

Preface

The purpose of this report is to explore the impact of drugs on society as well as to review topics such as prohibition, decriminalization/legalization of drugs, policies and drug abuse.

“Canada and the United States are firmly committed to the fight against illicit drugs and their two-way movement across our shared border. The strong relationship between our two governments, and in particular, our respective law enforcement agencies on this issue is a model of international cooperation.” (Canada-United States Border Drug Threat Assessment)

This quote is significant because it sums up the Canadian and American drug war over the last 40 years. It speaks to great knowledge about the cooperation between Canada and the United States to end the war on drugs and illegal drug trafficking. Because of this drug trade many innocent civilians have been killed, human rights have been abused, and in some cases many people have been left facing poverty. Every decade the United Nations reaches new international agreements that focus on criminalization and punishment which then in turn restricts the ability of member nations to create effective solutions for their local drug problems. In order to follow the new laws, governments enact more punitive and costly drug control measures and politicians approve harsher new drug war strategies, which add to the long list of human rights abuses. Even with these efforts, the UN estimates the annual profits generated by the illegal drug industry is at approximately \$400 billion US which is equivalent to eight percent of ALL international trade. The illegal drug trade industry has inspired organized crime, as

well as it has corrupted governments, and twisted society at social levels. (Canada-United States Border Drug Threat Assessment)

-“From its inception, the drug war has become the longest, most costly, and destructive war in American history.”(American Drug War)

This quote is significant because it represents the drug war that has been going on in the United States over the past 40 years. The war on drugs is a campaign to remove the use of dangerous narcotics by any means necessary. This campaign has brought power to organized crime, and has created drug lords. This is because it has allowed them to take control of the economy with these substances, a control which was once held by their governments. The illegal use of drugs is quite prevalent in Canada today. The problem has become so severe, that many options are being considered to control it or even solve it. The war on drugs does not seem to be accomplishing enough, and different options need to be considered. Although many people feel that legalizing drugs would increase the amount of use, drugs should be legalized because it has been proven that it will reduce the great amounts of money spent on enforcement and it will increase Canada’s revenue.

This report will discuss the history of the issues related to drug trafficking on society, the different ways in which human rights can be abused when considering drug trafficking, and drug abuse in Canada, United States, and the rest of the world.

Summary

This report is designed to discuss the global issue of illegal drug trafficking, the legalizations of drugs, and drug abuse primarily in Canada and the United States. It includes a definition of the topic as well as the background and the progression of the issue up until the modern day. The information and research for this report is collected from a variety of sources including books, internet sites, academic journals, news clips, magazine articles and primary documents. The report will attempt to establish the significance of this issue and broaden the reader's knowledge of this topic. Three case studies are provided to examine the prevalence, significance and influence of this issue in India, China, and Kenya.

Background

“Psychoactive drugs are chemical substances that affect the brain functioning, causing changes in behavior, mood and consciousness. While these drugs can be used therapeutically to treat both physical and psychological disorders, they are also used recreationally to alter mood, perceptions and consciousness.”

(Psychoactive Drugs)

Mind altering drugs have been present in almost every society that has ever been recorded. Human beings have always had a desire to eat or drink substances that make them feel relaxed, stimulated, or euphoric. Humans have used drugs for thousands of years. Wine was used by the early Egyptians, and medicinal use of marijuana has been dated to 2737 BC in China.

Most drugs that are illegal in the Canada and United States today were legal before 20th century. Concerns about drug addictions then began to arise and other factors then eventually led to the creation of the strict drug laws that we now have in our society today. These laws now control the manufacturing, sale and use of all drugs. As the problem of illegal drug use has grown, some people have began to wonder if this is the most effective solution. Does the making of illegal drugs help with the problem of drug abuse? Or does it just make it worse? This question has caused many people to wonder about the advantages and disadvantages of the drug policies in both Canada, the United States and the rest of the world.

There is no easy black and white solution to the issue of drug legalization. Every person in society today has their own specific views on drug use and it is your own decision to decide which side you will stand for. Before considering the issues that may surround the drug legalizations debate, it is important to understand the current problem of drug abuse. The topic of drug abuse is what is at the center of the debate and must be understood before someone can choose which side of the legal issue they support.

Approximately 12 million Americans battle with drug abuse each and everyday in the United States. The family and friends of these “users” are often affected by their own loved ones unfortunate drug problems. (Legalizing Drugs)

There are a few serious effects caused by wide spread drug abuse:

Violent crime has been linked to the illegal use of drugs and the illegal distribution of these drugs. Drug related violence can virtually harm anyone, as innocent people are often caught in the cross fire between gangs or have their possession stolen by drug addicts who need money. Also family members of these drug addicts are affected because they must help and watch their loved one’s overcome their drug use habits.

Drug abuse has a serious effect on the economy. People who abuse drugs can’t normal do their jobs to satisfaction and when they miss work because of their addiction they cause their employer to lose money. Also when someone is on drugs such as stimulants or depressants they are more likely to make a mistake which could prominently lead to injuries, and in the worst case scenario, death.

Drug abuse is especially a serious problem among teenagers. Drugs are often found easily attainable in neighbourhoods and at schools. Teens may become involved with gangs or with petty crime to help support their drug habits. This will cause them to have no motivation to look for a job or get a post secondary education. Teens often say drug dealing is “easy money” and choose to deal these drugs instead of getting jobs.

The US government spends about 50 billion dollars a year to stop the illegal use of drugs. This money goes towards things such as police patrols in neighbourhoods where drugs are bought and sold. Although there is an enormous amount of money being put into anti-drug programs the use of drugs has not fallen significantly the war on drugs began in 1982.

(Legalizing Drugs)

Drug legalization is an idea that has gained support from people with various cultural backgrounds and religions. A large number of people see the legalization of drugs as the best solution to the drug problem in the world today.

“The criminalization of drug use is counterproductive for the following reasons: it violates peoples individual rights; it fails to reduce drug use; and it results in the creation of the black market, posing dangers to users and children and causing crime. The United States should legalize drugs and regulate them in a manner similar to the way cigarettes are controlled” (Legalizing Drugs)

Many people who disagree with the legalization of drugs wonder why someone would want to legalize such in volatile substances. Some of these reasons they use to support their beliefs are:

“Criminalizing drugs entices children to use and sell drugs by creating a criminal background offering kids economic opportunities unavailable elsewhere.”

(Legalizing Drugs)

“Sanctions increase the danger of drug use by forcing users into an illicit market”

(Legalizing Drugs)

The illegalization of drugs has caused a large amount of murders in major urban areas by creating black markets.

Legalization of drugs is considered to be unnecessary by many people. They feel that it will increase the amount of drug use globally and more specifically in our country. They say that in many cases, drug users who have quit, did because of “run-ins” with the law (will start using drugs again because it is now legal.)

Legalization would demolish the lawful force that discourages the users from using or selling drugs. By making drugs legal, people that have never tried drugs before (for fear of getting caught by the law) would have no reason to be afraid of trying and in the future may become heavy drug users.

The legalization of drugs will reduce the amount of money that society and governments will have to spend on law enforcement each year. Drug dealers and users are one step ahead of the enforcement and therefore are rarely caught. If a

drug dealer is caught, then usually a new one takes his place and the process of drug trafficking continues. There are huge amounts of money being spent on a cause which doesn't seem will ever end.

