with them.

We have taken stock of our work in the workshops and observed that it has been positive because people have been active in analysing and trying to understand. Young people have become involved and changed their behaviour from a desire to take an active part in preventive work. We conclude that this type of work enables young people to give their lives a different direction: a direction without drugs.

We have made an assessment based on questionnaires and individual interviews. We observed that 54% of young people have never discussed drugs at school. In the view of 67% of them, it is important to do so. In the opinion of 49.4%, the work we have done with them is positive, while 95.6% believe they have benefited from the workshops. We have had many problems but have solved them as they have arisen.

I became involved in the project because I noticed an increase in drug taking among children and young people. There was strong social pressure to take action as a result.

The Charter for a Twenty-First Century Free of Drugs is being distributed by young people and teachers in the various schools. We have also made it known to the general public, other NGOs, foundations and voluntary bodies through various media (newspapers, television, radio) and at various key points in Salta and other provinces.

The Charter has been the subject of lectures and discussions in schools. Criticism, support and suggestions have followed. The media enabled us to conduct interviews during which we presented the aims of the Charter. In this way a great many people have had access to the information it contains. We have also held debates under the auspices of NGOs, Salta and other provinces.

Reactions to the Charter have been very favourable. Young people appreciate the fact that organizations like UNESCO and the United Nations are involved in a movement concerning young people and drug-related problems. This campaign is the first in the world to unite five continents around a common objective: "a twenty-first century free of drugs". The Charter was drawn up taking into account the opinions of young people, and this is quite remarkable as it makes it possible to give a real view of their needs, situations and living conditions. Young people have been able to speak and make themselves heard.

Signatures have been collected by the team that runs the Anpuy Foundation activities. Head teachers were circularized to collect signatures in their schools, as were NGOs and the general public.

In the future, we plan to unite efforts through institutional networks and obtain financial support from various sections of international society. Now that there is a real commitment on the part of the governments of various countries, we believe that training, prevention and assistance projects can be set up.



BELGIUM, Ghent

Saskia De Clercq – age 23

*“Young people have no one to talk to
about their problems.”*

Our work is carried on throughout Belgium with a programme we give to - secondary schools, youth organizations (youth centres) and specialized secondary schools (for children with serious problems). Our public consists of various sections of society: the middle class, poorer people, and people of foreign origin.

In a typical family, four people live together; the parents work during the day and have a car in which to get around. The children go to school by bicycle, tram or bus. They often belong to youth organizations. They like going to the cinema or theatre and to museums with their parents. The family meets in the evening at dinner.

We also work with immigrants who have a lot of problems, especially lack of education. The family either owns the home or rents it. There is also social housing. The young people are aged between 12 and 18. They go to secondary school (general education) or to technical schools (vocational education). They have classes from 8 a.m. until 4 or 4.30 p.m.. Hot meals are served in the school canteen. There are 20 to 26 pupils in each class. They do their homework until about 7 o'clock. Pupils have some difficulty choosing their study options because they are not very sure about what they want.

The young people are satisfied with the education they receive and are able to put it to good use. Their homework is appreciated by the teacher, and they have good social relations with one another. However, they feel they have to spend too long on their homework and think their classes lack homogeneity. They also have no one to talk to about their problems.

Young people in these families like sport, swimming, playing football or tennis; they are fond of acting, art, music and dancing classes; they enjoy being involved in activities for young people (youth centres). At week-ends they go to the cinema, and sometimes to discotheques.

Drugs are natural or chemical products which influence awareness and mood.

Men over 20 drink alcohol and take medication. Others, fewer in number, use hashish, marijuana and cannabis. Women use medication, alcohol and other drugs. Girls and boys use ecstasy, hashish, cannabis and marijuana. The boys also drink alcohol.

We cannot yet say how many people take toxic substances.

Teachers and instructors were the originators of our work, which takes place in schools and is called Leefsleutels Inhet Busol. The association is called Keys for Youth. We try to give young people the keys to a better understanding of their personal and social problems. We work on drug prevention with them. Our work took place over an eight-month period. The target-group was young people aged 12 to 18. Our partners were local decision-makers, educators, teachers and other associations. We trained parents, teachers and young people. We developed materials with professionals and young people. We formed a study group with professionals, and carried



out projects with professionals and young people. The aim of our work was personal development, developing a critical faculty and self-awareness, improving communication and respect for oneself and others.

We have done primary prevention on legal and illegal drugs, exclusion and violence. We have tried to reduce risk factors by organizing sports and cultural activities. We have started newspapers and published books and teaching packs. We have worked in institutions (schools) and youth movements. We have organized intensive two- or three-day crash courses for teachers, youth leaders and educators so that they can work with young people in classrooms and youth organizations. We are not directly in touch with young people.

After some time, we went back to the institutions to evaluate how the work undertaken by participants had been implemented with young people. This enabled us to identify specific problems. All the participants received our periodical containing information which should help them improve their working methods with young people. We had to work with the participants to adapt the work to the specific problems encountered with young people. Some teachers, youth leaders and educators did this without our help.

Families had varying reactions to the work. Parents were enthusiastic about the proposals we made to improve their children's lives. Young people were sceptical at first, but soon realized that they stood to benefit, especially when they had the opportunity of expressing their feelings individually to teachers, educators and youth leaders. The presence of other people seemed to bother them. We assessed our work through questionnaires. We were able to measure the impact of our work on young people by noting a change in their relationships with one another and in their personal development. In conclusion, we observed that time was needed for changes to take place, that they happened gradually and that we should neglect no slight indication of a change of attitude, however minimal.

The work we do in Belgium is popular. We are now trying to refine it, especially by working on the various teaching packs. We are trying to improve the syllabus of our courses so that they will be more useful to the people working with the materials.

I became involved in this work because I saw it was successful with young people. The approach is to make them feel secure by enabling them to talk about their personal problems first and then confronting them with those that are drug-related.

We gave the Charter for a Twenty-First Century Free of Drugs to the press and will use it in the courses we organize for professionals.



BOLIVIA, La Paz

Francisco Morales – age 24

“Dripping water wears away stone.”

Our preventive work takes place in two towns (which were previously a single town), La Paz and El Alto. They are both situated more than 3,600 metres above sea level in the Altiplano region of the Andes. The upper class lives in south La Paz, the middle and lower classes in the town centre; the poor live on the outskirts. Middle class people and poor families live in the second town, El Alto. Our work is not restricted to these towns but also extends to others in the interior of Bolivia.

One of the neighbourhoods where we do our preventive work is called Villa Fatima. Middle class and poor people live there. The buildings are constructed without the help of professionals (whether architects or engineers); the houses are brick and there is little or no drainage. Many places have neither hygiene nor a minimum of security. Many streets are inadequately lit. The streets are covered in stones and earth. There are public and private middle schools. The most depressed areas form belts of poverty on the hillsides. This is where we work, because it is here that the most disadvantaged young people are to be found.

This is a portrait of a typical family in the neighbourhood where we do our preventive work. In most cases, the parents have emigrated from the country to the town and their educational level is low. There is an indigenous population which tries to adapt to the speed of the town. All this means that children and young people have little information about drugs, sex and other subjects. There is a lack of communication between fathers and sons. The parents do manual labour, being masons or domestic cleaners. Some of the boys work as shoeshine boys or have casual jobs on public transport. Where there are roads, they travel in buses and minibuses. They work from 8 a.m. to 6.30 p.m.

The accommodation of the typical family is a makeshift construction in mud or brick with a zinc roof. The families crowd into two or three rooms. Most of them have no basic amenities such as water or sewers. This is most obvious in the housing on the outskirts of the town and the hillsides. Most of the houses have been built without planning permission.

As regards the neighbourhood children's lives, schooling and leisure, they may have class at three different times: in the morning between 8 and 12.30, in the afternoon from 2 to 6.30 or in the evening between 6.30 and 10. Some children and young people with slender means have to work during the day and choose the evening classes. The age of children in primary and secondary schools varies between five and twenty. They usually attend schools near their homes. There are no boarding schools in the area. Very few of them pass the school certificate (very few go to middle or high school); of these, few go on to higher education although the universities and other higher education institutions are state-run. Those who do obtain their certificate are not equipped to earn a living (according to the law of the funnel, out of 100 students who start school, only a little over half leave with the certificate 12 years later).



Bolivia is now undergoing a process of educational reform. The problems are above all socio-economic and result from families' lack of receptiveness to the surrounding world. They derive from everything we have already mentioned.

Many of the areas and schools have no sports ground (very little sport is played), library or other cultural facilities. Most play pin-table football or *fulbito*, and to a lesser extent basket-ball and volley-ball. The lack of infrastructure leads young people to alcohol, idleness and drugs.

During their leisure time, girls help their families with household tasks such as cooking and washing. They attend local festivals where alcohol and cigarettes especially are to be found, and they sometimes go to the cinema. They seldom take part in sports.

In our town, young people go to neighbourhood festivals and the cinemas that are accessible to them. They play pin-table football or *fulbito* once a week – especially at the week-ends – for an hour or two. Neighbourhood clubs and groups tend to come together in gangs around drink and cigarettes, their ages varying between 14 and 25. Because of the lack of infrastructure they have little access to entertainment in the neighbourhood. The few halls are occupied by championships at week-ends. The groups and clubs have voluntary leaders. Young people lack motivation and have socio-economic problems. There is a significant lack of opportunities, stimulation and financial assistance owing to lack of organization on the part of local authorities.

Health can be defined as the absence of disease and an individual's physical, mental and social well-being. In our neighbourhood, the problems are: unsanitary surroundings, lack of education or adequate hygiene in many cases, and shortage of basic services such as water and sewers. However, I believe the upbringing given by parents should be better directed and strengthened in schools.

Drugs can be defined as psychoactive substances or substances that act on the central nervous system and can cause changes by increasing or decreasing metabolic rate or modifying states of consciousness. In Bolivia, men and women over 20 use alcohol and tobacco, and also cocaine and marijuana. Young people under 20 use alcohol, tobacco, solvents and cocaine.

Our work is called "Your life is worth it – Protect it!" and is done within the framework of the National Federation of UNESCO Clubs and Associations of Bolivia. Young people, the institution and the association were the instigators of our work. When we began, there had been an increase in the use of drugs, especially those which are taken early and known as poor people's drugs: '*tiner*', '*clefa*' and other solvents. My country's main goal is to get out of the circuit of drug-trafficking and drug use in accordance with the plan drawn up by the Government called Dignity: the Government is trying to do preventive work and eradicate and prohibit drug use.

Our work takes place over an eight-month period. It involves men, women, adolescents, boys and girls between the ages of 10 and 35. Our partners in this are teachers, youth leaders, and adult and young volunteers. For the moment we do not have funds of our own, but work under the authority of the Bolivian National Commission for UNESCO and the UNESCO office in La Paz. Our work is done through group discussions, training workshops, study groups and other work with young people, all this in collaboration with the Bolivian National Commission for UNESCO and the UNESCO office in La Paz. Young people plan and carry out the projects. We want our action to lead to personal awareness, and to improve communication, self-respect and respect for others.



Thanks to the involvement of young people in preventive work (peer groups), we are trying to provide civics education. Our work is of the 'primary prevention' type about solvents, cocaine, AIDS, hygiene and general health. We are trying to reduce risk factors by setting up sports and cultural activities. We use newspapers and books in our work and have produced booklets, posters, films, radio programmes and exhibitions. We work in several neighbourhoods and in schools, with young people and children in middle schools and neighbourhood schools. Our work is managed by groups of Bolivian UNESCO Clubs.

With groups of young people, we collect information and material from specialized prevention centres, and we make contact with the boards of schools, high schools and universities which present the most risks. We systematically use radio programmes for young people and have substantial video coverage. We hold presentation workshops and exhibitions of materials on the theme "No to drugs!" produced by groups chosen for the purpose. We run discussion, study and analysis groups. We organized a symposium in Tarija in September 1997 on the prevention of alcoholism, drugs and AIDS with 489 young people (aged 15 to 17) from Peru, Chile, Argentina and Bolivia. Experts from WHO attended and the event was regarded as a success in the region.

We are now distributing and collecting signatures for the Youth Charter for a Twenty-First Century Free of Drugs in La Paz, and will later do so in other large towns. However, we lack the material and human resources to reach a larger number of people and cannot embark on a permanent campaign.

With respect to the repercussions of our work on the typical family that I have described and its possible participation in our work, the lack of unity and communication in the family means we are unable to reach all its members. In the particularly remote regions, communication is monosyllabic (*si, no, ya*). We have no way of putting forward all these themes, as we feel there is a general lack of interest: in fact, the family cannot play a decisive role in improving society. The young people in these families are informed, and that motivates them to tell others about the harmfulness of drug taking, but this work should be permanent, as short campaigns are very often forgotten. There is an old adage that "dripping water wears away stone".

We have not evaluated our work, but plan to do so. Our campaign is still recent and we need to be able to stand back to be able to assess it. We began in the capital, La Paz, and plan to reach other towns in Bolivia and later work in small villages and their neighbourhoods.

I became involved in the work in order to improve myself and society, according to the principles of the Bolivian Federation of UNESCO Clubs and Associations and the For a Conscious Change of Attitude programme which seeks to correct and improve habits, standards and values.

The young volunteers of the UNESCO Clubs of Bolivia have enabled us to distribute the Charter for a Twenty-First Century Free of Drugs in strategic parts of towns in order to obtain as many signatures as possible, and in middle schools, schools and neighbourhoods. We have explained the principles and commitment of the Charter and invited people to join the international movement. We have published it on posters and held a press conference to make it more widely known.

We are now going to continue the prevention campaign, using the Charter to bring out all the negative aspects of the production, trafficking and use of drugs; show how all these harm the individual, the family, society and the world; and work on the Bolivian Government plan Dignity, based on the four pillars of eradication, prevention, prohibition and alternative development.



Reactions to the Charter have been positive and show an interest in participating in this international movement. It has, without any doubt, attracted the attention of young people, society and the government.

The UNESCO Clubs and Associations of Bolivia have been asked to collect signatures by dividing themselves among strategic places in the town, in middle schools, schools, and neighbourhoods. Through the fruitful work of the Clubs, we have succeeded in making contact with town halls, prefectures and ministries, other organizations such as youth clubs and the cultural workshop of the University of Law (UHSA).

I believe the Charter has a generic content that can be adapted to all situations by giving explanations and relating it to the context in each country. Programmes must come into being which propose ways of eradicating not only the material poverty of street children, but also their spiritual poverty. They need to be fortified physically, psychologically, intellectually and culturally.



CANADA, Regina

Karen Biss – age 21

*“Leisure activities are accessible to everyone,
even those with very little money.”*

Our association, Students Against Drinking and Driving (SADD), works in our province, but is above all very active in Regina, a town with a population of about 200,000, situated in the agricultural province of Saskatchewan. It is the capital of the province and hence the seat of the main government authorities.

My family is typical of local families. I am 21, a student; I work 35 to 40 hours a week in a restaurant. I go to work by bus or taxi (five minutes). I go out with friends but also do voluntary work. On the whole I have a good family life, with the usual problems. My father is 52 and works in a Saskatchewan governmental office. He drives to work (about 10 minutes). He likes fishing, gardening, golf, television and spending time with the family. Worries about bills might be regarded as a problem. My mother is 53. She does not go out to work but looks after everything at home. She likes spending time with the family.

My sister is 11. She goes to school from 9 to 3.30. from Monday to Friday. She goes by bus (15 minutes). She learns French at school, in fact a lot of lessons are taught in French. Her other subjects are mathematics, English, grammar (English and French), gymnastics, health and religion. She has a lot of homework. My sister is a happy child. She has a few problems at school and sometimes with her friends because they say she does not adapt as well as she should. Most secondary schools in the town have committees representing my organization. We work in close collaboration with them. The children are aged between 13 and 19. When they leave school they can either enter higher education or go to work.

We also have a dog called Ben who is two. We have a simple three-bedroom house with a kitchen, sitting-room, bathroom, basement and garden. It was built by my grandfather.

Leisure activities for boys and girls are similar. There are sports such as baseball, hockey, football, cycling and games with friends. Girls also do dancing and gymnastics, and learn to manipulate a baton (majorettes, parades). Leisure activities are accessible to everyone, even those with very little money.

I think health could be defined as follows: maintenance of the physical and mental welfare of a population. Our health problems are colds, influenza and stress-induced mental problems. There are no other particular health problems.

Drugs could be defined as follows: drugs are substances which change someone's mind either for better or for worse. The drugs which, in my opinion, are most used by adults and young people in Regina are alcohol, solvents, marijuana, cocaine and heroin. We do not yet have figures for the exact number of adult users and users under the age of 20.

The work of our association, Students Against Drinking and Driving is principally aimed at people who drive when drunk, but in fact it concerns everyone. The Government gives us an annual subsidy. We also receive backing from banks, etc. and look for funds throughout the year. Most of our members are young people.



We are the ones who really make the organization what it is. We collaborate with Canadian Youth Against Impaired Driving, which liases between local and provincial organizations in Canada. We also work with Bacchus Canada, a university organization for prevention.

We use peer education. Our work seeks to prevent dangerous driving. We work in schools, give lectures and work with the media to spread our message. Sometimes we work directly in bars. When we first started, we had problems with school administrators: the local authorities forbade our doing certain types of work. The negative attitude of some people also presented us with problems. As our project developed, we encountered less and less resistance from adults.

The work has raised awareness of the problem of "alcohol behind the wheel". The eldest daughter of the family described above has spent a great deal of time organizing the work.

Our work is evaluated mainly by questionnaires distributed after lectures.

I distributed the Charter for a Twenty-First Century Free of Drugs at the International Youth Forum held in Banff, Canada, in April 1998. Unfortunately, I have been unable to distribute it widely in my association. However, most of the comments young people made about the Charter were favourable, although some did not think all points had been covered.

I took a very active part in collecting signatures in Banff, but have been less active elsewhere. I should like to thank the organizers of the UNESCO project for the time and effort they have devoted to helping us achieve our goal: a twenty-first century free of drugs.



ECUADOR, Quito

Ivan Chanatasig Biracucha – age 28

*“Sundays and family celebrations
are the only times families have fun.”*

We work in Quito, the capital of Ecuador, where 80.4% of the urban population are young people, which confirms their migration to the capital. Twelve point five per cent of young people aged between 15 and 24 are married and 4.3% live with partners. One in 10 has no education: they start to work when they are very young, in disturbing conditions of hardship. Absenteeism from school is very high in Ecuador.

Seventy-one point seven per cent of the population has drinking water, 12.8% well water, 6.8% spring water, 6.2% reservoir water and 2.5% water from another source. Twenty-one point nine per cent have latrines, while 15.4% have no sanitary services. Young people do not have salubrious housing. They start work at about 15 and 60% of them are under-employed. They take it in turns to organize sporting activities but take little part in cultural activities, and still less in political and social ones. National legislation restricts their political rights. There is little coordination between the various initiatives and groups of young people.

The neighbourhood where we do our preventive work is called Ferroviara Alta. It has a population of 20,000 and is situated south-west of Quito, whose red light district it is reputed to be. Seventy per cent of the population is composed of young people aged between 15 and 30. Forty-five per cent have emigrated from other towns, such as Cotopaxis, Imbaburo, Loja and Chimborogo. There is a high incidence of delinquency, alcoholism, drug addiction, and child and adolescent prostitution. Boys are used by their own families to distribute drugs. A high percentage of children do not go to school. Twenty-five per cent of basic services are provided: drinking water, sewers, health, education, paved streets, telephone, etc.

Those who have housing are usually tenants. They are poor, working as grocers, vegetable sellers, masons and porters. Barely 10% of the population has a real trade and a steady job.

The typical family is composed of 11 members: seven daughters and two sons. The parents have emigrated from Cotopaxis. The father has worked for 28 years in a plastics factory, while the mother has been taking in washing from neighbouring houses or outside the neighbourhood for 22 years. They go to work by public transport. The fare is 5,000 Sucres return, and the journey takes an average of two hours a day.

Three of the daughters work as seamstresses from Monday to Sunday, two attend school, two others are married and both sons are unemployed. They do odd painting jobs or repair cars cash-in-hand. Numerous problems have meant that they have not taken their schooling very far. Housework is shared by all the members of the family. Sundays and family celebrations are the only times families have fun.

