

МВД России
Санкт-Петербургский университет

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АНГЛИЙСКИЙ ЯЗЫК

Учебное пособие

*Под редакцией
кандидата педагогических наук, доцента Н. А. Беломытцевой*

Санкт-Петербург
2023

УДК 372.881.111.1

ББК 81.2Англ–93

М19

М19 **Английский язык :** учебное пособие / Т. В. Малкова, Н. Г. Рябченко; под ред. Н. А. Беломытцевой. — Санкт-Петербург: СПбУ МВД России, 2023. — 208 с.

Авторский коллектив:

Малкова Т. В. (Unit I, Unit II, Glossary), Рябченко Н. Г. (введение)

ISBN 978-5-91837-681-2

Учебное пособие содержит тексты для внеаудиторного чтения по специальности 40.05.02 Правоохранительная деятельность по теме «Наркотики. Наркомания. Правоприменение». Разделы учебного пособия включают в себя аутентичные тематически подобранные тексты, в которых рассматриваются вопросы, связанные с употреблением и злоупотреблением запрещенных препаратов, влиянием наркотических веществ на человека и общество в целом. Каждый текст сопровождается заданиями на проверку усвоения языкового материала, что способствует его активному употреблению обучающимися в процессе иноязычной коммуникации.

Предназначено для научно-педагогических работников, адъюнктов, курсантов и слушателей образовательных организаций системы МВД России.

УДК 372.881.111.1

ББК 81.2Англ–93

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ISBN 978-5-91837-681-2

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МВД России, 2023

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ВВЕДЕНИЕ

Основная цель изучения иностранного языка на современном этапе — это формирование иноязычной коммуникативной компетенции, под которой понимается такой уровень владения языком, речью и социокультурными знаниями, навыками и умениями, который позволяет обучающимся адекватно и целесообразно варьировать свое речевое поведение.

Настоящее учебное пособие для внеаудиторного чтения по специальности 40.05.02 Правоохранительная деятельность предназначено для адъюнктов, курсантов и слушателей и научно-педагогических работников образовательных организаций системы МВД России.

Целью учебного пособия является формирование способности обучающихся к профессиональной коммуникации, деловому общению на английском языке. Содержание учебного пособия направлено на развитие у обучающихся умений во всех видах чтения, навыков перевода и аннотирования профессионально ориентированных текстов, расширение словарного запаса по изучаемым темам, развитие инструментальной компетенции (т. е. коммуникативной, лингвистической, социокультурной ее разновидностей), позволяющей использовать английский язык практически как в профессиональной деятельности, так и в целях самообразования.

Данное издание представляет собой сборник аутентичных, тематически подобранных текстов для внеаудиторного чтения, которые объединены темой «Наркотики. Наркомания. Правоприменение» и ориентированы на профессиональную подготовку сотрудников органов внутренних дел, на развитие языковой, профессиональной, терминологической, информационной и других компетенций обучающихся в ходе образовательного процесса.

Учебное пособие состоит из двух разделов (каждый содержит по 15 текстов) и глоссария.

Все тексты пособия по объему соответствуют требованиям рабочей программы дисциплины, каждый текст снабжен заданиями для контроля усвоения обучающимися учебного материала.

Содержание текстов разнообразно и призвано всесторонне охватить различные аспекты правоохранительной деятельности по борьбе с незаконным оборотом психотропных средств и наркотических веществ, а также связанные с ними социальные и психологические последствия. Профессионально ориентированные тексты выполняют не

только методологическую задачу — помогают обучающимся как в освоении изучаемой дисциплины, так и в проведении исследовательской работы, но и воспитательную задачу — формируют неприемлимое отношение к употреблению запрещенных веществ.

Композиционно каждый раздел построен по одинаковой схеме, однако в зависимости от логической организации информации текста алгоритмы заданий отличаются от текста к тексту. Комплексная система последовательных заданий к каждому тексту позволяет пошагово формировать навыки чтения, перевода и аннотирования. Наличие в учебном пособии глоссария поможет обучающимся при работе с аутентичными текстами.

Учебное пособие представляет теоретический и практический интерес с точки зрения организации деятельности подразделений полиции по борьбе с незаконным оборотом наркотиков, а также международного сотрудничества полицейских в борьбе с незаконным оборотом наркотиков и профилактикой преступлений, связанных с ним.

UNIT I

DRUGS. DRUG ABUSE. DRUG ADDICTION

Text 1

UNDERSTANDING DRUG USE AND ADDICTION

Many people don't understand why or how other people become addicted to drugs. They may mistakenly think that those who use drugs lack moral principles or willpower and that they could stop their drug use simply by choosing to. In reality, drug addiction is a complex disease, and quitting usually takes more than good intentions or a strong will. Drugs change the brain in ways that make quitting hard, even for those who want to. Fortunately, researchers know more than ever about how drugs affect the brain and have found treatments that can help people recover from drug addiction and lead productive lives.

What is drug addiction?

Addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences. The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs. These brain changes can be persistent, which is why drug addiction is considered a "relapsing" disease — people in recovery from drug use disorders are at increased risk for returning to drug use even after years of not taking the drug.

It's common for a person to relapse, but relapse doesn't mean that treatment doesn't work. As with other chronic health conditions, treatment should be ongoing and should be adjusted based on how the patient responds. Treatment plans need to be reviewed often and modified to fit the patient's changing needs [1].

How do drugs affect your brain?

Drugs affect mostly three areas of the brain:

- The brain stem is in charge of all the functions our body needs to stay alive — breathing, moving blood, and digesting food. It also links the brain with the spinal cord, which runs down the back and moves muscles and limbs. It also lets the brain know what's happening to the body.
- The limbic system links together a bunch of brain structures that control our emotional responses, such as feeling pleasure when we eat

chocolate or kiss someone we love. The good feelings motivate us to repeat the behavior, which can be good because things like eating and love are critical to our lives.

- The cerebral cortex is the mushroom-shaped outer part of the brain (the gray matter). In humans, it is so big that it makes up about three-fourths of the entire brain. It's divided into four areas, called lobes, which control specific functions. Some areas process information from our senses, allowing us to see, feel, hear, and taste. The front part of the cortex, known as the frontal cortex or forebrain, is the thinking center. It powers our ability to think, plan, solve problems, and make decisions [2].

What happens to the brain when a person takes drugs?

Most drugs affect the brain's "reward circuit", causing euphoria as well as flooding it with the chemical messenger dopamine. A properly functioning reward system motivates a person to repeat behaviors needed to thrive, such as eating and spending time with loved ones. Surges of dopamine in the reward circuit cause the reinforcement of pleasurable but unhealthy behaviors like taking drugs, leading people to repeat the behavior again and again.

As a person continues to use drugs, the brain adapts by reducing the ability of cells in the reward circuit to respond to it. This reduces the high that the person feels compared to the high they felt when first taking the drug — an effect known as tolerance. They might take more of the drug to try and achieve the same high. These brain adaptations often lead to the person becoming less and less able to derive pleasure from other things they once enjoyed, like food, sex, or social activities.

Long-term use also causes changes in other brain chemical systems and circuits as well, affecting functions that include:

- learning
- judgment
- decision-making
- stress
- memory
- behavior.

Despite being aware of these harmful outcomes, many people who use drugs continue to take them, which is the nature of addiction.

Why do some people become addicted to drugs while others don't?

No one factor can predict if a person will become addicted to drugs. A combination of factors influences risk for addiction. The more risk

factors a person has, the greater the chance that taking drugs can lead to addiction. For example:

- **Biology.** The genes that people are born with account for about half of a person's risk for addiction. Gender, ethnicity, and the presence of other mental disorders may also influence risk for drug use and addiction.

- **Environment.** A person's environment includes many different influences, from family and friends to economic status and general quality of life. Factors such as peer pressure, physical and sexual abuse, early exposure to drugs, stress, and parental guidance can greatly affect a person's likelihood of drug use and addiction.

- **Development.** Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction risk. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress to addiction. This is particularly problematic for teens. Because areas in their brains that control decision-making, judgment, and self-control are still developing, teens may be especially prone to risky behaviors, including trying drugs.

Can drug addiction be cured or prevented?

As with most other chronic diseases, such as diabetes, asthma, or heart disease, treatment for drug addiction generally isn't a cure. However, addiction is treatable and can be successfully managed. People who are recovering from an addiction will be at risk for relapse for years and possibly for their whole lives. Research shows that combining addiction treatment medicines with behavioral therapy ensures the best chance of success for most patients. Treatment approaches tailored to each patient's drug use patterns and any co-occurring medical, mental, and social problems can lead to continued recovery.

More good news is that drug use and addiction are preventable. Results from NIDA¹-funded research have shown that prevention programs involving families, schools, communities, and the media are effective for preventing or reducing drug use and addiction. Although personal events and cultural factors affect drug use trends, when young people view drug use as harmful, they tend to decrease their drug taking. Therefore, education and outreach are key in helping people understand the possible risks of drug use. Teachers, parents, and health care providers have crucial roles in educating young people and preventing drug use and addiction.

¹ National Institute on Drug Abuse (*здесь и далее — прим. авт.*).

What factors increase the risk for addiction?

Although we know what happens to the brain when someone becomes addicted, we can't predict how many times a person must use a drug before becoming addicted. A combination of factors related to your genes, environment, and your personal development increases the chance

that taking drugs will lead to addiction. These include:

- Home and family. Parents or older family members who use alcohol or drugs, or who are involved in criminal behavior, can increase a young person's risk for developing a drug problem.

- Peers and school. Friends and acquaintances who use drugs can sway young people to try drugs for the first time. Academic failure or poor social skills can also put a person at risk for drug use.

- Early use. Although taking drugs at any age can lead to addiction, research shows that the earlier a person begins to use drugs, the more likely they are to progress to more serious use. This may reflect the harmful effect that drugs can have on the developing brain. It also may be the result of early biological and social factors, such as genetics, mental illness, unstable family relationships, and exposure to physical or sexual abuse. Still, the fact remains that early drug use is a strong indicator of problems ahead — among them, substance use and addiction.

- Method of use. Smoking a drug or injecting it into a vein increases its addictive potential. Both smoked and injected drugs enter the brain within seconds, producing a powerful rush of pleasure. However, this intense "high" can fade within a few minutes, and the person no longer feels good. Scientists believe that this low feeling drives people to repeat drug use in an attempt to recapture the high pleasurable state.

How science has revolutionized the understanding of drug addiction

For much of the past century, scientists studying drugs and drug use labored in the shadows of powerful myths and misconceptions about the nature of addiction. When scientists began to study addictive behavior in the 1930s, people with an addiction were thought to be morally flawed and lacking in willpower. Those views shaped society's responses to drug use, treating it as a moral failing rather than a health problem, which led to an emphasis on punishment rather than prevention and treatment.

Today, thanks to science, our views and our responses to addiction and the broader spectrum of substance use disorders have changed dramatically. Groundbreaking discoveries about the brain have revolutionized our understanding of compulsive drug use, enabling us to respond effectively to the problem.

As a result of scientific research, we know that addiction is a medical disorder that affects the brain and changes behavior. We have identified many of the biological and environmental risk factors and are beginning to search for the genetic variations that contribute to the development and progression of the disorder. Scientists use this knowledge to develop effective prevention and treatment approaches that reduce the toll drug use takes on individuals, families, and communities.

Despite these advances, we still do not fully understand why some people develop an addiction to drugs or how drugs change the brain to foster compulsive drug use.

At the National Institute on Drug Abuse, we believe that increased understanding of the basics of addiction will empower people to make informed choices in their own lives, adopt science-based policies and programs that reduce drug use and addiction in their communities, and support scientific research that improves the Nation's well-being.

Points to remember

- Drug addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences.
- Brain changes that occur over time with drug use challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs. This is why drug addiction is also a relapsing disease.
- Relapse is the return to drug use after an attempt to stop. Relapse indicates the need for more or different treatment.
- Most drugs affect the brain's reward circuit by flooding it with the chemical messenger dopamine. Surges of dopamine in the reward circuit cause the reinforcement of pleasurable but unhealthy activities, leading people to repeat the behavior again and again.
- Over time, the brain adjusts to the excess dopamine, which reduces the high that the person feels compared to the high they felt when first taking the drug — an effect known as tolerance. They might take more of the drug, trying to achieve the same dopamine high.
- No single factor can predict whether a person will become addicted to drugs. A combination of genetic, environmental, and developmental factors influences risk for addiction. The more risk factors a person has, the greater the chance that taking drugs can lead to addiction.
- Drug addiction is treatable and can be successfully managed.
- More good news is that drug use and addiction are preventable. Teachers, parents, and health care providers have crucial roles in educating young people and preventing drug use and addiction [1].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*
2. *Annotate the text.*
3. *Which of these statements are true?*
 - The more risk factors a person has, the greater the chance that taking drugs can lead to addiction.
 - Drug use and addiction are not preventable.
 - Drug addiction is treatable and can be successfully managed.
 - Smoking a drug or injecting it into a vein does not increase its addictive potential.
4. *Find paragraphs in the text that contain answers to the suggested questions:*
 - Is early drug use an indicator of problems ahead — among them, substance use and addiction?
 - What are the factors that increase the chance that taking drugs will lead to addiction?
 - What happens to the brain when a person takes drugs?
5. *Fill in the gaps in the sentences with information from the text:*
 - Drugs change the _____ in ways that make quitting hard, even for those who want to (principles, brain, taste).
 - Addiction is a medical disorder that affects the brain and _____ behavior (develops, changes, supports).
 - A combination of genetic, environmental, and developmental factors influences risk for _____ (treatment, willpower, addiction).
 - When young people view drug use as harmful, they tend to _____ their drug taking (increase, decrease, discuss).
6. *Express your opinion on the issues highlighted in the text.*

Text 2

DRUG USE vs DRUG ABUSE

It can be hard to tell the difference between drug use and drug abuse. Drug use vs. drug abuse terms is often used interchangeably, although abuse and use carry different meanings. It is helpful to be aware of these differences as this can help with knowing when the use of a substance has become problematic.

Knowing the characteristics and signs of drug abuse is critical. Addiction to alcohol and various substances can greatly impact an

individual's life and can carry a number of health impacts. While addiction can take hold of a person without warning, it's still important to seek help and addiction treatment programs sooner.

Understanding the problematic use of a substance has been a significant area of focus in the field of psychology and rehabilitation. Much of the research around problematic use of alcohol and other drugs examines the level of impact the substance may have on an individual's life. In order to understand how drug use can transition or morph to drug abuse, it is helpful to examine the patterns and consequences of the use of drugs. It's also important to understand the substance use of choice, as each carries its own distinct characteristic and trait that can affect users differently. Research shows a strong connection between the number of negative consequences and the severity of drug use or abuse. In order to make it easier to explore the progression of addiction, it is important to define drug use vs. drug abuse.

What is drug use?

Drug use is often referred to as a single episode of use of a substance both for medicinal or recreational purposes. The substance of choice can vary from person to person. Some of the most commonly used drugs include alcohol, marijuana, caffeine, ibuprofen, etc. In fact, the most commonly used substance in the United States is alcohol, according to RehabSpot.com².

The use of alcohol and various drugs can carry a sense of normalcy within society. For example, alcohol is often used frequently during celebrations, various rites of passages, and even during family dinners. Prescription drug use, similarly, can be effective for the treatment of ailments, especially when used as prescribed by a practicing physician. When does drug use morph into something more serious like drug abuse and even addiction? Exploring this topic is complex, given the manner in which various substances are portrayed in the media. It is important to delineate drug use from abuse.

Alcohol and drug use in everyday life

Alcohol and drug glorification is apparent in popular culture. All ages look toward popular culture to interpret social cues, social norms, and examples of behavior deemed "culturally appropriate". We see drug use in

² Rehab Spot helps those struggling with addiction and their families find the information, support, and resources needed to get help.

various movies, music, television shows, etc. The danger of normalizing frequent drug use is the promotion of harmful activities that can be life-altering to a person's health, relationships, and work life. Additionally, it's much easier for the line between drug use vs. drug abuse to blur. Understanding how drug use can lead to drug abuse is an important topic for all those questioning whether or not they're battling with the disease of addiction.

Many are unsure of how to distinguish drug use vs. drug abuse. Questions often arise such as:

- When does drug use become drug abuse?
- Do all substances lead to addiction?
- What is drug use vs. drug abuse? Am I experiencing issues with drug abuse?
- Does the use of illicit drugs automatically qualify as drug abuse?
- How quickly can abuse or addiction occur?

Understanding drug use vs. drug abuse is not always straightforward. Building tolerance levels and requiring more of the same substance can be different for everyone.

What is drug abuse?