“The repeal of drug prohibition would... allow a reduction in spending on the criminal justice system” (Legalizing Drugs)

This is significant because the money that the government would be saving is enormous. It is estimated that in the US alone 76.8\$ billion dollars would be injected into the economy if drugs were legalized. This money would come from both law enforcement savings and tax revenue earned of the drugs. (Legalizing Drugs)

There are many alternatives to the legalization of drugs. One of these includes the decriminalization of drugs. Decriminalization is reducing control and penalties in relation to the existing laws. Generally decriminalization uses such measures of fines or other punishment to replace prison terms. One of the main features of drug decriminalization is the concept of harm reduction (also known as harm minimisation) Supporters of harm reduction, feel that drug abuse is unavoidable under any circumstance and that it is going to be present in all societies no matter what the laws on drugs consist of. They argue that since society today cannot stop drug abuse, then tomorrow all they will be able to do is reduce the harmful effects. Harmful reduction plans often ask for things such as:

- Increased drug education
- Education for drug users about how to minimize risks
- Easily available and free treatment programs

Expert: Nora Volkow

Background

Nora Volkow is the director of the National Institute on Drug Abuse. She attended the Modern American School, and earned her medical degree from the National University of Mexico in Mexico City, where she received the Premio Robins award for best medical student of her generation. Nora's psychiatric residency was at New York University, and during that time she earned the Laughlin Fellowship Award as one of the 10 Outstanding Psychiatric Residents in all of the United States.

Her Work

Nora Volkow became the Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health in May 2003. The NIDA supports almost all of the world's research on the health aspects related to drug abuse and addiction. Nora's work has been instrumental in demonstrating that drug addiction is a disease of the human brain. She created the use of brain imaging to investigate the toxic effects of drugs and their addictive properties. In her research she has found that drugs create changes in the dopamine system affecting the actions of frontal brain regions involved with motivation, drive, and pleasure and the decline of brain dopamine function with age.

During her career, Dr. Volkow has been the recipient of many prestigious awards some of which include her selection for membership in the Institute of Medicine in the National Academy of Sciences as well as the International Prize from the French Institute of Health and Medical Research for her pioneering work

in brain imaging and addiction science. She was recently named one of Time Magazine's "Top 100 People Who Shape our World" as well as she was included as one of the 20 people to watch by Newsweek magazine in its "Who's Next in 2007" feature. She was also included in Washingtonian Magazine's 2009 list of the "100 Most Powerful Women" and named "Innovator of the Year" by U.S. News & World Report in 2000. Dr. Volkow is convinced that better treatments for addiction will come from looking beyond just the reward circuit in the brain; she is learning how patterns of addictive behaviour are connected to such basic functions as eating, memory, the very ability to feel peaceful and satisfied.

Control

The United States and Canada have been fighting a losing war against drugs for decades. Budgets to fight drug trade and drug abuse have increased radically over the last two decades and drug-related prosecutions consistently reach new records yet drug problems worsen: adolescent drug abuse is increasing, overdose deaths are at record levels, and health problems related to drugs, especially the spread of HIV/AIDS are steadily increasing. Drug problems can be reduced at less cost if we change and adopt strategies that work. At a time when the federal budget is limited, programs need to be re-evaluated and funding needs to go to programs that work. We need new ideas to save lives – we can't afford to continue to be wrong. (National Coalition for Effective Drug Policies)

There are many ways in which drug abuse and drug trade can be controlled some include:

1. Shift Resources Into Programs That Work
2. Make Treatment Available on Request Like Any Other Health Service
3. Prevent Drug Abuse By Investing in Youth and Providing Them with Accurate Information.
4. Focus Law Enforcement Resources on the Most Dangerous and Violent Criminals
5. International Drug Control Efforts Should Be Demilitarized and Focus on Economic Development
6. Make Prevention of HIV and Other Blood Borne Diseases a Top Priority

Two-thirds of the federal drug control budget continues to go to law enforcement programs while treatment, prevention, research and education make up the remaining third. Governments needs to accept that the law enforcement theory will never work and shift to treating drug abuse as a health problem with social and economic implications. Making treatment services broadly available will attempt to over power the drug market and will then reduce the harm caused by drug abuse. It is also important to provide mental health treatment, as well as services for victims of sexual abuse, spousal abuse and child abuse in order to resolve the fundamental causes of addiction. These treatment plans also needs to be user friendly, and designed to meet the needs of special populations, especially women, children and minorities. It also needs to be focused on abusers and addicts rather than all drug users. The best way to accomplish this distinction is to allow people who need treatment to choose it, rather than let law enforcement choose the treatment for people who happen to be caught. The easiest and most effective way to prevent teenage drug abuse is to invest in youth and keep them interested and involved in life with options such as school clubs, sports teams and community clubs and programs. Governments should increase funding for after school programs, mentor programs, skills building/job training programs and summer job programs. The focus of the federal government should be on large scale drug cases that cross international boundaries. Smaller cases within the countries should be left to municipal or provincial governments and should not be the main focus of the federal government. Law enforcement should stop wasting its limited resources on simple possession charges. Drug offenders, particularly marijuana, should be the

lowest law enforcement priority while violent criminals should be their number one priority.

Drugs in Religion

The general population is opposed to the legalization of drugs because they feel that it is morally wrong. However, there are select populations that support the legalization because of religious and spiritual views. It is important to know that each religion teaches different views and perspectives towards drugs. Below is a list of religions that use drugs as a part of their religious practices.

Indigenous Religions:

Many indigenous religions of the America's and Asia use etheogens as a part of their ritual's to contact what they see as the "divine". Cannabis is generally used in India and by indigenous religions in the Middle East. Psilocybin mushrooms also known as "magic mushrooms" are used in regions of Mexico to enact healing rituals.

Buddhism:

Buddhism is considered the fourth largest religion in the world. Primarily, it is found in China, India and other countries located in Asia. People who practice the religion of Buddhism believe in fortune. They see the sum of an individual's actions combined with the process of reincarnation as the rebirth of a living being after death. In this religion, cannabis is used for initiation and mystical experiences by many Chinese Buddhist Sects (groups with distinct religious beliefs). Cannabis is considered to be the most holy plant of some Tibetan Buddhists. In the case of

addiction, it is clear from a Buddhist viewpoint that it can be seen as an overactive desire sense, that has gone way beyond normal limits, and which is harmful to self.

Hinduism:

The practice of Hinduism is done by 13% of the world's population.

Hinduism is not a religion like Christianity or Islam goes, but applicable to the spirituality of Native Americans. Hinduism shares with Buddhism a belief in karma and reincarnation in Hinduism is a way of life. In Hinduism, the God Shiva brought cannabis from the Himalayan Mountains for human enjoyment. (Hinduism)

Zoroastrianism:

Zoroastrianism is quite possibly the first monotheistic religion. It was once the religion of Persia, Zoroastrianism is considered to be one of the most powerful religions of the world. Zoroastrianism considers the use of the cannabis plant the most important part of a religious ceremony. It is also their most important medicine.

Shamanism:

Shamanism is not a single religion, but rather a belief in the ability to transcend and communicate with the spiritual world. Shamanism relies heavily on hallucinogenic plants for rituals involving the transcending of reality.

Case Studies

As the values of drug trafficking and drug abuse continue to be recognized globally, the horror of the addictions these drugs perpetuates on both young and old victims will also continue to be in the spotlight. If it can be tackled on the global stage with strength and dignity then maybe we can enforce some solutions in our country that may include: healing and reintroduction of the victims into society, here in our own country. The following case studies will take a further look into this underground world, from all areas of the world: India, China, and Kenya. This will allow for comparison and further research into this issue.