The father has a salary of 300,000 Sucres a month, which is not enough for the family's needs, so that in one way or another everyone has to work to contribute to the family budget.



The family has rented its accommodation in Ferroviara Alta for 30 years. They have moved several times and have usually shared one room, which has led to quarrels between children and parents. Their home has two bedrooms, a kitchen and a bathroom. They have to do the maintenance themselves and pay for paint, bulbs, etc., these expenses not being reimbursed by the landlord. They have to pay for water, electricity and the telephone in addition to the rent (200,000 Sucres a month). Six to 10 other families live nearby with the same characteristics, coping with more or less acute problems. The families have a strong sense of solidarity.

The school life of one of the daughters is as follows: she is 15 and in the second year of secondary school. She leaves the house at 12.30 and arrives at school at 1.15 in a coach that drops her two blocks from the school. There are 45 pupils in her class. It is a state school. Classes end at 6.30. She has to walk about 300 metres and arrives home at about 7.20. She does the washing, ironing and housework and then does her homework. One of her problems is malnutrition, which means she has low resistance to school and family pressures. Moreover, there is no nurse or social worker at the school. The parents cannot afford to help the children with their studies.

The younger son has psychological problems concerning his emotional development, financial problems, difficulties adapting to other young people, and problems with finding the means of developing physically in a harmonious way. He has a strong sense of responsibility about doing his homework. He has various leisure possibilities. He can be in the football team, join a neighbourhood dance group or a catechism group, take part in family celebrations and walk with friends to the town swimming-pool. If he is between 18 and 30, he can join a sports club, a cultural association (15 to 25), a catechism group (12 to 28) or youth groups (16 to 30).

The suburbs are seriously lacking in infrastructure. Because they pay half-fare on public transport, many young people are ill-treated. They really have no leader to guide them. There are no training courses for youth group leaders, or projects with opportunities for development, management or experience. There is no budget for helping young people become aware of social, political, cultural and other issues. Most self-managed projects have failed for lack of administrative, technical, financial and other support.

My definition of health is the emotional, spiritual, physical, psychological, moral and mental state in which human beings find themselves. When they are stable, all these faculties go to make up a person with positive energy.

The major health problems in the town are the lack of health services and refuse collection services, pollution, toxic emissions from motor vehicles, and lack of education about preventive medicine at all levels of the population.

Drugs are chemical substances which have harmful effects on those who take them. In our country, men over 20 use cocaine, marijuana, solvents, tobacco, stimulants derived from plant and chemicals and tranquillizers. Women use tobacco, alcohol, tranquillizers, stimulants and solvents. Boys use marijuana, solvents, tobacco, alcohol and stimulants. Girls use solvents, tobacco, alcohol and stimulants.

Our preventive education project is called "cultural activity" and is part of the Pacha Callari cultural centre. The local people and a group of young artists started the work which was born of the serious alcohol and delinquency problems among young people, lack of understanding between parents and children, family breakdown, youth unemployment and violence among young people.



Our work takes place over three years with girls, boys, adolescents, men and women under 28. We have carried it out with people from other associations, young and adult volunteers, parents and local people. It is self-financed and takes place in several stages: individual and group interviews, training of parents and young people, and forming a working and study group with young people. Our aim is to improve communication, help develop collective awareness, involve young people in preventive work and forge a social bond.

We undertake primary prevention on drugs, AIDS, exclusion and violence. We try to improve the environment by reducing risk factors through the organization of sports and cultural activities. We have produced booklets, posters, plays, concerts and special campaigns. We have worked in schools, voluntary bodies, neighbourhoods and churches. Our partners are children and teachers in schools, catechumens in churches, dance, music and drama groups, and neighbourhood *zancos* groups (ritual dances on stilts).

Our work was done in two phases. During the first, we mounted exhibitions on theatre, dance, music and *zancos* in local schools. We distributed material on the problems of the neighbourhood, especially those of young people and children. We organized health workshops in secondary schools on reproduction and young people's sexuality, trying to develop a topic a little more each time. We put on exhibition-debates with local doctors as part of a drive for drug prevention and preventive medicine. During school holidays we worked at week-ends with children and young people: through dance and drama we passed on a message to the public about drug-abuse prevention. We also hold cultural festivals, exhibitions, fairs and alternative activities and put up posters – always with children and young people.

Our problems are material (infrastructure), technical and financial; the socio-cultural level of the population is not what it might be and there is a lack of social will.

With regard to the family described, the father and mother were alcoholics, while the children who did not have the resources to continue their schooling were about to join gangs of delinquents. Our work enabled them to find other options such as cultural activities and the opportunity to develop personal centres of interest. They took an active part in organizing the youth group and holiday camps and encouraged other young people to take part: these activities were beneficial for their education.

We have not yet evaluated our work, but plan to do so soon.

There is no space specially reserved for young people in the suburbs of Quito. As part of our work, we want to set up a cultural centre offering sports activities run by young people for young people with young people. In order to do our work properly we have, among other things, consulted studies conducted by the International Foundation for Adolescents

We have distributed the Youth Charter for a Twenty-First Century Free of Drugs with the youth assemblies for Youth Rights, the National Youth Network and alternative methods of communication (CEQUIPUS).

By explaining the Charter on the basis of the meeting which took place at UNESCO Headquarters in Paris, we have developed pledges that we young people must make for a twenty-first century free of drugs. We have also produced a loose-leaf wall newspaper on themes taken from the Charter, PEDDRO, prevention programmes and principles that we young people must hold with respect to drugs.

There has been no circulation or information about the UNESCO meeting in Paris, and we have had to explain the process so that young people can understand



what it is about. They have reacted well but do not know how to develop projects, debates and studies on the basis of these principles which are applicable to our situation.

To collect signatures to the Charter, we approached foundations, institutions, NGOs (International Foundation for Adolescents, the Maria Luisa Gomez De La Torre Foundation, Mojuscar, Red Juvenil/Cequipus) that work with young people. We met to discuss the UNESCO meeting in Paris and drew up agreements. The young people were delighted to support the Charter by signing it.

We are examining several initiatives that might be carried out on the basis of the Charter, but we have financial constraints and difficulties in obtaining more direct aid to help train young people technically and develop more effective projects.



RUSSIAN FEDERATION, Moscow

Evgueni Troubine – age 18

*“Ninety per cent of leisure activities in this city
are not free of charge: if a young person
has no money, he or she hangs about outside.”*

Moscow is a very large city. It is the capital of Russia. It has a population of almost 15 million. We have the same housing problems as any other large conurbation. We work in new neighbourhoods consisting of tower blocks. These neighbourhoods have few leisure areas. Young people spend their time in the street, discothèques and “attics” (Moscow has a very cold climate).

The typical family is composed as follows: the father is 51, well-educated, a guard in a State bank, and he works for 24 hours every four days. He goes to work by bus and underground, the journey taking about an hour. In his spare time he goes fishing and renovates his country cottage. The mother is 49, has a degree and is an economist. She works at the State Research Institute from 9 to 5, Monday to Friday. She takes two trams to get to work, the journey taking about 40 minutes. In her spare time she reads, visits friends, watches television and plays computer games. The son is 17, a student from 9 to 4, five days a week. The daughter is 13 and attends school from 8.30 to 2.

The members of the family seldom meet. The children speak often only with their mother – if they get on with her. There is a wide age-gap between the members of the family and they have no friends or interests in common.

As a rule, they have a two- or three-roomed flat in a large building. The children may have their own rooms, or one of them may sleep in the sitting-room. They usually have all modern conveniences – cooker, fridge, television, video, hi-fi, vacuum cleaner, washing machine, etc.

Children get up at 7, leave the house at 7.30 or 8 and spend six to eight hours at school or the Institute. They have dinner at home, do their homework for two to four hours, see their friends for three hours at most and watch television. They have nowhere to go and do not know what to do when they are free. They are happy to have spare time, to do what they like, and spend more time doing nothing than studying. Their problems are those of all adolescents, except that the main problem is that they feel their lives are very boring.

During his spare time, the boy meets his friends, watches television and video, listens to music, amuses himself with his computer and goes to discothèques and parties, where he smokes, drinks alcohol and takes drugs. The daughter has less spare time than her brother, as she is younger. She reads, watches television and videos, listens to music, amuses herself with her computer and may have music lessons. Ninety per cent of leisure activities in this city are not free of charge: if a young person has no money, he or she hangs about outside. What activities there are represent a financial burden and suffer from lack of infrastructure, facilities and organization.

My definition of health is as follows: a person in good health is one who does not smoke, drink alcohol or take drugs, gets enough sleep and has a healthy diet.



The main health problems in Moscow are recreational use of drugs and alcohol and poor environmental condition. I define drugs as something unnecessary to the human body and harmful to health.

The drugs used in this country by adults (20 and over) are, for both men and women: alcohol, marijuana, heroin, antidepressants, stimulants and hallucinogens. Young people (under 20) drink alcohol, use solvents, stimulants, antidepressants, marijuana and heroin; only boys use hallucinogens.

Our preventive project is called The Young Teach the Young. We are part of the Youth Organization Prospekt Mira. Local people, associations and NGOs launched our project. It is a long-term project – we have given ourselves about five years. We target girls, boys and teenagers. We prepared the project with teachers, doctors, psychologists, educators, volunteers, adults, parents, head teachers, local authorities and young volunteers. The Government in Moscow gives us about \$5,000 a year.

Our project is conducted in the following stages:

- needs analysis, by drawing up and analysing questionnaires, individual and group interviews;
- training parents, teachers and young people,
- materials prepared by the professionals concerned, young people and adults (local people, parents);
- formation of a working group with groups of decision-makers, professionals, adults (local people, parents) and young people;
- projects are developed and implemented by young people and adults.

Our objectives are: personal development by developing a critical faculty, heightened personal awareness, improved communication, respect for self and others; education for citizenship, which fosters collective awareness and young people's involvement in preventive action (peer groups); information and increasing awareness through primary, secondary and tertiary prevention on a particular drug, STDs and AIDS; improving the environment by reducing risk factors through setting up sports and cultural activities.

In order to do this we have produced newspapers, books, posters, television programmes, booklets, teaching packs, films, clips, videos, radio programmes, slide shows, games, role plays, exhibitions and concerts. We have conducted our project in schools and night clubs.

Our partners are NGOs from Russia and other countries working for the same cause. We have given lectures to 12,000 young people aged 13 to 15 in the last four months. The greatest problem we have encountered is the lack of financial and other resources.

We have evaluated our project by conducting individual and group interviews, and distributing and analysing questionnaires among the target population. Many volunteers have joined us. We have drawn the attention of the local authorities to ourselves and our work. Our problems are financial, and we have had some difficulties with school staff.

Our main aim is to operate in all the schools in the city, then in neighbouring countries.

I became personally involved in the project because I saw drug addict friends die and I did not want my children to die of drug taking. Only our organization and school authorities have publicized the Youth Charter for a Twenty-First Century



Free of Drugs. We spoke about it on Russian radio and sent the lists to schools. Everyone agreed it was very important and useful.

Schoolchildren (aged 14-16) and young people under 20 have undertaken to collect signatures in schools.

We are satisfied with the programme of the Charter and would like to have such activities more often, as drugs are the worst threat to our future.



FRANCE, Angoulême

Laetitia Godreau – age 21

*“Many activities take place in schools,
and this enables children
whose parents are not available
or cannot afford it
to have access to cultural activities.”*

Angoulême is the county town of the department of the Charente, and has a population of about 60,000. It is a place where one is close to nature. There are numerous leisure activities. It is the home town of the strip cartoon.

As partner of the Ministry of Education, our institute works through student nurses in primary schools with children aged eight to ten in rural and urban areas. A typical family in the neighbourhood has two children, the parents working in Angoulême (the mother is a secretary, the father a labourer), eight hours a day, five days a week. The family lives in a one-storey house with a garage, kitchen, dining-room, bathroom, lavatory and three bedrooms.

One of the parents takes the 10-year-old to school at 8.30 (15-minute journey). There are 26 pupils in the class which has two levels (CM1 and CM2). The child has lunch in the canteen with his friends; sports education occupies much of the afternoon. When he gets home at 4, he has tea and starts his homework, which takes about an hour, and then watches television.

The children's academic and sporting activities are well-balanced. It is a short journey to school and they are accompanied by one of their parents (no public transport). Problems arise from too much homework on top of the work done at school. There are a great many extracurricular activities, and the children go to bed late. In their spare time they watch television or play video games, sometimes with friends. They may go to the swimming pool on Wednesday afternoons, their day off. Their leisure activities are essentially individual: music, tennis, etc. The daughter may go into town to window-shop with friends, she may read, go to the cinema and take part in many sports.

Children may do judo, football or tennis or go to the swimming-pool, all these in sports clubs. There are also photography clubs, a library, a bowling alley and riding facilities. Many activities take place in schools and this enables children whose parents are not available or cannot afford it to have access to cultural activities.

As I see it, health is development, balance and ongoing adaptation to a changing environment by coping with restrictions. The most serious health problems in our neighbourhood are connected with physical violence and verbal abuse among children. There are also drug-related problems (Angoulême is the hub of various forms of trafficking).

In my opinion, drugs create a state of dependence on a product which has harmful effects on the body and on social relationships. The drugs taken in my town are, in descending order: tobacco, alcohol and cannabis. Among women: tobacco, medications and alcohol. Among boys under 20: tobacco, alcohol and cannabis, and among girls under 20: tobacco and cannabis.



Our project is called Health Environment Passport and is conducted within the framework of the Nursing Training Institute of the French Red Cross. Primary school teachers and the association were the originators of the project. We identified the risks, particularly with respect to the environment: the concentration of young people in a very small area attracts dealers, hence the risk of drug taking among young people. We also found that young people were ignorant about their bodies and basic physical needs.

Our project takes place over six months. The target group is boys and girls of eight to ten in primary schools. Our partners are teachers and nurses. We have no financial resources.

We began by analysing needs through group interviews and class activities. Then we trained young people. We produced materials with the active participation of the student nurses and formed a working and study group with groups of decision-makers and groups of professionals. Some projects and activities emerged thanks to young people, teachers and student nurses. The aim of the project is personal development, the development of a critical faculty, individual awareness, and respect for self and others. We inform and raise awareness through primary drug prevention (alcohol, medications and tobacco) and general health and hygiene.

As part of our project we produced booklets, posters, teaching packs, role plays and games. We did our work in schools in various neighbourhoods. Our partners were primary school teachers and the pupils' parents.

One afternoon a week we explore different subjects and people's basic needs. We brainstorm to find out what the children know and do not know, so as to fill the gaps. We use games appropriate to the children's intellectual level to encourage them to voice their questions so as to give them a fuller and more detailed concept of health.

The typical family we work with was told about the sessions through the liaison notebook, so they could make comments. The children experienced each session as a leisure period, at the same time being aware that they are learning. At the end of each session they write their impressions in a notebook and express their expectations.

We evaluated our project by reading the children's comments. We saw that they wanted to put into practice what we had taught them and told their parents about it. Unfortunately, we have not been able to respond to all the many requests we have received about the project from schools.

We want to work at national level so as not to be confined to our *département*. We also plan to organize preventive education projects for middle and high schools.

Drugs should be combated by different means. First, through primary prevention by establishing a certain quality of life, before having recourse to prohibition. I am involved in the project through my nursing studies. Public Health is an important component of the training.

We have not yet started distributing the Charter.



FRANCE, Arcachon

Michaëlla Bogatchek – age 17

Cédric Saubion – age 20

“The old do not want to hear the young.”

The town in which we do our prevention work is a seaside resort with a population of 10,000: one third of the population of Arcachon and the Arcachon Basin are privileged, two-thirds disadvantaged. We do our preventive work at the Grand Air High School, situated in what could be called a middle class neighbourhood. Retired people live in pretty little houses. The young people who go to the school do not belong to the same social category as the local people, but come from very disadvantaged neighbouring towns in the Arcachon Basin, and this creates a real problem in the locality where “the old people in the neighbourhood don’t want to hear the young people”.

The family I am going to introduce is a one-parent family living in lodgings consisting of two rooms, with a kitchen and no modern conveniences

The father left home, for a variety of reasons. The wife has two children, does not work and receives the RMI (*Revenu Minimum d’Insertion* – Minimum Integration Benefit). She has little authority over her two sons, aged 17 and 18, who are left to their own devices. The elder boy often supports his mother psychologically. The two boys are therefore faced with problems that usually fall to adults. The family’s financial difficulties sometimes bring it into debt.

There is virtually no bond within the family; the younger boy lives alone and finds it hard to deal with day-to-day problems. Obviously, he therefore finds school work difficult and has poor results.

The problems this high school student has are difficulties with making friends and self-acceptance.

However, he derives great satisfaction from being cared for by someone who helps and respects him. Going out in a group and sports activities in their spare time give young people some satisfaction but, unfortunately, sports facilities are limited and there is an obvious lack of infrastructure because of insufficient investment.

The definition one of the high school children gave of health is very interesting: “feeling psychologically and physically well”. Drugs are substances which foster secondary states. Hashish is the drug most commonly taken by adults. Young people, both boys and girls, take ecstasy more frequently than hashish.

The Grand Air High School undertook drug prevention work because two types of dealers were identified in the locality and in adjacent neighbourhoods. First, there are young peddlers from Bordeaux who find an easy clientèle there. Secondly, Arcachon is a holiday resort made attractive by pine trees, dunes and beaches, which draws a lot of young people from all backgrounds who come to surf. A fashion and lifestyle have developed around the sport, which often includes taking illegal drugs. When the holiday is over, some of the young people stay on in Arcachon as “sea lovers” and continue to take drugs: they peddle drugs to high school pupils in order to pay their daily living expenses and support their habit.



The main project was the establishment of the High School Students' Centre in order to provide young people with a place open to all, conducive to their personal development. It is a place of relaxation where everyone can find entertainment, have a drink, listen to music or play board games such as chess. Debates are held on the initiative of the young people on themes relevant to their preoccupations, such as "Should cannabis be decriminalized?" It is a place where people can meet, including people from outside the high school who can provide information about careers, for example.

It was established and founded in the framework of the Social Environment Committee. Many preventive education projects have been conducted, particularly primary drug and AIDS prevention.

It has unfortunately proved difficult to motivate some adults with respect to the work, which has nonetheless been received very favourably by the boy referred to above: he has been able to develop his independence, sense of responsibility and civic sense.

The project has been evaluated using questionnaires. Young people show more independence than the national average, and are very involved in the life of their school, where conviviality and responsibility bear witness to the success of the experiment.

We are involved in the work because of the problems we ourselves had.

The Youth Charter for a Twenty-First Century Free of Drugs has been distributed at the Centre by circulating documents and posters. With the television channel France 3, we produced a programme about decriminalizing illegal drugs.

Young people reacted positively to the Charter.

Signatures were collected by young people in the Centre by circulating documents.



FRANCE, Douai

Tiffany Brûlé – age 17

Audrey Wojciechowski – age 18

“The most important problem seems to be the paradox that so much time is spent in school, and yet it does not provide a real living space.”

Douai is about 200 kilometres from Paris, one hour by TGV (high-speed train). It has a population of about 40,000. It was regarded as a university town until the nineteenth century. The Artois Faculty of Laws was relocated there in 1993 and now has 2,000 students. Douai is also the judicial capital of Nord-Pas-de-Calais, and has a Court of Appeal and a Court of Assizes. For several decades it was a mining town, and there is still a belt of mining villages around it. The Renault car factory, the Imprimerie Nationale (national printers), the metallurgical industry, the food industry and a highly developed service sector have now replaced the pre-1960 coal-mining industry. The school estate, consisting of a middle school and a high school, is situated in the town centre near the shopping district.

Economic changes over the past few years have resulted in a population of widely varying social categories. Families are very heterogeneous. Financially and intellectually privileged families coexist beside families with serious problems. To illustrate this, we will describe two typical families whose children attended the same schools.

In the first, the parents work; the father is a psychologist, the mother a teacher. Their two children are studying; their 22-year old son is a medical student and their daughter is about to enter higher education, having just obtained her school-leaving certificate. Their leisure is satisfactory, in that the boy goes to the conservatory of music and plays an instrument in an amateur band, while the girl goes horse-riding.

