Illicit drugs and vulnerable communities

by LaMond Tullis

In the 1980s and 1990s vulnerable people worldwide have suffered assaults on their basic survival and civilized existence. Ethnic upheavals have convulsed the former Yugoslavia and new republics of the former USSR. The struggles have produced human tragedies beyond calculation in Rwanda. Political terrorists have operated freely in some Latin American, Middle Eastern, and Asian countries. Hunger, disease, ethnic strife, and praetorian governments continue to stalk much of Africa, Asia, and Latin America. Economic restructuring has marginalized citizens of some countries, placing people even further below already abysmal poverty lines. Families and civilized social values continue to disintegrate in the inner cities of the United States of America where income disparities between the poor and everyone else are increasing, threatening to create an underclass extending well beyond current geographical confines.[1]

Illicit drugs walk hand in hand with some of this upheaval and disintegration. In some countries that have severely criminalized the consumption of heroin, cocaine, cannabis, and methamphetamines, illicit drugs offer a King Midas touch to many vulnerable people who both consume and sell. Consuming illicit drugs becomes an escape from life's realities and a surrogate means to "journey abroad" or, in some subcultures, to promote social bonding. Selling illicit drugs to one another as well as to middle- and upper-class consumers frequently produces incomes beyond imagination.

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[1] Catherine S. Manegold, "Study Warns of Growing Underclass of the Unskilled", *The New York Times*, 3 June 1994, A10. Citing a Labor and Commerce Department joint report issued on 2 June 1994, Manegold states that "most chilling of all, however, was a brief notation at the end of the second chapter which warned of a 'large, growing population for whom illegal activity is more attractive than legitimate work".

In net producing or transiting countries such as Mexico, Colombia, Bolivia, Peru, Myanmar, Laos, Thailand, Afghanistan and Pakistan, growing the botanical precursors to internationally traded illicit drugs (e.g., opium poppies, coca bushes, and cannabis plants) and refining and marketing them offer hundreds of thousands of people income opportunities frequently well beyond anything else they might pursue.

For whatever reason individuals may choose to participate in an illegal economy, with illicit drugs there is a temporal slide for some people into at least one unfortunate consequence—chronic or addictive consumption. This appears to occur most dramatically among marginalized people for whom normal society and the normal economy hold little attraction. For example, although the number of people consuming illicit drugs in the United States has declined overall by as much as one third in the last several years, chronic and addictive consumption among the country's underclass in its inner cities has increased. Drug abuse is a concern elsewhere, too. Peru, still the world's largest producer of coca (from which cocaine is derived) once had few non-traditional consumers of its own products. Now, however, thousands of street urchins in the employ of underground drug entrepreneurs take some of their pay in *bazuco* (semi-refined cocaine). Young girls sell their bodies both for *bazuco* and for food. As a result, many marginalized families have lost any traditional influence over their young. Worse, some parents send their children to the streets because they are unable to feed them at home.

Pakistan has had a ten-fold increase in heroin addicts in the past decade (now up to more than one million). Hill tribes in Myanmar, Thailand and Laos now consume heroin rather than the less dangerous opium. Heroin addiction is increasing in Eastern Europe and the republics of the former USSR. Cocaine has recently made substantial inroads there, too. Buoyant consumption of illegal drugs makes attractive circumstances for traffickers, international criminal organizations and some political terrorists who struggle for control of people's lives and territories in the interest of serving an expanding international market and distributing their political wares.

Illicit drugs are consumed by diverse people worldwide from all social classes and with frequencies that range from casual to addictive. Granting that all kinds of people have, and can, become addicted to illegal drugs, communities made vulnerable by internal wars and economic despair appear to be exceptionally vulnerable to chronic consumption and addiction—both to escape reality and to earn money to survive in it. The costs to individuals and societies are incalculable but nevertheless huge.

Is there a remedy, and can the Red Cross/Red Crescent help? No and yes. The large, macro-economic considerations that produce and maintain communities of poverty and potential drug vulnerability in the 1990s are unlikely to be changed in the short run. If they were, chronic and addictive drug consumption could be expected to decline, and certainly development efforts should be encouraged to this end. However, any single organization is unlikely to have much global impact.

The ethnic upheavals of the current decade are perhaps beyond anyone's capacity to resolve, except through time and, it is to be hoped, the emergence of sanity and reason in new national leaders. If these wars were resolved, one could expect vulnerabilities on many fronts to decline, including the drug front. Resolution of ethnic strife and discrimination should be encouraged, while it should be realized that, if not intractable, the problems have no short-term solution. The Red Cross/Red Crescent probably cannot reduce the causes of these conditions even though it effectively administers humanitarian aid for some of their tragic outcomes.

The social/psychological conditions contributing to social disorganization and disintegration of families might be countered to some extent by non-governmental organizations such as religious, community, and self-help groups that appeal to people's sense of intrinsic self-worth. This could motivate their hope, help rekindle family loyalties to children and the aged, and assist all to acquire appropriate survival skills (e.g., parenting, income earning, world view). Among affected communities, this could have a substantial impact on propensities to abuse drugs. Interest and success could be focused at manageable levels on many vulnerabilities associated with illicit drug taking.

Here the Red Cross/Red Crescent could be most useful. It could collaborate with—even take the initiative to help develop—a broad swath of community organizations and groups to assist people, as communities and families, in reducing their vulnerabilities, becoming reintegrated and starting a new life. This cannot be thought of in "maintenance" terms such as are frequently associated with traditional humanitarian or welfare aid. Rather, it must be viewed in the context of longer-term collaborative efforts that affect not only people's physical circumstances but their social, cultural and psychological lives. Target groups would have to be selected on the basis of a potential critical mass of community collaboration and absence of absolutely crippling macro-economic, political or social conditions. This would, of course, impose ethical decisions in the selection of communities and require collaborative efforts.