Drug abuse differs as users will often overlook the consequences of drugs due to compulsion or extreme desire to continue using. It often is referred to as the problematic use of alcohol or drugs. When carefully examining drug use vs. drug abuse, the one distinguishing marker is often the frequency of use in combination with the level of desire or control. Drug use refers to the experimentation, low frequency, or irregular use of alcohol and drugs. On the other hand, drug abuse refers to regular or compulsive urges to use alcohol and drugs. Generally, drug abuse will alter lifestyles and influence psychological dependency on a substance.

Drug abuse is not strictly limited to illicit substances. It can also be prescribed medications and legal drugs like alcohol or marijuana. A problematic pattern of drug use carries the potential of leading to drug abuse and even addiction. Identifying problematic behaviors can be difficult, but it is important to understand the reasons for using drugs in the first place.

Common reasons for substance use

Where drug use is often an innocent past-time, by contrast, drug abuse has a strong behavioral and emotional component. This refers to the emotional and mental impact that one may experience when engaging in

substance use behaviors. Because of the strong connection between substance use and emotions, it is imperative to explore the reasons why someone may be using a drug. Common reasons a person may utilize a substance include:

- recreational pastime
- celebration or major event
- relaxation
- boredom
- social acceptance
- rebellion
- enhance performance.

Many of these reasons don't immediately raise red flags or suggest possible drug abuse occurring. Instead, some of the reasons simply highlight situations where some people may be more inclined to actively seek illegal or legal substances like alcohol, cocaine, marijuana, and more.

Then, there are more serious implications that may suggest an underlying issue that may cause a person to discover relief through substance use:

- depression
- anxiety
- trauma
- life stressors — home and work
- relationship turmoil
- severe physical pain
- self-medication
- sleep problems
- grief.

The vastness of reasons for use of a substance often makes the diagnosis of a substance use disorder more challenging. This is why those struggling with drug use or abuse are highly encouraged to seek out professional support.

Contributing factors for drug use vs. drug abuse are different for everyone. There are circumstances and genetic predispositions that can either influence a person to seek drugs or exacerbate an existing problem with drug abuse. Additionally, certain substances carry a higher risk of drug abuse or addiction. Opioids, for example, are highly addictive and their higher rates of prescription led to more populations becoming dependent on continued use and misuse. According to DrugAbuse.org,

nearly 12 % of prescription pain medications will result in a diagnosis of substance use disorder.

Facts you should know about drug use disorder

- Drug abuse and addiction, now both grouped as substance or drug use disorder, is a condition characterized by a self-destructive pattern of using a substance that leads to significant problems and distress, which may include tolerance to or withdrawal from the substance.

- Drug use disorder is unfortunately quite common, affecting more than 8 % of people in the United States at some point in their lives.

- Dual diagnosis refers to the presence of both a drug-use issue in addition to a serious mental health condition in an individual.

- People can abuse virtually any substance whose ingestion can result in a euphoric (“high”) feeling.

- Inhalants like household cleaners are some of the most commonly abused substances.

- While the specific physical and psychological effects of drug use disorder tend to vary based on the particular substance involved, the general effects of a substance use disorder involving any drug can be devastating.

- Although drug use disorders have no single cause, there are a number of biological, psychological, and social risk factors that can predispose a person to developing a chemical use disorder.

- Symptoms of a drug problem include recurrent drug use that results in legal problems, occurs in potentially dangerous situations, interfere with important obligations, results in social or relationship problems, tolerance, withdrawal symptoms, using a lot of the drug or for a long period of time, persistent desire to use the drug, unsuccessful efforts to stop using the drug, neglecting other aspects of life because of their drug use, and spending inordinate amounts of time or energy getting, using, or recovering from the effects of the drug.

- While the specific effects of drugs on the brain can somewhat vary depending on the drug that is being used, virtually every substance that is abused has an effect on the executive-functioning areas of the brain. Drugs particularly affect the brain’s ability to inhibit actions that the person would otherwise delay or prevent.

- Since there is no single test that can definitively diagnose someone with a chemical use disorder, health care professionals assess these disorders by gathering comprehensive medical, family, and mental health

information, as well as securing a physical examination and lab tests to assess the sufferer's medical state.

- Treatment options for substance abuse disorders remain largely underutilized by most people who suffer from these conditions.

- The primary goals of recovery are abstinence, relapse prevention, and rehabilitation.

- During the initial stage of abstinence, a person who suffers from chemical dependency may need detoxification treatment to help avoid or lessen the effects of withdrawal.

- Often, much more challenging and time-consuming than recovery from the physical aspects of addiction is psychological addiction.

- The treatment of dual diagnosis is more effective when treatment of the sufferer's mental illness occurs in tandem with the treatment of the individual's chemical dependency.

- Drug addiction increases the risk of a number of negative life stressors and conditions, particularly if left untreated.

- Episodes of remaining drug free (remission) and relapse characterize recovery from a substance use disorder.

Low self-esteem may lead to drug abuse in boys

Eleven year-old boys who displayed evidence of low self-esteem were more likely to be dependent upon drugs at age 20 than boys who didn't have low self-esteem, according to a study conducted at Florida State University.

Sociology professors studied a sample of over 870 boys from diverse racial and ethnic groups for a period of nine years to try to identify potential early warning signs for drug dependence.

Boys who had very low self-esteem in the sixth or seventh grade were 1.6 times more likely to meet the criteria for drug dependence nine years later than other children. Those who believed that their peers approved of alcohol, tobacco, or drug use were also more likely to be drug-dependent later in life. Overall, 10 % of those in the study were found to be drug-dependent.

What is drug use disorder?

Formerly separately called substance or drug abuse and addiction, drug use disorder, also called substance use or chemical use disorder, is an illness characterized by a destructive pattern of using a substance that leads to significant problems or distress, including tolerance to or withdrawal from the substance, as well as other problems that use of the

substance can cause for the sufferer, either socially or in terms of their work or school performance. The effects of drug use disorders on society are substantial. The economic cost, including everything from lost wages to medical, legal, and mental health implications is about \$215 billion. The cultivation of marijuana and production of synthetic drugs like methamphetamine has negative impact on soil and water supplies. Drug law infractions are a highly common reason for arrest in the United States, with more than 1.5 million occurring in 2016.

Teens are increasingly engaging in prescription drug abuse, particularly narcotics, also called opioids (which physicians prescribe to relieve severe pain) and stimulant medications, which treat conditions like attention-deficit disorder and narcolepsy.

The term dual diagnosis refers to the presence of both a drug use disorder and a serious mental health problem in a person. Substance use disorders, unfortunately, occur quite commonly in people who also have severe mental illness. Individuals with dual diagnosis are also at higher risk of being noncompliant with treatment [2].

COMPREHENSION CHECK

1. Make a list of the words that best reflect the content of the text.

2. State the main content of the text.

3. Answer the following questions “yes” or “no”:

- Is there any connection between the number of negative consequences and the severity of drug use or abuse?
- May low self-esteem lead to drug abuse in boys?
- Is drug abuse strictly limited to illicit substances?

4. Indicate from which part of the text this information was obtained:

- There is strong connection between substance use and emotions.
- Certain substances carry a higher risk of drug abuse or addiction.
- The effects of drug use disorders on society are substantial.

5. Fill in the gaps in the sentences with information from the text:

- The primary goals of _____ are abstinence, relapse prevention, and rehabilitation (disorder, recovery, discovery).
- Drug abuse alters lifestyles and influence psychological _____ on a substance (dependency, severity, connection).
- Drug _____ refers to the experimentation, low frequency, or irregular use of alcohol and drugs (abuse, use, addiction).

- People struggling with drug use or abuse are highly encouraged to seek out professional _____ (training, support, education).

6. *Which of these statements are true?*

- Alcohol and drug glorification is apparent in popular culture.
- Drug use cannot lead to drug abuse.
- Drug abuse is often referred to as the problematic use of alcohol or drugs.
- People can abuse virtually any substance whose ingestion can result in a euphoric (“high”) feeling.

7. *Express your opinion on the issues highlighted in the text.*

Text 3

WHAT IS DRUG ADDICTION?

Addiction is a disease that affects your brain and behavior. When you’re addicted to drugs, you can’t resist the urge to use them, no matter how much harm the drugs may cause. The earlier you get treatment for drug addiction, the more likely you are to avoid some of the more dire consequences of the disease.

Drug addiction isn’t about just heroin, cocaine, or other illegal drugs. You can get addicted to alcohol, nicotine, sleep and anti-anxiety medications, and other legal substances. You can also get addicted to prescription or illegally obtained narcotic pain medications, or opioids. This problem is at epidemic levels in the United States. In 2018, opioids played a role in two-thirds of all drug overdose deaths.

At first, you may choose to take a drug because you like the way it makes you feel. You may think you can control how much and how often you use it. But over time, drugs change how your brain works. These physical changes can last a long time. They make you lose control and can lead to damaging behaviors.

Addiction vs. abuse and tolerance

Drug abuse is when you use legal or illegal substances in ways you shouldn’t. You might take more than the regular dose of pills or use someone else’s prescription. You may abuse drugs to feel good, ease stress, or avoid reality. But usually, you’re able to change your unhealthy habits or stop using altogether.

Addiction is when you can’t stop. Not when it puts your health in danger. Not when it causes financial, emotional, and other problems for you or your

loved ones. That urge to get and use drugs can fill up every minute of the day, even if you want to quit. Addiction also is different from physical dependence or tolerance. In cases of physical dependence, withdrawal symptoms happen when you suddenly stop a substance. Tolerance happens when a dose of a substance becomes less effective over time.

When you use opioids for pain for a long time, for example, you may develop tolerance and even physical dependence. This doesn't mean you're addicted. In general, when narcotics are used under proper medical supervision, addiction happens in only a small percentage of people.

Effect on your brain

Your brain is wired to make you want to repeat experiences that make you feel good. So you're motivated to do them again and again. The drugs that may be addictive target your brain's reward system. They flood your brain with a chemical called dopamine. This triggers a feeling of intense pleasure. You keep taking the drug to chase that high. Over time, your brain gets used to the extra dopamine. So you might need to take more of the drug to get the same good feeling. And other things you enjoyed, like food and hanging out with family, may give you less pleasure.

When you use drugs for a long time, it can cause changes in other brain chemical systems and circuits as well. They can hurt your:

- judgment
- decision-making
- memory
- ability to learn.

Together, these brain changes can drive you to seek out and take drugs in ways that are beyond your control.

Who's most likely to become addicted?

Each person's body and brain are different. People also react differently to drugs. Some love the feeling the first time they try it and want more. Others hate it and never try again. Not everyone who uses drugs becomes addicted. But it can happen to anyone and at any age. Some things may raise your chances of addiction, including:

- Family history. Your genes are responsible for about half of your odds. If your parents or siblings have problems with alcohol or drugs, you're more likely as well. Women and men are equally likely to become addicted.

- Early drug use. Children's brains are still growing, and drug use can change that. So taking drugs at an early age may make you more likely to get addicted when you get older.

- Mental disorders. If you're depressed, have trouble paying attention, or worry constantly, you have a higher chance of addiction. You may turn to drugs as a way to try to feel better. A history of trauma in your life also makes you more likely to have addiction.

- Troubled relationships. If you grew up with family troubles and aren't close to your parents or siblings, it may raise your chances of addiction [3].

Warning signs of prescription drug abuse

In recent years, prescription drug abuse has become an escalating problem, most commonly involving opioid painkillers, anti-anxiety medications, sedatives, and stimulants. Many people start taking these drugs to cope with a specific medical problem — taking painkillers following injury or surgery, for example. However, over time, increased doses are needed to achieve the same level of pain relief and some users can become physically dependent, experiencing withdrawal symptoms if they try to quit.

One of the earliest warning signs of a developing problem is going through the medication at a faster-than-expected rate. In other cases, people start abusing medication not prescribed for them in order to experience a high, relieve tension, increase alertness, or improve concentration.

To avoid developing problems with a prescription medication, it's important to take it only as directed, use the lowest dose for the shortest period possible, and to talk to your doctor about other methods of treating the problem. Being aware of any signs of dependency can help identify prescription drug problems at an early stage and help to prevent them progressing into an addiction [4].

Signs of addiction

You may have one or more of these warning signs:

- An urge to use the drug every day, or many times a day.
- Taking more drugs than you want to, and for longer than you thought you would.

- Always having the drug with you, and buying it even if you can't afford it.

- Using drugs even if they cause you trouble at work or make you lash out at family and friends.

- Spending more time alone.
- Not taking care of yourself or caring how you look.
- Stealing, lying, or doing dangerous things, like driving while high or having unsafe sex.
- Spending most of your time getting, using, or recovering from the effects of the drug.
- Feeling sick when you try to quit.

How to prevent addiction to prescribed painkillers

Most people who take their pain medicine as directed by their doctor do not become addicted, even if they take the medicine for a long time. Fears about addiction should not prevent you from using narcotics to relieve your pain. But if you've abused drugs or alcohol in the past or have family members who have, you may be at a higher risk.

To avoid pain medicine addiction:

- Take the drug exactly as your doctor prescribes.
- Tell your doctor about any personal or family history of drug abuse or addiction; this will help them prescribe the medicines that will work best for you.

Remember, it's common for people to develop a tolerance to pain medication and to need higher doses to get the same level of pain relief. This is normal and is not a sign of addiction. With addiction, you may need to use higher doses, but it's not for pain relief. Still, talk to your doctor if this effect becomes troubling [3].

What types of drugs do people commonly abuse?

Individuals may abuse almost any substance whose ingestion can result in a euphoric ("high") feeling. While many are aware of the abuse of legal substances like alcohol or illegal drugs like marijuana (in most states) and cocaine, less well-known is the fact that inhalants like household cleaners and over-the-counter medications like cold medicines are some of the most commonly abused substances.

The following are many of the drugs and types of drugs that people commonly abuse and/or result in dependence:

- Alcohol: Although legal, alcohol is a toxic substance, especially for a developing fetus when a mother consumes this drug during pregnancy. One of the most common addictions, alcoholism can have devastating effects on the alcoholic individual's physical well-being, as well as his or her ability to function interpersonally and at work.

- **Amphetamines:** This group of drugs comes in many forms, from prescription medications like methylphenidate (for example, Ritalin Concerta, Focalin) and dextroamphetamine and amphetamine (Adderall) to illegally manufactured drugs like methamphetamine (“crystal meth”). Overdose of any of these substances can result in seizure and death.

- **Anabolic steroids:** A group of substances that is most often abused by bodybuilders and other athletes, this group of drugs can lead to devastating emotional symptoms like aggression and paranoia, as well as severe long-term physical effects like infertility and organ failure.

- **Caffeine:** While many people consume coffee, tea, and soda, when consumed in excess, this substance can be habit-forming and produce palpitations, insomnia, tremors, irritability, and significant anxiety.

- **Cannabis:** More usually called marijuana, the scientific name for cannabis is tetrahydrocannabinol (THC). Marijuana is the most commonly used illicit drug, with nearly 14 million people 12 years or older reporting having used this drug in the past year. In addition to the negative effects the drug itself can produce (for example, infertility, difficulties with sexual performance, paranoia, lack of motivation), the fact that it is commonly mixed (cut) with other substances so drug dealers can make more money selling the diluted substance or expose the user to more addictive drugs exposes the marijuana user to the dangers associated with those added substances. People commonly cut marijuana with ingredients that include baby powder, oregano, embalming fluid, phencyclidine (PCP), opiates, and cocaine.

- **Cathinones (bath salts):** Chemically unrelated to bath salts that people use to bathe, cathinones are chemically similar to stimulant drugs, like amphetamines, cocaine, and Ecstasy (MDMA). In addition to bath salts, other street names for cathinones include “plant food”, “jewelry cleaner”, or “phone screen cleaner”.

- **Cocaine:** A drug that tends to stimulate the nervous system, people can snort cocaine in powder form, smoke it when in the form of rocks (“crack” cocaine), or inject it when made into a liquid.

- **Ecstasy:** Also called MDMA to denote its chemical composition (methylenedioxymethamphetamine), this drug tends to create a sense of euphoria and an expansive love or desire to nurture others. In overdose, it can increase body temperature to the point of causing death.

- **Hallucinogens:** Examples include LSD and mescaline, as well as so-called naturally occurring hallucinogens like certain mushrooms. These drugs can be dangerous in their ability to alter the perceptions of the user. For example, a person who is intoxicated (“high” on) with a hallucinogen

may perceive danger where there is none and to think that situations that are truly dangerous are not. Those misperceptions can result in dangerous behaviors (like jumping out of a window because the person thinks they have wings and can fly).

- **Inhalants:** One of the most commonly abused group of substances due to its easy accessibility, inhalants are usually in household cleaners, like ammonia, bleach, and other substances that emit fumes. Brain damage, to the point of death, can result from using an inhalant even just once or over the course of time, depending on the individual.