Case Study #1: India

India is a state in South Asia. It is the seventh-largest country by geographical area, the second-most populous country with over 1.2 billion people, and the most populous democracy in the world. Bounded by the Indian Ocean on the south, the Arabian Sea on the southwest, and the Bay of Bengal on the southeast, it shares land borders with Pakistan to the west; Bhutan, the People's Republic of China and Nepal to the northeast; and Bangladesh and Burma to the east. (India)

If you understand the various aspects that govern the drug trade then, it will provide a better comprehension of the issue and indicate the relevance of the strategies used for controlling the drug trade. Within the context of India, drug

trade is determined by socio-cultural factors, historic reality, geographic location, political conditions and exposure to new imitative and synthetic drugs through advancement in pharmacology. These factors have all contributed to the existing patterns of drug use and trade in the country. (Drug Trade in India)

Millions of drug addicts, all over the world, are leading miserable lives, living somewhere between life and death. India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. According to a UN report, one million heroin addicts are registered in India, and unofficially there are as many as five million. What started off as casual use among a minuscule population of high-income group youth in the metro has permeated to all sections of this society. (Drug Abuse in India) Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products, often called charas, bhang, or ganja, are abused throughout the country because it has attained some amount of religious sanctity because of its association with some Hindu rituals. (Drug Abuse in India)

Drug abuse has a huge impact on India's Society. It has led to increased crime rate (addicts resort to crime to fuel their addiction), incidences of eve-teasing (common term for sexual harassment), group clashes, assault and impulsive murders. Although drug abuse can cause extreme financial disabilities, it may also cause extreme emotional pain for not only the drug addicts but their families as well. Adolescent drug abuse is a major problem in the country of India as many

teens are exposed to these drugs at such a young age and drug abuse is unfortunately almost inevitable. In India it is estimated that, by the time most boys reach the ninth grade, about 50 percent have tried at least one of the gateway drugs. This is because the access these teens have to drugs is almost countless. (Drug Abuse in India)

Women in India face even greater problems due to drug abuse. The consequences include domestic violence and infection with HIV, as well as the financial burden. Eighty seven per cent of addicts being treated in a rehabilitation center run by the Delhi police admit to being violent with family members. Most of the violence is directed against women and occurs in the context of demands for money to buy drugs. At the national level, drug abuse is linked with racketeering, conspiracy, corruption, illegal money transfers, terrorism and violence threatening the very stability of governments. (Drug Abuse in India)

India has begun to brace itself in preparation for managing drug trafficking both on a national and international scale. Several measures involving innovative changes in enforcement, legal and judicial systems have been brought into effect. The introduction of the death penalty for drug-related offences has been a major deterrent. Specific programs designed to bring about overall reduction in drug use has been introduced by the various government agencies and NGOs which further supports measures like education, counselling, treatment and rehabilitation programs.

The present drug policy of the [Government of India](#) defines addiction to a drug as a psycho-social medical problem, which can be best dealt with community

based interventions. Towards this objective, the [Government of India](#) implemented a programme called “Scheme for prevention of Alcoholism and Substances Abuse”. It provides Non-Governmental Organisations with funds to generate awareness and inform the community, motivate the addicts for treatment and ensure their socio-economic rehabilitation through long term community based programmes. Under this scheme, the government supports around 450 centres nationwide with an average allocation of 4.5 million dollars. The [Ministry of Social Justice and Empowerment](#) is in charge of implementing these programmes across the country. (Drug Trade in India)

Case Study #2: China

With nearly 4,000 years of continuous history, China is one of the world's oldest civilizations. Prior to the 19th century, it possessed one of the most advanced societies and economies in the world, but through successive dynasties it missed the Industrial Revolution and began to decline. In the 19th and 20th century, imperialism, internal weakness and civil wars damaged the country and its economy, and led to the corruption of imperial rule. (China)

Drug addiction in China began when the British imported Indian opium in the 16th century. This brought severe social and health problems. While drug abuse disappeared following the establishment of People's Republic of China, modernization and westernization in the 1980s led to the re-emergence of this significant issue. The drug problem in China reappeared in the late 1980s. At that

time, most drug abusers used opium, with heroin accounting for a very small portion and its use being limited to border areas in the southwest and rural areas in the northwest. Beginning in the early 1990s, drug abuse spread quickly across the country. The number of registered drug addicts increased from 70,000 in 1990 to one million by the end of 2002. Besides opioids, some "new" kinds of drugs including amphetamines and ketamine have penetrated the country through various channels since 1997. Drug abuse has caused severe problems for both the abusers and society. Medical treatment is often combined with psychological counselling and physical training. Pharmaceutical therapy, traditional Chinese medicine, and non pharmaceutical therapy are utilized for opium addiction. Drug prevention, especially for young people, is brought into action and NGOs at different levels have joined in this drug prevention work. Intervention work was also started in regions where drug abuse and HIV/AIDS problems are serious. Drug abusers are helped to keep drug free after being released from detoxification settings by their communities. Many different institutions have devoted time for research on drug abuse and are found in all parts of China. (Drug Abuse in China)

Drug abuse in China became an epidemic with the spread of HIV/AIDS. The Chinese government made great efforts to address these problems, focusing on treatment of drug addiction and on harm-reduction programs. Although the new trends of drug addiction in China pose great public health challenges, these government interventions are likely to successfully stem the problem of drug abuse in the future. (Drug Abuse in China)

The number of registered addicts in 2004 was 1.14 million (more than 75% of them heroin addicts), but the actual number is probably far higher. Opiate abuse contributes substantially to the spread of HIV/AIDS in China, with intravenous (injected) drug use the most prevalent route of transmission (51.2%). Currently, the main treatments for opiate dependence in China include short-term detoxification with opiate agonists or non-opiate agents, such as clonidine or lofexidine; Chinese herbal medicine and traditional non-medicinal treatments are also used. Methadone maintenance treatment (MMT) has not been officially approved by the Chinese government for widespread implementation, but some studies are currently underway. (Drug Abuse in China)

Case Study #3: Kenya

Kenya (or officially the Republic of Kenya), is a country that is found in East Africa. It borders the Indian Ocean to its southeast and at the equator. It is bordered by Somalia to the northeast, Ethiopia to the north, Sudan to the northwest, Uganda to the west and Tanzania to the south. Lake Victoria is situated to the southwest, and is shared with Uganda and Tanzania. (Kenya)

A country-wide needs assessment study undertaken in 1994 by the Government of Kenya and the United Nations International Drug Control Programme (UNDCP) discovered that drug abuse has passed through all levels of Kenyan society, with youth and young adults being the most affected groups. The cultural values and discipline of African society approved the circumstances under

which drugs and intoxicants could be obtained, used and consumed. This is caused as a result of the erosion of the powers of fault and control at the family and community levels. One of the main recommendations is that the Government of Kenya should set up specific demand reduction programmes to inform and educate the public on the problem of drug abuse. They are in large demand for a reassessment of government policy on the treatment of addicts, and it is suggested that the establishment of non-stigmatizing treatment and rehabilitation centres should be considered. Collaboration between different government departments and non-governmental organizations is also proposed. (Rapid Assessment of Drug Abuse in Kenya)

International Organizations

Generally when it comes to such topics as drug trade and drug abuse the laws are controlled by the federal government of that country. Because of this international organizations play a much smaller role in managing the use of drugs in a specific country. Rather than enforcing new laws, the international organizations do things such as spread information about the possible risk involved with drug abuse, and train enforcement agencies in other countries.

World Wide Organizations

World Health Organization: the World Health Organization (WHO) is the main information provider for health news within the United Nations. The WHO offers a large variety of options under the Programmes and projects tab on Management of Substance Abuse (on their website). The WHO website also provides links to other relevant sites, such as the Canadian Centre on Substance Abuse (CCSA) and the Centre for Addiction and Mental Health (CAMH). (World Health Organization)

Interpol:

“The primary drug-control role is to identify new drug trafficking trends and criminal organizations operating at the international level and to assist all national and international law enforcement bodies concerned with countering the illicit production, trafficking and abuse of cannabis, cocaine, heroin and synthetic drugs by:

- collecting and analyzing data obtained from member countries for strategic and tactical intelligence reports and disseminating these reports to the concerned countries
- responding to and supporting international drug investigations
- helping to co-ordinate drug investigations involving at least two member countries
- organizing operational working meetings between two or more member countries where INTERPOL has identified common links in cases being investigated in these countries
- organizing regional or global conferences on specific drug topics, the aims of which are to assess the extent of the particular drug problem, exchange information on the latest investigative techniques and strengthen co-operation within law enforcement communities.”(Drug Sub-Directorate)

The Drug Enforcement Agency International Training Section (TRI):

“The DEA International Training Section provides consultation and instruction to the law enforcement agencies of other countries. TRI provides training governments wanting to develop new narcotic law enforcement programs, organizational infrastructures, and judicial reform.