The second is a one-parent family with a father and two children. Material difficulties are compounded by emotional problems: the elder son is obliged to be very active in family life, while his schooling requires extra work which makes him feel at a disadvantage at school.

They live in houses in the former mining villages.

A young person's day starts at 8 a.m. and ends at 5 or 6 p.m.. Relatively little time is spent travelling – about 30 minutes a day. A large number of pupils eat in the school canteen where they have about an hour for lunch. There are approximately 30 pupils per class. There is often a lot of homework – an average of three hours.

The most important problem seems to be the paradox that so much time is spent in school and yet it does not provide a real living space.

With respect to satisfactions, there is a feeling at school of belonging to a centre of excellence: good reputation, good exam results, classes to prepare for entrance to the Grandes Ecoles. However, young people from deprived families have difficulty developing this feeling of belonging and having landmarks.



There are many leisure activities: cinema, theatre, music, sport, astronomy, computing, etc., but there is a great disparity of such activities according to social background.

I would define health as a state of complete physical, mental and social well-being, not simply the absence of illness and infirmity.

The main problem of some of the teenagers in our school is depression. Many factors explain this: first, parental pressure to succeed at school causes great anxiety. For some, the social crisis, parental unemployment and family breakdown also tend to cause psychological problems.

I would define drugs as follows: a legal or illegal substance with which the individual develops a physically and/or psychologically dependent relationship.

The drugs most commonly taken are, in descending order, alcohol, cannabis and ecstasy.

With respect to the preventive education provided in the school, the first step taken was to take stock of high-risk behaviour on the basis of a survey carried out by a group of teachers and pupils.

First, this group of people drew up a questionnaire in order to collect as much information as possible on the subject. Then the questionnaires were distributed and filled in by more than a thousand pupils. Reading and analysing the findings revealed the difficulties the pupils were encountering and enabled us to set up "priority projects".

There were six projects

- training in listening and communication was offered to pupil volunteers; contact-pupils for high-risk behaviour;
- a team of volunteer teachers took a course on group dynamics techniques;
- Tai-Chi workshops were set up to enable young people to acquire self-control and relaxation techniques;
- recreational events (concerts) have been organized to provide opportunities for communication between adults and young people;
- in order to foster better contact between the middle and high schools, a special organization has been set up to reduce the difficulties some pupils have when they make the transition to high school;
- with the participation of people in the school system (nurses, the doctor, teachers, contact-pupils) and people from outside the school (social educators, the director of the social centre, a representatives of the police and of the judicial system), a video-film, *Caroline*, was produced about using illegal substances. The main character is a teenager with problems of depression specific to adolescence. He takes refuge in illegal drugs and tries to commit suicide to escape from dealers. The second part of the film emphasizes the need to organize a broad mobilization of the various people involved and their work in partnership with the various authorities: police, the judicial system, young people, parents, teachers and voluntary bodies, in order to provide effective help for teenagers with this type of problem.

This scenario furnishes grounds for setting up a prevention strategy:

- training teachers with the help of a group;
- distributing the film to pupils and making them aware of high-risk conduct, particularly the absorption of illegal substances;



- involving pupils in projects and prevention;
- making the school lucid and realistic about drug dependence.

The Youth Charter for a Twenty-First Century Free of Drugs was presented to all class representatives who, in their turn, presented it to their respective classes.



FRANCE, Marseille

Jacqui Schneider-Harris – age 28

“The older children supplement parental upbringing to reduce the tension between the traditional culture and western culture.”

The Young Prevention Workers project was developed in Marseilles, a port with a population of 800,000. Several difficult neighbourhoods receive aid from the City Council. There are various ethnic groups in the working-class neighbourhoods of the city. The unemployment rate is almost 40%. People are worried about the future of young people. Ways of getting by economically make up for the lack of employment opportunities and maintain a social bond between generations.

The neighbourhood of Castellane in the 15th district is a large social housing estate. There is a social centre in the middle of it with a broad remit which provides activities for the whole population. There is a very active voluntary sector in the locality and, although there are virtually no subsidies, grassroots workers give assistance to the most disadvantaged. Football is particularly important and brings together the young and not-so-young. Zinedine Zidane is from the neighbourhood.

A family from the Comoros may be taken as an example. The couple (the husband is about 56, and the wife 43) live with children aged between five and 25. Approximately eight children live permanently in the family flat. The father is lucky enough to have had a steady job for years. The parents cannot read French; the children have received Koranic education and attended schools in the Priority Education Area. The daughters are sheltered from the outside world and marriages take place according to traditions in their country of origin.

The family lives in a five-roomed (four-bedroom) flat. The girls and younger children sleep in the same room, while the older boys have their own room. The living room is used for receiving and housing visiting family members. The family is respected by the community because of its religious beliefs and because none of the children has gone off the rails. Neighbours meet in their flat. The furniture is in the style of their home culture.

The nine-year-old daughter gets up at 7 o'clock, has breakfast, helps tidy the bedroom and washes and one of her elder sisters does her hair in the traditional style. When she is ready, she goes downstairs and joins her friends to walk to the school about 10 minutes away. She has lunch in the canteen. There are 25 pupils in her class, most of whose parents are of foreign origin. She does her homework under the supervision of her elder brothers and sisters. She enjoys the security of an attentive family. The older children supplement parental upbringing to reduce the tension between the traditional culture and western culture.

The problems stem from confrontation with children and adolescents who, because they are unsupervised, develop anti-social behaviour and tend to reject children from attentive families. This little girl knows nothing about anything outside the neighbourhood because the school's meagre budget makes it impossible to



organize outings. She attends Koranic school on Sunday mornings and is enrolled at the centre for play activities on Wednesdays.

There is a Comoros cultural association, so she can do folk-dancing, which is very important for her as she can proudly share her culture.

The many marriages and births provide opportunities for learning women's customs and traditions. The little girl learns about her future responsibilities.

As to leisure, if we take the example of her elder sisters, this is organized by the original cultural community, provided that their parents know the organizers. Leisure time is also used for doing the shopping with their parents, taking the younger ones to the doctor, etc. The activities for young people at the Social Centre are mainly designed to keep them occupied. Recourse to local associations managed by volunteers is the norm, but contributes to a certain enclosure in the community. Little provision is made for girls and women in the neighbourhood. Furthermore, openness to the town is not always encouraged by the religious context.

As in many other places, there is a serious lack of arrangements and funds for 1425-year-olds. The various types of infrastructure are all overburdened. Transport is not a problem, but the almost complete lack of resources makes it impossible to go into the very centre of town.

What is good health? It is the result of the individual's sound biological, psychological and social development in relation to his or her environment. The most important health problems in the neighbourhood are depression, malnutrition, viral hepatitis, alcoholism and drug taking.

Drugs are products which alter physical and psychological functioning and may lead to physical or psychological dependence (drugs, alcohol, doping substances). We do not have precise figures about the use of various drugs.

Our prevention project is called Young People: Actors in Prevention and is run by the AMPT (*Association méditerranéenne de prévention des toxicomanies* – Mediterranean association for the prevention of drug addiction). It initiated the action because there was a lack of (primary and secondary) prevention work targeting young people aged 16 to 25. Use of illegal substances was increasing among them, but there was no appropriate action. Local services were unable to respond to the problem and asked for specialized intervention.

We are in the third year of our work, which targets young men and women aged 16 to 25. Our partners are local political decision-makers, head teachers, teachers, doctors, psychologists, educators, social workers, instructors, other voluntary bodies, young volunteers and the local people.

In the first year, funding from various sources enabled us to create only one job in the association. Later, the City of Marseilles funded one educational post, with no contribution to running costs. The work began by identifying needs, sometimes through individual interviews, but essentially through group discussions during youth group activities with their leaders. Training youth leaders was made a priority. The materials were produced by young people. A group of professionals, one of young people and one of youth leaders were formed. The young people undertook projects on personal development, development of a critical sense, personal awareness, improving communication and respect for self and others. Education for citizenship was also included through collective awareness, the involvement of young people in preventive work, and the forging of a social bond by prevention workers and members of the peer group.

We do primary, secondary and tertiary prevention work concerning all drugs, STDs, AIDS, viral hepatitis, general health, exclusion and violence.



The materials were newspapers, teaching packs, personal experiences, radio, theatre, role play, exhibitions, concerts, games and software. The work was done in schools, associations, and discotheques in several neighbourhoods. Our partners are social centres, youth clubs, schools, health centres and various associations: Family planning, AIDES Provence, TIPI and others targeting drug users. We have help-desks at places frequented by young people in order to communicate with them and discuss drug taking, the risks involved and other related issues.

We run discussion and training groups for young people in youth centres, social centres and schools in order to build up networks of young prevention workers. We train young group leaders. We occasionally work on radio, at Hip-Hop parties and at events in the neighbourhoods, festivals, sports events, etc.

We provide methodological and practical help to young people's associations that wish to conduct drug prevention projects. We develop new materials and educational aids with young people. Often, however, we find it difficult to mobilize young people and especially their leaders. It is difficult to give priority to this type of work.

The family described above enters only marginally into our work, as we work only with young people and their leaders.

Our work has been evaluated using questionnaires and individual interviews. The project was greatly appreciated in the neighbourhoods where it was conducted. Young people are glad to be able to obtain information informally in a non-judgmental atmosphere in which they are respected. They appreciated having the opportunity to meet drug users, former users and voluntary bodies. Youth leaders also appreciated the training available and now involve more young people. However, we find it difficult to mobilize young people and youth leaders in neighbourhoods that lack resources or have internal management problems. We do not have the resources to make the leap from the talking to the producing phase: videos, theatre, music, tours, etc.

However, we are planning to create four youth posts in 1999 to extend the team and reach more young people. We are training young professionals in specialized prevention work (young people and drugs). We are producing new prevention materials in cooperation with young people.

My personal motives were my interest in contact with young people and their involvement in analysing the drug phenomenon among them, as well as my interest in prevention. I have 15 years' experience working with young people, including drug users. I am personally committed to promoting health and solidarity among young people. I used professor Parquet's Report in 1997. I have consulted Carl Rogers's work on counselling and the humanistic approach to the therapeutic relationship.

We have not been able to work with the Charter. We shall need longer and more numerous interventions in schools if we are to be able to cover it. Because most young people in the neighbourhoods already take drugs, they are not ready to hear about a life without drugs. For us, the Charter would have to be something we would use with a group meeting over a long period. We are planning to look into that in the autumn (1998) when we set up new groups of young people. We have not yet organized any work based on the Charter.

We are trying to reduce the gap between the young people who take drugs and those who do not. We want to promote solidarity among young people. We have to examine how we can include the Charter in our work as a whole.



FRANCE, Sucy-en-Brie

Laetitia Bourgeois – age 22

*“Moving towards other people where they are,
increasing and diversifying exchanges
between knowledge and skills,
should make it possible to reintroduce dialogue
and contact.”*

Sucy-en-Brie extends over 1043 hectares and has a population of 35,000. The Town Hall is open from 8.30 a.m. to 12 noon and from 1.30 p.m. to 7 p.m. The town consists half of houses, half of blocks of flats. There are sports facilities, but membership is expensive. There are small local shops, an industrial estate and a private clinic, because the nearest hospital is 12 kilometres away.

The Cité Verte and the Fosse Rouge are two neighbourhoods composed of six- to 14storey blocks. There is one small shopping precinct, no sports complex and only one park. The blocks house low-income families, some of them disadvantaged, others poor. There are no youth or social centres. The two estates are the two largest disadvantaged neighbourhoods in Sucy-en-Brie (mixed population).

The typical family in the neighbourhoods usually lives in a three-roomed flat and is composed of seven people. The parents sleep in one room with the youngest child. There is a room with bunk-beds for the three boys, while the little girl sleeps on a sofa in the living-room. There is a small kitchen and the bathroom is very basic. There is no balcony. The housing conditions are therefore difficult.

One of the members of the family is often unemployed and the family lives on various social benefits. The father works in a factory; the mother has several hours of cleaning work. The father is often absent as he has two or three hours' travelling a day; The members of the family have no common activities except on Sundays. The father usually plays football and the mothers sees other women in the neighbourhood.

The problems arise from lack of dialogue. The children have little supervision and hang around on their own in the neighbourhood. The family cannot afford to pay for leisure activities for either adults or children.

The children's school life is structured as follows: class from 8.30 a.m. to 5 p.m. The eldest, who is 15, attends technical college in Créteil and therefore leaves home at 7 a.m. and does not return before 6.30 p.m., depending on the buses. There are 35 pupils in his class. The mother has great difficulty in keeping up with the children's school work. As she has so many children, she is always busy. Furthermore, she herself does not have the knowledge to be able to follow their work. The son has chosen an option he likes, but this means he is away from the community and spends a lot of time travelling. He is often too tired to do his homework in the evenings.

The 12-year-old daughter has no out-of-school activities. During the holidays she goes to camp, plays downstairs or watches television.

Sports and cultural activities are available, but they are expensive. The library, video and CD libraries are well-stocked but are not free of charge. The family cannot





Family photo:

Young participants from 25 countries together with the UNESCO organizers from the Section for Preventive Education and the leaders of the NGO Environnement Sans Frontière

The singers of the Rap group CMP (Chaque Minute en Progression) are in the middle of the front row.

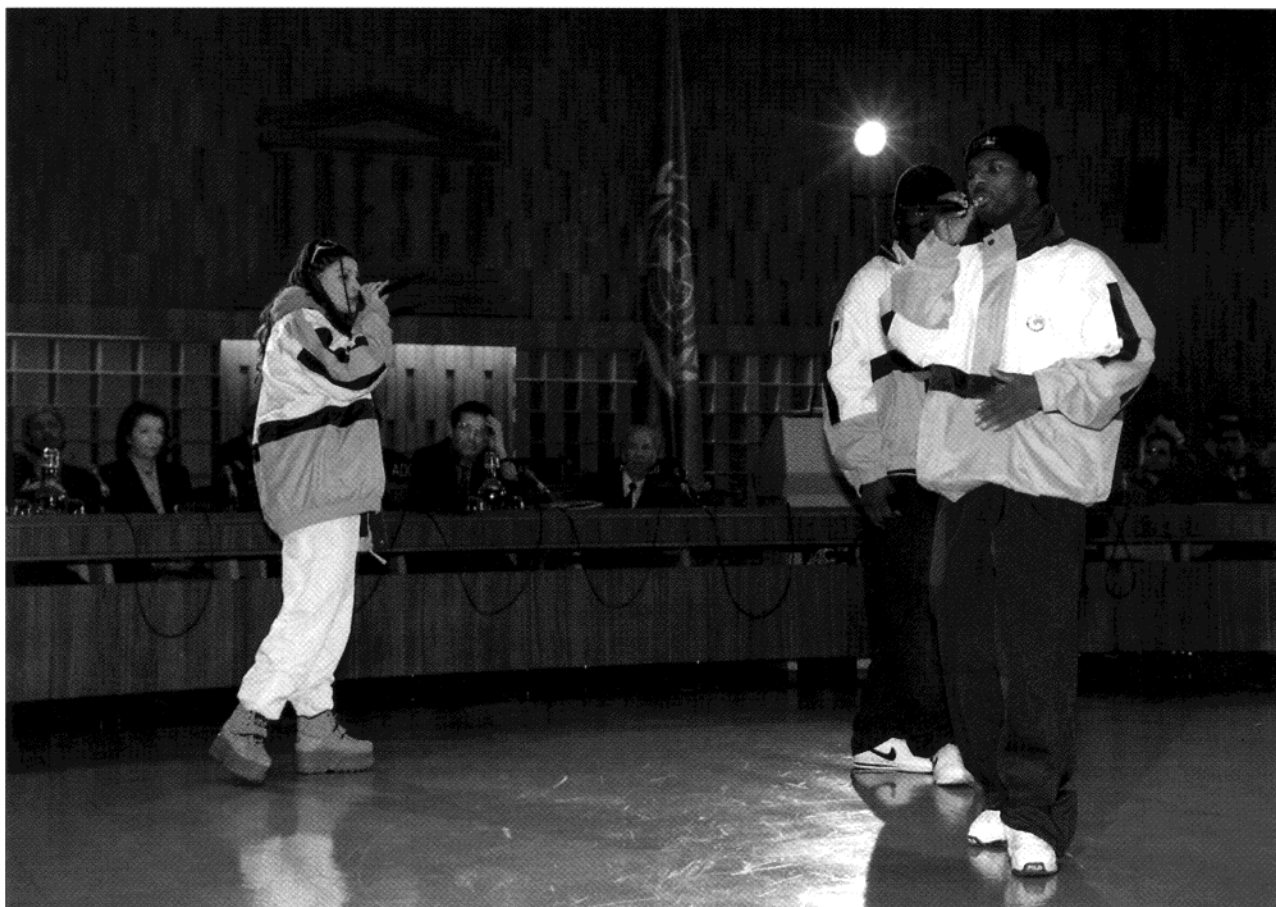


An emotional moment for Laetitia and Rodney as they read out the Youth Charter "For a 21st century free of drugs".

Thousands of contributions from young people in more than 80 countries went into the drafting of the Charter:

"We the children and young people of the world, call upon the Heads of State and Government and lawmakers to take due account of the principles contained in this Charter in their future policies."





The Rap group CMP giving the first public performance of its song *Free of Drugs* to an audience of young people and eminent personalities.

The young singer lays it on the line:
"I'm struggling for my breath, I feel I'm close to death. Drugs, drugs have ruined too many of my friends..."



Young people who have come for the meeting attend a round table on a "21st century free of drugs" at the Lycée Lamartine in Paris.





The young participants expressed themselves with deep feeling and great seriousness on the problems caused by the use of drugs in their countries and described in detail their involvement in preventive education initiatives.

(All 3 photos by Cyril Bailleul)





Patricia Barrantes, the representative of a UNESCO Associated School in Costa Rica, presents the Youth Charter to United Nations Secretary-General, Kofi Annan, on 8 June 1998 in the presence of Her Majesty Queen Silvia of Sweden.





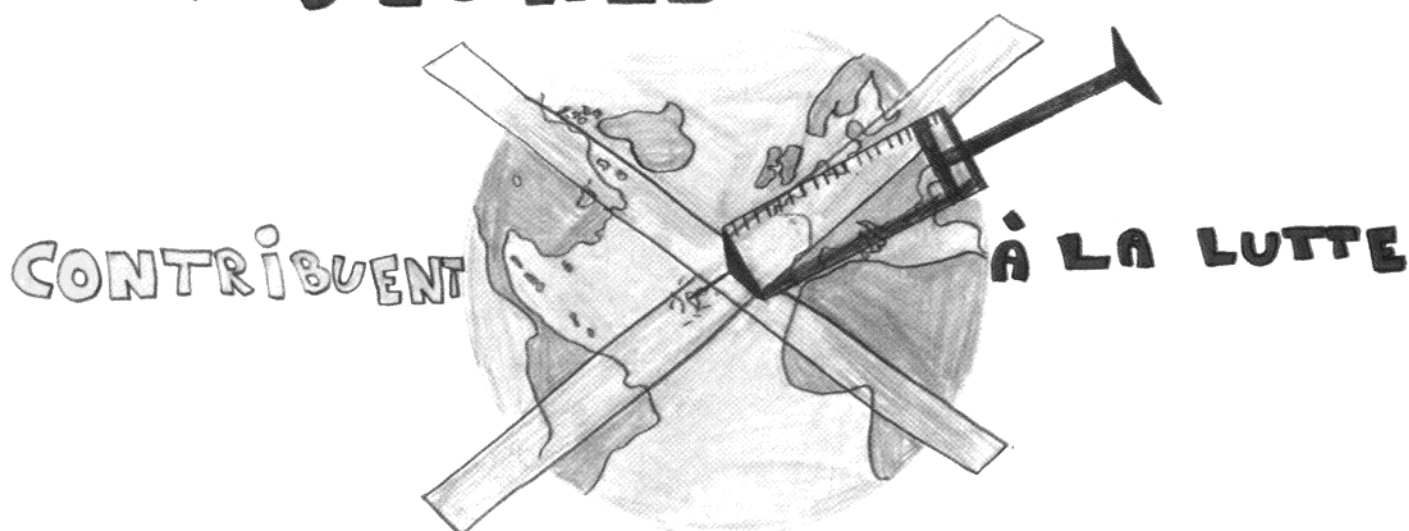
Francine Lahatra, a pupil at Lahatra Soamanandrariny Private Secondary School, Antananarivo, Madagascar.
 (The message reads: We can never have too much information / Or too much education / If we want to wipe out / The evils of drugs.)