- **Nicotine:** The addictive substance found in cigarettes, nicotine is actually one of the most addictive substances that exist. In fact, people often compare nicotine addiction to the intense addictiveness associated with opiates like heroin.

- **Opiates:** People also call this group narcotics or opioids and it includes drugs like heroin, codeine, hydrocodone, morphine, methadone, Vicodin, OxyContin, Percocet, and Percodan. This group of substances sharply decreases the functioning of the nervous system. The lethality of opioids is often the result of the abuser having to use increasingly higher amounts to achieve the same level of intoxication, ultimately to the point that the dose needed to get high is the same as the dose that is lethal by overdose for that individual by halting the person's breathing (respiratory arrest).

- **Phencyclidine:** Commonly called PCP, this drug can cause the user to feel highly suspicious, become very aggressive, and to have an exceptional amount of physical strength. This can make the person quite dangerous to others.

- **Sedative, hypnotic, or antianxiety drugs:** The second most commonly used group of illicit drugs, these substances quiet or depress the nervous system. They can therefore cause death by stopping the breathing (respiratory arrest) of the individual who either uses these drugs in overdose or who mixes one or more of these drugs with another nervous system depressant (like alcohol, another sedative drug, or an opiate) [5].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Which of these statements are true?*

- Drug addiction is about just heroin, cocaine, or other illegal drugs.
- Tolerance happens when a dose of a substance becomes less effective over time.

- Not everyone who uses drugs becomes addicted.
- The addictive substance found in cigarettes, nicotine is actually one of the most addictive substances that exist.

4. *Fill in the gaps in the sentences with information from the text:*

- An urge to use the drug every day, or many times a day is one of the signs of drug _____ (use, abuse, addiction).
- One of the signs of addiction is feeling _____ when you try to quit (happy, healthy, sick).
- Sedative, hypnotic, or antianxiety drugs are most commonly used group of _____ drugs that depress the nervous system (illicit, prescribed, known).

5. *Determine if the following facts are mentioned in the text:*

- Most people who take their pain medicine as directed by their doctor do not become addicted.
- Physicians who prescribe drugs can help police by confirming prescription status.
- Forty-one states and the District of Columbia have enacted legislation permitting limited use of marijuana for medicinal purposes.

6. *Express your opinion on the issues highlighted in the text.*

Text 4

DRUG ABUSE AND ADDICTION

People from all walks of life can experience problems with their drug use, regardless of age, race, background, or the reason they started using drugs in the first place. Some people experiment with recreational drugs out of curiosity, to have a good time, because friends are doing it, or to ease problems such as stress, anxiety, or depression. However, it's not just illegal drugs, such as cocaine or heroin that can lead to abuse and addiction. Prescription medications such as painkillers, sleeping pills, and tranquilizers can cause similar problems. In fact, next to marijuana, prescription painkillers are the most abused drugs in the U.S. and more people die from overdosing powerful opioid painkillers each day than from traffic accidents and gun deaths combined. Addiction to opioid painkillers can be so powerful it has become the major risk factor for heroin abuse.

When drug use becomes drug abuse or addiction

Of course, drug use — either illegal or prescription — doesn't automatically lead to abuse. Some people are able to use recreational or

prescription drugs without experiencing negative effects, while others find that substance use takes a serious toll on their health and well-being. Similarly, there is no specific point at which drug use moves from casual to problematic. Drug abuse and addiction is less about the type or amount of the substance consumed or the frequency of your drug use, and more about the consequences of that drug use. If your drug use is causing problems in your life — at work, school, home, or in your relationships — you likely have a drug abuse or addiction problem. Recognizing that you have a problem is the first step on the road to recovery, one that takes tremendous courage and strength. Facing your problem without minimizing the issue or making excuses can feel frightening and overwhelming, but recovery is within reach. If you're ready to seek help, you can overcome your addiction and build a satisfying, drug-free life for yourself.

Risk factors for drug addiction

While anyone can develop problems from using drugs, vulnerability to substance addiction differs from person to person. While your genes, mental health, family and social environment all play a role, risk factors that increase your vulnerability include:

- family history of addiction
- abuse, neglect, or other traumatic experiences
- mental disorders such as depression and anxiety
- early use of drugs
- method of administration — smoking or injecting a drug may increase its addictive potential

Myths and facts about drug abuse and addiction

- Myth 1: Overcoming addiction is simply a matter of willpower. You can stop using drugs if you really want.

Fact: Prolonged exposure to drugs alters the brain in ways that result in powerful cravings and a compulsion to use. These brain changes make it extremely difficult to quit by sheer force of will.

- Myth 2: Using drugs like opioid painkillers are safe since they're so commonly prescribed by doctors.

Fact: Short-term medical use of opioid painkillers can help to manage severe pain after an accident or surgery, for example. However, regular or longer-term use of opioids can lead to addiction. Misuse of these drugs or taking someone else's medication can have dangerous — even deadly — consequences.

- Myth 3: Addiction is a disease; there's nothing that can be done about it.

Fact: Most experts agree that addiction is a disease that affects the brain, but that doesn't mean anyone is helpless. The brain changes associated with addiction can be treated and reversed through therapy, medication, exercise, and other treatments.

- Myth 4: Addicts have to hit rock bottom before they can get better.

Fact: Recovery can begin at any point in the addiction process — and the earlier, the better. The longer drug abuse continues, the stronger the addiction becomes and the harder it is to treat. Don't wait to intervene until the addict has lost everything.

- Myth 5: You can't force someone into treatment; they have to want help.

Fact: Treatment doesn't have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who choose to enter treatment on their own. As they sober up and their thinking clears, many formerly resistant addicts decide they want to change.

- Myth 6: Treatment didn't work before, so there's no point trying again.

Fact: Recovery from drug addiction is a long process that often involves setbacks. Relapse doesn't mean that treatment has failed or that sobriety is a lost cause. Rather, it's a signal to get back on track, either by going back to treatment or adjusting the treatment approach.

How drug abuse and addiction develops

There's a fine line between regular drug use and drug abuse and addiction. Very few drug abusers or addicts are able to recognize when they've crossed that line. While frequency or the amount of drugs consumed do not necessarily constitute drug abuse or addiction, they can often be indicators of drug-related problems.

If the drug fulfills a valuable need, you may find yourself increasingly relying on it. You may take illegal drugs to calm or energize yourself or make you more confident. You may start abusing prescription drugs to relieve pain, cope with panic attacks, or improve concentration at school or work. If you are using drugs to fill a void in your life, you're more at risk of crossing the line from casual drug use to drug abuse and addiction. To maintain a healthy balance in your life, you need to have positive experiences and feel good about your life without any drug use.

Drug abuse may start as a way to socially connect. People often try drugs for the first time in social situations with friends and acquaintances.

A strong desire to fit in to the group can make it feel like doing the drugs with them is the only option.

Problems can sometimes sneak up on you, as your drug use gradually increases over time. Smoking a joint with friends over the weekend, or taking ecstasy at a rave, or painkillers when your back aches, for example, can change from using drugs a couple of days a week to using them every day. Gradually, getting and using the drug becomes more and more important to you.

As drug abuse takes hold, you may miss or frequently be late for work or school, your job performance may progressively deteriorate, and you may start to neglect social or family responsibilities. Your ability to stop using is eventually compromised. What began as a voluntary choice has turned into a physical and psychological need.

Eventually drug abuse can consume your life, stopping social and intellectual development. This only reinforces feelings of isolation.

Drug addiction and the brain

While each drug produces different physical effects, all abused substances share one thing in common: repeated use can alter the way the brain functions. This includes commonly abused prescription medications as well as recreational drugs.

- Taking the drug causes a rush of the hormone dopamine in your brain, which triggers feelings of pleasure. Your brain remembers these feelings and wants them repeated

- When you become addicted, the substance takes on the same significance as other survival behaviors, such as eating and drinking.

- Changes in your brain interfere with your ability to think clearly, exercise good judgment, control your behavior, and feel normal without drugs.

- No matter which drug you're addicted to, the uncontrollable craving to use grows more important than anything else, including family, friends, career, and even your own health and happiness.

- The urge to use is so strong that your mind finds many ways to deny or rationalize the addiction. You may drastically underestimate the quantity of drugs you're taking, how much it impacts your life, and the level of control you have over your drug use.

With the right treatment and support, you can counteract the disruptive effects of drug use and regain control of your life. The first obstacle is to recognize and admit you have a problem, or listen to loved ones who are often better able to see the negative effects drug use is having on your life.

Signs and symptoms of drug abuse and addiction

Although different drugs have different physical effects, the symptoms of addiction are similar. If you recognize yourself in the following signs and symptoms, talk to someone about your drug use.

Common symptoms of drug abuse

- Neglecting responsibilities at school, work, or home (e.g. flunking classes, skipping work, neglecting your children).
- Using drugs under dangerous conditions or taking risks while high, such as driving while on drugs, using dirty needles, or having unprotected sex.
- Experiencing legal trouble, such as arrests for disorderly conduct, driving under the influence, or stealing to support a drug habit.
- Problems in your relationships, such as fights with your partner or family members, an unhappy boss, or the loss of friends.

Common symptoms of drug addiction

You've built up a drug tolerance. You need to use more of the drug to experience the same affects you used to attain with smaller amounts. You use to avoid or relieve withdrawal symptoms. If you go too long without drugs, you experience symptoms such as nausea, restlessness, insomnia, depression, sweating, shaking, and anxiety. Loss of control over your drug use. You often do drugs or use more than you planned, even though you told yourself you wouldn't. You may want to stop using, but you feel powerless. Your life revolves around drug use. You spend a lot of time using and thinking about drugs, figuring out how to get them, or recovering from the drug's effects. You've abandoned activities you used to enjoy, such as hobbies, sports, and socializing, because of your drug use. You continue to use drugs, despite knowing it's hurting you. It's causing major problems in your life — blackouts, financial issues, infections, mood swings, depression, paranoia — but you use anyway.

Warning signs that a person is abusing drugs

Drug abusers often try to conceal their symptoms and downplay their problem. If you're worried that a friend or loved one might be abusing drugs, look for the following warning signs:

Physical warning signs

- Bloodshot eyes, pupils larger or smaller than usual
- Changes in appetite or sleep patterns
- Sudden weight loss or weight gain

- Deterioration of physical appearance, personal grooming habits
- Unusual smells on breath, body, or clothing
- Tremors, slurred speech, or impaired coordination

Behavioral warning signs

- Drop in attendance and performance at work or school
- Unexplained financial problems; borrowing or stealing
- Engaging in secretive or suspicious behaviors
- Sudden change in friends, favorite hangouts, and hobbies
- Frequently getting into trouble (fights, accidents, illegal activities)

Psychological warning signs

- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or “spaced out”
- Appears fearful, anxious, or paranoid

Warning signs of commonly abused recreational drugs

Marijuana: Glassy, red eyes; loud talking, inappropriate laughter followed by sleepiness; loss of interest, motivation; weight gain or loss.

Stimulants (including amphetamines, cocaine, crystal meth): Dilated pupils; hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; may go long periods of time without eating or sleeping; weight loss; dry mouth and nose.

Inhalants (glues, aerosols, vapors): Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability; lots of cans/aerosols in the trash.

Hallucinogens (LSD, PCP): Dilated pupils; bizarre and irrational behavior including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech; confusion.

Heroin: Contracted pupils; no response of pupils to light; needle marks; sleeping at unusual times; sweating; vomiting; coughing, sniffing; twitching; loss of appetite [4].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*
2. *Annotate the text.*
3. *Which of these statements are true?*
 - Some people experiment with recreational drugs out of curiosity, to have a good time.
 - Recognizing that one has a problem with drugs is the first step on the road to recovery.
 - Family history of addiction is not a risk factor for drug addiction.
 - Overcoming addiction is simply a matter of willpower.
4. *Find paragraphs in the text that contain answers to the suggested questions:*
 - Is using drugs like opioid painkillers safe since they're so commonly prescribed by doctors?
 - Is neglecting responsibilities at school, work, or home one of the common symptoms of drug abuse?
 - Is sudden weight loss or weight gain one of the physical warning signs of drug problems?
 - What are the most common symptoms of drug abuse?
5. *Select from the proposed list the statements that were not mentioned in the text:*
 - Although different drugs have different physical effects, the symptoms of addiction are similar.
 - A second or subsequent offense for possession of heroin is punishable by both fine and imprisonment.
 - Class A drugs are considered the most dangerous drugs, and they include controlled substances like heroin.
6. *Express your opinion on the issues highlighted in the text.*

Text 5

TYPES OF DRUG ADDICTION

Drug addiction continues to be an issue around the globe and can affect anyone regardless of socioeconomic status. However a person becomes addicted to drugs, it is important to know the signs of drug addiction and how to help.

When someone begins taking drugs (recreationally or medically), there is always a chance to develop physical dependence and addiction. Sometimes

this can occur without the person even realizing it. Some drug addictions can be severe and can cause long-term effects on the body and mind. In some cases, substance abuse can even result in fatal consequences [6].

There are many types of drug abuse. Abuse of any substance, whether it be prescription medications or illicit drugs, can turn into an addiction. Most people that are addicted to prescription drugs first acquired the substance through a legal prescription from a physician. Most people that develop an addiction to their own prescriptions do so because they consume more of the medication than they are prescribed.

While taking the proper dosage of a medication that your doctor prescribes to you should not cause you to develop an addiction, this is not always the case. In fact, many people develop addictions to prescription medications because they simply took their medications for too long a period of time. For example, if patients that take benzodiazepines to manage their panic attacks and anxiety took the prescribed daily dosage of their medications for a month straight when they were only supposed to take them for no more than two weeks straight, it can cause those patients to develop a tolerance towards the medication. This, in turn, could cause those patients to need more and more of the prescription drug to feel its effects. Before you know it, these patients will develop an addiction to benzodiazepines due to the patients taking more and more of the substance to receive its effects.

Generally, drugs that are abused are separated into three categories: stimulants, sedatives, and narcotics. The federal government has strict regulations for prescribing medications in each of these categories.

The medical industry rates these medications based on their potential for generating a high enough tolerance in their users to lead to abuse, and ultimately, addiction. Once an individual develops an addiction towards a prescription drug, the addiction can become just as severe as an addiction to an illicit drug.

Types of drug abuse

Not all drugs are created equal. Therefore, some drugs are more addictive than others. The highly addictive drugs that are most abused are the following:

1. Heroin.

Heroin is a highly addictive opioid. Using heroin can cause a person to experience seizures, psychosis, and hallucinations. Heroin, when it's injected, can also spread diseases such as human immunodeficiency virus (HIV) and hepatitis.

The reason why heroin causes such serious health issues when abused is that it interferes with the brain's receptors. Therefore, its users become physically dependent on the substance very quickly.

Once heroin users develop a physical dependency on the drug, they need more and more of it to achieve the same high that they initially got when they first consumed it. Unfortunately, consuming too much heroin can lead to a fatal overdose.

To detox and treat your body and brain from heroin addiction, you must receive professional detox and addiction treatment services with medical guidance. This is because the withdrawal symptoms of heroin are extremely intense and life-threatening, and thus, cannot be managed on your own.

2. Cocaine.

Cocaine, even when taken in small doses, is a very dangerous stimulant. It induces euphoria, increases blood pressure, and accelerates the heart rate. Using cocaine can even cause a person to experience fatal strokes or heart attacks.

Because of how addictive cocaine is, many people that are addicted to it are willing to sacrifice any facet of their lives to get more of it. As a result, cocaine abuse can lead to financial, legal, and physical issues. Due to the severe consequences that many people that use cocaine experience, it's imperative that those that suffer from cocaine addiction receive professional addiction treatment.

3. Crack.

Crack is a potent form of cocaine that people smoke to create a short and intense euphoric sensation. Because of how inexpensive crack is, the abuse rates of crack are high. Unfortunately though, abusing crack often leads to immediate addiction.

Short-term physical consequences of abusing crack can include heart attacks and strokes at every use. Long-term physical consequences of abusing crack include severe liver, kidney, and lung damage. Because of the severity of the withdrawal symptoms of crack, it's imperative that those that suffer from a crack addiction receive professional addiction treatment.

4. Hallucinogens.

PCP (phencyclidine) and LSD (lysergic acid diethylamide) are hallucinogens. This means that these two substances make people feel, see, and hear things that aren't real. When people are high on hallucinogens, they lose touch with reality and disconnect from their mental state. This creates the illusion that their minds and bodies aren't connected or working together.

Because of how hallucinogenic PCP and LSD are, some people that abuse these two substances enter into violent states of psychosis. This could cause some people to hurt themselves and experience serious injury.

In fact, there are cases of repeated PCP and LSD abuse that have caused people to experience permanent neurological damage. Like with all of the substances that we've discussed thus far, getting sober from an addiction to hallucinogens requires professional addiction treatment at a treatment facility.