The five objectives of the International Training Section are to:

1. Upgrade the drug law enforcement capabilities of foreign law enforcement agencies.

2. Encourage and assist key countries in developing self-sufficient narcotics investigation training programs.
3. Increase cooperation and communication between foreign law enforcement personnel and DEA in international drug trafficking intelligence and operations.
4. Provide foreign officials with motivation, as well as the necessary skills and knowledge required to initiate and continue high-level international drug investigations.
5. Develop regional cooperation between countries and encourage long-range strategic planning to enhance enforcement and intelligence operations.”

(International)

United Nations Office on Drugs and Crime (UNODC):

“The Office on Drugs and Crime was established in 1997 to be a global leader in the fight against illicit drugs. UNODC is present in every region of the world through field offices. The UNODC works in three main areas:

- Field-based technical cooperation projects to enhance the capacity of Member States to counteract illicit drugs, crime and terrorism
- Research and analytical work to increase knowledge and understanding of drugs and crime issues and expand the evidence base for policy and operational decisions
- Normative work to assist States in the ratification and implementation of the relevant international treaties, the development of domestic legislation on drugs, crime and terrorism, and the provision of secretariat and substantive services to the treaty-based and governing bodies.” (UNODC)

Drug Abuse in Canada

Drug abuse in Canada parallels that of its neighbouring country to the south, the United States. Canada has its own unique smuggling and trafficking ways that have much to do with the country's immigration patterns. In Canada, family ties to China and India are involved in much of the movement of drugs into the country from foreign lands. Due to family and business ties, immigrants can contact their home countries and arrange plans to facilitate the trafficking of precursor chemicals or drugs such as heroin into Canada and drugs such as marijuana and methamphetamine outbound. The most abused drugs in Canada are "psychotropic drugs." These are drugs that change the way a person thinks, feels or acts. Many of these drugs are prescribed in Canada each year to relieve pain, to calm nervousness, or as a aid sleep. Some drugs such as alcohol and nicotine, are available in various forms without prescription. Others, including cannabis and cocaine, are prohibited under criminal law and can only be obtained illegally.

Substance abuse can affect any Canadian regardless of sex, age, ethnic origin, educational level, or employment status, but it appears that certain groups are more at risk. At all ages, men are more likely than women to use illegal drugs, while women are more likely to use prescription drugs that could lead to dependency. Young adults are more likely than older people to use illegal drugs but older people are more likely to have multiple drug prescriptions. Groups in which abuse of drugs is prevalent include street youths and some aboriginal people.

Drug Use in High Risk Groups

Indigenous Canadians: Alcohol and drugs are the biggest health and social issues facing aboriginal people with 65% to 80% of people reportedly experiencing problems. (Drugs and Drug Policy in Canada)

Street Youth: Generally, adolescents leave their homes to escape physical, emotional and sexual abuse or after being neglect in the home. Once on the street, they often adopt many high risk behaviours. These include the use of high levels of licit and illicit drugs and needle sharing. A 1989 national study showed that 1 in 4 street youth used cannabis daily, 4% used cocaine daily and 4% used LSD daily. A recent study in Montreal found that half of street youth injected drugs and that suicide and drug overdose was so prevalent that the children studied were 12 times more likely to die than their peers. (Drugs and Drug Policy Canada)

There are many ways in which the Canadian Government is trying to prevent the use of drugs in society. One of the ways they do this is through Canada Drug Rehab. Canada Drug Rehab provides a free of charge referral service to substance abuse treatment, in patient rehabilitation facilities, long term or short term residential rehab. Canada Drug Rehab was founded by a team of long term recovered addicts, who have overcome the adversity of drug or alcohol addiction in their personal lives. Canada Drug Rehab has audited over 150 different substance abuse programs and facilities from each of the various models of drug and alcohol rehab.

Solutions

Possible Drug Trade Solutions

There are many views on drugs, drug laws, and drugs abuse, as well as there are many solutions to these problems. Some of these solutions include:

De-Criminalization:

The decriminalization of narcotics is a policy that transfers punishment from a criminal offence to a civil offence. This policy would eliminate any criminal record. This policy is potentially extremely profitable because it eliminates Federal funding for the enforcement of drug laws. Decriminalization of narcotics would remove the need and profit from organized crime operations. This would radically help reduce crime in Canada and in many other countries as well. Also, law enforcement agencies will have a greater budget to pursue other criminal offences, since they are no longer pursuing drug offenders. (American Drug) With the decriminalization of narcotics, the current penalties such as jail-time would be reduced to a possible fine and addiction counselling. An example of where this has succeeded is the Netherlands which consider drug addiction to be a health concern, not a criminal issue. This allows drug addicts to be treated for addiction, and be allowed to use their drugs in safe locations.

By creating suitable environments for the public to exploit drugs, individuals such as heroin users will have supervised access to clean needles which will reduce the spread of disease, and increase the public's safety. (American Drug)

The overall use of narcotics in countries that have decriminalized narcotics is significantly lower than those who have not decriminalized them. A study showed that in the United States, 42.4% of people questioned admitted to having used marijuana. The same study showed that in the Netherlands, only 19.8% have used marijuana. This is less than half the United States' figure. (Mirken)

A decriminalization policy produces government controlled and regulated substances. It would be much more difficult for minors to attain and use narcotics. It would be similar to the laws on alcohol where only licensed providers can sell it to people who show IDs. This is much safer than a dealer who is tied with criminal organizations providing narcotics to anyone with money, including minors. (American Drug) One main argument with decriminalization is determining what substances will be decriminalized. Many people agree that “softer drugs,” such as marijuana and other non-synthesized drugs, should be decriminalized while keeping the “hard drugs” such as meth and cocaine illegal. However, some people disagree with selective decriminalization on the grounds that people who are using these hard drugs need to be treated medically, not criminally. (American Drug)

Criminalization:

Currently, narcotics are criminalized in Canada and most countries around the world. Criminalization creates strict penalties and criminal records for anyone who uses narcotics in these countries. Because criminalization reduces the supply of the substance, narcotics are more profitable than they would be if they were

legalized. This profitability of narcotics is commonly considered to be an important cause of organized drug related crime. (Drug Control) Criminalization is extremely expensive as it not only requires law enforcement agencies to enforce the laws, and detain people who break them, it makes an extremely profitable trade illegal and, thus, non-taxable. (Drug Control) Enforcing an agenda of criminalization is extremely difficult; some say impossible. All information shows that since the beginning of the war on drugs, all narcotics made illegal by the war on drugs have multiplied in use and production. (Drug Control)

Criminalization policy requires the government to take an aggressive stance on narcotics by destroying the crops, production houses, and detaining the producers and users. Punishment for breaking these laws is usually extremely strict in order to prevent use and production. (Drug Control) Countries that support criminalization require cooperation with other countries so no unwanted narcotics are imported. This presents many problems because it requires countries to be involved and active with other countries' internal affairs. Countries such as India, China, and Kenya have extreme narcotics problems due to poverty. A solution to the problems that are causing farmers to grow illegal crops is to provide aid and support to farmers who choose to grow legitimate crops. However, this will increase the demand for illegal crops, and, thus, increase the profit to be made from them. This will result in either, a collapse of the aid program due to insufficient funds, or an increase in the amount of aid given to farmers of legitimate crops. The latter would cause the process to repeat. (Drug Control)