Marjan Japarkulova. School #2 by Chkalov, Naryn, Kyrgyzstan



**AVEC L'UNESCO TOUS
LES JEUNES DU MONDE**



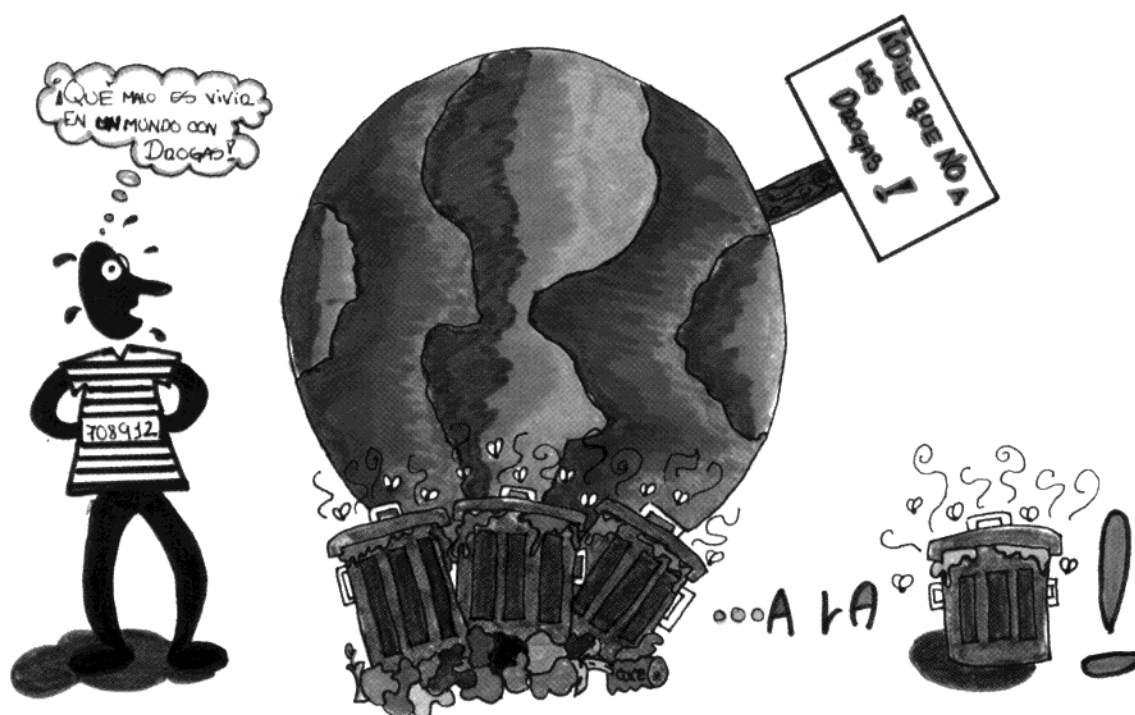
CONTRE LA DROGUE.

La Carrière Secondary School, Saint Avold, France
(The message reads: With UNESCO the world's young people are all helping to fight drugs)

All the young people's visual aids were produced in the framework
of the Associated Schools Project Network (ASPnet)



... No Arrojes tu vida...



Jose M. Patiñor. San Lazaro Secondary School, Cumana, Venezuela

*Say no
to drugs!*

Heroin, Cocaine
Can you imagine
How much beauty
You are ravaging
In the children's veins?

Why did they start?
Tempted by a swindler?
But they can get on top again
And live a life of trust, joy
And beautiful surprises.

Why step into a world of misery
Where nothing but pain lies ahead?
Leave hell behind!
It's not too late to go back.

If you need help
You will always find it.
Some people want to do nothing
But listen and advise you.
Don't hesitate!
Go straight for the future!

The pupils of 3°5 at La Carrière Secondary School, Saint Avoird, France
(Diebold, Leiser, Barbier, Starck, Padoan)



afford any leisure activities. Sometimes they pay for outings offered by the town council. They have no cultural life.

A Youth Council formed by the Prevention Chalet of the Fédération Nationale Léo Lagrange has video equipment and is beginning to become known in the town. It recently started providing activities at neighbourhood festivals, evening work, theme evenings and computing. The young people on the council also work on prevention with young people in the streets and families. This is their priority.

The Youth Council lacks satisfactory infrastructure, but this does not prevent its going into the neighbourhoods. It is making its way and hopes to find a partner so as to obtain a room in which to channel "straying" youngsters towards structured activities.

For our family, health means normal development, a better way of life in a healthy environment and access to medical services. We believe strongly in our Prevention Chalet training and the APVS (Agence de Promotion de la Vie Sociale – Social Life Promotion Agency) training which is becoming available to our neighbours to improve the life-style that is necessary to health.

The main health problems are those connected with job insecurity. The mother goes only to the doctor for serious illnesses. The lack of contraceptive information and alcoholism cause serious problems in the neighbourhood.

The adults smoke tobacco, drink heavily and use cannabis. The women take medication and smoke, and there are a few cases of short-term alcoholism in response to specific problems. The boys take medicines, drink alcohol and take cannabis and ecstasy. The girls take cannabis, drink less alcohol, but smoke heavily.

Our prevention project is called the Prevention Chalet and comes under the umbrella of the Léo Lagrange Federation: going to meet other people where they are, increasing and diversifying exchanges between knowledge and skills should make it possible to reintroduce dialogue and contact. At the outset, there was a need to inform and train everyone involved in social work (local people, professionals and decision-makers) who could bring about the emergence, participation and mobilization of civil society.

Our project should take place over a one- to three-year period. We target children, adolescents and adults. Our partners are local political decision-makers, head teachers, teachers, doctors, nurses, psychologists, youth leaders, educators, social workers, the police, adult and young volunteers, parents, local people and other voluntary bodies. We have received financial assistance from the Town Hall, the MILDT (*Mission Interministerielle de la Lutte contre la Drogue et la Toxicomanie* – Interministerial mission to combat drugs and drug addiction) and the European Community DG5, but at present we receive support only from a few town halls.

We analysed needs by conducting individual and group interviews. We trained parents, teachers and young people. Professionals, young people and adults prepared materials. With groups of decision-makers, professionals, adults (local people and parents) and young people, we formed a working group and a study group. We initiated projects and actions with young people and adults. The orientations and aims of our work are personal development, development of a critical faculty, personal awareness, improving communication and respect for self and others.

We educate for citizenship by developing collective awareness, involving young people in prevention work (peer groups) and forging a social bond. We do primary, secondary and tertiary prevention work on drugs, STDs, AIDS, hygiene, general health, exclusion (of all kinds) and violence. We are trying to improve the environment by reducing risk factors, through setting up sports and cultural activities.



The materials we have used are newspapers, booklets, books, teaching packs, television, films, and videos and we have produced posters, radio programmes, role plays, exhibitions, concerts and games, and we have put on plays and used personal testimony.

We did our work in schools and neighbourhoods. We were in partnership with local people, voluntary bodies and town councils. We have approached local authorities, the Government and the *département* and are awaiting their replies. Our greatest problem is funding.

We have evaluated our work on the basis of the target groups and group discussions. There was obvious interest in continuing an approach which the local people have adopted. We lack material (financial) resources. We shall soon be presenting our work to all the institutions and bodies concerned.

We shall be working with partners to distribute the Youth Charter for a Twenty-First Century Free of Drugs. It will be sent to 1,500 associations affiliated with the Fédération Nationale Léo Lagrange, and the latter is preparing to distribute it in France and in the European, African and South American countries with which we work.

I personally am planning wide distribution of the Charter in the Seine et Marne *département* where the Chalet is at present, not forgetting national and international distribution. When the Charter was distributed, the young people volunteered to help.

We have not yet been asked to collect signatures.

I believe drawing up the Charter is an exemplary initiative, above all in France, which has yet to take a stand on drugs, and still less on prevention.



GREECE, Patras

Irène Florou – age 22

“Young people’s greatest satisfaction is doing well at school and passing their exams.”

Patras is a town in southern Greece with a population of 170,000 and is the capital of the province of Achaia. It is also the capital of the Peloponnese, one of the largest regions of southern Greece. PROTASI, our association, was founded in 1988. Its activities have spread throughout Greece, especially in the south-west.

I will now introduce one of the typical families with whom our association does preventive education work. It is composed of four people: mother, father, son and daughter. The father, who is from a village where there is a little land with olive trees, completed secondary school and is a shopkeeper. He drives to his shop and works from 9 a.m. to 1.30 p.m. and 5.30 p.m. to 9 p.m. The mother does not work outside the home. The children go to school. The family has lunch together in the village with the grandparents. Their problems tend to be financial, but also concern the children’s future because of unemployment. The large firms that used to be in the region have closed down, and superstores have replaced small shops.

The family has a one- or two-storey house of about 80 to a 100 square metres in the suburbs of Patras. Sometimes there is a small back garden. The son is 15 and goes to middle school; later he will go to high school until he is 17 or 18. One week he goes to school at 8 a.m. and finishes at 1.30 p.m.; the following week classes start at 2 p.m. and ends at 7.30 p.m. The school has three levels. There are 25 to 30 pupils per class. The subjects taught are mathematics, languages, computing, physics, gymnastics, chemistry, biology, history, music and the Greek philosophers. After school he comes home and does his homework for the next day. He sometimes has private lessons to prepare him for exams and help him with foreign languages. He does not have much spare time. He sometimes goes to the cinema, less often on an outing.

At the week-end, the daughter goes hiking with friends or to the cinema. During the week-end she spends her spare time doing homework, sometimes having private language lessons. She does not have much spare time.

There are not many youth centres. Most are private clubs which provide sports and cultural activities (dancing, music, painting). There are four large organizations: the scouts, the PROTASI centre and the university football and basketball clubs. These activities essentially take place at week-ends and during the holidays. The youth centres are not very accessible, as they do not operate regularly. Furthermore, they are run by volunteers, have financial problems and sometimes lack infrastructure and equipment.

For me, health is not simply not being ill, but also the state of an active person who participates fully in daily life and has the strength of mind to take decisions and responsibilities. HIV, hepatitis B and C and meningitis are the main health problems in our town. I would define drugs as substances used by people to compensate for their inability to solve personal, social and other problems.



Our association, PROTASI (Proposal for Another Lifestyle) has been involved in preventive education projects for seven years. The projects concern above all the local population, in particular:

- teachers in primary and secondary schools with the agreement of the Minister of Education;
- parents and pupils in the region's schools;
- local and national bodies involved in prevention and treatment;
- PROTASI has its own Centre for young people aged 12 to 18.

All PROTASI projects have been approved by OKANA (the national prevention body). We carry out our preventive work in schools with the help of teachers and associations in several localities. Protasi has formed a network of local voluntary organizations and a network of national prevention and treatment agencies. The national youth agency, the Axana Technical Institute, Patras City Council, the Ministry of Education, NGOs, local agencies and unions are PROTASI'S main partners.

The young people of the family described above received information about drugs in their school through PROTASI, in cooperation with teachers and the head teacher. Both children have been involved with the PROTASI Youth Centre. The parents were invited to attend a seminar organized by PROTASI following an information meeting. The themes studied are: "Relationships and communication with young people", "Information about the various drugs", "Why prevention?" and "Motivating the school community about preventive work at school and in the family".

We have evaluated our work with parents: 98% of them were satisfied with the information received; 20% were in PROTASI groups and involved in school activities. Children have taken part in discussions and 15% of them have decided to become members of the youth centre (PROTASI-CCO). Parents are less motivated. 10% of teachers have decided to undertake ongoing prevention work.

Our work with the Youth Charter for a Twenty-First Century Free of Drugs began in June 1998. The Charter was translated and published in our magazine PROSOPO. The team working on the Charter was trained in June.



ITALY, Parma

Fédérica Folli – age 26

“Young people would like new places in which to meet, listen to music, talk, and put on plays and other shows.”

Parma is situated in northern Italy between Milan and Bologna and has a very high standard of living. The unemployment rate is very low. After Paris and Bologna, Parma has the oldest university in Europe. Young people leave school because they are attracted by the world of work. The Parma region is called “the plain of plenty” and is famous for Parma ham and parmesan cheese. Parma has a population of 160,000; the province has 400,000 inhabitants. The average home in Parma is a 100-square-metre flat with a kitchen, bedrooms, a bathroom and a living-room.

The typical family is composed of four people. The father has an average educational level and a job, and works eight hours a day, as does the mother. The son is at secondary school. He has five hours of classes and three hours of homework a day. The daughter is at university: there are lectures every morning and she has to do five hours’ private study a day in order to keep up with the various subjects. Neither child has any particular problems – their lives are generally satisfactory.

In his spare time, the boy plays football and volleyball. Cultural activities (cinema and music) are also much appreciated. Young people go to pubs, discotheques and clubs. The daughter enjoys cultural activities (music, etc.). Several activities are available to the young people of Parma. The town has numerous clubs, cinemas, gymnasias, and voluntary and cultural associations. Young people have about two hours’ leisure time a day. However, young people would like new places in which to meet, listen to music, talk, and put on plays and other shows.

As I see it, health is a balance between medical and psychological factors and lack of illness. The main health problems are depression, lack of basic motivation, stress, aggressiveness, anxiety and hyperactivity. Drugs have an anaesthetizing effect. Drug taking is an attempt to treat one’s current problems oneself.

Our project is called *Spazio Giovani* (Youth Space). We might call it *Studenti per la prevenzione* (Students for Prevention). The association is called *Centro Studi Farmacotossicodipenze* (Centre for Pharmacodependence Studies), which began the project. Studies conducted in a school produced the following findings: 29% to 31% of young people aged between 15 and 19 have opportunities to smoke cannabis; 8% to 10% of young people have the opportunity to take ecstasy. There are 3,000 young people dependent on heroin. It is six months since we started our project with adolescents aged from 14 to 19, in collaboration with teachers, doctors, psychologists and parents. Our project has been conducted in several stages: needs analysis using questionnaires and group interviews, teacher-training and peer-group training. We have formed a working and study group with young people: the young people have developed projects and other activities. We have done information and awareness work in the framework of primary prevention. Our partner in this work, which was done in schools, was the *Proveditorato Agli Studi Di Parma* (Parma Inspectorate of Studies).



Posters, booklets and theatre have been used to illustrate the improvement in the environment. We have mobilized groups of young people to study the effects of drugs and remove misunderstandings about them. We have raised teachers' awareness of both drugs and young people's lifestyles. We have not been working long enough to have had any problems. Our programme is just beginning and we cannot yet assess results very accurately. In the future we intend to evaluate our work using questionnaires. We should also like to mobilize further groups of young people in schools and assess the results. The young people were interested in the Youth Charter for a Twenty-First Century Free of Drugs, which was distributed to them at school.



MALTA, Mosta

Gabriella Calleja – age 27

“The school system attaches great importance to the main subjects. The children who have good results in other subjects (arts, sports, etc.) are not so well regarded. The rule is competition rather than cooperation.”

Malta is an archipelago of six islands in the middle of the Mediterranean Sea south of Sicily. The largest island, from which the archipelago takes its name, is Malta. The capital is Valetta. The other inhabited island is Gozo. The total area is 246 square kilometres and the population is about 380,000. Catholicism is the main religion and tourism the most important industry.

Mosta is a village in the centre of the island of Malta with a population of 16,700. It is situated in a valley and, while some neighbourhoods are old, the outskirts have undergone rapid development. Young couples and families live on the outskirts. The village is famous for the dome of its church, which is thought to be the fourth largest in the world.

A typical Mosta family is middle class and composed of a mother, father and two children. The father is an accountant and works for a company in Valetta. The mother teaches in a Mosta school. She stopped work when she had children and went back when they started school. There are two years between the children. The daughter is 12 and in her second year at secondary school, while the son is 10 and in his last year at primary school. They go to a private school and a bus picks them up at 7.30 in the morning. The mother does most of the housework. The children do their homework in the afternoon, watch a little television (5 p.m. to 6.30 p.m.) and go to the “Museum”, a religious association which teaches the children catechism and prepares them for confirmation. The family is together on Sundays, when they visit other members of the family – grandparents, cousins, uncles and aunts. The family occasions are Christmas, New Year, Easter and the summer holidays when there is no school and they can go to the beach.

They live in a whitewashed two-storey stone house with a basement and garage on the outskirts of the village. The house was expensive, and the parents are repaying the mortgage over 25 years, which means that they both have to work. The children have their own rooms.

The youngest children’s classes are from 8 a.m. until 1.30 p.m. A bus picks them up at 7.30 a.m. and they are home with their mothers by 2 o’clock. The boy, who is still at primary school, has only one teacher for all subjects. In the morning, when the children are still fresh, mathematics, English, Maltese and religion are taught. There is an examination in these four subjects for entrance to the high school. After school he spends a lot of time doing homework and sometimes having private lessons. The daughter, who is at secondary school, has six 40minute lessons a day. At the end of this year she will have to choose her subjects for next year. The school system accords great importance to the main subjects. The children who have good results in other subjects (arts, sports, etc;) are not so well regarded. The rule is competition rather than cooperation.



The daughter plays basketball with her school team and trains during her spare time. Matches take place on Saturday mornings. She also likes reading and watching television. In the summer, everyone swims and plays beach games.

The son plays football on Saturdays in an under-elevens team. He also cycles (BMX), although his parents are afraid to let him go on the roads, so he waits for them to take him to the park. He also plays with the Play Station for about an hour a day.

There is a youth centre managed by a Catholic Action movement where young people can play billiards and table tennis. There are meetings once a week.

The centre is managed by a group of adults under the priest's supervision. It is for 13- to 17-year-olds. There is also a choir. The boys who are good at football go to a football club. There are bars and clubs where older children can meet during the week. At the weekend, the older ones often go to Paceville to meet friends, see a film or go to a disco. It is an ideal place for young people. Those who do well at school spend much of their spare time on their homework. The others, who do not plan to continue their education beyond the compulsory age (16), have more spare time.

The greatest problem we have is the lack of adults willing to work in youth centres (there are also centres managed by religious organizations), and a lack of facilities for both indoor and outdoor sports. In sports clubs, the facilities are usually reserved for training.

Those who are not good enough to be in a team have difficulty finding places in which to play sports simply for pleasure.

In my opinion, health is the physical, mental, social and spiritual well-being of the individual. The main health problems in our town are principally connected with the increase in the consumption of alcohol and tobacco; bad eating habits and dangers connected with overexposure to the sun in the summer; respiratory problems resulting from pollution and misuse of tranquillizers, and abuse of illegal drugs such as hashish, heroin and ecstasy; stress and depression in all age groups, ill treatment of children (rape, family dysfunction); These problems are combined with lack of staff in health promotion, prevention and treatment bodies.

For me, drugs are substances which, when introduced into the body, bring about emotional, functional or behavioural change. Drug abuse or misuse of drugs is using them inappropriately and using drugs or substances for non-medical purposes. A study conducted among 16-year-olds by Espad in 1995 showed that boys and girls take, in descending order: alcohol, tobacco, solvents, cannabis, tranquillizers or sedatives, ecstasy, LSD, cocaine, crack, heroine and amphetamines.

Our prevention work among young people is done mainly in schools. A prevention programme has been put in place in all the schools on the island. Work is also done outside schools. Government authorities in collaboration with the Ministry of Education and associations of private schools provide support. The programme requires teachers' cooperation. They have received appropriate information and training. Information is also distributed to the students every year. All this requires a great deal of organization and human and financial resources which we do not always have. One of the most serious problems is managing the programme and the aid provided to teachers in schools by the Sedqa Agency Against Drug and Alcohol Abuse. For the programme to run successfully, a great deal of coordination is also needed between the various government departments.