5. Amphetamines.

Amphetamines are substances that are known for enhancing the ability of both the body and mind. Unfortunately, amphetamines are also known for causing its users to experience manic periods of distress. These manic periods are usually accompanied by extreme paranoia, inexplicable behavior, and delusions.

Some amphetamine abusers will even become violent and unintentionally attack their loved ones. Others will experience permanent physical changes in their appearance.

Irreversible brain and nerve damage are also possible consequences of amphetamine use. People that are looking to treat amphetamine addiction must do so through professional addiction treatment services with medical attention.

6. Marijuana.

Types of drug abuse that are often the most common, are the ones that are the most accessible. This is part of the reason why marijuana is the most common illegal drug abused today. On top of how accessible marijuana is, many people view marijuana as not being addictive. As a result, many people recklessly use it.

Many people use marijuana for the first time when they are hanging out with their friends in social settings. Although many people view marijuana as not being addictive, when continually abused, it can be. Marijuana use can also affect your physical coordination, memory, and mental functions over time.

Some people have even lost their relationships, homes, and jobs due to their marijuana addiction. While it's easy to start abusing marijuana, it's not that easy to stop. Therefore, those that want to remain abstinent from marijuana should receive professional addiction treatment.

7. Alcohol.

Alcohol is one of the other types of drug abuse that is common due to its accessibility. Abusing alcohol can cause psychological, physical, and

social problems. It can also lead to the destruction of relationships, friendships, and marriages.

A lot of alcohol abusers drink so much that their bodies are unable to handle it. As a result, some alcohol abusers must get sent to the hospital to receive treatment for alcohol poisoning.

When a person chronically abuses alcohol over a long period of time, it can cause that person to experience irreparable heart and liver damage. Alcohol abuse can also cause people to get arrested for public intoxication, driving under the influence, or other law-related issues. When people are under the influence of alcohol, they lose all of their inhibitions. Therefore, when alcohol abuse is at its worse, it can even cause incidents that lead to severe injury, or death.

Because of how addictive alcohol is, the withdrawal symptoms of alcohol are just as severe. In fact, due to it causing delirium tremens, alcohol withdrawal can be fatal. This is because alcohol withdrawal delirium tremens can trigger heart failure or stroke in a person's body.

Alcohol's severe withdrawal symptoms combined with how difficult it is for an alcoholic to refrain from such an easily accessible substance makes it necessary for alcoholics to receive professional addiction treatment to overcome their addiction.

8. Inhalants.

Inhalants are substances that people breathe in through their noses to get high. Types of drug abuse that are considered inhalants include the abuse of spray paint, butane, and nitrous oxide.

When a person smells in inhalant, it can cause that person to experience feelings of euphoria and numbness. Because these feelings are brief though, people must repeatedly breathe in an inhalant to upkeep its euphoric effect.

While it may not seem like it at first, it's very risky to abuse inhalants. This is because breathing in inhalants can cause permanent brain damage or sudden death.

9. Prescription Drugs.

Prescription medications are the second most abused substance. Any medication that doctors can prescribe to patients is considered a prescription drug. This includes everything from depressants and anti-anxiety medication to sedatives, to even ADHD³ medications.

One category of prescription drugs that is arguably the most commonly abused is painkillers. Examples of prescription painkillers

³ Attention Deficit Hyperactivity Disorder.

include Vicodin and Oxycodone, along with opioids. Many doctors prescribe patients prescription painkillers to help them manage the pain from an injury while they are in physical recovery.

Because of how addictive prescription drugs are, it's imperative that those with prescription drug addictions receive professional detox and addiction treatment to get clean and sober.

Signs and symptoms of drug addiction

One of the reasons why drug abuse can take place for so many years without being recognized is that every person's struggle with drug addiction is different. Many times, addicts will abuse drugs for years on end and feel as if it has little or no effect on them. Unfortunately, the irreversible psychological, emotional, and physical effects will eventually become apparent.

The symptoms of drug addiction will change for each person. There are four categories to these varying symptoms. These four categories of drug addiction symptoms are described below.

1. Emotional

Emotional drug addiction symptoms are ones that affect an addict's emotional state and well-being. When an addict is displaying emotional addiction symptoms, the way that he or she handles emotions may appear different than the way that person normally does when not under the influence of drugs.

Types of drug abuse symptoms that are emotional include:

- irritability
- depression
- mood swings
- extreme sadness
- unexplained euphoria
- manic energy followed by an emotional and physical crash.

2. Behavioral

Behavioral drug addiction symptoms change the way that person normally behaves. Behavioral addiction symptoms can also change a person's habits and priorities. Types of drug abuse symptoms that are behavioral include:

- lying
- stealing
- erratic behavior
- troubles sleeping

- excessive sleeping
- change in social circle
- getting in trouble with the law
- declining performance at work or school
- being secretive about one's whereabouts
- no longer being excited or interested in things that they once were.

3. Physical

Physical drug addiction symptoms affect the way that a person's body looks or functions. These symptoms are often noticeable to the eye. Types of drug abuse symptoms that are physical include:

- chills
- nausea
- insomnia
- headaches
- sudden weight loss
- sudden weight gain.

4. Cognitive

Cognitive drug addiction symptoms affect the way that an addict's mind operates. This could, in turn, affect the way that an addict perceives the world. Types of drug abuse symptoms that are cognitive include:

- paranoia
- hallucinations
- a disconnect from reality [7].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *Annotate the text.*

3. *Which of these statements are true?*

- When someone begins taking drugs, there is always a chance to develop physical dependence and addiction.
- Using cocaine cannot cause a person to experience fatal strokes or heart attacks.
- Drug abuse can take place for many years without being recognized.
- Behavioral drug addiction symptoms change the way that person normally behaves.

4. *Find paragraphs in the text that contain answers to the suggested questions:*

- Can abuse of any substance, whether it be prescription medications or illicit drugs, turn into an addiction?
- Can using heroin cause a person to experience seizures, psychosis, and hallucinations? Why?
- Why is it imperative that those that suffer from cocaine addiction receive professional addiction treatment?

5. *Fill in the gaps in the sentences with information from the text:*

- Although many people view marijuana as not being _____, when continually abused, it can be (dangerous, addictive, prohibited).
- When a person smells in _____, it can cause that person to experience feelings of euphoria and numbness (alcohol, inhalant, crack).
- Because of how _____ crack is, the abuse rates of crack are high (inexpensive, expensive, common).

6. *Express your opinion on the issues highlighted in the text.*

Text 6

DRUG USE DISORDER

What are the physical and psychological effects of drug use disorders? While the specific physical and psychological effects of drug use disorders tend to vary based on the particular substance involved, the general effects of addiction to any drug can be devastating. Psychologically, intoxication with or withdrawal from a substance can cause everything from euphoria as with alcohol, Ecstasy, or inhalant intoxication, to paranoia with marijuana or steroid intoxication, to severe depression or suicidal thoughts with cocaine or amphetamine withdrawal. In terms of effects on the body, intoxication with a drug can cause physical effects that range from marked sleepiness and slowed breathing as with intoxication with heroin or sedative hypnotic drugs, to the rapid heart rate of cocaine intoxication, or the tremors to seizures of alcohol withdrawal.

What are causes and risk factors for developing a drug use disorder?

Like most other mental health problems, drug use disorders have no single cause and are not the result of a lack of discipline or self-control. There are a number of biological, psychological, and social factors, known as risk factors, which can increase an individual's vulnerability to developing a chemical use disorder. The frequency with which substance use disorders occur within some families seems to be higher than could be explained by an addictive environment of the family. Therefore, most

substance use professionals recognize a genetic aspect to the risk of drug addiction.

Psychological associations with substance abuse or addiction include mood disorders like early aggressive behaviors, depression, anxiety, or bipolar disorder, thought disorders like schizophrenia, as well as personality disorders like antisocial personality disorder. Social risk factors for drug abuse and addiction include male gender, being between the ages of 18 and 44 Native-American heritage, unmarried marital status, and lower socioeconomic status. According to statistics by state, people residing in the West tend to be at a somewhat higher risk for chemical dependency. While men are more at risk for developing a chemical dependency like alcoholism, women seem to be more vulnerable to becoming addicted to alcohol at much lower amounts of alcohol consumption compared to men.

Adults exposed to negative events as children are at higher risk of developing drug use disorders. In addition to poverty, examples of such negative events include lack of parental supervision, the presence of parental substance abuse, witnessing domestic violence, or being the victim of emotional, physical or sexual abuse.

What are warning signs that you or a loved one may have a drug use disorder?

While specific symptoms that are used to diagnose drug use disorders are described below, warning signs that you or a loved one suffer from a drug-related problem include the following:

- Having blackouts or loss of memory
- Mood problems like irritability, sadness, or mood swings
- Repeated arguments with loved ones
- Repeatedly using drugs to cope with problems
- Physical symptoms when abstaining from drug use
- Physical problems due to drug use
- Repeatedly using more drugs or using drugs for longer than intended
- Spending less time on life obligations due to drug use
- Needing more drug to get high than one used to.

What are symptoms and signs of drug use disorder?

According to the DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), the diagnostic reference that is written

and endorsed by the American Psychiatric Association, in order to be diagnosed with substance-related use disorder, a person must exhibit a maladaptive pattern of drug use that leads to significant problems or stress, as manifested by at least two of the following signs or symptoms in the same one-year period:

- Recurrent substance use that prevents the sufferer from meeting significant responsibilities at work, school, or home.
- Recurrent drug use despite significant resulting drug-related problems in the person's life (for example, in situations that may be physically dangerous, cause recurrent legal problems as a result of drug use; repeated social or relationship problems as a result of or worsened by the drug's effects).
 - Recurrent legal problems as a result of drug use.
 - Continued drug use in spite of continued or repeated social or relationship problems as a result of, or worsened by the drug's effects.
 - Tolerance, which is either a markedly decreased effect of the drug or a need to significantly increase the amount of the substance used in order to experience the same high or other desired effects.
 - Withdrawal, which is defined as either physical or psychological signs or symptoms consistent with withdrawal from a specific drug, or taking that drug or one chemically close to that drug in order to avoid developing symptoms of withdrawal.
 - Larger amounts of the drug are taken or for longer than intended.
 - The person has a persistent urge to take the drug or has unsuccessfully tried to decrease or control the drug use.
 - A person spends excessive amounts of time either getting, using, or recovering from the effects of the drug.
 - Cravings/strong urges to use the substance.
 - The person significantly lessens or stops engaging in important social, recreational, work, or school activities because of the substance use.
 - The person engages in negative decision-making, in that he or she continues to use the drug despite knowing that he or she suffers from ongoing or recurring physical or psychological problems caused or worsened by the use of the drug.

What happens to your brain when you take drugs?

While the specific effects of drugs on the brain can vary somewhat depending on the drug that people abuse, virtually every drug that is

abused has an effect on what professionals often call the executive functioning areas of the brain. The functions of those areas can be remembered by thinking about the tasks of the chief executive officer in any company: planning, organizing, prioritizing, acting when it is time to act, as well as delaying or preventing action (inhibitory functions) when appropriate. The parts of the brain that tend to harbor the executive brain functions are the front-most parts of the brain, called the frontal lobes, including the frontal cortex and prefrontal cortex. When a person takes drugs, the inhibitory functions of the brain are particularly impaired, causing the person to have trouble stopping him or herself from acting on impulses that the brain would otherwise delay or prevent. This disinhibition can lead to the substance abuser engaging in aggressive, sexual, criminal, dangerous, or other activities that can have devastating consequences for the addicted person or those around him or her. Given that the brain of individuals below about the age of 25 years is in the process of actively and rapidly developing and is therefore not fully mature, drug use that takes place during the childhood or teenage years can have particularly negative effects on the younger person's ability to perform all these essential executive functions.

How do health care professionals diagnose drug addiction?

Similar to many mental health diagnoses, there is no one test that definitively determines that someone has a chemical use disorder. Therefore, health care professionals diagnose these conditions by thoroughly gathering medical, family, and mental health information. The practitioner will also either conduct a physical examination or ask that the person's primary care doctor perform one. The medical assessment will usually include lab tests to evaluate the person's general medical health and to explore whether or not the individual currently has drugs in their system or has a medical problem that might mimic symptoms of drug addiction.

In asking questions about mental health symptoms, specialists are often exploring if the person suffers from depression and/or manic symptoms but also anxiety, hallucinations, or delusions, as well as some behavioral problems. Practitioners may provide the people they evaluate with a quiz or self-test as a screening tool for substance use disorders. Since some of the symptoms of chemical dependency can also occur in other mental illnesses, the screening is to determine if the individual suffers from bipolar disorder, an anxiety disorder, schizophrenia, schizoaffective disorder, and other psychotic disorders, or a personality or

behavior disorder like antisocial personality disorder or attention deficit hyperactivity disorder (ADHD), respectively. Any condition that is associated with sudden changes in behavior, mood, or thinking, like bipolar disorder, a psychotic disorder, borderline personality disorder, or dissociative identity disorder (DID), may be particularly challenging to separate from some symptoms of drug use disorder. In order to assess the person's current emotional state, health care providers perform a mental-status examination, as well.

In addition to providing treatment that is appropriate to the diagnosis, determining the history or presence of mental illnesses that may co-occur (be co-morbid) with substance abuse or dependence is important in promoting the best possible outcome for the person. As previously described, the dual diagnosis of substance abusing or addicted individuals dictates the need for treatment that addresses both issues in a coordinated way by professionals who are trained and experienced with helping this specific population.

What are complications of drug addiction?

Drug addiction puts its sufferers at risk for potentially devastating social, occupational, and medical complications. Effects of chemical dependency on families include increased risk of domestic violence. Individuals with drug use disorder are also much less likely to find and keep a job compared to people who are not drug addicted. Children of parents with a substance use disorder are at higher risk for impaired social, educational, and health functioning, as well as being at higher risk for using drugs themselves.

In addition to the many devastating social and occupational complications of drug addiction, there are many potential medical complications. From respiratory arrest associated with heroin or sedative overdose to heart attack or stroke caused by cocaine or amphetamine intoxication, death is a highly possible complication of a drug use disorder. People who are dependent on drugs are also vulnerable to developing persistent medical conditions. Liver or heart failure and pancreatitis associated with alcoholism and brain damage associated with alcoholism or inhalants are just two such examples.

What is the prognosis of drug use disorder?

If treated, the prognosis of alcoholism and other drug use disorder improves but is not without challenges. Episodes of remission (abstinence from drug use) and relapse characterize recovery from substance dependency.

Is it possible to prevent drug abuse and addiction?

A number of different prevention approaches are effective in decreasing the risk of drug use disorder. Lifestyle changes, like increased physical activity and using other stress-reduction techniques, help prevent drug use disorder in teens. Programs that are more formal are also helpful. For example, the Raising Healthy Children program, which includes interventions for teachers, parents, and students, helps prevent drug addiction in elementary school children when the program goes on for 18 months or more. Designing research-based prevention programs to meet the specific needs of children by age and specific community strengths and challenges contributes to the success of those programs. The prevalence of easier access to technology led to the development of computer-based prevention programs. Such programs are very promising in how they compare to more traditional prevention programs, as well as how many more people can be reached through technology [5].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*
2. *State the main content of the text.*
3. *Answer the following questions:*
 - What are the physical and psychological effects of drug use disorders?
 - What are causes and risk factors for developing a drug use disorder?
 - What are warning signs of drug use disorder?
 - How do health care professionals diagnose drug addiction?
 - Is it possible to prevent drug abuse and addiction?
4. *Indicate from which part of the text this information was obtained:*
 - Psychologically, intoxication with or withdrawal from a substance can cause everything from euphoria to paranoia and severe depression.
 - When a person takes drugs, the inhibitory functions of the brain are particularly impaired.
 - Effects of chemical dependency on families include increased risk of domestic violence.
5. *Fill in the gaps in the sentences with information from the text:*
 - Like most other mental health problems, drug use disorders have no single cause and are not the result of a lack of discipline or _____ (education, knowledge, self-control).

- Psychological associations with substance abuse or _____ include mood disorders as well as personality disorders (intoxication, addiction, consumption).

- Adults exposed to negative events as children are at higher risk of developing drug use _____ (disorders, violations, experiments).

6. *Express your opinion on the issues highlighted in the text.*

Text 7

DRUG ABUSE AND DRUG ABUSE PREVENTION

What is drug abuse?

Drug abuse or substance abuse refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain. There are over 190 million drug users around the world and the problem has been increasing at alarming rates, especially among young adults under the age of 30.

Apart from the long term damage to the body drug abuse causes, drug addicts who use needles are also at risk of contracting HIV and hepatitis B and C infections.

Causes of drug use

Drugs of abuse are usually psychoactive drugs that are used by people for various different reasons which may include:

- Curiosity and peer pressure, especially among school children and young adults.