One potential improvement to the policy of criminalization would be better drug education policies. Governments should clearly state which drugs are worse than others, and change the penalties to reflect this. If people see all drugs in the same category they may feel all drugs pose the same risk of harm. For example, the United States drug policy puts marijuana and meth in the same category; people who've used marijuana and felt it is a safe drug may then consider using meth. A factual system of drug education may help the case for criminalization. (Drug Control)

Legalization:

Legalization of narcotic substances is very similar to decriminalization except that no civil penalties would be given to users. A legalization policy would treat narcotics in the same way the government currently treats alcohol. (American Drug) Legalization would allow people who use narcotics to use them openly and, if addicted, receive help without fear of criminal prosecution. (American Drug) Since legalization removes the profit from drug trafficking, it would reduce the number of organized crime related incidents. (American Drug)

The prohibition and criminalization of narcotics is a global issue. One which many people have fought and died because of. There are no easy solutions that will benefit everyone. Currently, the issue is under debate in the media, and more potential solutions are underway.

Education:

The first step towards combating drug addiction is to make the abuser aware of the damage it causes to their health. Most addicts lack confidence and must be taught to become a master of the situation and not a slave to their unfortunate addiction. There are many institutions and organizations that help drug abusers eliminate the habit. The support of friends and family is of prime importance. First and foremost, an abuser must be committed to giving up drugs. Doctors and counselors are a drug abusers greatest ally in the battle against addiction. People who realize they have to quit this dangerous habit may be too embarrassed or afraid to confide in anyone. They might even be worried that they will land in trouble if they admit to having this problem. Abusers must talk to anyone they trust. Drug abuse solutions can be viewed from many perspectives. On a national level, solutions are based and discussed in terms of the reduction in supply of drugs. From a social perspective, solutions are usually discussed in terms of prevention, early intervention and treatment. Prevention is better than cure. This saying holds good in fighting drug abuse too. Public education campaigns and stricter laws regarding purchase and use of illegal substances are measures that have been adopted in all countries around the world.

Bibliography

"Afghanistan, Opium and the Taliban ." Opioids : Past, Present and Future. N.p., n.d. Web. 29 Mar. 2011.

<<http://www.opioids.com/afghanistan/index.html>>.

American Drug War the last white hope. Dir. Kevin Booth. Perf. Tommy Chong, Freeway Ricky Ross, Sheriff Joe Arpaio. Sacred Cow Productions, 2007. Film. This film covers many drugs under attack in the drug war including meth, cocaine, and cannabis. This also goes in detail into the private prison industry.

Barnhorst, Richard, and Clarke. Criminal Law and the Canadian Criminal Code. New York: Mcgraw-Hill (Tx), 1977. Print.

CBC. "Illegal drugs: Canada's growing international market." Canadian News. N.p., n.d. Web. 5 Apr. 2011.

<<http://www.cbc.ca/health/story/2009/06/24/f-unitednations-drugreport-canada-ecstasy.html>>.

CBC. "Canada is No. 1 source for ecstasy in U.S., State Department says." Canadian News. N.p., n.d. Web. 5 Apr. 2011.

<<http://www.cbc.ca/world/story/2009/02/27/canada-ecstasy.html>>.

CBC. "Canada's Anti-Drug Strategy a Failure, Study Suggests." CBC. N.p., 15 Jan. 2007. Web. 4 April 2011. <www.cbc.ca/canada/britishcolumbia/story/2007/01/15/drug-strategy.html>.

CBC. "Medical marijuana." CBC. N.p., 30 Dec. 2009. Web. 5 Apr. 2011. <www.cbc.ca/health/story/2009/08/14/f-medical-marijuana.html>.

CNN. "Afghanistan's curse: Opium." Afghanistan Crossroads. N.p., 22 Feb. 2011. Web. 29 Mar. 2011.

<<http://afghanistan.blogs.cnn.com/2011/02/22/afghanistans-curseopium/>>.

"Canadian Cannabis Timeline." Ontario Cannabis Activist Network. N.p., n.d. Web. 3 Mar. 2011. <<http://ocan.netfirms.com/cdnmjtimeline.html>>.

"Canadian Police Association Myths." Cannabis Link. N.p., n.d. Web. 5 Apr. 2011. <<http://www.cannabislink.ca/police/cpamyths.htm>>.

"Cocaine Production's Effect on the Environment in Colombia." Online Library of Drug Policy. N.p., n.d. Web. 2 Apr. 2011.

<<http://www.druglibrary.org/schaffer/cocaine/cocaenv.htm>>.

"China." *Wikipedia, the Free Encyclopedia*. Web. 04 Apr. 2011.
<<http://en.wikipedia.org/wiki/China>>.

"DEA." United States Department of Justice. N.p., n.d. Web. 9 Mar. 2011.
<<http://www.justice.gov/dea/index.htm>>.

"Debate Over Marijuana Legalization in Morocco Hits the Airwaves | Stop the Drug War (DRCNet)." Stop the Drug War. N.p., n.d. Web. 29 Mar. 2011.
<http://stopthedrugwar.org/chronicle/564/morocco_marijuana_hashish_legalization_debate>.

"Drug Abuse in China." *PubMed*. Web. 04 Apr. 2011.
<<http://www.ncbi.nlm.nih.gov/pubmed/15542747>>.

"Drug Abuse in India" Drug Abuse in India, Problem of Drug Abuse in India, Drug Trafficking in India, Drug Addicts in India. Web. 04 Apr. 2011.
<<http://www.azadindia.org/social-issues/Drug-Abuse-in-India.html>>.

"Drug and Alcohol Use Statistics - Health Canada." Welcome to the Health Canada Web Site | Bienvenue Au Site Web De Santé Canada. 24 June 2010. Web. 05 Apr. 2011. <<http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/index-eng.php>>.

"Drugs and Drug Policy in Canada." *Canadian Foundation for Drug Policy*. Web. 10 May 2011. <<http://www.cfdp.ca/sen8ex1.htm>>.

"Drug Control: International Policy and Approaches." CRS Issue Brief for Congress. N.p., 2 Feb. 2006. Web. 5 Apr. 2011.
<www.google.com/url?sa=t&source=web&ct=res&cd=1&ved=0CAsQFjAA&url=http%3A%2F%2Fitaly.usembassy.gov%2Fpdf%2Fother%2FI888093.pdf&rct=j&q=Drug+Control%3A+International+Policy+and+Approaches&ei=1V456S5mpH8Tflgf6kOCXCg&usg=AFQjCNGgMPBqNY5sPqmkte476Clif2evtQ>.

"Drug Facts." Above The Influence. N.p., n.d. Web. 17 Feb. 2011.
<<http://www.abovetheinfluence.com/facts/drug-facts.aspx>>. Above the influence is an organization responsible for ad campaigns and education the public on drugs.

"Drug Policy Alliance Network." Drug Policy Alliance Network: Alternatives to Marijuana Prohibition and the Drug War. N.p., n.d. Web. 16 Feb. 2011.
<<http://www.drugpolicy.org/homepage.cfm>>. This website goes into

great detail on the effects of substances, the policies and laws on substances both foreign and domestic, and issues and potential solutions to the war on drugs. This website also provides an extensive library of alternative research material.

"Drug Sub-Directorate." Interpol. N.p., n.d. Web. 6 April 2011.
<www.interpol.int/Public/Drugs/default.asp>.

"Drug Trade in India" Laurent Laniel - DrugSTRAT - Drugs&Strategy - Homepage. Web. 04 Apr. 2011.
<<http://laniel.free.fr/INDEXES/PapersIndex/INDIAMOLLY/DRUGSDYNAMICSININDIA.htm>>.