The programme is for secondary school pupils of 11 to 16. During the first three years of the programme, the teachers incorporate information about prevention



into their classes. In the first year, they deal mainly with tobacco, in the second with alcohol and in the third with other drugs. Teachers receive a textbook. In the fourth year, a group of students is selected to take part in a peer-group information programme, They then set up a preventive project in their school. A set of seven posters showing the effects of seven different drugs is distributed to fourth-year students. In addition Sedqa provides classes for parents.

The greatest problem is obtaining approval for the programme from the Ministry of Education. Another has been motivating schools and organizing meetings with Sedqa workers. Nor is it easy to find textbooks, leaflets, posters, etc. There are also problems because of lack of staff. The evaluation system has not yet been set up.



NEW ZEALAND, Canterbury

Kimberley Paton – age 18

*“The cost of activities is sometimes a problem,
and they are often chosen by adults who think they know
what young people need – but this is not always the case.”*

PRYDE is a national organization, although the national office is in the province of Canterbury. Canterbury has a population of 380,000. It has a rich cultural life and is known as the “garden city” of New Zealand.

Preventive work is done throughout New Zealand in a number of very diverse towns and communities. It is very difficult to describe a typical New Zealand family, as every family is different. New Zealand culture is varied. The majority of the population is of European origin, while 15% are descended from the Maoris, the indigenous peoples of New Zealand. Although cultural origins vary, the average family has three children. Occupations and places of work vary enormously. Cars are the most common means of transport.

It is difficult to describe leisure activities generally, as they are extremely varied. Sporting activities are, however, very popular.

Most families live in one- or two-storey houses in suburban communities. Houses are often quite spacious with a garden front and back. Children leave home between the ages of 18 and 20 and move into flats.

Young people attend school between the ages of five and 17: primary school from five to 10, middle school from 10 to 12, and high school from 13 to 18.

Classes usually take place between 8.30 a.m. and 3 p.m.; some schools have a boarding section. State schools have up to 30 pupils per class. According to age, they have homework five evenings a week. A variety of subjects is on offer in different schools, such as English, mathematics, history, geography, biology, physics, chemistry, music, etc. Some schools offer more specialized subjects, such as photography, religious education and drama.

They have the usual problems that children have to face as they grow up such as peer pressure, self-esteem, pressure to succeed, etc. Satisfaction and difficulties vary from one person to another, but there are common obstacles that young people encounter.

Rugby is the most popular men's sport in New Zealand. Football, cricket, hockey, cycling, water sports, surfing and skateboarding are also very popular. New Zealand provides excellent landscapes for walks – and for tramps. Snowboarding and skiing are very popular in winter and there are several ski-slopes nearby, especially in South Island. There are various other activities such as drama, sculpture, music, electronic games and graphics. Netball is the most popular women's sport.

Leisure activities vary according to the environment. In rural areas there are few opportunities, while in the towns and large conurbations a variety of activities are available such as youth groups, sports clubs, skating rinks, voluntary work, sports, theme parks, cinemas and parties. The target age-group is 10- to 18-year-olds.

The activities available provide healthy amusements and participation by young people, but more communication is needed among young people in order to know



what their leisure needs are. The cost of activities is sometimes a problem, and they are often chosen by adults who think they know what young people need – but this is not always the case.

Four thousand people die every year from tobacco-related cancers.

Heart disease, cancer and psychological problems are very common. PRYDE's definition of "free of drugs" might be "no use of illegal drugs and no illegal or harmful use". The various drugs I believe are taken by adults in my country (starting with the most common) are tobacco, alcohol, marijuana, morphine, LSD, solvents and other drugs. Young people, boys and girls (under 20) use tobacco, alcohol, marijuana, morphine, LSD, solvents and other drugs.

The title of the project is Young People to Young People. The name of the association is PRYDE, New Zealand. The people who support our work are representatives of institutions, parents, NGOs, community groups, young people, corporations and schools, all of whom have given their support to the work. The problems encountered by people who support the project working at grassroots level are lack of funding, of media support and of government backing. The work was developed over a period of three years.

The target group is boys and girls aged between five and 20. Members of the police force, teachers, educators, community groups, parents, volunteers and schools have all taken part in the work.

To fund the project, PRYDE relies on donations, subsidies and sponsorship. The various stages of the project were needs analysis (using questionnaires, surveys, individual and group interviews); education (parental education, teacher training and youth education); preparation of teaching aids by young people, the professionals involved, adults (local people and parents); setting up working groups (groups of decision-makers, professionals, parents and local people), groups of young people; project development and execution by young people, adults and professionals.

The aims and objectives of the work were personal development, and respect for self and others. Civic education aims to raise the group's awareness and involve young people in preventive work. Information and awareness concern primary drug prevention. With respect to improving the environment, it concerns reducing risk factors by making sports and cultural activities available.

Newspapers, personal posters, television, personal booklets, radio, teaching packs, role plays and exhibitions were used.

We carried out our preventive work in schools. PRYDE works with FADE (Foundation of Alcohol and Drug Education), DARE (Drug Awareness Resistance Education) and LIFE Education. PRYDE's Young People to Young People programme supports and promotes young people by giving them the information and training to enable them to choose a healthy way of life.

A special aspect of the Young People to Young People programme is the Refuse to be Used Club, which is a nation-wide correspondence club for five- to 15-year-olds. Each member receives a start-up pack with merchandise and resources. They then have access to information about drugs, quarterly newsletters, competitions and correspondents. The problems we encounter are a lack of government backing, staff and funds. The work has received support and training from the appropriate agencies. These are services which families would not otherwise have enjoyed.

The benefits of the preventive education work depend on the individual: ideally, it enables him or her to choose a healthy way of life. It also involves young people in a project which gives them support, education and contact with other young people. We intend to evaluate the preventive work. We plan to follow up the work



by developing and extending services and obtaining funding to put the project into practice. We have made the Charter known to other professionals involved in legal and illegal drug prevention. We have forwarded it to the Government and to anti-drug and alcoholism agencies. Our suggestions for a twenty-first century free of drugs, and our comments are that the Charter should include a definition of “free of drugs”, have realistic and achievable objectives and a strategy for agencies about how they can use the Charter, and take young people’s opinions and feelings continually into account.



PAKISTAN, Punjab

Rehana Kousar – age 23

*“During her spare time she sits doing nothing,
or sits with the old women and listens to them
complaining about the difficulties and hardships of life.”*

Roras is a centuries-old village 18 kilometres west of the town of Sialkot. The population is mainly composed of poor labourers, peasants, factory workers, craftworkers and shopkeepers. Most of them live below the poverty line, and the young people are generally poorly educated, unemployed and frustrated.

The Ghulam Rasool family may be taken as an example: it is composed of the husband, wife, four daughters and two sons. It is from the lower level of the social hierarchy.

Their house has two bedrooms, a pseudo kitchen, a toilet and a courtyard. The family uses a manual pump to draw drinking water. The roof is made of branches and wood. No part of the house is cemented.

The husband is a labourer, the wife a domestic help. The children have not yet reached adolescence. The couple work in the village, and get about on bicycles or by tonga outside the village.

The eldest daughter is 12 and in the seventh class at school. She spends six hours at school, where she learns English, Urdu, Islamic studies, social studies, science, mathematics, Arabic and drawing. When she gets home she has to do her homework. Her school work suffers from the lack of extra classes at home and at school. She is happy to have been able to leave the suffocating atmosphere of the family environment for a while and have access to education, but the obstacles upset her. During her spare time she sits doing nothing, or sits with the old women and listens to them complaining about the difficulties and hardships of life. She cannot play, as there are no such activities for her outside her home.

The boy goes out every time he feels free. He sits on street corners or wanders around the village. He would like to play hockey or cricket, but cannot afford to, so he simply watches other people playing or plays marbles. His friends seldom go to school.

Boys have access to a sports ground where they can play cricket. Some of the girls go to a literacy and training centre, the Rifahi Literacy and Skill Training Centre, where, as well as technical courses, they receive informal education classes on various subjects. Most of the boys waste their time chatting in tea houses, and some go to hemp bars, while many girls have no healthy or social activity.

There are few leisure activities in the area. Young people ask for them but the resources are not available to provide them. If they were, young people would benefit from such facilities.

For me, health means that people enjoy healthy physical, mental and psychological conditions.

In my village there are health problems caused by an insalubrious environment; unsanitary living conditions; lack of knowledge about health and hygiene; malnutrition; a suffocating, congested way of life; lack of appropriate health cover.



As I see it, drugs are substances used to stupefy or intoxicate someone or send them to sleep. Men over 20 take heroin, spirits, cannabis, opium, hemp, hemp smoke, synthetic drugs, cough mixture, alcohol and tobacco.

Women over 20 take sedatives (medicines), tobacco, etc. We are not yet able to provide figures for the number of people using such substances. Boys under 20 take heroin, wine, cannabis, hemp, tranquillizers, cough mixture, alcohol and tobacco.

Girls very seldom take heroin; a few smoke cigarettes.

Abuse of drugs, especially heroin, seems to be spreading very rapidly among the younger generation. Their health is at risk. Consequently, families' hopes are being dashed.

The project is called the integrated Programme to Mobilize Young People Against Drug Abuse. The association is the Rifahi Committee (Regd.) Village and P.O. Roras, Teh and Distt. Sialkot – Pakistan. Our work is backed by institutions, associations, NGOs and young people. We took about two months to prepare the programme. The target group is boys, girls and adolescents.

Teachers, educators, adult volunteers, parents, head teachers, social workers, community organizations and young volunteers also helped to prepare the programme.

The organization relies on financial contributions from the local community. As most of the local people are poor, the resources are very limited.

The various stages of the work were needs analysis (using questionnaires, surveys, individual and group interviews); education (parental education, teacher training and educating young people); preparation of teaching aids by adults and young people (group of adults, group of young people); development and execution of projects by young people and adults. The aims and objectives of our work were developing a critical faculty, improving communication, and respect for self and others.

Civics education aims to raise group awareness, involve young people in preventive work and establish a social bond. Information and awareness concern primary prevention of drugs, and more specifically of heroin; AIDS; health and hygiene; all forms of exclusion; and violence. Improving the environment implies risk reduction and making sports and cultural activities available.

In our work we have used newspapers, books, posters, television, personal booklets, radio, personal drama productions, personal testimony and personal role play. We carried out our preventive education work in schools, associations, mosques and various other places. Most of our partners are girls and boys who study in colleges with activists/members of the Rifahi Committee.

We are working to provide preventive education and a healthy social atmosphere, eliminate the temptation of drug abuse, discourage smoking, and provide drug treatment and the psychological and social rehabilitation of adults. Difficulties have arisen from the fact that drug dealers have made direct and indirect threats against members of the team. It was difficult to maintain a good relationship with drug addicts who sometimes refused to listen to us. It was difficult to bring about a change of attitude among members of different segments of society. Financial constraints also hindered our work.

The head of the family, who had become an addict, benefited greatly from the preventive education work: the cost of buying drugs had increased the family's problems. Persistent persuasion finally led him to join our prevention programme and in the end he stopped taking heroin.



Re-establishing the head of the family in his proper role and the return to normal life had a pleasing effect on family life as a whole. The children were loving, affectionate and attentive to the family unit. Instead of wandering aimlessly around the village, they started to study enthusiastically. The daughter started going to the Rifahi Literacy and Skill Training Centre, our association, in her spare time.

We evaluated the work through individual and group interviews with the target group.

The people said that the programme had been useful and recommended that it be continued on a larger scale. People cooperated during most of the evaluation phase. The IPMYDA social and psychological rehabilitation scheme is continuing. It has the potential to create a confident, drug-free society in the region in question.

I undertook this work for two reasons: my brother had become a drug addict, so I wanted to save others from this, and I like being involved in social work and want to work to relieve human misery.

I distributed the Youth Charter for a Twenty-First Century Free of Drugs, initiating a large programme: people from organizations in all circles were contacted. I distributed copies to students, educational institutions, social development organizations, social and political activists, youth clubs, etc. I began the distribution work with students and regular members of the IPMYDA whose help pushed my work forward.

We are planning to launch a comprehensive programme about the Charter in order to carry out our work successfully. The organization is continuing to hold meetings to draw up a regular plan of action.

Intelligent young people were in favour, and appreciative, of the Charter and hope to be involved in the programme drawn up on the basis of it.

Our suggestions and comments about a twenty-first century free of drugs are that the Charter should receive wide publicity. Governments should be asked to legislate on the basis of its principles, and educational, recreational and social rehabilitation programmes should be drawn up and implemented.



PARAGUAY, Asunción

Gustavo Martinez – age 25

“Recently, drug suppliers have even appeared at school gates, especially where there are evening classes.”

Eighty per cent of the town's population are middle class and have the following characteristics: the father has a skill (mechanic, electrician, etc.); the mother stays at home or is a teacher, and there are three to five children per family. In some cases, the grandparents live with them. It is a region with major international roads (border towns). The towns in which we have worked are linked by dirt or paved roads, except for a few localities which are difficult to reach because of bad weather conditions.

Preventive education workshop days, in which representatives of every region take part, are held at departmental level. Children attend various meetings and we can only be happy about this.

The children who go to school in the morning get up at 5.30 a.m. They often do not have breakfast. It takes 40 to 50 minutes to get to school. There are 25 to 30 pupils to a class in private schools, while in the public sector there are 35 to 40. Classes end at 11.30 a.m. and the children have homework to do for the next day. There is a second, three-hour set of classes in the afternoon. Very few children have school transport.

A positive aspect is that the time it takes children to get to school and the time they spend there prevents their going astray. The disadvantage is that children also have to work to pay for their schooling. Children from rural areas who go to school in towns are disorientated by the different way of life. They are attracted by new forms of amusement such as discos, pubs and meeting houses. Recently, drug suppliers have even appeared at school gates, especially where there are evening classes.

There are also sports clubs and activities that enable children from different schools to meet. The cultural activities would be of greater interest if young people were invited to attend a rock concert rather than contemplate a work of art;

In recent years there has been a trend for young people to meet in shopping centres, service stations and certain streets. The oldest ones arrive in their cars to try out their sound equipment. Girls are interested in the same activities as boys. They sometimes meet to celebrate a family event. Some young people also do voluntary work in associations, at school or on neighbourhood committees. These activities take place at week-ends, sometimes on Fridays.

I would define health as psychological, physical, mental and spiritual well-being, but for most people it is simply physical health.

In our region there are frequent epidemics such as influenza, skin infections, migraine and fevers. Climate change and flooding are causing the appearance of respiratory and circulatory problems and problems with the immune system. There has been an increase in sexually transmitted diseases and AIDS in our community.

I would define drugs as psychotropic substances which, when introduced into the organism, change the individual's behaviour. According to a number of



professional studies, in our community some people over the age of 20 are dependent on drugs, tobacco and alcohol. Among those under 20 there is dependence on cigarettes and marijuana. Some eight- and nine-year-olds inhale solvents. The situation with respect to these substances has become alarming in recent years both in schools in poor suburban areas around the capital and in those in the interior of the country. Cobbler's glue and petrol are also used in the street by school-children and shoeshine boys, window cleaners, newspaper and sweet sellers, all of whom are hawkers.

We have coordinated a preventive education programme, *Joven a joven para valorar la vida* (Young people speak to young people to improve life), which is supported by UNESCO, in seven large towns. We have also held a national congress in Asunción which was attended by more than 100 young people. The *Joven a joven* programme involved an average of 50 participants a day, including volunteers and prevention officers. The methodology of the programme is based on playing games that enable young people to be creative and express great concern about the scourge of drugs.

Other preventive work was successfully implemented during the "for youth free of drugs" project. To strengthen youth associations in 10 different localities, programmes based on leadership development, role play, and strategies based on participation and group work have been put in place.

With respect to the Youth Charter for a Twenty-First Century Free of Drugs, I first sent a detailed report to the various institutions in Paraguay which had supported my attendance at the youth meeting at UNESCO Headquarters in Paris. The representative of the United Nations, the consultant at the French Embassy, the Minister of Education and Culture, the Deputy Minister of Education and the Deputy Minister for Youth backed Jopacad in distributing the Charter.

We have collected pupils' signatures in all the schools where our programmes have been put in place, with the cooperation of the Ministry of Education and Culture. The last signing took place during the twenty-first National Congress of Jopacad on 21, 22 and 23 August 1998. There were people at the event who wanted to distribute the Charter, so it has been distributed throughout the country.

We have wondered what will become of the Charter. We have lost track of it since the General Assembly last June. We realise that making it known throughout the world is a slow and difficult process, but we are doing all we can to make it known and win support for it.



PERU, Lima

Evelyn Carmen Coloma Rios – age 18

*“Ninety per cent of the young people
questioned who take part in our activities
think sport is the best way to a healthy life,
without wasting their time
on vices like alcohol and tobacco.”*

My project is a personal initiative, as there is no non-governmental organization (NGO) in my town. The work is done in Lima, Peru, in a poor neighbourhood of one-storey homes. Families have an average of three or four children and work all day. The people go to simple markets to do their shopping, and they use public transport.

I will describe a poor family with only minimal resources. They have a one-storey, stone home. It has three rooms: the parents sleep in one, the two daughters in another and the son in the third. There is also a bathroom. The house is small in comparison with the size of the family.

The parents are teachers and work in a high school in the afternoon and in a private school in the morning. Their working day ends at 6 p.m. It takes them an hour by public transport to get to work. They have two daughters and a son. The son, the eldest, is studying computer engineering at a state university. The girls are still at school, use public transport and do the housework. The elder daughter, Maria, is 14 and in her second year at high school; it takes her an hour to get to school, where she has classes from 8 a.m. to 1.30 p.m. There are 50 pupils in her class; she has a lot of homework to do when she has finished the cooking and housework. She finds mathematics difficult.

Despite the small amount of time she devotes to her studies, she makes great efforts to progress. She studies late into the night because she wants to improve her and her family's situation, realizing that if she receives good vocational training, she will have a better home and a better life. Her brother sometimes helps her with her maths; her parents cannot help her as they are specialized in literature. The son, who is a student, likes playing football with his friends at weekends and seeing his friends on Fridays and Saturdays. Maria does not go out often because of her school work and the housework. Sometimes she goes to the cinema or window-shopping with her friends.

The children do not enjoy the best of health; they do not have a balanced diet and lack vitamins. Respiratory complaints are common because of the climate (humidity), and the lack of a good diet leads to cases of anaemia and varying degrees of malnutrition.

I consider drugs to be substances that cause an alteration in the organism (one of the systems of the human body). Alcohol, tobacco, cocaine and marijuana are used by some adults; the very young use solvents.

Our Objective: Living Without Drugs is a personal initiative I undertook in collaboration with young people and three friends at university who are professionals – two psychologists and a teacher.



It was difficult to reach agreement about what we should do, but in the end we managed to agree to do drug prevention work through sport and culture. We publicize our activities with and through young people by distributing leaflets. The instructors do prevention work because they want to help other people. They are volunteers and travel around at their own expense. They sell drinks and snacks to raise money to fund the sports and cultural activities. Activities which offer an alternative to drug taking are important and positive for young people aged between 12 and 25.

In our work, we try to show young people that there are other ways of amusing oneself and having a good time – taking part in sports and cultural activities instead of taking quite common drugs like alcohol and tobacco.

According to the family introduced above, the sporting activities have brought the family together. Going with the children and cheering them on at matches, especially at week-ends when they are all taking a break from their studies and work, is an opportunity to have a pleasant time together.

The son regards sport as a very important, healthy activity which enables him to make more friends. Ninety per cent of the young people questioned who take part in our activities think sport is the best way to a healthy life, without wasting their time on vices like alcohol and tobacco.

We hope most of the young people enjoy the sports and cultural activities and no longer attach importance to alcohol, tobacco and other drugs. Organizing and managing the project has been very satisfying. You do not have to take drugs to enjoy yourself, alone or with friends – there are healthier alternatives, such as hobbies.

We have presented the Youth Charter for a Twenty-First Century Free of Drugs to the young people who take part in our activities, in universities, disadvantaged neighbourhoods and schools. We gave copies of the Charter to final year class representatives in the high schools. The instructors explain the Charter to students of various faculties in the universities.