There is a growing realization that prevention and rehabilitation to help vulnerable people succumb less to addictive illicit drug taking must

be coupled with community-wide integrated efforts that involve peers, family, community leaders, religious figures, cultural heroes, and schools, and that these efforts must be combined with explicit values disseminated with peer and hero role modelling at a fairly early age.

Regarding peers and family, it has long been established that peer influence *for* drug taking has been substantially effective.[2] The question is, can that same influence be channelled into inducing *antidrug-abuse* behaviour? Up to 1982 the question was hardly ever asked. One author reported that "even a cursory review of current prevention and treatment strategies reveals that the peer friendship network has been all but ignored as a specific target for intervention."[3] It would appear that considerable latitude yet exists to orchestrate peer-influenced antidrug-abuse behaviour. The Red Cross/Red Crescent could do valuable work.

More interest has developed in the family as a means of reducing illicit drug abuse, at least where families, loosely construed, still exist, and where interventions may occur not only to help families come to grips with internal stress over addiction but also to make them a positive influence in its avoidance.[4] This is seen as being especially promising for female children, who appear to be more likely affected by family antidrug-abuse socialization than are male children.[5] Regardless, it might be said that the new frontier in abuse-reduction possibilities is parental involvement in reducing their children's drug dependency.[6] Thus the family is seen as one of the promising community resources that can be utilized for the prevention and reduction of drug addiction.[7] In the application of public health programmes the Red Cross/Red Crescent has developed a body of expertise in dealing with families as primary educational and gate-

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[2] Kirk J. Brower and M. Douglas Anglin, "Developments, Trends, and Prospects in Substance Abuse", *Journal of Drug Education* 17:2 (1987), pp. 163-180.

[3] Delbert S. Elliott, David Huizinga, and Suzanne S. Ageton, *Explaining Delinquency and Drug Use*, Behavioral Research Institute, Boulder, Colorado, 1982, p. 148.

[4] See, for example, S. K. Chatterjee, "Drugs and the Young: Some Legal Issues", *Bulletin on Narcotics* 37:2-3 (1985), pp. 157-168; Mark Fraser and Nance Kohlert, "Substance Abuse and Public Policy", *Social Service Review*, March, 1988, pp. 103-126; and Reginald G. Smart, *Forbidden Highs: The Nature, Treatment, and Prevention of Illicit Drug Abuse*, ARF Books, Toronto, Canada, 1983.

[5] Jeanette Covington, "Crime and Heroin: The Effect of Race and Gender", *Journal of Black Studies*, June, 1988, pp. 487-506.

[6] Kent A. Laudeman, "17 Ways to Get Parents Involved in Substance Abuse Education", *Journal of Drug Education* 14:4 (1984), pp. 307-314.

[7] F. Ruegg, "For an Overall Approach to Prevention: Basic Critical Considerations", *Bulletin on Narcotics* 37:2-3 (1985), pp. 177-184.

keeping institutions. This expertise might be brought to bear on the addictive drug front.

Along with working through peers and families, community action is shown to be helpful. At this level, the Red Cross/Red Crescent might be particularly effective because of its long history of working with people's problems, not their politics.[8] It could be a catalyst for bringing ideas and people together in the interest of improving public health and reducing social vulnerabilities.

In many countries there is a clear tendency away from treating individuals outside the context of their actual lives as social human beings. Aside from integrating the resources of family, community, and religion, these new approaches may involve, by modern standards, curious particulars. For example, herbal therapy, although practised for hundreds of years before its decline in the twentieth century, is making a return with an integrated support system reminiscent of traditional religion.[9] For the same reasons, traditional medicine, as practised in Malaysia and Thailand, is used to treat some heroin abusers when their personalities and perceived needs so dictate. For these people, traditional medicinal approaches have been more effective than normal institutional treatment.[10] In New York City's Lincoln Hospital, even acupuncture is used to relieve withdrawal symptoms, prevent drug craving, and increase the participation rate in long-term treatment programmes.[11] In all these cases orchestrated family, community and other resources are brought to bear on vulnerable people and the circumstances that create their vulnerabilities.[12] Helping to orchestrate "resource integration" may be a point of entry for the Red Cross/ Red Crescent to initiate discussions and contribute services in the interest of reducing drug abuse among vulnerable communities.

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[8] See the discussion in LaMond Tullis, *Handbook of Research on the Illicit Drug Traffic*, Greenwood Press, New York, 1991, pp. 120-121 and 218-219.

[9] See Ethan Nebelkopf, "Herbal Therapy in the Treatment of Drug Use", *The International Journal of the Addictions* 22:8 (1987), pp. 695-717.

[10] See Sally Hope Johnson, "Treatment of Drug Abusers in Malaysia: A Comparison", *The International Journal of the Addictions* 18:7 (1983), pp. 951-958; and, Vichai Poshyachinda, "Indigenous Treatment for Drug Dependence in Thailand", *Impact of Science on Society* 34:133 (1984), pp. 67-77.

[11] M. O. Smith and I. Khan, "An Acupuncture Programme for the Treatment of Drug-Addicted Persons, *Bulletin on Narcotics* 40:1 (1988), pp. 35-41.

[12] An extended bibliographical discussion on treatment programmes may be found in LaMond Tullis, *Handbook*, pp. 137-141; pp. 177-184.

There is success and much failure. The Red Cross/Red Crescent as an independent non-governmental organization that has general non-politicized credibility could help tip a positive balance in assisting vulnerable communities to distance themselves from their vulnerabilities.

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