"Drug War Facts." Drug War Facts. N.p., n.d. Web. 17 Feb. 2011.
<<http://drugwarfacts.org/cms/>>. A huge source of information and facts on many different drugs.

"Eight Steps To Effectively Control Drug Abuse & The Drug Market." Common Sense for Drug Policy. Web. 09 May 2011.
<<http://www.csdp.org/news/news/8steps.htm>>.

"Facts about India." Facts About India. Web. 04 Apr. 2011.
<<http://www.factsaboutindia.org/>>.

"Frontline: Drug Wars ." PBS. N.p., n.d. Web. 17 Feb. 2011.
<<http://www.pbs.org/wgbh/pages/frontline/shows/drugs/>>. This website offers articles and information on many aspects of the drug war. It also includes information on the people in charge of the production and distribution.

Guither, Pete. "Drug WarRant." Drug WarRant. N.p., n.d. Web. 16 Feb. 2011.
<<http://www.drugwarrant.com/>>. This website offers many articles related to the drug war including a history time line of important events in the drug war.

"Half Support Marijuana Decriminalization, Poll Finds." Stop the Drug War. N.p., n.d. Web. 5 Apr. 2011.
<http://stopthedrugwar.org/chronicle/625/canada_poll_half_support_marijuana_decriminalization>.

Harner, Michael. *The Way of the Shaman*. New York: Harperone, 1990. Print. Herer, Jack. *The Emperor Wears No Clothes: The Authoritative Historical Record of Cannabis and the Conspiracy Against Marijuana*. 11th

Edition ed. Oakland: Quick American Archives, 2000. Print. This book is the leading source for all information on cannabis sativa, in both hemp and marijuana form. This book covers health, history, environmental, and economical uses for cannabis.

"Illicit Drug Use in China." Medscape Today. Web. 4 Apr. 2011. < "Illicit Drug Use in China." *Medscape Today*. Web. 4 Apr. 2011. <http://www.medscape.com/viewarticle/524484_2 >.

"India." Wikipedia, the Free Encyclopedia. Web. 04 Apr. 2011. <<http://en.wikipedia.org/wiki/India>>.

"International Training." United States Department of Justice. N.p., n.d. Web. 5 Apr. 2011. <<http://www.justice.gov/dea/programs/training/part18.html>>.

"Interviews: Dr. Robert DuPont." PBS. N.p., n.d. Web. 7 Mar. 2011. <<http://www.pbs.org/wgbh/pages/frontline/shows/drugs/interviews/dupont.html>>.

Karberg, Jennifer, and Doris James. "Substance Dependence, Abuse, and Treatment of Jail Inmates." US Dept. of Justice: Bureau of Justice Statistics. N.p., 1 July 2002. Web. 5 April 2011. <<http://bjs.ojp.usdoj.gov/content/pub/pdf/sdatji02.pdf>>.

"Kenya." Wikipedia, the Free Encyclopedia. Web. 10 May 2011. <<http://en.wikipedia.org/wiki/Kenya>>.

Macqueen, Ken. "Vancouver's Safe-Injection Sites Controversy." The Canadian Encyclopedia. N.p., 17 Mar. 2003. Web. 8 April 2011. <<http://www.canadianencyclopedia.ca/index.cfm?PgNm=TCE&Params=M1ARTM0012453>>.

"Marijuana Law Reform." NORML. N.p., n.d. Web. 16 Feb. 2011. <<http://norml.org/index.cfm>>. This website offers basic statistics pertaining to marijuana. It also offers information on medical, industrial, and personal use.

Minster, Christopher. "Biography of Pablo Escobar." Latin American History. N.p., n.d. Web. 2 Apr. 2011. <http://latinamericanhistory.about.com/od/20thcenturylatinamerica/a/bioescobar_2.htm>.

Mirken, Bruce. "The World Health Organization Documents Failure of U.S. Drug Policies." Alternet. N.p., n.d. Web. 5 Apr. 2011.

<www.alternet.org/drugs/90295/>.

"Morocco's War on Cannabis." BBC NEWS. N.p., n.d. Web. 29 Mar. 2011.
<<http://news.bbc.co.uk/2/hi/africa/6426799.stm>>.

"Myths and Facts About Marijuana." Drug Policy Alliance Network. N.p., n.d. 5 Apr. 2011.
<<http://www.drugpolicy.org/marijuana/factsmyths/>>.

"NIDA- Marijuana." National Institute on Drug Abuse. N.p., n.d. Web. 5 Apr. 2011. <<http://www.drugabuse.gov/Infofacts/marijuana.html>>.

Pelaez, Vicky. "The Prison Industry in the United States: Big Business or a New Form of Slavery?." Global Research. N.p., 10 Mar. 2008. Web. 5 April 2011.
<<http://www.globalresearch.ca/index.php?context=va&aid=8289>>.

"Rapid Assessment of Drug Abuse in Kenya." *PubMed*. Web. 05 Apr. 2011.
<<http://www.ncbi.nlm.nih.gov/pubmed/9839036>>.

"Regions." CIA World Factbook. N.p., n.d. Web. 8 April 2011.
<<https://www.cia.gov/library/publications/the-world-factbook/>>.

"Robert L. DuPont Biography." Institute For Behavior and Health. N.p., n.d. Web. 7 Mar. 2011. <<http://www.ibhinc.org/biorld.html>>.

Salas, Juan. "Colombia: Drug War Hypocrisy." Colombia Support Network. N.p., n.d. Web. 2 Apr. 2011.
<<http://www.colombiasupport.net/warondrugs/salas.html>>.

Schaffer, Clifford A.. "Basic Facts About the War on Drugs." Online Library of Drug Policy. N.p., n.d. Web. 17 Feb. 2011.
<<http://druglibrary.org/schaffer/library/basicfax.htm>>.

Schultes, Richard Evans. *A Golden Guide Hallucinogenic Plants*. new york: Golden Press, 1976. Print.

Shipe, Courtney. "Marijuana And Religion." The Experience Festival. N.p., n.d. Web. 6 April 2011.
<<http://experiencefestival.com/wp/article/marijuana-and-religion>>.

"Should Governments Legalize and Tax Marijuana?." About: Economics. N.p.,n.d. Web. 5 Apr. 2011.
<<http://economics.about.com/od/incometaxestaxcuts/a/marijuana.htm>>.

"Straight Facts About Drugs and Drug Abuse." Health Canada. N.p., n.d. Web. 8 Mar. 2011.

<www.google.com/url?sa=t&source=web&ct=res&cd=1&ved=0CAcQFjAA&url=http%3A%2F%2Fwww.hcsc.gc.ca%2Fhlvs%2Falt_formats%2Fhecssc%2Fpdf%2Fpubs%2Fadpapd%2Fstaight_factsfaits_mefaits%2Ffactsfaits_e.pdf&rct=j&q=+Straight+Facts+About+Drugs+%26+Drug+Abuse&ei>.

"Supervised Injection Site." Vancouver Coastal Health. N.p., n.d. Web. 8 April

2011. <<http://supervisedinjection.vch.ca/home/>>.

Tate, Wilfred. "Colombia's Role in International Drug Industry." Foreign Policy In Focus. N.p., 1 Nov. 1999. Web. 2 Apr. 2011.

<www.fpif.org/reports/colombias_role_in_international_drug_industry>

"The Expert Committee on Drug Dependence." World Health Organization. N.p., n.d. Web. 5 Apr. 2011.

<www.who.int/medicines/areas/quality_safety/ECDD/en/index.html>.

"The Marihuana Tax Act of 1937." Online Library of Drug Policy. N.p., n.d. Web. 3 Mar. 2011.