The approach is to explain the Charter and encourage young people to take part in matches so that they lose interest in drugs. The Charter has been very well received; young people are proud that it is young people who are expressing their opinions and want to live in a world free of drugs. It is very important for them to be listened to.

The youth instructors are collecting signatures in support of the Charter. They are collected at sporting and cultural events.

I think the fact that it is young people themselves who are putting forward the idea of a world free of drugs makes it very meaningful. In our organization, too, it is young people who suggest actions for other young people.



TOGO, Lomé

Ayao Kouma – age 17

“Leisure activities sometimes become such an obsession for some people in the town that, if they have no money, they indulge in dubious activities like selling illegal drugs or prostitution in order to get hold of some.”

Our centre of operations is Lomé, the capital of Togo. It is situated on the coast and has a population of about 1,700,000. It is a border town west of Aflao, the town on the border between Togo and Ghana. Lomé has the largest market in the country (Assigâmé) and a port serving the land-locked countries (Burkina Faso, Mali and Niger). The port facilitates sub-regional transactions and is a hub of trade.

We do our preventive work in the Agoe-Nyivé neighbourhood, a suburb of Lomé situated 16 kilometres from the city. There are two local markets (Atranvé and Assiyéyé), on either side of the main Lomé-Dapaong road, where mainly agricultural products are bought and sold.

Agoe-Nyivé has a very large population. More than half the government employees of Lomé live there.

The Adjahlin family is typical of the neighbourhood and lives in Fidokpui (Agoe-Nyivé). It is composed of about 50 people. The members venerate the ancestral chair (Tagbui Zikpui). Their main activity is agriculture: they are in the fields from morning to evening with a break at midday. They usually walk to the fields, but sometimes go by bicycle. The special occasions for family life are celebrations after the harvests, at weekends for funerals.

Their problems are disease, poverty and illiteracy.

The Adjahlin family lives in a large building made of clay with a straw roof. Lack of space leads to promiscuity: the same room is used as kitchen and bedroom.

Komlan is one of the 10 children who go to school. He gets up in the morning and has a breakfast of maize paste and gombo sauce. He then washes and goes to the school some distance away. He walks home at midday and goes back in the afternoon after a substantial meal. In the evening he does various things: runs errands, joins discussions about village affairs, then has dinner, does his homework and goes to bed.

Komlan is happy to live with his family and go to school, although he lacks resources. He also lacks means of transport, financial resources and modern leisure facilities.

Kossi, another member of the family, likes football, traditional music, fishing and hunting, making baskets, traditional evening activities, stories and traditional dancing.

Afiwa Adjahlin takes part in traditional dancing, story-telling and riddle evenings. On the rare occasions when films are shown in the neighbourhood, people attend with enthusiasm.

Young people in Lomé aged from 15 to 30 like going to night clubs, bars, cinemas and beaches, during the day or at night. They also like playing football at the week-ends. They often form neighbourhood teams and associations.



There are no officially-run leisure activities for young people. There is a cruel lack of transport for them. Many of them have no leisure activities as they cannot afford them. Leisure activities sometimes become such an obsession for some people in the town that, if they have no money, they indulge in dubious activities like selling illegal drugs or prostitution in order to get hold of some.

I think health can be defined on two levels: physical and psychological. From the physical point of view, it is a set of factors that enable the body to function properly. From the psychological point of view, the environment must be taken into account, because it contributes to psychological balance. The main health problems in our city are poor hygiene, poverty, lack of infrastructure and information, and malnutrition.

Drugs are toxic substances whose oral or intravenous absorption is harmful to the organism. In this city the men take cannabis, cocaine, alcohol and tobacco; women and young people drink alcohol and smoke cigarettes.

Our project is called Awareness and Prevention of the Harmful Effects of Drugs. It is part of the Togolese Federation of UNESCO Associations and Clubs (FTACLI) which initiated the project and was established in response to overwork by young people and delinquency in the city. We did our work over four months with other associations and adult volunteers. We are funded by voluntary contributions. We analysed questionnaires, held group interviews, trained teachers and young people, prepared materials with young people, formed groups of decision-makers and young people, and implemented projects with young people. We directed the work towards personal development, development of a critical faculty, personal awareness, improving communication and respect for self and others. We undertook primary, secondary and tertiary prevention on drugs, STDs and AIDS. We are trying to reduce risk factors by putting in place sports and cultural activities. We have used pamphlets and personal accounts, and produced posters, plays, concerts and games.

We worked in schools, associations, discotheques, bars and churches. We were in partnership with ATBEF (*Association Togolaise pour le Bien Être Familial* – Togolese Association for Family Welfare), the PNLS (*Programme National de Lutte contre le sida/MST* – National Anti-AIDS/STDs Programme), Arc-en-Ciel, Croix Bleue and EMP/EVE.

We held discussions in 10 establishments in Lomé, workshops for apprentice hairdressers and mechanics in Lomé and three villages in the suburb of Agoe-Nyivé. We presented sketches and a play called *Parole de Fou* on Togolese television in which I took the leading role. We raised awareness and put on playlets in Agoe-Nyivé neighbourhoods with the Croix Bleue. The problems we have had are lack of transport, sound systems and funding.

After we had been doing our work for a few months there were changes in the Adjahlin family. The young people chose leisure activities, became aware of the scourge and became advisers to other young people. We saw a change in young people's attitude. From being irritable, they become more conciliatory and aware of the situation. The smokers no longer smoke, and they see drugs and AIDS as social enemies number one.

I became involved in the project so that others could be like me, avoid drugs and tobacco and learn to train others.

I am very keen to distribute the Youth Charter, which is important for a twenty-first century free of drugs. The problem is that resources are very limited. I have tried to involve numerous friends (converts), but they are as poor as I am. I would be very unhappy if the project remained a dead letter.



We have distributed the Charter in schools. Despite my limited means, I have had discussions with teaching staff (more than 68 teachers), then with class representatives and the assistants in our high school. I put a copy on our notice board and sent copies to other schools. I also worked through individual and small group discussions.

I presented the Charter to the young people in the Lomé UNESCO Clubs on World No-Tobacco Day on 31 May last, at our headquarters. A television and radio programme is in preparation to reach young people throughout the country at the same time. The Charter was well received by schoolchildren. With a few friends I have collected signatures in schools in support of the Youth Charter for a Twenty-First Century Free of Drugs.

I think the Government should introduce measures to prohibit drug taking completely. There should be honest publicity in the media showing the positive and negative sides of drugs. A heavy tax on cigarettes could be used to fund anti-smoking associations.



TUNISIA, Tunis

Karima Gazzeh – age 25

“The son very much appreciated being able to talk about drugs in order to promote drug abuse prevention. He even helped run some sessions. Nonetheless, he thinks combating drugs is the job of the police.”

We do our prevention work in the capital, Tunis, a city affected by the exodus of whole families from rural areas to look for work. We work in several neighbourhoods with different socio-economic levels. We have worked especially in a disadvantaged neighbourhood where most of the people are part of the rural exodus and have a poor socio-economic level.

The typical family is composed of a father who works occasionally, a mother who is a cleaner in a private firm and four children. The eldest is an unemployed boy whose educational level corresponds to the first year of secondary school. The other three children are at primary level; two are in the first year, one in the second. The family lives in a two-roomed flat with kitchen and lavatory. One of the children is 15 and is in his seventh year in a middle school three kilometres from home. There are 37 pupils in his class. He gets up early to go to school and takes three-quarters of an hour to get there by bus. When he goes home for lunch, he is alone, and therefore free. He has little time for his homework and no one can help him. In the evening he has dinner with the whole family. His leisure activities are physical education sessions at school and playing football in the streets. His sister has no leisure activity. She helps her mother with the housework. For her parents, her life is very circumscribed: she must not diverge from social norms.

In the city in which we work there are youth and cultural centres offering various activities (music, theatre, dancing). The high schools and middle schools have clubs (music, art, health, environment clubs). Despite this, there are not enough activities for young people who have financial problems and difficulty in travelling to the places where cultural and leisure activities take place. The infrastructure for such activities needs to be improved and equipment modernized.

I would describe health as physical, mental and social well-being. The health problems in our city are of various kinds: social scourges (tobacco and illegal drugs), psychological problems (stress), cardiovascular disease and diabetes. Drugs are natural or synthetic substances which act on an individual's organism, changing his or her feelings and behaviour.

Our project is called Preventive Education Against Drug Abuse. We are part of the School Youth association which initiated the local project. We undertook our project, which took eight months to prepare, because we noticed an increase in cigarette-smoking among young people and women, and an increase in alcohol consumption and the use of organic solvents. Young people and adults in the 12 to 45 age group were the target population. Our partners were local political decision-makers, teachers, doctors, psychologists, educators, the police and gendarmerie, head teachers and instructors. We received financial assistance from UNESCO.



The project began with a needs analysis through questionnaires, surveys and training seminars. Then we trained teachers, young people and youth and cultural centre workers. Professionals prepared materials. We formed groups of decision-makers, professionals and young people. Young people and professionals developed and implemented projects. Our goal was personal development through the development of a critical faculty and personal awareness, and improved communication and respect for self and others. We want to educate for citizenship by developing collective awareness, involving young people in prevention projects (peer groups) and forging a social bond. We provide information and raise awareness through primary prevention about STDs, AIDS, hygiene, general health and solidarity to avoid all types of exclusion and violence. We are working to improve the environment, reducing risk factors by setting up sports and cultural activities, etc.

We carried out our projects in schools, associations and youth and cultural centres. Our partners were the Ministry of Youth and Childhood, the Ministry of Health and the Ministry of Education.

Five projects were implemented:

- a CAP survey of young people's attitudes;
- information and awareness sessions for groups of young people;
- Information, Education, Communication (IEC) for young people in health clubs in schools, universities, vocational training centres and cultural centres;
- training instructors in sports health centres;
- training a group of students as contact educators.

We did not have the educational and audiovisual aids which would have enabled us to pass on the information in a more accessible way to adolescents, and our budget was too low to enable us to train enough instructors. Three children of the family took part in the group EPLS sessions at the neighbourhood youth centre and in information, education and communication sessions in the health clubs. The family has not given us an opinion that would enable us to assess the effects of the project. The son very much appreciated being able to talk about drugs in order to promote drug abuse prevention. He even helped run some sessions. Nonetheless, he thinks combating drugs is the job of the police.

We evaluated our work with the aid of questionnaires and group discussions. During the project we saw that the young people were bored, and not interested in drugs because they did not think they concerned them. There was, however, great involvement by trainees in the vocational training centres who are carrying out Prevention/Information/Awareness work among young people.

We had difficulties with young people's availability and did not have enough instructors. Families took little part, because the subject of drugs is still taboo. We plan to try to involve families in our work and train young "peers" to promote it.

Drug dependence is a potential risk in Tunisia. Changes in the country and its socio-economic openness have made it increasingly vulnerable to the trafficking network. It is now facing the problems of drug taking and dealing. Information and awareness are the two main aspects of prevention.

We used various materials in our work: a pamphlet published by the Tunisian Ministry of Health (School and University Health Directorate) for instructors in health clubs; the official gazette (information about legislation) and lecturers' technical files.

We have been distributing the Charter in collaboration with the Ministries of Health and Youth and Childhood. We have distributed it to youth and cultural



centres, schools, universities and NGOs at various events, including drug dependence prevention training seminars. Our organization was a driving force in celebrating the International Day against Drug Abuse: witness the active participation by young people in organizing a Youth and Drugs forum which was held on 26 June 1998 at the El Meneh sports and cultural complex, and which was attended by several national bodies.

It was an opportunity to distribute the Charter and collect signatures.

Our national organization organized a pilot-day in Berj on 20 July 1998: Together for a Twenty-First Century Free of Drugs, STDs and AIDS. In addition to the Ministries of Health and Youth and Childhood, other organizations took part in the event, which was an opportunity to distribute the Youth Charter for a Twenty-First Century Free of Drugs.

Young people really appreciated the various components of the Charter. Our NGO, the Ministry of Health and the Ministry of Youth and Childhood have collected signatures. The Charter was distributed at the beginning of every event and we collected signatures at the end. We have been to all the places where young people gather (public and private institutions, NGOs, departments).

We plan to strengthen primary prevention by including preventive education in school curricula.



ZIMBABWE, Gweru

Sarah Frankis – age 18

“Most people should be educated about, and made aware of, the effects of illegal drugs. Education should begin in primary schools. People should be taught how to cope with stress and frustration.”

Gweru is the third largest town in Zimbabwe. It is very clean, and the people are very friendly because it is a small town. The people buy most things in the central working district where the shops, shopping arcades and wholesalers are to be found. There are also various small and large industries in this district. Gweru has a hunting preserve. Two reservoirs provide water for this very peaceful multiracial town.

We do our prevention work in a densely populated suburb where there is a lot of crime, high unemployment and a large number of uneducated people of both sexes. Air and water are very polluted.

A typical family consists of a father and mother, and sons and daughters of various ages. The father works in a local factory; the mother is a housewife. The children go to a local primary school in Gweru, the CJR. To amuse themselves, the family visits their grandmother who lives in a rural area where livestock are reared and maize and other crops cultivated. Most of the time the father is in the town pub. The mother grows vegetables to sell. They live in a three-roomed house in a densely populated suburb.

Schoolchildren have six hours' class-work a day. The children are aged six and eight and go to the Cecil John Rhodes primary school. There are 40 to 50 pupils per class. There are problems with education, as many people cannot afford the expensive textbooks that are needed.

Young people can go to school, meet different children and receive an education. The difficulties stem from the fact that they have to walk several kilometres to school. Some cannot afford the fees.

In his spare time, the son plays football at the local stadium or in the street. He cuts wood for the family. On Sundays, he goes to church. During the week he attends school and watches television when he can. He may go to the local night club, Vibrations, in Mukoba.

Leisure activities are financially inaccessible, as most of the young people are from poor families.

As I see it, health means having a good diet, i.e. enough nutrients and the vitamins the human body needs, being in good physical shape and having a clear mind. The main health problems in my village are: insufficient food, i.e. nutrients and vitamins, because of poverty; AIDS; sexually transmitted diseases; lack of drinking water; lack of hygiene.

The project is called Young People Against Drug Abuse. The association is the Chaplin High School UNESCO Club. The people refused to cooperate with the project officers because they were afraid of being put in prison. It took more than eight months to prepare the project. The target group was adolescents. Teachers,



social workers and young volunteers helped prepare the project. We do not yet have any funding.

The various stages of the work were: surveys, preparation of materials by young people, setting up a working group composed of young people, young people developing and implementing projects. The aims and objectives of our work were developing a critical faculty, and respect for self and others.

Civics education to raise awareness of, and provide information about, drugs covered cocaine, STDs and AIDS in particular. With respect to improving the environment, it dealt with reducing risk factors by making sports and cultural activities accessible.

We worked in schools, churches and various other places. Our partners are: the Chaplin High School board; the UNESCO Regional Office in Harare, Zimbabwe.

The work consisted of warning young people about drug abuse, making them aware of the different effects drugs have on their bodies and giving them reasons why they should not take them. The problems we had were people's refusal to take part and people who gave false information: some people did not understand the aim of the work, although it was mentioned; we have had to cover long distances on foot because we cannot afford to travel by coach.

The work influenced the family because we know that its members now lead a positive life free of drugs and know about the effects of drug abuse. The family took part through questionnaires. The daughter decided to join a rehabilitation programme for children subject to drug abuse. She has also joined a drama group which occupies nearly all her spare time and keeps her away from drugs.

We want to extend the programme to the rural population. We also want to concentrate on young people who have left school and are preparing to go to university or another institution in towns where they will be exposed to things like drugs. We want to make them aware before it is too late.

I became involved in preventive education work because I wanted to keep away from problems. I was able to do it in my spare time and be proud of it. I would also like my children to have a better life in a healthy environment. I want to see a fall in the number of drug addicts in our community.

To distribute the Youth Charter for a Twenty-First Century Free of Drugs, we began with the help of the school and the Methodist youth group, the Girls Christian Union, which is a non-profit organization.

We distributed it to women who came from all parts of the country to attend the Women in Development conference, sponsored by the United States Peace Corps, and in neighbouring schools, such as Thornhill High School.

We began by encouraging them to have a UNESCO Club by joining the Associated Schools Project. We told them about it, and then spoke about the Charter and their need to join us in our fight against drug abuse. We are in regular touch and are monitoring their progress.

We have organized the following two programmes:

1. an awareness and prevention programme to educate the community;
2. a programme for students based on education as the key to success and the effects of drugs on your social life.

Many young people were pleased to hear that our leaders were doing something to combat drug abuse. Some thought we were destroying their future market, as they dreamed of becoming dealers and building empires like the Mafia here in Zimbabwe. More than 90% of young people were pleased to give us their support.



We chose members of the club with relatives who travelled: we explained things to them and they brought back signatures. A teacher helped us. We also collected signatures in the city during the holidays when the pupils were home.

Our suggestions for a twenty-first century free of drugs and our comments are that most people should be educated about, and made aware of, the effects of illegal drugs. Education should begin in primary school. People should be taught how to cope with stress and frustration. This can be done if we unite to fight drugs. This is the right path to take.





NAMES AND ADDRESSES OF THE YOUNG PARTICIPANTS AND THEIR RESPECTIVE NGOs



I Names and addresses of the young participants

Gabriel Mariano AYBAR

581, calle Republica de Siria
4 400 - Salta
Argentina
Tel.: 0054 87 31 8400

Fondation Anpuy
493, avenue Sarmiento
4 400 - Salta
Argentina
Tel.: 0054 87 21

Leoni GIBBONS

Senior Project Officer

Alcohol and Other Drug Programme
Health Promotion Services
189, Royal Street
East Perth, WA 6004
Australia
Tel.: 0061 8 9222 2064
Fax: 0061 8 9222 2088

Saskia DE CLERCQ

15, Krommen Elleboog
9000 - Gent
Oost-Vlaanderen
Belgium
Tel.: 0032 09 / 221 95 15

Leefsleutels, vzw - Clefs pour la Jeunesse, ASBL
53 rue Leopold II
Boîte 3
1080 - Brussels
Belgium
Tel.: 0032 2 421 67 20
Fax: 0032 2 421 67 29
E-mail: LEEFCLEFS@club.innet.be

Ruben Francisco MORALES QUISBERT

846, San Ignacio de Loyola / Villa Pabon
8334 - La Paz
Bolivia
Tel.: 224734
National Federation of UNESCO Clubs
and Associations of Bolivia
Entre Ayacucho et Potosi
(Deputy Minister of Culture)
8334 - La Paz
Tel.: 366961 - 314922
Fax: 314921

Karen BISS

326, Elphinstone Street
S4R 3W6 - Regina
Saskatchewan
Canada
Tel.: (306) 545 6713 or (306) 545 4218

Students Against Drinking and Driving
1870 Lorne Street
S4P 2L7 - Regina
Saskatchewan
Canada
Tel.: (306) 757 5562
Fax: (306) 757 5569
E-mail: sadd@dicwest-com



Ivan Oswaldo CHANATASIG BIRACUCHA
099, Ingeniero Jarrin; Ferroviara Alta
17 02 5373 - Quito
Pichincha
Ecuador
Tel.: 652 275 / 956 035
Fax: 580 169

Southern Youth Movement on the Roads
to Freedom (Caminos de Libertad)
1484, Rios y Oriente; La Tola
17 02 5373 - Quito
Pichincha
Ecuador
Tel.: 652 275 / 956 035
Fax: 580 169
E-mail: Cequip@ecuanex.net.ec

Gemma ALTELL ALBAJES
Sant Germa, 12 1°
08009 - Barcelona
Spain
Tel.: 00 34 3 426 2449
34 3 426 6658
Fax: 00 34 3 325 6835
E-mail: abs@lix.intercom.es

Jody CAMERON
310 DeKalb Technology Parkway
Suite 105
Atlanta, Georgia 30340
USA
Tel.: (1) 770 458 9900
Fax: (1) 770 458 5030

Yeugeny TROUBINE
16/20, Zubovski B., apt. 100
119 021 - Moscow
Russian Federation
Tel.: (095) 246 44 16

Youth Organization "Prospekt Mira"
1/32, bld 3 Malij Levshinskij line
119 034 - Moscow
Russian Federation
Tel.: (095) 201 76 91
Fax: (095) 201 76 91 or 928 31 34
or 286 55 21