- The use of prescription drugs that were originally intended to target pain relief may have turned into recreational use and become addictive.

- Chemicals may be used as part of religious practices or rituals.

- Recreational purposes.

- As a means of obtaining creative inspiration.

Drug categories

Drugs of abuse fall into three groups and these include:

- Depressants: These cause depression of the brain's faculties and examples include sleeping pills (barbiturates) and heroin.

- Stimulants: These cause stimulation of the brain, giving rise to alertness and increased bursts of activity. A rapid heart rate, dilated pupils, raised blood pressure, nausea or vomiting and behavioral changes such as agitation, and impaired judgment may also result. In severe cases, there

may be delusional psychosis which can occur with the use of cocaine and amphetamines.

- Hallucinogens: These cause hallucinations and an “out of this world” feeling of dissociation from oneself. Hallucinogens may cause distorted sensory perception, delusion, paranoia and even depression. Examples include ecstasy, mescaline and LSD.

Examples of drugs are:

- Alcohol
- Tobacco
- Cocaine from coca
- Opium and opioids from poppy plants
- Hashish or marijuana from cannabis
- Synthetic drugs such as heroin, ecstasy and LSD.

Administration

There are several different routes of administration for drugs of abuse including orally in the form of a pill, intravenously in the form of an injection, by inhaling the substance in the form of smoke or via snorting the substance so it is absorbed into the blood vessels of the nose.

Epidemiology of drug abuse

Cannabis, marijuana and hashish are the most widely abused drugs in the world. Around 141 million people worldwide consume cannabis. The use of stimulants such as amphetamine and ecstasy is also widespread, with nearly 30 million people abusing these drugs. Cocaine is used by around 13 million people across the globe, with the highest number of users in the United States. Abuse of heroin and other opioids is less common than with other drugs and is taken up by around 8 million people worldwide, mainly in South-East and South-West Asia and Europe.

Drug abuse is seen in various different age groups and in individuals from nearly all walks of life and socioeconomic strata. However, men are more likely to abuse drugs than women, single people are more likely than married individuals and urban dwellers more likely than rural dwellers. Prisoners, street children and younger individuals are also more likely to abuse drugs [8].

Can drug addiction be cured or prevented?

As with most other chronic diseases, such as diabetes, asthma, or heart disease, treatment for drug addiction generally isn't a cure. However, addiction is treatable and can be successfully managed. People who are

recovering from an addiction will be at risk for relapse for years and possibly for their whole lives. Research shows that combining addiction treatment medicines with behavioral therapy ensures the best chance of success for most patients. Treatment approaches tailored to each patient's drug use patterns and any co-occurring medical, mental, and social problems can lead to continued recovery.

More good news is that drug use and addiction are preventable. Results from NIDA⁴-funded research have shown that prevention programs involving families, schools, communities, and the media are effective for preventing or reducing drug use and addiction. Although personal events and cultural factors affect drug use trends, when young people view drug use as harmful, they tend to decrease their drug taking. Therefore, education and outreach are key in helping people understand the possible risks of drug use. Teachers, parents, and health care providers have crucial roles in educating young people and preventing drug use and addiction [1].

Drug abuse prevention programs

The principles listed below are the result of long-term research studies on the origins of drug abuse behaviors and the common elements of effective prevention programs. These principles were developed to help prevention practitioners use the results of prevention research to address drug use among children, adolescents, and young adults in communities across the country. Parents, educators, and community leaders can use these principles to help guide their thinking, planning, selection, and delivery of drug abuse prevention programs at the community level.

Prevention programs are generally designed for use in a particular setting, such as at home, at school, or within the community, but can be adapted for use in several settings. In addition, programs are also designed with the intended audience in mind: for everyone in the population, for those at greater risk, and for those already involved with drugs or other problem behaviors. Some programs can be geared for more than one audience.

NIDA's prevention research program focuses on risks for drug abuse and other problem behaviors that occur throughout a child's development, from pregnancy through young adulthood. Research funded by NIDA and other Federal research organizations — such as the National Institute of Mental Health and the Centers for Disease Control and Prevention — shows that early intervention can prevent many adolescent risk behaviors.

⁴ National Institute of Drug Abuse.

Principle 1 — Prevention programs should enhance protective factors and reverse or reduce risk factors.

- The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support).

- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent.

- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors.

- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.

Principle 2 — Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.

Principle 3 — Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.

Principle 4 — Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Principle 5 — Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.

Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.

Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules.

Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances. Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.

Principle 6 — Prevention programs can be designed to intervene as early as infancy to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

Principle 7 — Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills.

- self-control
- emotional awareness
- communication
- social problem-solving and
- academic support, especially in reading.

Principle 8 — Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills.

- study habits and academic support
- communication
- peer relationships
- self-efficacy and assertiveness
- drug resistance skills
- reinforcement of anti-drug attitudes
- strengthening of personal commitments against drug abuse.

Principle 9 — Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.

Principle 10 — Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

Principle 11 — Community prevention programs reaching populations in multiple settings — for example, schools, clubs, faith-based

organizations, and the media — are most effective when they present consistent, community-wide messages in each setting.

Principle 12 — When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include:

- structure (how the program is organized and constructed)
- content (the information, skills, and strategies of the program) and
- delivery (how the program is adapted, implemented, and evaluated).

Principle 13 — Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.

Principle 14 — Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.

Principle 15 — Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

Principle 16 — Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen [9].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Answer the following questions:*

- What is drug abuse?
- What are the causes of drug use?
- Can drug addiction be cured or prevented?
- Why is education so important in helping people understand the possible risks of drug use?

4. *Fill in the gaps in the sentences with information from the text:*

- Prevention programs involving families, schools, communities, and the media are effective for preventing or _____ drug use and addiction (reducing, increasing, supporting).

- Drug abuse or substance abuse refers to the use of certain chemicals for the purpose of creating pleasurable effects on the _____ (memory, brain, mood).

- There are several different routes of _____ for drugs of abuse including orally, intravenously, by inhaling or via snorting the substance (concentration, administration, citation).

5. Find paragraphs in the text that contain answers to the suggested questions:

- Are men more likely to abuse drugs than women?
- Does combining addiction treatment medicines with behavioral therapy ensure the best chance of success for most patients?
- What are the aims of drug abuse prevention programs?

6. Select from the proposed list the facts that were not mentioned in the text:

- Around 141 million people worldwide consume cannabis.
- Increase in marijuana use among youth and young adults is one of top 10 reasons to oppose marijuana legalization.
- Studies indicate that 1 in 11 persons who use marijuana become addicted.

7. Express your opinion on the issues highlighted in the text.

Text 8

TREATMENT FOR DRUG ADDICTION

Despite the seemingly tamed and glamorized idea of drug use, it must be remembered that it can still lead to abuse, addiction, legal offenses, serious health problems, and even death. We must understand that there is no way to predict the effect that a drug can have on a person, especially if it is the first time they try it, and even regardless of dose and amount. Given that each person's brain and body chemistry are different, each person would also have a different tolerance for drugs.

Drugs are chemicals that affect a person in such a way as to bring about physiological, emotional, or behavioral change. "Dangerous drugs" are those that have high tendency for abuse and dependency, these substances may be organic or synthetic, and pose harm to those who use them.

Drug abuse exists when a person continually uses a drug other than its intended purpose. This continued use can lead to drug dependence, a state of physical and psychological dependence or both on a dangerous drug.

Drug addiction is a complex, and often chronic, brain disease. It is characterized by excessive drug craving, seeking, and use. Addiction is caused by brain changes caused by constant drug use.

Dependency is the state of physical and psychological dependence, or both, on a dangerous drug, or drugs, experienced by a person following the use of that substance on a periodic or continuous basis. A person dependent on drugs will experience withdrawal reactions (also known as “cold turkey”, symptoms that occur after long-term use of a drug is reduced or stopped abruptly) after abstaining from drugs [10].

An unfortunate fact about the treatment of drug addiction is that it remains largely underutilized by most sufferers. Facts about the use of drug addiction treatment include that less than 10 % of people with a milder substance-use disorder and less than 40 % of those with a more entrenched substance-use disorder seek professional help. Those statistics do not seem to be associated with socioeconomic or other demographic traits but do seem to be associated with the presence of other mental health problems (co-morbidity).

The primary goals of drug-use disorder treatment (also called recovery) are abstinence, relapse prevention, and rehabilitation. During the initial stage of abstinence, an individual who suffers from chemical dependency may need help avoiding or decreasing the effects of withdrawal. That process is detoxification or “detox”. Medical professionals primarily perform that part of drug addiction treatment in a hospital or other inpatient setting, where medications used to lessen withdrawal symptoms and close medical monitoring can be performed. The medications used for detox depend on the drug the person is dependent upon. For example, people with alcohol use disorder might receive medications like sedatives (benzodiazepines) or blood pressure medications to decrease palpitations and blood pressure, or seizure medications to prevent seizures during the detoxification process.

For many substances of abuse, the detox process is the most difficult part of dealing with the physical symptoms of addiction and tends to be short term, lasting days to a few weeks. Physicians sometimes use medications to help addicted individuals abstain from drug use on a long-term basis also depend on the specific drug of addiction. For example, individuals who are dependent on opioids like Percodan (a combination of aspirin and oxycodone hydrochloride) heroin, or Vicodin, Vicodin ES, Anexsia, Lorcet, Lorcet Plus, or Norco (combinations of hydrocodone and acetaminophen) often benefit from receiving longer-acting, less addictive narcotic-like substances like methadone (Methadose). People with alcohol

addiction might try to avoid alcohol intake by taking disulfiram (Antabuse), which produces nausea, stomach cramping, and vomiting in reaction to the person consuming alcohol.

Often, much more difficult and time-consuming than recovery from the physical aspects of drug dependency is psychological addiction. For people who may have less severe drug use disorder, the symptoms of psychological addiction may be able to be managed in an outpatient treatment program. However, those who have a more severe addiction, have relapsed after participation in outpatient programs, or who also suffer from a severe mental health condition might need the elevated level of structure, support, and monitoring provided in an inpatient drug addiction treatment center, often called “rehab”. Following such inpatient treatment, many people with this level of drug use disorder can benefit from living in a sober living community, that is, a group-home setting where counselors provide continued sobriety support, structure, and monitoring on a daily basis.

Self-help groups for people with a drug use disorder, like Alcoholics Anonymous and Narcotics Anonymous or for loved ones of addicted individuals, like Al-Anon⁵, are important to drug addiction recovery. Specifically, such groups provide an emotionally safe place for people with substance use disorders and their loved ones to share their feelings and experiences, as well as benefit from the experiences of others in their efforts to abstain from using drugs.

Also important in the treatment of drug dependency is helping the parents, other family members, and friends of the addicted person refrain from supporting addictive behaviors (codependency). Whether providing financial support, making excuses, or failing to acknowledge the drug seeking and other maladaptive behaviors of the drug abuser, discouraging such codependency of loved ones is a key component of recovery. A focus on the addicted person’s role in the family becomes perhaps even more significant when that person is a child or teenager, given that minors come within the context of a family in nearly every instance. Drug dependency treatment for children and adolescents is further different from that in adults by the impact of drugs on the developing brain, as well as the younger addict’s tendency to need help completing their education and achieving higher education or job training compared to addicts who may have completed those parts of their lives before developing the addiction.

⁵ A worldwide fellowship that offers a program of recovery for the families and friends of alcoholics.

The treatment options for dual diagnosis seems to be less effective when management of the person's mental disorder is separate from the care for his or her chemical dependency. More successful are integrated treatment approaches that include interventions for both disorders. The inclusion of assessment, intensive case management, motivational interventions, behavior interventions, family treatment, as well as services for housing, rehabilitation, and medication management improve such interventions [5].

If you suspect that a friend or family member has a drug problem, here are a few things you can do:

- Speak up. Talk to the person about your concerns, and offer your help and support without being judgmental. The earlier addiction is treated, the better. Don't wait for your loved one to hit rock bottom! List specific examples of your loved one's behavior that have you worried and urge them to seek help.

- Take care of yourself. Stay safe. Don't put yourself in dangerous situations. Don't get so caught up in someone else's drug problem that you neglect your own needs. Make sure you have people you can talk to and lean on for support.

- Avoid self-blame. You can support a person with a substance abuse problem and encourage treatment, but you can't force an addict to change. You can't control your loved one's decisions. Letting the person accept responsibility for their actions is an essential step along the way to recovery.

Don't...

- Attempt to threaten, punish, bribe, or preach.
- Make emotional appeals that only add to the user's feelings of guilt and increase their compulsion to use drugs.

- Cover up or make excuses for the drug abuser, or shield them from the consequences of their drug use.

- Take over the drug abuser's responsibilities, diminishing their sense of self-worth.

- Hide or throw out drugs.
- Argue with the person when they are high.
- Use drugs with the person.
- Feel guilty or responsible for a drug abuser's behavior.

When your teen has a drug problem

Discovering your child uses drugs can generate fear, confusion, and anger. It's important to remain calm when confronting your teen, and to

only do so when everyone is sober. Explain your concerns and make it clear that your concern comes from a place of love. It's important that your teen feels you are supportive.

Warning signs of teen drug abuse

As with adults, teenage drug abuse isn't limited to illegal drugs. In fact, teens are more likely to abuse prescription and over-the-counter drugs, including painkillers, stimulants, sedatives, and tranquilizers. In many cases, these drugs are much easier for teens to procure, yet they can have dangerous, even lethal, side effects.

While experimenting with any kind of drug doesn't automatically lead to drug abuse, early use is a risk factor for developing more serious drug abuse and addiction down the road. Risk of drug abuse also increases greatly during times of transition, such as changing schools, moving, or divorce. The challenge for parents is to distinguish between the normal, often volatile, ups and downs of the teen years and the red flags of substance abuse. These include:

- Having bloodshot eyes or dilated pupils; using eye drops to try to mask these signs.
- Skipping class; declining grades; suddenly getting into trouble at school.
- Missing medications, prescriptions, money or valuables.
- Acting uncharacteristically isolated, withdrawn, angry, or depressed.
- Sudden mood changes or repeated health complaints, constant fatigue.
- Dropping one group of friends for another; being secretive about the new peer group.
- Loss of interest in old hobbies; lying about new interests and activities.
- Demanding more privacy; locking doors; avoiding eye contact; sneaking around.

Seven steps parents can take to curb teen drug use

1. Talk openly about the dangers of both illegal and prescription drug use with your kids. Providing a safe and open environment to talk about these issues can make a real difference in the likelihood that they'll use or abuse drugs.

2. Lay down rules and consequences. Your teen should understand that using drugs comes with specific consequences. But don't make hollow threats or set rules that you cannot enforce — and make sure your spouse agrees and is prepared to enforce the rules. Remind your teen that taking someone else's prescription or sharing theirs with others is illegal.

3. Monitor your teen's activity. Know where your teen goes and who they hang out with. It's also important to routinely check potential hiding places for drugs — in backpacks, between books on a shelf, in DVD cases or make-up cases. Monitor your teen's online activity to check for illegal purchases.

4. Keep prescription medicines in a safe place, avoid stockpiling them, and dispose of any unused prescription medicines. Monitor your prescription refills carefully.

5. Encourage other interests and social activities. Expose your teen to healthy hobbies and activities, such as team sports and after-school clubs.

6. Talk to your child about underlying issues. Drug use can be the result of other problems. Is your teen having trouble fitting in? Has there been a recent major change, like a move or divorce causing stress?

7. Get help. Teenagers often rebel against their parents but if they hear the same information from a different authority figure, they may be more inclined to listen. Try a sports coach, family doctor, therapist, or drug counselor.

Addiction is a complex problem that affects every aspect of your life. Overcoming addiction requires reaching out for support and making changes to the way you live, deal with problems, and relate to others. Recovery is within your reach but don't try to go it alone; it's very easy to get discouraged and rationalize "just one more".

Whether you choose to go to rehab, rely on self-help programs, get therapy, or take a self-directed treatment approach, support is essential [4].

COMPREHENSION CHECK

1. Make a list of the words that best reflect the content of the text.

2. State the main content of the text.

3. Answer the following questions:

- What is the difference between drug abuse and drug addiction?
- What things can you do if you suspect that a friend or family member has a drug problem?
- What are the warning signs of teen drug abuse?

4. *Fill in the gaps in the sentences with information from the text:*

- Drug abuse exists when a person continually uses a drug other than its intended _____ (value, purpose, way).
- _____ groups for people with a drug use disorder are important to drug addiction recovery (self-help, self-made, self-named).
- Risk of drug abuse also _____ greatly during times of transition, such as changing schools, moving, or divorce (reduces, increases, changes).

5. *Find paragraphs in the text that contain answers to the suggested questions:*

- What is psychological addiction?
- Is drug dependency treatment for children and adolescents different from that in adults?
- What are the primary goals of drug-use disorder treatment?