<<http://www.druglibrary.org/schaffer/hemp/taxact/mjtaxact.htm>>.

"The Science of Drug Abuse and Addiction." National Institute on Drug Abuse. N.p., n.d. Web. 7 Mar. 2011

<<http://www.drugabuse.gov/index.html>>.

The Wall Street Journal, MATTHEW. "U.N. Reports a Decline in Afghanistan's Opium Trade." WSJ. N.p., n.d. Web. 29 Mar. 2011.

<<http://online.wsj.com/article/SB125186106142078433.html>>.

"UNODC." United Nations Office on Drugs and Crime. N.p., n.d. Web. 5 Apr. 2011. <www.unodc.org/unodc/index.html>.

"WHY SHOULD CANADIAN NGOS CARE ABOUT DRUG POLICY?." Canadian NGOs and Drug Policy. N.p., n.d. Web. 8 April 2011.

<carbc.ca/portals/0/resources/CanadianNGOs.pdf>.

Washington Post. "Afghanistan Opium Crop Sets Record." Washington Post. N.p., n.d. Web. 29 Mar. 2011.

<<http://www.washingtonpost.com/wpdyn/content/article/2006/12/01/AR2006120111654.html>>.

"World religions." ReligiousTolerance. N.p., n.d. Web. 7 Mar. 2011.
<http://www.religioustolerance.org/var_rel.htm>.

Appendix

Terms:

Tolerance: An effect of the body “becoming used to” a drug so, in effect, a higher dose is required to achieve the same effect.

Psychological Dependence: When a person becomes dependent on a drug for emotional reasons. A person may have a psychological dependence on anything, e.g. money.

Physical Dependence: When a person’s body becomes dependent on a drug. This person may receive withdrawal symptoms as the body adjusts to live without the drug. This is most commonly considered “addiction”, e.g. tobacco.

According to Health Canada there is six groups of drugs:

Hallucinogens: A drug, often referred to as a “psychedelic,” that affects the perception of senses, environments, and emotions. Hallucinogens can create sensory images much like a dream. The most known hallucinogen is LSD. Currently there are no “accepted” medical uses involving hallucinogens. In the past, however, hallucinogens, such as LSD, were tested to treat psychiatric disorders.

Central Nervous System Depressants: A drug that causes the central

nervous system to slow down. Low dose effects include a relaxed state of being. High dose effects may produce heavy intoxication, possibly unconsciousness, coma, or death. The most common depressant is alcohol.

Stimulants: A drug that causes the central nervous system to speed up.

Usually desired, side effects include: increased energy, decreased appetite, good feelings, and alertness. Stimulants may produce a powerful psychological dependency, an example of this is caffeine, and nicotine, and cocaine addiction.

Cannabis: A drug produced from the plant cannabis. This group includes marijuana, hashish, and hash oil. Cannabis, although very closely related to hallucinogens, can also produce depressant effects or increased heart rate. This group is the most widely used of all illegal drug usage.

Antidepressants: A drug used to treat clinical depression, panic attacks, obsessive compulsive disorders, and eating disorders. Antidepressants are designed to increase mood in many different ways. Ironically, many antidepressants share properties with central nervous system depressants.

Anabolic Steroids: A drug designed to enhance performance. This drug is used to treat a few human disorders. Steroids are known for their use as muscle development.

Entheogen: A chemical substance, typically of plant origin, that is ingested to produce a non ordinary state of consciousness for religious or spiritual purposes.

Illicit drugs in Canada include, but are not limited to:

PCP: A hallucinogen in the form of a solid powder, crystals, liquid, tablet, capsule, or paste. PCP was originally developed for human use as an anesthetic. Short term effects may last from three hours to eighteen hours and they may include intoxication, a sense of one being separated from the environment, distorted perception, difficulty in concentration and communication. Long term effects may occur such as speech problems, depression, anxiety, or severe psychological damage similar to acute schizophrenia. Regular use of PCP may increase tolerance. Continuous users may develop a psychological dependency, however, PCP does not cause physical dependence. In Canada, possession of PCP may be punishable by up to seven years of imprisonment, and a fine of up to \$1000 on first offence.

LSD: A hallucinogen, also known as acid, sold in the form of drops on paper, gelatin sheets, tablets, capsules, or liquid. LSD is produced from lysergic acid found in a fungus that grows on grains. There are currently no recognized medical

uses for LSD. Short term effects may range in length from two hours to twelve hours and they include: intensified perception, such as brighter colours, more defined objects, and distortion; altered awareness of time and distance; the feeling of lightness or heaviness; and extreme mood swings ranging from joy to terror.

There are no known deaths caused by an LSD overdose, however, confusion due to intoxication has caused serious injury and deaths. Long term effects of LSD may include depression, anxiety, and reoccurring highs up to weeks after the original.

After using LSD, a few days are required before a reaction to the drug can be obtained again. Continuous users may become psychologically dependent, however, LSD can not cause physical dependence. A First time offence may result in a fine of up to \$1,000 or imprisonment for up to six months.

Psilocybin: A hallucinogen often contained in mushrooms, but may be contained in capsules. There are a few species of psilocybin containing mushrooms that grow throughout Canada. Short term effects of psilocybin last for several hours and may include a relaxed feeling, the feeling of being separated from the environment, the feeling of heaviness, distorted perception, discomfort in the abdomen, numbness of the mouth, nausea, and sweating. There has been no known deaths directly due to an overdose of psilocybin, but behaviour due to intoxication can result in injury and possibly death. First time offence may result in a fine of up to \$1,000 or imprisonment for up to six months.

Opium: A central nervous system depressant sold in the form of dark brown chunks or powder. Although it has been used for centuries, there are currently no accepted medical uses for opium. Short term effects include pain relief, good mood, relaxed state or drowsiness, nausea, sweating, itchy skin, and slowed breathing. If overdosed the breathing may slow down to the point of completely stopping, which results in death. Long term effects may occur for continuous users and include lung problems, abscesses, cellulitis, liver damage, tetanus, or brain damage.

Complications during pregnancy are common as opioids pass through the placenta. Tolerance develops quickly. Opium is highly addictive and may result in physical dependency. Withdrawal symptoms include anxiety, insomnia, sweating, muscle spasms, chills, shivering, and tremors. Symptoms are usually over within a week, but up to six months may be necessary to fully recover from withdrawal symptoms. First time offence may result in a fine of up to \$1,000 or imprisonment for up to six months.

Morphine: A central nervous system depressant in the form of tablets or an injectable solution. A painkiller made from opium. Morphine has been used as a painkiller since the 19th century. Effects, tolerance, withdrawal symptoms, and penalties for unlawful possession are the same as opium.

Heroin: A central nervous system depressant in the form of white or brown powder. Heroin was made from morphine to relieve people of morphine addiction in 1898, but showed to be more addictive. It is an effective painkiller, but because

it is highly abused its medical use is limited in Canada. Some countries are experimenting by prescribing heroin for the treatment of heroin addiction. Effects, tolerance, withdrawal symptoms, and penalties for possession are the same as opium. However, it may be important to note that Heroin use is especially dangerous because dosage can only be guessed, and the usage of needles allows for the passing of STDs.

Methadone: A central nervous system depressant that is usually distributed in an orange flavoured mixture. Methadone can be prescribed in Canada by specially authorized doctors to treat people dependent on other opium products. The effects, tolerance, withdrawal symptoms, and penalties for unlawful possession are the same as opium.