Michaëlla BOGATCHEK
15, rue Lafayette
33 380 - Marcheprime
France
Tel.: 05 57 71 84 13

Lycée de Grand Air
Avenue du Docteur Lorentz Monod
Arcachon
France
Tel.: 05 56 22 38 00
Fax: 05 56 22 38 22

Cédric SAUBION
15, rue de la Peyle
33 260 - La Teste
France
Tel.: 05 56 54 27 63

Lycée de Grand Air
Avenue du Docteur Lorentz Monod
Arcachon
France
Tel.: 05 56 22 38 00
Fax: 05 56 22 38 22



Laetitia GODREAU

Route du Maine Joizeau
16 590 - BrieFrance
Tel.: 05 45 69 94 33

Institut de Formation en Soins Infirmier
Croix Rouge Française
Domaine Universitaire Le Moulin Neuf
16400 - La Couronne
France
Tel.: 05 45 91 36 00
Fax: 05 45 25 43 26

Tiffany BRÛLE

Chapelle du Marais
59870 - Rieulay
France
Tel.: 03 27 90 52 28

Audrey WOJCIECHOWSKI

36, rue Rousselin
59 870 - Aniche
France
Tel.: 03 27 90 36 04

Lycée A. Châtelet
Rue Marceline
59500 - Douai
France
Tel.: 03 27 99 97 97
Fax: 03 27 88 46 72

Jacqui SCHNEIDER-HARRIS

19, rue de la République
13002 - Marseille
France
Tel.: 04 91 56 08 40

Association Méditerranéenne de Prévention
des Toxicomanies
19, rue de la République
13002 - Marseille
France
Tel.: 04 91 56 08 40
Fax: 04 91 90 09 32
E-mail: btampt@aol.com

Laetitia BOURGEOIS

1, Cité Verte
94370 - Sucy en Brie
France
Tel.: 01 45 90 95 43

Fédération Nationale Léo Lagrange
12, Cité Malesherbes
75009 - Paris
France
Tel.: 01 48 10 65 65
Telex: 01 44 53 30 85

Irène FLOROU

PROTASI Movement
104, Agiouy Georgiou
26225 - Patras
Achaia
Greece
Tel.: 061 623290
Fax: 061 623290
E-mail: Protasi@qat.forthnet.gr

Gilberto BERRA (Director)

Fédérica FOLLI
(participant at UNESCO meeting, Paris)
2 Via Spalato
43100 - Parma
Italy
Tel.: 0039 52 393125

Centro Studi Farmacotossicodipendenze
2 Via Spalato
43100 Parma
Italy
Tel.: 0039 521 393150
Fax: 0039 521 393150
E-mail: Gerra@Polaxis.it



Gabriella CALLEJA
Casa Rosa
Balzan Valley
BZN08 - Balzan
Malta
Tel.: 356 444084

SEGDA Agency Against Drug and Alcohol Abuse
2 Braille Street
HMR11 - St Venera
Malta
Tel.: 356 441014
Fax: 356 441029
E-mail: sedqa@waldonet.net.nt

Kimberley PATON
18 Oxford Street
PO Box 32
8012 - Lyttelton
Canterbury
New Zealand
Tel.: 54 03 328 8915

Pryde
18 Oxford Street
PO Box 32
8012 - Lyttelton
Canterbury
New Zealand
Tel.: 54 03 328 8915
Fax: 64 03 328 7430
E-mail: pryde@ihug.co.nz

Rehana KOUSAR
Village and Post Office Roras, Tehsil & Distt. Sialkot
Punjab
Pakistan
Tel.: 00 92432 520559 / 0092 432 522559

Rifahi Committee (Regd.)
Village and Post Office Roras, Tehsil & Distt. Sialkot
Punjab
Pakistan
Tel.: 00 92432 520559 / 0092 432 522559
Fax: 0092 520582 Aitn Arshid Mirza

Perez Uribe VASQUEZ MARTINEZ GUSTAVO DARIO
615 c/ Acosta Nu
Ciudad de Fernando de la Mora
Paraguay
Fax: 510249

Jovenes Paraguayos Contra la Addicio Dario
615 c/ Acosta Nu
Ciudad de Fernando de la Mora
Paraguay
Fax: 510249
Fax: 0092 520582 Aitn Arsh

Evelyn de Carmen COLOMA RIOS
320 calle Navarra
Lima
Peru
Tel.: 448 0970
(no NGO)

Shantha FERNANDO
121, Kynsey Road
Colombo - 08
Sri Lanka
Tel.: 00 94 1 688311
Fax: 00 94 1 694648

Ephraim FISHER
Drug Abuse Education
Park Hill
P.O.
St Vincent W.I.
Tel.: 809 456 4049 / 458 6707
Fax: 809 457 2838

Thanet THANORMJIT
Youth Campaign Against Drug Abuse Project
P.O. Box 44
Khoukhot Pathumthanee 12131
Thailand



Ayao KOUMA

2218 - Lomé

Agoe-Ngivé

Togo

Tel.: (228) 21 78 58

Fédération Togolaise des Associations et Clubs

UNESCO

3226 - Lomé

Togo

Tel.: (228) 21 78 58

Fax (228) 22 02 66 / 26 05 87

E-mail: yaoncy@syfed.tg.refer.org

Sarah FRANKIS

Gweru

Midlands

Zimbabwe

Tel.: 25286

Chaplin High School UNESCO Club

PO Box 140

Gweru

Midlands

Zimbabwe

Tel.: 154 220 50

Karima GAZZEH

3 rue de Rome

1000 - Tunis

Tunisia

Tel.: 01 258 373

Fax: 01 344 833



II Names and addresses of NGOs and their invited representatives

Georgina WESTLUND

NGO: Westlund and Association
Unit 10/7 Leake Street
Fremantle, W.A. 6160
Australia
Tel.: (61 89) 430 8680
Fax: (61 89) 335 9977

Guy MARTIAL TONINGA

NGO: FMACU
BP 1380
Bangui
Central African Republic
Tel.: 236 61 46 41
Fax: 236 61 41 74

Gary ROBERTS

NGO: Senior Associate
75 Albert Street
Suite K1P 5E7
Ottawa
Canada K1P 5E7
Tel.: (613) 235 4048 225 or (613) 829 3152
Fax: (613) 235 8101
E-mail: groberts@ccsa.ca

Gislaine BOUSTANY

NGO: Regroupement Mère de Lumière
P.O. Box 11/3948
Beirut
Lebanon
Tel.: 03 71 5953 or 04 91 0227
Fax: 961 9 211 797

Mia HILHORST

NGO: Institute for Social Medicine
P.O. Box 22660
Netherlands
Tel.: 31 20 566 53 66
Fax: 31 20 697 23 16

NGO: International Federation of Non-Governmental Organizations (IFNGO)

Secretariat
8, Jalan Ledang
50480 - Kuala Lumpur
Malaysia
Tel.: (603) 255 1896 or (603) 2540 1190
Fax: (60'3) 255 1897

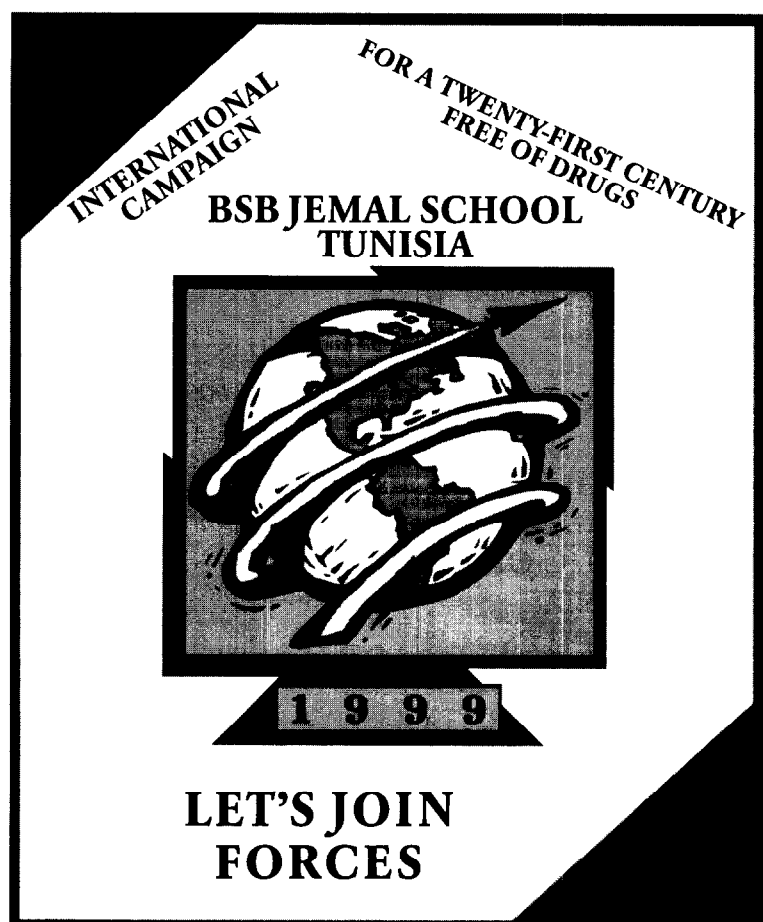
Abaka ABALA

Secretary-General
NGO: FMACU Tchad
BP 731, Ndjamenà
Chad
Tel.: 235 51 46 71 / 52 26 63





SIGNATURES TO THE CHARTER



63 countries have signed the Youth Charter “for a Twenty-First Century Free of Drugs”

*50 to
500 signatures* ALGERIA
BENIN
BOLIVIA
CONGO
CÔTE D'IVOIRE
FRANCE
GAMBIA
GUINEA
ITALY
KENYA
LITHUANIA
NIGER
PAKISTAN
PARAGUAY
REPUBLIC OF MOLDOVA
ROMANIA
SEYCHELLES
SOUTH AFRICA
THE FORMER YUGOSLAV
REPUBLIC OF
MACEDONIA
TOGO
UKRAINE
UNITED REPUBLIC
OF TANZANIA
VENEZUELA
ZIMBABWE

*500 to
1,000 signatures* BOTSWANA
BURKINA FASO
NIGERIA
SENEGAL
SWAZILAND

*1,000 to
5,000 signatures* ARGENTINA
CANADA
CHILE
COMOROS
CROATIA
ECUADOR
GERMANY
KUWAIT
LEBANON
MALTA
MAURITIUS
QATAR
SAMOA



3,600,000 signatures collected
between June 1998 and August 1999

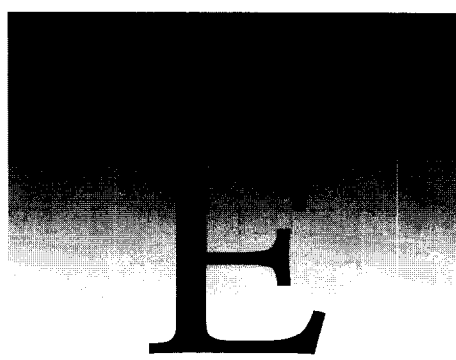
*5,000 to
10,000 signatures* BRAZIL
COLOMBIA
COSTA RICA
MEXICO
PALESTINE
POLAND
RUSSIA

*10,000 to
50,000 signatures* EGYPT
INDIA
INDONESIA
MALDIVES
PORTUGAL
SLOVAKIA

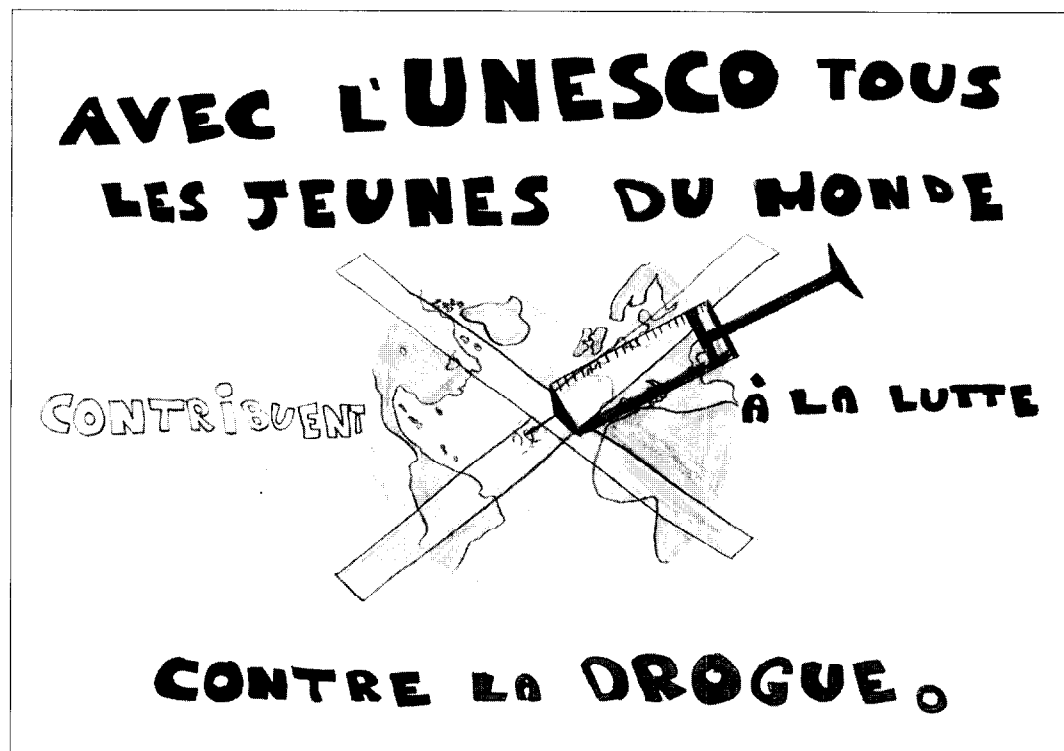
*50,000 to
100,000 signatures* PERU
TUNISIA

*100,000 signatures
and over* IRAN
MALAYSIA
PHILIPPINES
SAUDI ARABIA
SPAIN
THAILAND





ANNEXES



"With UNESCO, young people worldwide have joined the fight against drugs"

I Youth Charter for a Twenty-First Century Free of Drugs

Preamble

Recalling the Convention on the Rights of the Child of 20 November 1989, Article 33 of which requires States to protect children from the use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances,

Recalling that this Convention includes provisions on the freedom of the child to express his or her own views and to give his or her opinion in all matters affecting him or her, and the freedom of the child to have access to education and information,

Recalling also the United Nations conventions in force on the control of narcotic drugs and that they include provisions to ensure the protection of children from the use of drugs and illicit trafficking in drugs,

Recalling in particular that the preamble to the 1988 Convention presents this concern to protect children as one of its basic demands and underscores the fact that “...children are used in many parts of the world as an illicit drug consumers market and for purposes of illicit production, distribution and trade in narcotic drugs and psychotropic substances, which entails a danger of incalculable gravity ...”,

We, the children and young people of the world
affirm our commitment to the following principles:

Principle I – For a world of peace

Considering that we live in a world in which drug trafficking and drug use constitute a threat to the development and progress of our societies, that drugs engender ever more violence, crime, exploitation and other violations of our rights, we urge our countries to combat these threats and, to this end, to guarantee peace, freedom, democracy, solidarity, justice, protection of the environment and access to employment,

Principle II – A safe and fulfilling environment

Subjected to the presence of drugs even in our immediate surroundings, we demand of the competent authorities a safe and protective environment which facilitates neither the circulation of drugs nor their use; places which we can gather, find personal fulfilment and have access to constructive activities, in particular cultural and sports activities,

Principle III – Individual achievement and development

Noting that the first experiences with drugs are often motivated by curiosity, idleness, lack of self-confidence, indifference and violence in our immediate surroundings, but also by the difficulties and trials of everyday life, we affirm the necessity to have our basic needs met; to be treated with dignity and respect; to be encouraged to preserve



our values, our dreams, our plans; and to be valued as individuals, for our capabilities and with regard for our positive actions,

Principle IV – Preventive information and education

Affirming that drugs are the very negation of life, that they are harmful to our personal development, destroy health and can be fatal, we demand access from the earliest age to adequate information and to preventive education adapted to our needs, both in school and out-of-school,

Principle V – Precautionary action and mutual assistance among young people

Considering that drugs impair the faculties of discernment and awareness of one's own acts, that their consumption is detrimental to the individual's freedom and the individual's relations with others, we affirm, on the one hand, the right to control our own lives and, on the other, the duty to help those close to us to take or resume control of theirs, and the duty to protect this right for the youngest among us,

Principle VI – Aid and assistance to drug-dependent persons

Aware of the risk of serious diseases, such as AIDS and some forms of hepatitis related to certain types of drug use, and of disengagement from school, professional and social activities as a result of drug dependence, we recall that all drug-dependent persons have the same rights as any others and may not be discriminated against because of their condition; furthermore, they have the right to receive aid, assistance and affection, and to have unconditional access to care,

Principle VII – Responsibility and consistency of parents, teacher and guardians

Stressing the role of adults in education and prevention, and the needs of the youngest for stability and affection, we affirm that it is for parents, teachers and guardians to set us an example of a healthy attitude with regard to drugs, both licit and illicit; our need to speak openly with them on this subject and to be able to depend on their advice and their affection; our right neither to be victims of their drug abuse nor to be encouraged to share their consumption,

Principle VIII – Freedom to refuse drugs

Considering that many young people resort to drugs because some members of their peer group use drugs or offer drugs to them, we proclaim our right to refuse to take drugs and to be respected by others for our opinions; and to a positive attitude towards a choice which is good for our health so that we may freely oppose any supply of drugs around us,

Principle IX – Access to information and involvement of the media

Considering the prominent role of the media in our lives, we recall that we expect from them objective and reliable information and a meaningful participation in prevention; more vigilance on their part so that we are not exposed to advertising or to messages which condone drugs, licit or illicit,

Principle X – International action against drug trafficking and production

Condemning those who exploit our lives for mercantile purposes and destroy our health, we demand that the nations of the world cooperate in the fight against drug trafficking, that they adopt and enforce laws severely punishing it; we request that states and international organizations provide economic assistance to poor countries and populations to enable them to develop sources of income other than those derived from the production and sale of drugs



Principle XI – Participation of young people in decision-making

Considering that drugs endanger not only our generation but also future generations; wishing to see not a single child doomed to a life ensnared by drugs, we claim the right to participate in the fight against drugs at all levels of society, together with the organizations and associations involved; and to take decisions for ourselves which will later benefit our children,

Principle XII – For a twenty-first century free of drugs

We did not create the twentieth century, we were born into it; we are entitled to aspire to a twenty-first century free of drugs and a society free of drugs. And to do more than just think about it – to work for it,

We, the children and young people of the world,
solemnly undertake

1. to combat drug use and abuse;
2. not to take drugs, and to set an example;
3. to dissuade those around us from taking drugs;
4. to receive and pass on information about the harmful effects of drugs;
5. to warn and protect our peers, and the youngest among us;
6. to unite and to help one another so that others do not abandon hope;
7. to be responsive to others, to work to resolve young people's problems;
8. to develop our courage, our sense of responsibility and our personality;
9. not to reject, but to help drug users and drug addicts;
10. to defend our rights through contact with the competent authorities;
11. to build a better world and future and to be the agents of this change;
12. to conclude a world pact among young people for a twenty-first century free of drugs, a society free of drugs, young people free of drugs, schools and streets free of drugs, ...

In consequence whereof,
we the children and young people of the world,
call upon the heads of state and government
and lawmakers to take due account of
the principles contained in this Charter
in their future policies.