6. *Is it possible to draw the following conclusions after reading the text?*

- Drug use can lead to abuse, addiction, legal offenses, serious health problems, and even death.
- People with a milder substance-use disorder do not seek professional help.
- The medications used for detox depend on the drug the person is dependent upon.

7. *Express your opinion on the issues highlighted in the text.*

Text 9

DRUGS, EFFECTS AND DANGERS TO HEALTH

A drug is any chemical substance that alerts mood, perception or consciousness. If drugs cause physical changes in the body, the words addict, addictive, addicted and addiction are used. Addict: An addict is a person, who is unable to free himself from a harmful habit. Addictive: Addictive means that something makes you dependent on something. Addiction: Addiction means dependence on something. Addicted: You are addicted to drugs, if you need them to feel good and if you have withdrawal symptoms if you don't take drugs.

The common addictive drugs are: alcohol, morphine, heroin, cocaine and barbiturates. Drugs create a state of mind in some individuals which is termed psychic dependence.

There are different types of drugs:

1. Drugs that depress the nervous system: alcohol, barbiturates (sleeping pills, downers), minor tranquillizers (Valium and Librium), solvents and

gases (as in glues, lighter fuel, aerosols, cleaning fluids). Effects: These drugs make you feel less tense and more relaxed. But you work less well mentally and physically and you lose self-control. Large amounts can make you drunk, feel drowsy or send you to sleep or unconscious. You can become psychologically and physically dependent and the more often you use them, the more you need to get the desired effects.

2. Drugs that reduce pain: Opiates (heroin, morphine codeine), opioids, narcotic analgesics (stomach medicines, cough mixtures). Effects: You feel less pain and worry. But you get to need higher and more frequent doses and you become physically and psychologically dependent. You become very moody and you may have problems with breathing, constipation and irregular periods.

3. Drugs that stimulate the nervous system: Amphetamines (uppers, speed, extasy), cocaine (coke, crack), caffeine (coffee, tea, cocoa, soft drinks, chocolate, analgesic pills), tobacco, LSD. Effects: These make you feel more alert, you are able to stay awake and active longer without becoming tired or sleepy. But later you become depressed, hungry and tired. If you use it very often it makes you anxious, agitated and you are unable to sleep. You also can become psychologically dependent.

4. Drugs that alter perception: Magic mushrooms, cannabis (marijuana, hash, cannabis oil). Effects: These make all your senses more intense and you get a feeling of unreality. They also can cause panic or anxiety. But there's no risk of physical dependency, but repeated use may cause temporary psychological disturbance.

How drugs can affect the individual and society

- Health: A person may become so dependent on drugs that he becomes physically ill. Heavy smokers of tobacco and cannabis get bronchitis, asthma and cancer. People on injected drugs often catch infections from sharing needles. If you take Extasy, you have to drink a lot, because you are very active and alert and you can dry out and die.

- Work: It may become difficult to concentrate and to do your work very well. You can be dismissed.

- Life: Drugs are very dangerous. People on drugs are more likely to die than those who don't take drugs. They die from overdoses, accidents, infections and fatal mixtures of drugs.

- Family: A person on drugs often becomes moody. His relationships with his family, friends or colleagues may become tense and may break down altogether.

- Crime: Once a person is dependent, he has a strong desire for drugs. This desire can become so great that a drug dependent will do anything to get money so that he can buy drugs. Girls may turn to prostitution, boys to mugging or shoplifting. They might even steal from parents or friends or they may start dealing with drugs.

Why do people take drugs?

- They want something different, new and exciting.
- They like to be different from others.
- They take drugs, because their friends take them (peer pressure!)
- They are frustrated from their daily life.
- They want to show off and be cool.
- They have personal problems, e.g. quarrels with their parents, divorced parents, problems at school.
- They were neglected by their parents.
- They grew up under bad conditions.
- It's a kick for them to do something illegal.
- They think drugs solve problems.
- They are curious.
- They were persuaded by dealers.
- They try to escape from reality.
- They are bored.
- They have no self-confidence to say no.
- They don't want to be a chicken.

Alcohol and tobacco

Alcohol is a chemical obtained by the fermentation of cereals, milk or fruit, or by distillation. It's an element present in a wide range of drinks. The alcohol content varies according to the drink. It is used to preserve animals and plants for museums. It's a solvent. It has many industrial uses and is used in the manufacture of explosives, perfumes and lacquers. It's an important fuel. It can damage animal and plant life. If a human being has too much alcohol, he can die from alcoholic poisoning. It's a drug, which can alter the mind and the body work.

Why do people drink alcohol?

People drink alcohol to celebrate, to relax, to be sociable, to feel adult and manly, because all others do it, because they are bored, because they

enjoy the feeling they get from drinking, because they like the taste or because they like going out.

How alcohol affects the human body:

- The nervous system: It acts as a depressant and slows down the way the brain works. Large doses make a person sleepy.
- The heart: Alcohol increases a person's blood pressure and pulse rate. Large amounts over a long time can damage the heart and make it weak and fatty.
- The liver: Alcohol passes through the liver on its way into the bloodstream and it damage the liver. Heavy drinkers die more often from cirrhosis of the liver than the general population.
- The stomach: Small amounts of alcohol help digestion by increasing the production of acid in the stomach. But large concentrated amounts irritate the stomach and can cause vomiting. Very heavy drinking can damage the lining of the stomach, so that food is not digested.
- The skin: Alcohol increases the flow in the blood vessels near the skin. More blood reaches the skin, so that the person feels warm. The increased flow of blood to the skin means that a person is losing heat.

Alcohol affects a person in different ways. The rate at which a person gets drunk depends on how quickly the alcohol enters the bloodstream. The presence of food in the stomach slows down the rate at which alcohol passes into the rest of the body. A certain number of drinks taken during a meal may not make a person drunk. The same drinks, taken on their own, might make the person drunk.

Alcohol is habit-forming. Having a few drinks is not dangerous in itself, so long as a person keeps the amount under control. But someone who is a regular heavy drinker may reach the stage when he cannot do without alcohol. A person who is physically or psychologically dependent on alcohol is called an alcoholic. Alcoholism is an illness. Regular heavy drinking can affect the mind as well as the body. A person's memory of recent events may fail. Permanent brain damage can occur. If a heavy drinker stops drinking he may suffer withdrawal symptoms. He also may suffer from DTs (delirium tremens). During an attack of DTs, the alcoholic's mind is confused. He is afraid of being attacked by imaginary creatures. He doesn't know where he is and he can't recognise people.

The presence of alcohol in the bloodstream affects a person's driving skill. Many accidents are caused by drunken drivers. People who are drunk

often commit crimes and drunken husbands often beat their wives under the influence of alcohol.

Alcohol also can cause problems at home, at work, the breakdown of personal relationships, financial difficulties and the chance of an early death. You spend a lot of money on it and you become unreliable. Alcoholism is an illness, which can be controlled, once the alcoholic is willing to accept that he is ill and needs treatment for alcoholism. It can only be controlled if the person gives up drinking for life.

Tobacco

Many people who smoke enjoy the taste and aroma of tobacco and tobacco smoke. Many smokers say that it helps them to relax. It calms the nerves. It's also good for your digestion. Many smokers also smoke from habit.

Tobacco and the human body:

Tobacco smoke is a mixture of tiny droplets of tar and gases. It contains about 300 chemicals. 40 of them are known as poisons. Many of them can damage the body. Nicotine is a very powerful drug and is the addictive agent in cigarettes. Nicotine stimulates the nervous system and causes a craving for tobacco. It increases the blood pressure and the heart rate. It also increases the tendency of blood to clot.

Tobacco tar contains a number of cancer-producing substances. When tobacco smoke is inhaled it coats the lungs with tar. The further a cigarette is smoked, the more tar and nicotine is inhaled. The last third of a cigarette produces more tar and nicotine than the first two thirds put together. Carbon Monoxide is the deadly gas that is present in car exhaust fumes. It is also present in cigarette smoke. It affects the blood's ability to carry oxygen round the body. The dusts in cigarette smoke irritate the lining of the air tubes.

- **Teeth:** The teeth of heavy smokers may become yellow from nicotine stains. Their breath often smells.

- **Lungs:** Smoking can damage the lungs so badly that a person cannot breathe properly. Many smokers suffer from bronchitis or asthma. Also lung cancer is the result of smoking.

- **Heart:** Smoking causes many deaths from coronary heart disease. Smoking weakens the heart muscle and produces diseases of the arteries.

- **Stomach:** Tobacco smoke irritates the lining of the stomach. It can affect the digestive system so that food isn't digested properly.

Smoking and pregnancy:

Every time a pregnant woman smokes, she poisons her baby's bloodstream with nicotine and carbon monoxide. Smoking can restrict your baby's growth inside the womb. It can make him underdeveloped and underweight at birth. It can even kill him. Risks:

- Cigarette smoking is responsible for premature deaths.
- One in ten heavy smokers dies of lung cancer. Half of those who die from lung cancer are under 65.
- Smoking often causes heart attacks.
- Cigarettes causes bronchitis and asthma.
- An average cigarette smoker is likely to give up 5 ½ years of his life because he smokes.

Dangers and consequences of taking drugs

First of all drugs damage your health, family life, work and the social esteem. But it also increases the rate of homeless and poor people. Many families and individuals leave the cities where the drug abuse and dealing is very high. They don't feel safe there, because there's a lot of violence among drug dealers and the police. The dealers always try to persuade young people to take drugs. They involve little children in the drug scene by giving them e.g. sweets with drugs in it. Parents are worried about their children, because drugs are also sold in schools. Children which grew up under very poor or hard conditions often deal themselves. The dealers are very violent too. The Jamaican dealers are some of the worst. Since the late '70s, the Jamaicans have been involved in as many as 800 murders nationwide.

What can we do against drugs?

1. Create an international statute on drugs. A similar law, enforced by an international court, could be used against major drug suppliers and dealers.

2. Protect children from addicted parents.

3. Keep schools open round the clock. Children, who are alone at home every day or who have nothing to do at home, can come to schools at any hour for help, recreation, study or just comfort.

4. We should allow states to build prisons in or transfer prisoners to other states. The distance from home base would make it more difficult for dealers to continue running their organizations from behind bars.

5. Police officer meetings from every state should be founded. The officers can share their experiences and knowledge.

6. Don't punish addicts. Drug addiction is a medical problem which could be solved by establishing certain programs. Addicts should be treated by private doctors and they should have the chance to change their used needles to clean needles.

7. Rich countries should help such countries which are dependent on drugs like Peru and Colombia to solve their drug problem. They should create employment.

8. Users and dealers should be amnestied and should have the chance to rehabilitation.

9. There should be no foreign aid for drug-involved countries [11].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *Annotate the text.*

3. *Which of these statements are true?*

- A person is not addicted to drugs, if he needs them to feel good and if you have withdrawal symptoms if you don't take drugs.

- People on injected drugs often catch infections from sharing needles.

- People take drugs because they have no self-confidence to say no.

4. *Is it possible to draw the following conclusions after reading the text?*

- If a human being has too much alcohol, he can die from alcoholic poisoning.

- Alcohol affects the nervous system, but it doesn't affect the skin.

- Nicotine stimulates the nervous system and causes a craving for tobacco.

- Drugs don't damage health, family life, work and the social esteem.

5. *Fill in the gaps in the sentences with information from the text:*

- Once a person is _____, he has a strong desire for drugs (dependent, lonely, ill).

- The presence of alcohol in the bloodstream affects a person's _____ skill (teaching, speaking, driving).

- Nicotine is a very powerful drug and is the _____ agent in cigarettes (attractive, addictive, absorbent).

6. *Determine if the following facts are mentioned in the text:*

- Nicotine stimulates the nervous system and causes a craving for tobacco.
- Alcohol is involved in more homicides across the United States compared to other substances, like heroin and cocaine.
- Half of those who die from lung cancer are under 65.
- It is important to responsibly educate children about marijuana and its attendant risks.
- When a person consumes a substance repeatedly over time, they begin building a tolerance.

7. *Express your opinion on the issues highlighted in the text.*

Text 10

ADDICTION AND ADDICTION PREVENTION

Substance use disorder is a chronic, complex brain disease that affects about 21 million, or 1 in 7, Americans, according to the U.S. Surgeon General's report "Facing Addiction in America". Addiction compels people to seek out drugs despite any negative consequences that might be incurred. As a disease, it hijacks the brain to create an intense craving for the addictive drug or behavior. That craving can override other thoughts and needs in the brain, including desires to care for an infant, build and maintain healthy relationships, work, have fun, take care of oneself, and protect oneself from harmful situations. It changes how you think and how you behave.

According to the National Institute on Drug Abuse (NIDA), people may start taking drugs because it gets them high, to escape stress in their lives, as a performance enhancer, out of curiosity, or as a result of peer pressure. While people may choose to use drugs, they do not choose to become addicted. Addiction is a disease; it is not a moral weakness or failure but rather a change in how the brain works.

Symptoms of addiction

Like any other disease, addiction does have observable symptoms. According to the American Psychiatric Association, there are four categories of symptoms of addiction.

- Impaired control: a craving to use the substance; desire or inability to reduce or control substance use.
- Social problems: failure to complete major tasks at work, school, or home; social, work, or leisure activities are given up or cut back because of substance use.

- Risky use: the substance is used in risky settings; use continues despite known problems.
- Drug effects: tolerance (need for larger amounts to get the same effect); withdrawal symptoms (different for each substance).

Risk and protective factors of addiction

Have you ever wondered why some people can use drugs without getting addicted? While everyone is susceptible to addiction, some people have risk factors that predispose them to addiction while others have protective factors that reduce their risk.

According to National Institute on Drug Abuse, risk and protective factors include:

Risk factors:

- Aggressive behavior in childhood
- Lack of parental supervision
- Drug experimentation
- Availability of drugs at school
- Community poverty.

Protective factors:

- Good self-control
- Parental monitoring and support
- Positive relationships
- Anti-drug policies at school
- Neighborhood resources.

Stigma is a silent killer

Overcoming the stigma surrounding drug addiction is critical to expanding treatment and prevention services. About 53 percent of Americans see addiction as the disease that it is, according to a survey conducted by The Associated Press-NORC⁶ Center for Public Affairs Research. However, that same survey found that people continue to see addiction as a moral failing. Stigma stops people from getting the help they need. It's a barrier to patients in need of treatment. Until we begin to treat addiction with the same compassion and sincerity that we treat heart disease, people will continue to defer seeking treatment out of shame.

⁶ National Opinion Research Center.

We can begin de-stigmatizing addiction by changing the words we use to describe it. Our free Words Matter digital resources were created with help from those who have an addiction and Ohio's Language First team. We encourage you to take advantage of these resources as they can help you use and role model de-stigmatized language.

Addiction is preventable

According to National Institute on Drug Abuse, preventing drug misuse and addiction during adolescence is the best strategy for tackling addiction. Addiction changes the brain, and the developing teen's brain is especially vulnerable to disruptions. Teens who use alcohol, tobacco, and other drugs often have family and social problems, perform poorly in school, and have health problems (including mental health issues).

Teenagers are primed to consider experimenting with drugs. They're often in times of transition — moving, changing schools, new social and academic situations — and they're often exposed for the first time to alcohol, nicotine, other drugs, and the use of these drugs at parties.

According to National Institute on Drug Abuse, research-based prevention programs have been proven to promote protective factors and to mitigate risk factors. Studies have shown that they significantly reduce the early use of tobacco, alcohol, and other drugs.

Drug misuse comes with serious health problems, including an increased risk of addiction. According to the National Institute on Drug Abuse, long-term use of drugs can lead to heart or lung disease, cancer, mental health issues, HIV/AIDS, hepatitis, and other diseases while short-term use can cause heart attack, stroke, psychosis, overdose, and death.

The good news is that drug misuse is preventable. Prevention addresses the root causes behind drug use, protects our families and young people, and stops addiction before it starts.

What is prevention?

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), prevention helps people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors. Prevention is a vitally important investment in a community and its people. Substance misuse costs the United States more than \$740 billion annually in costs related to crime, lost work productivity, and health care, according to the National Institute on Drug Abuse.

Prevention is one part of the continuum of behavioral health. The other parts are promotion, treatment, and recovery. All are critical

elements of a robust behavioral healthcare system, but each one has its own unique role. Promotion supports positive behaviors. Prevention reduces the risk of behavioral health issues. Treatment cares for someone with a diagnosed substance use disorder or mental health illness. And recovery helps people live productive lives after treatment.

Inside the continuum of behavioral health, prevention is universal, selective, or indicated. Universal prevention targets the entire population, such as all students attending a specific school. Selective prevention targets subpopulations that are at increased risk, such as all students of low socioeconomic standing at a specific school. And indicated prevention helps students who are vulnerable to a substance use disorder. Indicated prevention may, for instance, aim to help students who have shown signs of substance abuse but don't have a diagnosable disorder.