Cocaine: A stimulant distributed in a fine white powder, often mixed with sugar, cornstarch, talcum powder and other substances. Cocaine can be sniffed, absorbed through the mouth, smoked, or injected. Crack cocaine is the smokable form of cocaine. Crack is made by adding baking soda to the cocaine solution and then drying the mixture. Short term effects include euphoria, energy, alertness, rapid heart beat, rapid breathing, sweating, a decreased appetite, paranoia, violent behaviour, tremors, hallucinations, headache, pain in the chest, nausea, blurred vision, fever, muscle spasms, convulsions, and potentially death. The substances used as a “filler” in street cocaine may produce an allergic reaction that can cause fatality. Long term effects include mood swings, restlessness, sleep disorders,

hallucinations, eating disorders, and impotence. Tolerance may build with continuous use of cocaine. It can produce a very powerful psychological dependency, and is believed to have the most powerful dependency producing properties of all psychoactive drugs. Physical dependency is also possible. Withdrawal symptoms include fatigue, disturbed sleep, strong hunger, irritability, depression, and violence. First offence is punishable by a \$1,000 fine and up to six months in prison.

Meth-amphetamine: A stimulant, most commonly referred to as Meth, that is distributed as a powder. It can be injected, smoked, or consumed orally. Meth was developed in the 1920s to treat depression and obesity. It can be used in the treatment of narcolepsy, ADHD, and Parkinson's Disease. Short term effects include energy, good feelings, decreased appetite, rapid heartbeat, rapid breathing, sweating, dry mouth, restlessness, aggressiveness, hostility, paranoia, and hallucinations. A possibility of death is found in a burst blood vessel in the brain, heart failure, or a very high fever. The leading cause of death related to meth, however, is violence. Long term effects may include malnutrition and severe mental disorders similar to schizophrenia in continuous users. Increased violent behaviour, kidney damage, lung problems, stroke, and tissue damage can occur. Tolerance seems to develop in the mood elevating effects, but other effects do not appear to develop a tolerance. First offence is punishable by a \$1,000 fine and up to six months in prison.

Marijuana: A plant in the cannabis group that is used for its flowering tops and leaves. Smoked in a pipe, cigarette, water smoking device, a vaporizer, a tea, or ate in food. It has been claimed to relieve symptoms of nausea, multiple sclerosis, epilepsy, and glaucoma. Short term effects last for two to four hours and include relaxation, loquaciousness, short term memory impairments, enhanced perception of colours and sounds, a distorted concept of space and time, increased appetite, red eyes, dry mouth, impaired balance, and potentially paranoia. Long term effects are debatable, but may include decreased motivation and interest, difficulties with memory. These problems tend to stop when regular use stops. The respiratory system is damaged by smoking. There is much more carcinogens and tar in cannabis smoke than tobacco smoke. However, “There have been no reports of lung cancer related solely to marijuana, and in a large study presented to the American Thoracic Society in 2006, even heavy users of smoked marijuana were found not to have any increased risk of lung cancer” (Drug Policy). There is some evidence that a tolerance develops in users who continuously use high doses. Psychological dependence may occur, and physical dependence is highly debatable. Possession under thirty grams is punishable by a fine of up to \$1000 and a sentence of up to six months. Possession of over thirty grams can result in a prison sentence of up to five years.

Drug War History:

1908- The Opium Act is established, in Canada, banning the manufacture, import, or sale of opium products for non-medical purposes. This act passes without any opposition in the House of Commons or the Senate. (Canadian)

1911- The Opium Act, mentioned above, becomes the Opium and Drugs Act; this new act includes Cocaine and Morphine. (Canadian)

1914- The Harrison Tax Act is passed in America, making cocaine and opium products illegal.

1923- The Opium and Drugs Act is amended to include Marijuana.
(Canadian)

1937- The Marijuana Tax Act is passed in the United States. This act makes possession of cannabis, excluding medical and industrial uses, illegal throughout the U.S.(The Marihuana Tax) In Canada, the Marihuana Tax Act is passed as well. This act taxes all persons who deal, prescribe for medical use, or possessed marijuana. A sentence of five years in prison, a \$2,000 fine, or both could be given if the person did not have a Tax stamp. (Canadian)

1938- The Opium and Drug Act is amended to forbid the production of cannabis in Canada. (Canadian)

1942- The Opium Poppy Control Act is passed in the United States. This act bans the growing of poppies without a license. (Frontline)

1954- a new offence is established, in Canada, to differentiate between personal possession and trafficking of any illicit substance; the latter offence is classified as possession with intention to distribute. (Canadian)

1961- The Canadian Narcotic Control Act is passed. This act classifies simple possession and production of cannabis as a criminal offence. It also raises the minimum penalty for growing marijuana from seven years to fourteen. (Canadian)

1960s- Recreational drug use becomes commonplace amongst middle class families in America.

1968- The Bureau of Narcotics and Dangerous Drugs (BNDD) is founded which combines several drug agencies into one. This is designed to remove tension between multiple agencies.

1969- A study by Dr. Robert DuPont connects heroin addiction to violent crimes, subsequently he is given permission to treat heroin addicts with methadone. (Frontline)

1970- The National Organization for the Reform of Marijuana Laws is founded in America, by Keith Stroup, to campaign for the decriminalization of marijuana. On October 27th congress passes the Comprehensive Drug Abuse Prevention and Control Act which combines earlier drug laws. Within this act is the Controlled Substances Act which categorizes illicit drugs into five “schedules” based on medical value and addiction potential. (Frontline)

June 17th, 1971- President Nixon stated that drug abuse is “public enemy number one in the United States.” He then declares a war on drugs. “During the Nixon era, for the only time in the history of the war on drugs, the majority of funding goes towards treatment, rather than law enforcement”. (Frontline)

1972- The Office of Drug Abuse Law Enforcement (ODALE) is founded to “fight the drug trade at street level.” (Frontline) In Canada, the Commission of Inquiry into the Non-Medical Use of Drugs, also called the Le Dain Commission, supports the end of charges for cannabis possession and cultivation. The political powers at the time, including Prime Minister Trudeau and Joe Clark, support decriminalization.(Canadian)

1973- President Nixon creates a new agency to manage all aspects of the drug problem: the Drug Enforcement Administration (DEA) which combines the BNDD, Customs, the CIA, and the ODALE. (Frontline)

1974- President Nixon resigns from office; Gerald Ford is inaugurated as president.
(Frontline)

1975- The White Paper on Drug Abuse, released by the Ford administration, re-classifies marijuana in a lower priority than heroin, amphetamines, and barbiturates.

1976- Jimmy Carter campaigned for the U.S. Presidency on the platform to remove criminal penalization for possession of up to one ounce of marijuana. In the same year, Keith Schuchard and Sue Rusche form Families in Action, the first parents' organization against teenage drug abuse; they write a letter to Dr. Robert DuPont causing him to abandon his support for the decriminalization of marijuana.
(Frontline)

1978- The Comprehensive Drug Abuse Prevention and Control Act is amended in the United States, allowing law enforcement to now appropriate all money intended to be exchanged for an illegal substance, in addition to the drugs. (Frontline)

1985- A smokable form of cocaine, termed Crack, is developed and becomes prominent in the New York area. (Frontline)

1988- The Parliament of Canada passes into law "Censorship Cannabis."

Section 462.2 of the Criminal Code of Canada which states that promoting or providing literature for an illicit drug is a criminal offence. Penalties for a first time offence is a fine of up to \$100,000 and a prison sentence not exceeding six months; second time offence is up to \$300,000 with a prison sentence not exceeding a year. (Barnhorst)

1992- The founder of NORML, Keith Stroup, is criminally charged, under section 462.2, for passing out brochures regarding the legalization of Marijuana. The charges were later dropped by the police, and he filed for section 462.2 to be changed due its violation of his freedom of speech. (Canadian)

2001- Canada becomes the first country to legalize medical marijuana for terminally ill patients and chronic conditions. (Canadian)

2003- A safe injection clinic opens in Vancouver, Canada. This clinic allows addicts to safely use pre-obtained drug. (Supervised Injection)