II “Free of Drugs”

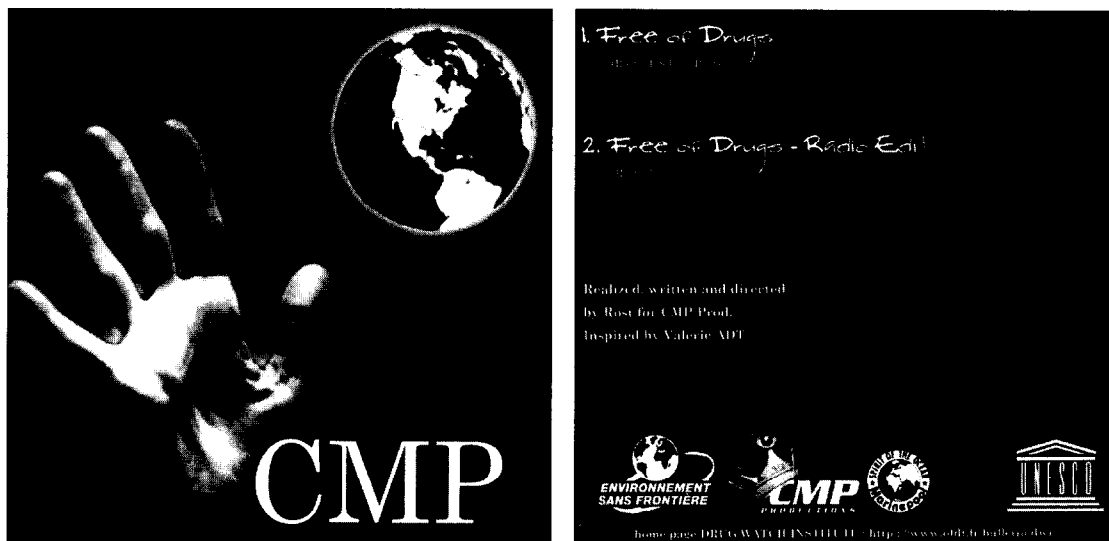
Introduction to the Rap group CMP, Chaque Minute en Progression

CMP was formed as a group of graffiti artists in 1989, and went over to Rap in 1990. Rost, the founder of the group, was then 14. Now he is an author, composer, performer and producer, and defines rap innovatively as “urban journalism”.

The group has given many concerts throughout France and Belgium. Music festivals, Midem of Cannes, radio and television, video clips, etc. CMP is one of the new names on the rap scene.

A positive attitude is omnipresent in CMP, as is shown not only by their titles,* but also their involvement in great causes such as child protection (UNICEF concert, Brussels, 1993) and drug and AIDS prevention.

Rost decided to become involved in For a Twenty-First Century Free of Drugs with Environnement Sans Frontière: he composed Free of Drugs, a piece performed by his group at the Meeting at UNESCO on 9 February 1998. The meeting ended with a concert of several of their other titles.



* *Venez com' Lucifer* (Come Like Lucifer), *Joue pas avec la mafia* (Don't play with the Mafia), *Paix à Jérusalem* (Peace in Jerusalem); last album: *L'argent et la mafia* (Money and the Mafia)



Free of drugs – help me to be free of drugs
Free of drugs – I want to be free of drugs

The sudden death of a childhood friend from drugs
The intense pain of a grief-stricken mother
The pressure of my brain, under high tension
To explain, in plain words
Ladies and Gentlemen, the life of the drug-addicts
Of seedy districts the world over
This evil, unallayed, spares no spot on earth
From Bogotá to Panama, shit, junk, Ecstasy,
Attack the vulnerable, the so-called civilized countries
The Third World, all on the same hot seat
I take the liberty of speaking for all of us young people.
Drugs strike us all without social distinctions
The reasons differ - social insecurity,
Boredom, long lonely evenings,
Overwork, monotony of an unhappy
Life, or even a happy one, lead to
A state of inertia.
Teenage need for escape, for integration
In a friendly community, psycho notes, influence
Of a familiar musical culture
Then from drug-taking some go on to peddling
Pushing then becomes for them a means
Of integration in a capitalized society
In which the law of money alone is observed.



Free of drugs – help me to be free of drugs
Free of drugs – I want to be free of drugs

Death strikes the bird when it takes wing
This evil, out of hand, makes no social distinctions
Death lays its wreath on us all
Drugs, artificial paradise, real inferno
They cause too much havoc
Human lives are at all times their favourite prey
Their impact on Nature is disastrous
Pollution, destruction of crops
- Drugs were my inheritance
- I don't want any more plugging of drugs
On the telly, in the papers. I've had enough
Help me! Help me! Is there anyone to help me?
I have knocked on every door without avail
Enough, the alarm has been sounded, at last
I am coughing, stifling, on the brink of the abyss
Drugs, drugs, too many people around me are suffering
Tomorrow's world belongs to us
So my struggle won't be vain
Youth the world over will fight for a better
Future, for the future is you and me
The future of our nations - the hope of a generation
So, wherever you may be join hands
With us and let us struggle together for
A century of peace, free of drugs.

Free of drugs – help me to be free of drugs
Free of drugs – I want to be free of drugs



III Questionnaires sent to the young people

Questionnaires were sent to the young participants in three languages:
English, French and Spanish.
The information collected was used to write the monographs on pages 27
to 88.

Your Particulars:

Surname:
First name:
Street:
N°
Town:
Province:
Postal code:
Country:
Telephone:

PARTICULARS OF THE NGO, ASSOCIATION OR INSTITUTION CONDUCTING THE PROJECT:

Name:
Street:
N°
Town:
Province:
Postal code:
Country:
Tel:
Fax:
Telex:
E-mail

EVERYDAY LIFE

DESCRIPTION OF THE TOWN OR VILLAGE:

Describe the place (town or village) where you are carrying out your preventive action:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

DESCRIPTION OF A FAMILY IN THE LOCALITY:

Describe what you regard as a typical family in the locality where you are carrying out your preventive action (For each member of the family living under the same roof, indicate the cultural background, occupation, workplace and working hours, means of transport and time taken up by it; mention common activities and best times in family life, difficulties encountered, etc.):
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

DESCRIPTION OF THE LOCALITY:

Describe one of the localities in which you are carrying out your preventive action:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

DESCRIPTION OF THIS FAMILY'S HOME:

Describe the home of this family:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....



SCHOOL LIFE:

Describe the day of a schoolchild or student in this family (age, hours, time spent commuting, day boarder, subjects, number of students in the class, home study, problems encountered,...):

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

What satisfaction and what difficulties does this child or young person have in your opinion?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

LEISURE: SPORTS, CULTURAL ACTIVITIES, PLAY ACTIVITIES

Describe the leisure activities of a boy in this family:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Describe the leisure activities of a girl in this family:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

What leisure activities are available to young people in the town where you are carrying out your action (time available per day or per week, at home, at clubs, voluntary associations, organizers, ages of the young people)?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Comments on these opportunities (Are they what the young people want? Are they accessible? Financial problems, lack of infrastructure, equipment, transport problems, organizational problems, financial aid, ...):

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

HEALTH:

Please give your definition of health:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Indicate the main health problems which, in your opinion, are of major importance in your town or locality:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

DRUGS:

How can drugs be defined?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

List the various drugs which, in your opinion, are used in your country (from the most used to the least used):

- by adults (aged 20 and over)?

- men:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

- women:

- by young people (under 20)?

- boys:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

- girls:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

PREVENTIVE EDUCATION

TITLE OF THE ACTION:

Title of your preventive action:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

NAME OF THE NGO, ASSOCIATION OR INSTITUTION:

Name of the NGO, association or institution:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

ORIGINS OF THE ACTION:

Who are the people behind this local action?

- ☐ institution(s) ☐ association(s) or NGO(s)
- ☐ local inhabitants ☐ parents
- ☐ other:

What were the problems noted by the people in the field who are behind this action?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



PREPARATION OF THE ACTION:

How long did it take to prepare the action?

- ☐ 2 months or less ☐ 4 months ☐ 6 months ☐ 8 months or longer

What is the target population?

- ☐ boys ☐ girls
☐ adolescents (m.) ☐ adolescents (f.)
☐ men ☐ women
☐ a particular age group:

Who else participated in the preparation of this action?

- ☐ local political decision-makers ☐ the police force
☐ teachers ☐ heads of schools
☐ doctors ☐ nurses
☐ psychologists ☐ welfare workers
☐ educators ☐ community organizers
☐ other associations ☐ young volunteers
☐ adult volunteers: ☐ parents ☐ local inhabitants
☐ others

What financial resources do you have?

Tick off the different stages in your action:

- ☐ Identifying of needs:
☐ designing of questionnaires
☐ survey
☐ individual interviews
☐ group interviews
☐ other:
☐ Education:
☐ parent education
☐ teacher education
☐ youth education
☐ other:
☐ Preparation of teaching aids:
☐ by the professionals concerned
☐ by the young people
☐ by the adults (local inhabitants, parents)
☐ other:
☐ Setting up of a working group or panel:
☐ group of decision-makers
☐ group of professionals
☐ group of adults (local inhabitants, parents)
☐ group of young people
☐ other:
☐ Emergence and carrying out of projects:
☐ by the young people
☐ by the adults
☐ by the professionals
☐ other:
☐ Other:

What are the aims and purposes of your action?:

- personal fulfilment:

- ☐ personal development

- ☐ development of a critical approach
☐ self-awareness raising
☐ improvement of communication
☐ self-respect and respect for others

- civic education

group awareness raising

involvement of young people in preventive action (peer groups)

establishment of a social bond

information, awareness raising:

- ☐ primary prevention ☐ secondary prevention ☐ tertiary prevention
☐ drugs:

- ☐ a particular drug
☐ sexually transmissible diseases
☐ AIDS
☐ hygiene and health in general
☐ exclusion (all forms)
☐ violence
☐ other:

- improvement of the environment:

- ☐ reduction of the risk factors by the making available of sports, cultural activities, ..

Tick off the aids you have used, and also the box (c) if you created them yourself:

- | | | | |
|---------------------------------------|----------------------------|--|----------------------------|
| ☐ newspapers | ☐ c | ☐ pamphlets | ☐ c |
| ☐ books | ☐ c | ☐ comic books | ☐ c |
| ☐ posters | ☐ c | ☐ teaching kits | ☐ c |
| ☐ TV | ☐ c | ☐ cinema | ☐ c |
| ☐ clips | ☐ c | ☐ films | ☐ c |
| ☐ videos | ☐ c | ☐ eyewitness accounts | ☐ c |
| ☐ radio | ☐ c | ☐ audiotapes | ☐ c |
| ☐ theatre | ☐ c | ☐ role-playing | ☐ c |
| ☐ slide shows | ☐ c | ☐ exhibitions | ☐ c |
| ☐ games | ☐ c | ☐ concerts | ☐ c |
| ☐ software | ☐ c | | |
| ☐ other: | | | |

ACTION CARRIED OUT:

Tick off the places where the action is being carried out:

- | | |
|--|---|
| ☐ schools | ☐ association premises |
| ☐ a single locality | ☐ several localities |
| ☐ bars, pubs | ☐ night clubs |
| ☐ churches | |
| ☐ other: | |

Who are your partners?

Describe the action you are carrying out:



What difficulties have you encountered?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

YOUTH CHARTER for a Twenty-First Century Free of Drugs

EFFECTS OF THIS ACTION:

Explain how this action affected the family described above and in what way they participated:

.....
.....
.....
.....
.....
.....

Explain how this action affected the boy or the girl in this family and in what way s/he was involved:

.....
.....
.....
.....
.....
.....
.....
.....

ADAPTATION AND DISTRIBUTION:

Have you set about making the Charter known? If so, with what partners?

.....
.....
.....
.....
.....

Where have you distributed it?

.....
.....
.....
.....
.....

How did you go about it?

.....
.....
.....
.....
.....
.....

EVALUATION:

Have you made an evaluation of your action?: YES / NO

If not, do you intend to make one? YES / NO

If so, what means were used for this purpose?

- ☐ mobilization of the target population ☐ questionnaires
☐ individual interviews ☐ group interviews
☐ other:

What results were noted?

.....
.....
.....
.....
.....
.....

What difficulties did you encounter?

.....
.....
.....
.....
.....
.....

PROJECTS:

What projects have you organized on the basis of the Charter?

.....
.....
.....
.....
.....
.....

REACTIONS:

How did the young people react to the Charter and what comments did they make?

.....
.....
.....
.....
.....
.....

FUTURE PROSPECTS:

What are the future prospects of this action?

.....
.....
.....
.....
.....
.....

PERSONAL MOTIVES:

What led you to become involved in action of this kind? (optional):

.....
.....
.....
.....
.....
.....

COLLECTING OF SIGNATURES:

Who are the persons or bodies that have undertaken to collect signatures?

.....
.....
.....
.....
.....
.....

How did you go about this?

.....
.....
.....
.....
.....
.....

Where were the signatures to be collected?

.....
.....
.....
.....
.....
.....

REFERENCE WORKS:

Mention, if you so desire, the various works to which you referred in the course of this action:

.....
.....
.....
.....
.....
.....

SUGGESTIONS:

Your suggestions for 'a twenty-first century free of drugs', and comments:

.....
.....
.....
.....
.....
.....



IV Article in *Peddro* (No. 3-4, 1998)

information
préventive education

Life of the network
Feedback from Egypt

Sport, Drugs and Prevention

Controversy
interview with David Le Breton
«Putting sensation at the core
of the preventive approach»

Quarterly publication jointly produced by UNESCO and the European Commission. February 1999 – N° 3 - 4



Meeting of young people for the successful outline of UNESCO - February

On 9 and 10 February 1998, an international meeting of young people for a 21st century free of drugs was organised by UNESCO, UNDCP and the NGO "Environnement Sans Frontière" at UNESCO headquarters in Paris.

These joint work sessions involved young people concerned with prevention together with NGOs from over twenty countries around the world, and provided considerable impetus for bringing about real participation of young people in their future and in the prevention of drug abuse.

These sessions were based upon the approach of the UNESCO Preventive Education Section and organised in close-co-operation with the network of the Associated Schools Project (ASP), the MOST* programme and the "Rounding the Cape" project. The issues of drugs and prevention were tackled from a number of standpoints (economic, social and educational) both from a theoretical point of view and on the basis of concrete experience.

On this occasion the Youth Charter for a 21st century free of drugs was introduced for the first time in the presence of Mr. F. Mayor, Director-General of UNESCO and Mr. P. Arlacchi, Executive Director of UNDCP. Having received the personal support of Mr. Kofi Annan at the 20th General Assembly of the United Nations (see page 26), the Charter now forms the basis for education and awareness campaigns in a number of countries.

The Associated Schools Project of UNESCO, the Peddro network, the young participants in the sessions, the NGOs, the primary and secondary schools and the "Environnement Sans Frontière" association, at the initiative of the Charter, began its dissemination. Since then there is no doubt that the young people and the countries themselves have made it their own (with local translations, circulation schemes, discussions, and so on). This participative awareness campaign involves adults as well as the young people in a movement of solidarity aimed at preventing drug abuse.

This approach, increasingly closer to day-to-day reality, has turned into an international campaign that has become an un hoped-for success, so far obtaining 750 000 signatures from young people in more than 50 countries. ■

*Management of Social Transformations.
Programme accessible sur
<http://www.unesco.org/most>



Cyril Bailleul - UNESCO

Lycée Lamartine, Paris.
Some twenty young people involved in prevention have come from all over the world to attend the meeting and discuss and debate the issues with French students.

They organised their own translations and the contacts were particularly valuable and spontaneous having regard to the diversity of experience and approaches.



Cyril Bailleul - UNESCO



Cyril Bailleul - UNESCO

The meeting room of UNESCO's Executive Council, Paris. Exhibition of teaching materials devised and produced by the young participants for the actions they are taking in their own countries. The subject of continuous attention and exchanges.



Receiving the Charter/collecting signatures:
UNESCO: Section of Preventive Education,
7 place de Fontenoy, 75352 Paris 07-SP
Fax: 33 1 45 68 56 21
e-mail: eddr@unesco.org

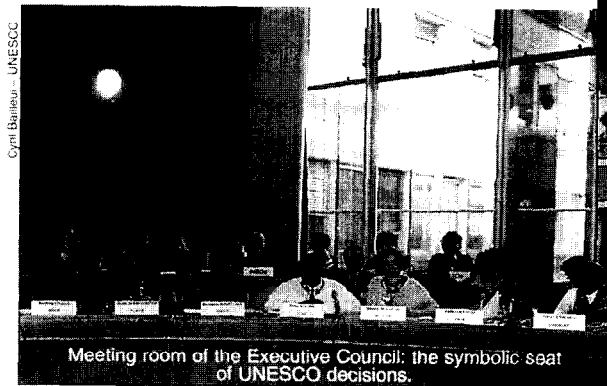


International

a 21st century free of drugs

an international campaign

9 and 10 1998

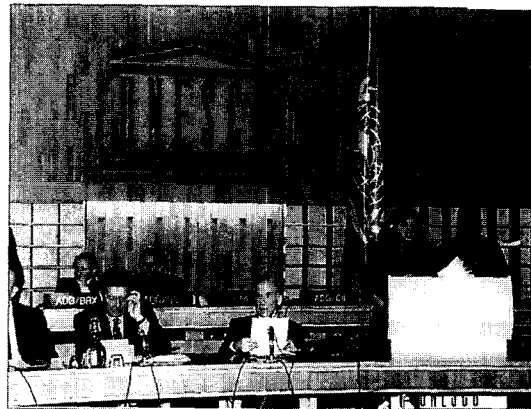


Meeting room of the Executive Council: the symbolic seat of UNESCO decisions.

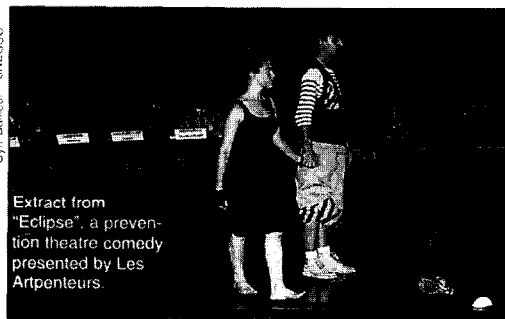


For the first time ever, young people from many countries occupy the seats of the official delegates and discuss principles, information and experience on the prevention of drug abuse.

Talk by Laurent Laniel, researcher in social science, at one of the morning's scientific papers on "Drug trafficking and abuse: interactions with economic, social and environmental change" offered by the MOST programme.



After considerable discussion the Charter, drawn up by young people from 80 countries, is read in a solemn atmosphere.



Extract from "Eclipse", a prevention theatre comedy presented by Les Artpenteurs.



The song "Free of drugs", composed for the meeting by the rap group CMP (CD available on request).



Free of drugs – help me to be free of drugs
Free of drugs – I want to be free of drugs

The sudden death of a childhood friend from drugs
The intense pain of a grief-stricken mother
The pressure of my brain, under high tension
To explain, in plain words
Ladies and Gentlemen, the life of the drug-addicts
Of seedy districts the world over
This evil, unallayed, spares no spot on earth
From Bogotá to Panama, shit, junk, Ecstasy,
Attack the vulnerable, the so-called civilized countries
The Third World, all on the same hot seat
I take the liberty of speaking for all of us young people.
Drugs strike us all without social distinctions
The reasons differ – social insecurity,
Boredom, long lonely evenings,
Overwork, monotony of an unhappy
Life, or even a happy one, lead to
A state of inertia.
Teenage need for escape, for integration
In a friendly community, psycho notes, influence
Of a familiar musical culture
Then from drug-taking some go on to peddling
Pushing then becomes for them a means
Of integration in a capitalized society
In which the law of money alone is observed.

Free of drugs – help me to be free of drugs
Free of drugs – I want to be free of drugs

Death strikes the bird when it takes wing
This evil, out of hand, makes no social distinctions
Death lays its wreath on us all
Drugs, artificial paradise, real inferno
They cause too much havoc
Human lives are at all times their favourite prey
Their impact on Nature is disastrous
Pollution, destruction of crops
– Drugs were my inheritance
– I don't want any more plugging of drugs
On the telly, in the papers. I've had enough
Help me! Help me! Is there anyone to help me?
I have knocked on every door without avail
Enough, the alarm has been sounded, at last
I am coughing, stifling, on the brink of the abyss
Drugs, drugs, too many people around me are suffering
Tomorrow's world belongs to us
So my struggle won't be vain
Youth the world over will fight for a better
Future, for the future is you and me
The future of our nations – the hope of a generation
So, wherever you may be join hands
With us and let us struggle together for
A century of peace, free of drugs.

Free of drugs – help me to be free of drugs
Free of drugs – I want to be free of drugs