Evidence-based practices include programs, policies, or other strategies that have been evaluated and demonstrated to be effective in preventing health problems based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence.

In fact, according to NIDA, the costs of substance alcohol, tobacco, and other drug misuse costs \$821 billion per year in crime, lost work productivity, and healthcare. By contrast, SAMHSA estimates that the U.S. could save up \$18 per every \$1 invested in effective, school-based prevention programs. Savings like these are hugely beneficial to the economies of local communities and our nation.

Using evidence-based programs also ensures that prevention programs and policies do no harm. Prevention services, like other healthcare services, can cause harm if they're done improperly. Just as medical malpractice can worsen patient outcomes, negligent or poor prevention services can increase the risks of drug misuse or abuse.

It's important to know that prevention is different from harm reduction. Harm reduction seeks to minimize or remove the consequences of drug misuse while prevention aims to stop drug misuse from occurring. Harm reduction is not prevention.

Factors of prevention

Like many diseases, no two addictions are alike. While everyone is susceptible to addiction, there are certain risk and protective factors that influence a person's likelihood of becoming addicted. These factors can each be further divided into three more categories — individual, environmental, and genetic.

Individual factors include whether a parent misused drugs, a history of trauma, and a lack of social attachment. Environmental factors include the availability of drugs in the area, exposure to violence, and community poverty. Genetic factors include a family history of substance use disorder and can account for about half of a person's likelihood of developing an addiction. For each risk factor, there is a corresponding protective factor.

Strategies for prevention

There are six strategies for primary prevention activities, according to SAMHSA's Center for Substance Abuse Prevention. They are:

- Information dissemination — provides awareness and knowledge of the nature and extent of drug misuse and its effects.
- Education — communicates to improve the life and social skills of participants. This is different from information dissemination because the teacher and participants interact with each other.
- Alternatives — provides activities that don't include drugs, including alcohol and tobacco, in hopes that participants will have their needs met without resorting to drugs.
- Environmental — establishes or changes community standards, codes, and attitudes to influence the misuse of drugs in a community.
- Community-based process — enhances the ability of the community to provide prevention and treatment services.
- Problem identification and referral — identifies people who have initiated drug misuse to assess if their behavior can be changed through education. As a prevention activity, this does not refer people to treatment but provides intervention before treatment is needed.

A word on scare tactics

Scare tactics emphasize the worst dangers of drug use to create fear and anxiety in the hopes that fear alone will prevent or stop risky behaviors. Scare tactics seem intuitive to us as adults. After all, we intentionally avoid situations that frighten us or make us worry that we'll be harmed.

Accordingly, a lot of prevention has been built around making drug use seem as frightening and harmful as possible. Mock car crashes, gruesome scenes, images of people before and after drug addiction, graphic depictions of death and drug use, auditorium speakers who share how drug use ruined their lives, videos of dead, drunk drivers being scraped off the road, and other frightening messages are all scare tactics.

Unfortunately, despite all the creativity, energy, and money spent on these tactics, research has consistently shown that scare tactics don't work in preventing substance misuse.

Prevention and adolescents

Adolescence is a time of transition, and transitions increase the risk of drug misuse. When a teenager moves homes, suffers a divorce in the family, or changes schools, they are more likely to seek out drugs as a coping tool. They also face greater stressors than they did in elementary school, and they are more likely to engage in risky behaviors, like misusing drugs than adults.

The harmful effects of drug misuse are also greater for adolescents. Their brains are still developing, and that makes teens' brains more likely to be disrupted by drug use. In fact, the earlier someone misuses drugs, the more likely they are to become addicted to them. Of those who have an addiction, or substance use disorder, 90 % of them began using drugs under the age of 18.

Because of these risks, prevention is the best strategy for addressing addiction, according to NIDA. There are many evidence-based programs that have been proven to improve the protective factors and to minimize risk factors for drug use in adolescents.

At Prevention Action Alliance, we are dedicated to leading healthy communities in the prevention of substance misuse and the promotion of mental health wellness. We're building a world where every community has access to high-quality prevention resources and where all know their role in prevention.

To build that world, we need your help. Everyone has a role in prevention. It takes a community to create safe and healthy environments for our children, and we'd like to invite you to join the Prevention Action Alliance, whether you're a:

- A parent looking for tips to raise your children in the know about substance misuse.
- A community leader looking to create or join an anti-drug coalition.
- A college- or university-based health and wellness professional looking to improve the lives of your students.
- A family grieving the loss of a loved one to an overdose.
- An adult ally who empowers young people to lead their peers in prevention.

- A youth leader in prevention creating a better school and better community.
- An advocate wanting to create a better world for all.
- Or a volunteer or donor wanting to support the initiatives of Prevention Action Alliance [12].

COMPREHENSION CHECK

- 1. Make a list of the words that best reflect the content of the text.*
- 2. Annotate the text.*
- 3. Which of these statements are true?*
 - Addiction doesn't change how a person thinks and how he behaves.
 - Addiction is not a moral weakness or failure but rather a change in how the brain works.
 - Everyone is susceptible to addiction.
 - Drug misuse is preventable.
- 4. Find paragraphs in the text that contain answers to the suggested questions:*
 - Is overcoming the stigma surrounding drug addiction critical to expanding treatment and prevention services?
 - What is the best strategy for tackling addiction?
 - What are six strategies for primary drug misuse prevention activities?
 - When a teenager is more likely to seek out drugs as a coping tool?
- 5. Fill in the gaps in the sentences with information from the text:*
 - _____ is the best strategy for addressing addiction (treatment, prevention, incarceration).
 - Some people have risk factors that predispose them to addiction while others have _____ factors that reduce their risk (positive, primary, protective).
 - Addiction compels people to seek out drugs despite any _____ consequences that might be incurred (novel, negative, actual).
- 6. Determine if the following facts are mentioned in the text:*
 - Drug misuse comes with serious health problems, including an increased risk of addiction.

- Nearly 10,000 people are killed annually on U.S. roadways due to alcohol-related accidents.
- People may start taking drugs to escape stress in their lives or as a result of peer pressure.
- Heavy drinking affects your motor skills such as eye, hand and foot coordination.
- Federal law still classifies marijuana as a Schedule I drug.

7. *Express your opinion on the issues highlighted in the text.*

Text 11

THE 10 MOST COMMON ADDICTIONS

Addiction is a chronic, relapsing brain disease defined by a physical and psychological dependence on drugs, alcohol or a behavior. When an addictive disorder has formed, a person will pursue their toxic habits despite putting themselves or others in harm's way. An addiction heavily impacts the way a person thinks, feels and acts. Many individuals with addictive disorders are aware of their problem, but have difficulty stopping on their own.

While it can be tempting to try a drug or addictive activity for the first time, it's all too easy for things to go south — especially in the case of drug and alcohol abuse. When a person consumes a substance repeatedly over time, they begin building a tolerance. A tolerance occurs when you need to use larger amounts of drugs or alcohol to achieve the same effects as when you started.

Prolonged substance abuse can result in a dangerous cycle of addiction — where a person needs to continue using drugs or alcohol in order to avoid the uncomfortable symptoms of withdrawal. By the time a person realizes they have a problem, drugs or alcohol have already seized control, causing them to prioritize its use over everything else that was once important in their lives.

No one ever plans to become addicted. There are countless reasons why someone would try a substance or behavior. Some are driven by curiosity and peer pressure, while others are looking for a way to relieve stress. Children who grow up in environments where drugs and alcohol are present have a greater risk of developing a substance abuse disorder down the road. Other factors that might steer a person toward harmful substance use behavior include:

- **Genetics:** Research estimates that genetics account for 40 to 60 percent of a person's likelihood of developing a substance use problem.

- **Mental Health Disorders:** Teens and adults with mental disorders are more likely to develop substance abuse patterns than the general population.

Addiction and the brain

Excessive substance abuse affects many parts of the body, but the organ most impacted is the brain. When a person consumes a substance such as drugs or alcohol, their brain produces large amounts of dopamine, which triggers the brain's reward system. After repeated drug use, the brain is unable to produce normal amounts of dopamine on its own. This means that a person will struggle to find enjoyment in pleasurable activities — like spending time with friends or family — when they are not under the influence of drugs or alcohol.

If you or a loved one is struggling with a drug dependency, it's vital to seek treatment as soon as possible. All too often people try to get better on their own, but this can be difficult and in some cases dangerous.

Recognizing and Understanding Addiction

Identifying a substance abuse problem can be a complicated process. While some signs of addictive behaviors are obvious, others are more difficult to recognize. Many people who realize they have a problem will try to hide it from family and friends, making it harder to tell whether someone is struggling.

Television, media and film often depict people with substance abuse issues as criminals, or individuals with moral shortcomings. The truth is, there's no single face of addiction. Anyone can develop patterns of abuse or risky behaviors, no matter their age, culture or financial status.

The difference between addiction and dependence

The terms “addiction” and “dependence” are often confused or used interchangeably. While there is some overlap, it's important to understand the major differences between the two.

Dependence is present when someone develops a physical tolerance to a substance. They may experience withdrawal symptoms if they stop using the drug altogether. Usually, a dependency is resolved by slowly tapering off the use of a particular substance.

On the other hand, an addiction occurs when extensive drug or alcohol use has caused a person's brain chemistry to change. Addictions manifest themselves as uncontrollable cravings to use drugs, despite doing harm to

oneself or others. The only way to overcome an addiction is through treatment.

Diagnosing an addiction

Identifying addiction is like diagnosing any other illness. The patient is examined for symptoms meeting specific, scientific criteria defining the illness in question. One of the best tools for spotting addiction is the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association.

The criteria outlined in the DSM are generally accepted and used by professionals to help determine the presence and severity of a substance use disorder. They include:

- Lack of control: The substance is used in larger amounts or over a longer time than the person originally intended.
- Desire to limit use: Wanting to cut back on use but being unable to do so.
- Time spent: A considerable amount of time is spent trying to acquire a substance.
- Cravings: The user experiences an intense desire or urge to use their drug.
- Lack of responsibility: Substance use takes priority over work, school or home obligations.
- Problems with relationships: Interpersonal relationships are consistently strained from drug use.
- Loss of interest: User stops engaging in important social or recreational activities in favor of drug use.
- Dangerous use: Continued use despite dangerous circumstances.
- Worsening situations: Continued use despite worsened physical or psychological problems.
- Tolerance: A need for larger amounts of the substance to achieve desired effects.
- Withdrawal: This can be physical and emotional. Side effects may include: anxiety, irritability, nausea and vomiting.

Warning signs of addiction

Addictions begin with experimentation with a substance. There are many reasons someone might initially try a drug, including curiosity, peer pressure or stress and problems at work or home.

If you are concerned someone you care about is struggling with addiction, there are several red flags you can look for. However, it's important to remember everyone is different; it may be harder to detect an addiction in some people than in others. That being said, here are some general warning signs to be aware of:

- ignoring commitments or responsibilities
- problems at work, school or at home
- unexplained absences
- appearing to have a new set of friends
- considerable monetary fluctuations
- staying up later than usual or sleeping in longer
- lapses in concentration or memory
- being oddly secretive about parts of personal life
- withdrawal from normal social contacts
- sudden mood swings and change in behavior
- unusual lack of motivation
- weight loss or changes in physical appearance.

No one expects to develop an addiction when they begin experimenting. However, continued experimentation can lead to addiction, often without the person realizing they have become addicted until they try to stop.

The Controlled Substances Act

The Controlled Substances Act (CSA) is a law that regulates legal and illegal drugs in the United States. Under the CSA, drugs are categorized into different “schedules” according to a drug’s perceived dangerousness and potential for dependence. For example, heroin is classified as a schedule I drug because of its illegal status and extremely addictive qualities. In contrast, legal medications, such as over-the-counter pain relievers and cough suppressants, are categorized under schedule V because of their low chances for abuse.

The CSA’s drug scheduling system exists for several reasons. In common cases, the system is used by judges to help them determine sentences for drug-related crimes. It is also helpful for medical professionals when writing prescriptions.

Polydrug use

A majority of people who seek treatment for a substance use disorder are struggling with a dependence on more than one type of substance. Polydrug use involves the consumption of one type of substance with

another. This is often done to intensify the effects of a certain drug or achieve a stronger high. In some cases, a person may take a stimulant, such as Adderall, to counteract the sedative effects of an opioid such as oxycodone. However, mixing multiple types of drugs together is extremely dangerous, and can potentially lead to overdose and death.

The top 10 most common addictions

Millions of people around the world struggle with substance abuse. Some of the most common drugs that impede people's lives include:

- Tobacco (nicotine).

Nicotine addiction may not appear as harmful as many other addictions. This is likely because tobacco products are legal and easy to get, and the worst side effects of abusing them take time to develop. Tobacco use claims more lives than any other addictive substance. Many smokers cannot quit despite knowing smoking's impact on their health. Wanting to quit but being unable to is a telltale sign of addiction.

- Alcohol.

The social acceptance of drinking can make alcohol addiction hard to spot. Despite its legal status, alcohol's potential for abuse opens users up to many health risks and possible addiction. Alcohol abuse has numerous negative consequences. In addition to deaths from liver disease and alcohol overdose, drunk driving claims thousands of lives every year.

- Marijuana.

The legalization of marijuana in some states has made the drug's use more socially acceptable. This trend can distract people from marijuana's addictive potential. Rates of marijuana addiction might also be growing due to increasing potency (over 60 percent) over the past decade.

- Painkillers.

Drugs like codeine, Vicodin and Oxycontin are commonly prescribed to treat pain. Painkillers' prescription status does not mean they aren't addictive. Addiction to painkillers can develop from seemingly harmless levels of use. Most patients who become addicted to prescription painkillers don't notice they have a problem until they try to stop use. Painkillers are also abused without a prescription, which can also lead to an addiction.

- Cocaine.

Rates of cocaine addiction in the United States are dropping. Crack cocaine, which is cheaper and more intense than regular cocaine, is responsible for many crippling addictions and ruined lives.

- Heroin.

Heroin's severe withdrawal symptoms make beating a heroin addiction a difficult task. Treating heroin addiction typically requires a combination of therapy and medications to help manage symptoms of withdrawal and cravings. Heroin abuse has been growing in the United States, particularly among young women. There is growing concern over heroin users contracting and spreading diseases like HIV and AIDS by sharing needles for injection.

- Benzodiazepines.

"Benzos" — such as Valium, Xanax, Diazepam and Klonopin — are prescribed as mood-regulating drugs to manage conditions like anxiety and stress. Those developing an addiction to these drugs oftentimes aren't aware until they can't function normally without the substance. Benzodiazepines are especially dangerous because of their powerful impact on the brain's chemical makeup. Withdrawals can be deadly without medical assistance during detox.

- Stimulants.

Stimulants range from prescription drugs, such as Adderall or Ritalin, to illicit substances like meth. These drugs are highly addictive, and intense withdrawal symptoms make quitting difficult. Stimulant users can quickly build a tolerance to the drug's euphoric "high," leading to increased use and risk of overdose.

- Inhalants.

Inhalant addiction is particularly dangerous because inhalants are volatile toxic substances. The effects of these substances — gasoline, household cleaning products, aerosols — are intense and can have immediate consequences including hospitalization or death. Chemicals prevalent in inhalants can linger in the body and brain long after stopping use, making complete recovery more difficult.

- Sedatives (barbiturates).

Millions of Americans are prescribed barbiturate sedatives, commonly known as sleeping pills, to treat tension and sleep disorders. Every year, thousands of prescription users build a tolerance — and ensuing addiction — to drugs like Lunesta and Ambien. Sleeping pills can produce mind-altering effects that lead to continued abuse [13].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*
2. *State the main content of the text.*

3. *Answer the following questions:*

- What factors might steer a person toward harmful substance use behavior?
- What happens when a person consumes a substance such as drugs or alcohol?
- What is the difference between addiction and dependence?
- What factors help to determine the presence and severity of a substance use disorder?

4. *Select from the proposed list the statements that were not mentioned in the text:*

- Heroin abuse has been growing in the United States, particularly among young women.
- The legalization of marijuana in some states has made the drug's use more socially acceptable.
- Similar to illegal firearms trafficking, marijuana may be exported from states with liberalized marijuana laws to states where marijuana is illegal.

5. *Fill in the gaps in the sentences with information from the text:*

- Dependence is present when someone develops a physical _____ to a substance (treatment, tolerance, approach).
- Excessive substance abuse affects many parts of the body, but the organ most impacted is the _____ (stomach, brain, head).
- Addiction is a chronic, relapsing brain disease defined by a physical and psychological _____ on drugs, alcohol or a behavior (tolerance, dependence, desire).

6. *Express your opinion on the issues highlighted in the text.*

Text 12

ADDICTIONS: ADDICTION TO INHALANTS, NICOTINE, SLEEPING PILLS

Even though national surveys indicate that 21.7 million Americans have used inhalants at least once in their lives, inhalant abuse is less common than other drugs, and most cases occur in more isolated regions. However, inhalants do have addictive qualities. The danger of an inhalant addiction shouldn't be overlooked just because it is less common than others. People who use inhalants on a regular basis over a long period of time can develop a physical and psychological dependence on the substance.

Inhalant use is most prevalent among teenagers. Studies suggest that between 13.1 % and 16.1 % of 8 graders use inhalants, which is approximately the same percentage that use marijuana. People who are unable to control their inhalant use despite knowing the negative consequences and health effects are generally considered to have an addiction. Even those with an overwhelming desire to stop abusing inhalants may be unable to do so. The ready availability of inhalants at home and in stores may make it difficult for someone with a severe addiction to quit on their own.

Understanding inhalants

Inhalants are volatile, often flammable substances that vaporize at room temperature. Inhalants produce short-lived, mind-altering effects that can be similar to alcohol's effects. Inhalants encompass a wide variety of chemicals and anesthetics categorized together based on their method of administration: inhalation. These substances are often referred to as whippets, laughing gas, huff or hippie crack.

Substances considered inhalants

Inhalant abuse includes the misuse of household solvents, gases and anesthetics. Household inhalants can be anything from cleaning products to gasoline.

Anesthetics are gases used to medically reduce sensitivity to pain. Nitrous oxide and chloroform are some well-known anesthetics. Nitrous oxide is best known as "laughing gas" and is commonly used by dentists. This gas is also used in cans of whipped cream, which is where most abusers get it.

Amyl nitrite is also a popular inhalant that has been used to increase blood flow in people with heart disease. Nitrites are oftentimes subjugated to their own class of inhalants because they act primarily as a muscle relaxant, different from the effects of other inhalants.

Classes of inhalants: solvents (e.g. paint thinners, dry-cleaning fluids), aerosols (e.g. spray paint, hair spray), gases (e.g. butane lighters, ether, chloroform), nitrites (e.g. video head cleaner, room odorizer).

Inhalant effects and abuse

Inhalants can be abused using several different methods, with the most common being "huffing". Huffing is soaking a rag with a liquid inhalant, holding the rag up to one's mouth and/or nose, and then inhaling the

vapors. Some people inhale the substance directly from its container through their mouth or nose.

People may also inhale the substance out of a plastic or paper bag or inhale gas from balloons. Some people have reportedly heated these substances before inhaling them to intensify the effects.

Inhalant intoxication has been compared to alcohol intoxication due to their similar effects, such as impaired judgment or motor function. Unlike alcohol, inhalants can cause a temporary hallucinatory state. Additionally, the effects of inhalants only last for a few minutes.

The effects of inhalants include:

- Excitability
- euphoria
- hallucinations
- loss of self-control
- lightheadedness
- dizziness
- limited reflexes
- loss of coordination
- blacking out
- slurred or distorted speech.

Teens are the largest group of individuals abusing inhalants. Any use of inhalants is considered abuse in part because of the serious damage these substances can inflict on the body. Inhalants act as a central nervous system depressant, and higher doses or deep breathing of these solvents can result in a fatal overdose. This is usually preceded by the user losing touch of reality and experiencing nausea, vomiting and unconsciousness. A fatal overdose is generally the result of heart failure, asphyxiation or the drug causing the user to stop breathing on their own. Additional long-term effects of inhalant use include:

- liver and kidney damage
- hearing loss
- bone marrow damage
- loss of coordination and limb spasms
- nerve damage
- delayed behavioral development
- brain damage.

Treating an inhalant addiction

Inhalant addiction is a very serious problem that can cause permanent brain damage in a short period of time. Most individuals who suffer from inhalant addiction need for professional treatment. There are both inpatient and outpatient treatment options available for people suffering with an addiction to inhalants [14].

Understanding nicotine

Nicotine is a highly addictive substance found in tobacco products. There are approximately 50 million people in America who are addicted to some type of tobacco product, including cigarettes, cigars, chewing tobacco and snuff. Nicotine addiction is the most common addiction in America. Conservative estimates put societal costs (healthcare expenses and lost productivity) of nicotine addiction in the U.S. at approximately \$193 billion a year. Millions of people make the choice to quit every year. Having the desire to quit using tobacco is the first and most important step toward recovery.

Nicotine effects and abuse

Nicotine abuse is unique because the drug's intoxicating effects are less intense than most other substances. Although it is a stimulant, nicotine doesn't produce the high levels of energy or euphoria that drugs like cocaine do. Nicotine does, however, stimulate adrenal glands, which causes a rise in blood pressure and respiration.

Most people pick up nicotine products based on a cultural perception that it is cool. Studies have shown that teens who see actors smoking in movies are more likely to pick up the habit. Most people who use tobacco started in their teens. Of those who smoke, 90 percent started by the age of 18. For those who started smoking at a young age, quitting later in life can be even harder.

Addiction to nicotine

Almost everyone who smokes or uses tobacco can remember how their addiction started and how they never intended to become addicted. Because addiction changes the biochemical makeup of the brain, it becomes harder to quit the earlier a person starts using. Young people are more susceptible to forming an addiction. This is because addictive substances like tobacco activate the brain reward system, which is still developing in teens. This part of the brain plays a huge role in the production of memories and addictive behavior.

People addicted to tobacco products have a physical desire to continue using tobacco, but they also have a psychological desire because of memories associated with using. These memories trigger the urge to use tobacco. Triggers can be anything from music to certain people or places. There is also a strong behavioral addiction associated with nicotine addiction. This is why many therapists suggest holding a straw between one's fingers after they quit smoking cigarettes, or using lollipops. Most people with an addiction to nicotine are aware of the harm tobacco causes, yet they continue to use the substance. This abusive behavior is characteristic of addiction.

Fewer teens are picking up tobacco

Fewer people are smoking these days because an increasing number of teens aren't picking up tobacco. Teens educated about the health risks involved often won't pick up tobacco in the first place. Those in the 12 to 17 age group have some of the lowest rates of smoking compared to other demographics. Unfortunately, the rates of tobacco use in the 18 to 25 age group makes up some of the highest rates of use. The good news is that it's easier to quit tobacco the earlier a person decides to. No matter how long a person has been addicted to tobacco, quitting is absolutely possible and has tangible health and financial benefits.

Nicotine and other drugs

Because nicotine use is so prevalent, many smokers also abuse other drugs alongside of it. Alcohol is the most common drug used alongside nicotine, and can also be an obstacle to overcoming nicotine use. Those who are used to smoking a cigarette when they're drinking will have a mental connection between the two. Quitting smoking can be much more difficult when continuing to drink. Nicotine is also often abused with other stimulants, such as cocaine. Using both together can amplify their effects. Nicotine may also be a gateway into illicit stimulants [15].

Addiction to sleeping pills

Although people successfully treat short-term insomnia with sleeping pills, many become dependent on them. Many people wrongly assume they can't get addicted to sleeping pills, and some people even claim getting this information from their doctor. Yet, some people find themselves unable to sleep without the help of a sleeping pill. As tolerance increases, many find that they need to take larger dosages to obtain the desired effect.

A lot of people don't realize they've become dependent, or possibly addicted, until they stop taking their sleeping medication. All of a sudden they begin experiencing withdrawal symptoms, a telltale sign of both dependence and addiction.

Other signs that sleeping pill use has gotten out of control include:

- Having several failed attempts to quit.
- Getting cravings for sleeping medications.
- Seeing more than one doctor for prescription refills.
- Continuing to take pills despite negative consequences.
- Experiencing frequent memory loss from the pills.

Addiction can develop and manifest in various behaviors, such as when an individual increasing their dose without consulting a physician or the appearance of consistent cravings and desire to use their drug of choice. When sleep does not come easily or is interrupted, patients may take more of their sleep medication than is prescribed. This may occur even though the medication guide contains clear instructions to the patient to take the product exactly as prescribed.

Understanding sleeping pills

Sleeping pills fall into a category of drugs known as sedative-hypnotics. This category also includes barbiturates and benzodiazepines like Xanax. Unlike other drugs in this category, sleeping pills are non-benzodiazepine hypnotics. They are commonly known as “z-drugs” since they induce sleep. Although most non-benzodiazepine sleeping pills have different molecular makeups, they all have similar effects. Sleeping pills bind to the same GABA receptors in the brain as benzodiazepines, but they are believed to have fewer side effects.

Sleeping pill effects and abuse

Most doctors only prescribe sleeping pills for short-term use. Doctors prescribe them for cases of severe insomnia and not necessarily on a strict dosage schedule. These drugs are fast-acting and can often be used on an as-needed (PRN⁷) basis. Unfortunately, many people begin using sleeping pills anytime they have trouble sleeping or face something in life that makes them feel anxious. When sedatives are used in a way not prescribed by a doctor, it is considered abuse. At higher doses, sleeping pills produce the same drowsy, feel-good effect as their highly addictive counterparts,

⁷ Pro re nata (lat.) — as needed.

benzodiazepines. Sleeping pills can also produce hallucinatory effects when an individual takes the drug but fights the urge to sleep. Other effects of sleeping pills include:

- reduced anxiety
- dreamless sleep
- lack of coordination
- dizziness
- lightheadedness
- hallucinations.

Sleeping pill abuse has also escalated for high school and college students just looking to have a good time. The drug can exacerbate the effects of an alcohol buzz or cause a similar feeling on its own. Among young people still living at home, access to a prescription (of their own or their parents) is often all too easy.

The effects of sleeping pills on brain function can manifest as early as the first time the drug is taken. Over time, the brain becomes accustomed to the effects and recovery gets harder. Often, recovering sleeping pill addicts will suffer from “rebound insomnia,” or a compounded insomnia that is even worse than it was before they started taking the drug. This is a common side effect and should not be used as a reason to continue taking sleeping pills. Fortunately, medically assisted detox can help minimize this and other symptoms of withdrawal.

Common drug combinations

Many people don’t heed the warning labels on their pill bottles that advise against mixing sleeping pills with alcohol. Taking sleeping pills like Ambien with alcohol can be a deadly combination. The sedative effects of the sleeping pill is amplified by alcohol, increasing the likelihood of a fatal overdose. Yet those who have a severe addiction (and a concurrent tolerance) may use alcohol to bump up the potency of their sleeping pills. Other drugs often taken with sleeping pills include: painkillers, benzodiazepines, antidepressants.

Breaking an addiction to sleeping pills can be hard without the right treatment and support [16].

COMPREHENSION CHECK

- 1. Make a list of the words that best reflect the content of the text.*
- 2. State the main content of the text.*

3. Answer the following questions:

- What is the danger of an inhalant addiction?
- Why do people usually remember how their addiction to tobacco started?
- Is it safe to mix sleeping pills with alcohol?

4. Is it possible to draw the following conclusions after reading the text?

- Fewer people are smoking these days because an increasing number of teens aren't picking up tobacco.
- Because nicotine use is so prevalent, many smokers also abuse other drugs alongside of it.
- A lot of people don't realize they've become dependent, or possibly addicted, until they stop taking their sleeping medication.

Determine if the following facts are mentioned in the text:

- Teens are the largest group of individuals abusing inhalants.
- Inhalant addiction is a very serious problem that can cause permanent brain damage in a short period of time.
- Any drug distribution charge will be punished more harshly when the violation occurs in a school or park zone.

Fill in the gaps in the sentences with information from the text:

- Having the desire to quit using tobacco is the first and most important step toward _____ (rehabilitation, recovery, renovation).
- People _____ to tobacco products have a physical desire to continue using tobacco (addict, addicted, abused).
- When sedatives are used in a way not _____ by a doctor, it is considered abuse (powered, prescribed, placed).
- Alcohol is the most _____ drug used alongside nicotine, and can also be an obstacle to overcoming nicotine use (common, critical, rare).

Express your opinion on the issues highlighted in the text.

Text 13

ADDICTIONS: ADDICTION TO ANTIDEPRESSANTS AND HALLUCINOGENS

Antidepressants aren't addictive in the same way as substances like alcohol and heroin are. Those abusing antidepressants do not experience the cravings that other drugs cause, nor do they experience the euphoria, exhibit addictive behaviors, or experience the negative consequences that someone frequently sees with many other drugs. People can still develop a

physical dependence on the antidepressants. Individuals with depression are also more likely to abuse other drugs.

Antidepressant dependence can form in people who never needed the drugs in the first place. Some people are incorrectly diagnosed with depression and prescribed antidepressants. According to one study, doctors misdiagnosed almost two-thirds of patients with depression and prescribed unnecessary antidepressants.

Antidepressant addiction vs. dependence

Antidepressant dependence is a state of adaptation caused by regularly taking a medication where a specific withdrawal syndrome can be produced by abrupt discontinuation of use or rapid dose reduction.

Antidepressant addiction is a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors that influence its development and manifestation. It is characterized by behaviors that include at least one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving. Drug addiction is a treatable disease, utilizing a multidisciplinary approach, but relapse is common.

Are antidepressants addictive?

Doctors generally do not consider antidepressants to be addictive in the traditional sense. Antidepressants can absolutely cause physical dependence as evidenced by the withdrawal symptoms stopping or reducing antidepressants can cause. People who suddenly stop taking antidepressants often have withdrawal symptoms such as nausea, hand tremors and depression.

However, very few people give up their daily responsibilities to find anti-depressants because the reward is not big enough; there is no euphoric rush of dopamine from taking antidepressants. There are no cravings, no hazardous behaviors, no examples of prolonged addictive behavior for antidepressants.

People do try to abuse antidepressants, especially Wellbutrin, by snorting them, but that does not create an addiction. It is usually done when no other substances are available to give the user a placebo type effect when they are craving their actual drug of choice.

Although there are risks with taking antidepressants, these medications help many people live better, more functional lives. Those prescribed antidepressants should never stop taking their medication without first speaking to a doctor.

What are antidepressants?

Antidepressants are prescription medications used to treat moderate to severe depression. The most common forms of antidepressant medication are selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs).

SSRIs treat depression by changing the brain's chemical balance of serotonin. This chemical impacts mood and helps users feel positive about their lives. SNRIs similarly boost mood by interacting with norepinephrine and serotonin in the brain. Doctors also prescribe antidepressants to treat Obsessive Compulsive Disorder (OCD) and Generalized Anxiety Disorder.

Antidepressants are most often available as oral tablets or capsules. Common antidepressants include:

- Fluoxetine (Prozac)
- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Paroxetine (Paxil)
- Sertraline (Zoloft)
- Venlafaxine (Effexor).

Antidepressant effects and abuse

Antidepressants are among the most prescribed medications in the United States. Many doctors prescribe SSRI and SNRI antidepressants as a safer alternative to benzodiazepines. (Many also prescribe Buspar as a safer alternative to benzodiazepines as it specifically treats anxiety disorders.) Doctors consider antidepressants safer because the drugs have less potential for abuse. Despite this, some people abuse antidepressant medications.

A small but growing literature on the misuse and abuse of antidepressants consists largely of case reports. The most commonly reported motivation for abuse is to achieve a psychostimulant-like effect (Columbia University Department of Psychiatry, Abuse and Misuse of Antidepressants, 2014).

Antidepressants don't have the euphoric effects other drugs have. In other words, antidepressants can't get you high. That doesn't stop some people from trying, though. Some people think that since antidepressants improve mood, high doses must induce euphoria, but that is not how the drugs work. Antidepressants work over time, accumulating in the brain. They don't produce immediate effects. It can take over a month before an antidepressant starts working.

Most antidepressant abuse is typically someone increasing their prescribed dose when they feel like the drug isn't working fast enough. Some people combine antidepressants with other substances like alcohol in an attempt to amplify the medication's effects. Over time, antidepressants can stop working for those who truly need them. This can lead some users to increase their doses when they can't find the relief they need on what was prescribed.

Like most drugs, taking large doses of antidepressants can be dangerous and can also increase the likelihood of seizures. People abusing antidepressants increase their risk of overdosing.

Signs of an antidepressant overdose can include any or all of the following:

- impaired coordination
- confusion
- fainting
- uncontrollable shaking
- dizziness
- irregular heartbeat
- convulsions.

Common drug combinations

Alcohol is one of the most common substances combined with antidepressants. Doctors recommend avoiding alcohol while taking antidepressants. People who already suffer from another addiction, such as alcoholism, are more likely to abuse antidepressants.

Combining alcohol and antidepressants can cause severe physical and mental health problems, including:

- worsened depression or anxiety
- intense sedation
- dangerously high blood pressure
- impaired coordination
- overdose.

Some find it hard to wait for their antidepressants to start working. During this wait, people suffering from depression may self-medicate with other drugs such as marijuana and opiates.

Getting help for antidepressant addiction and abuse

It can be dangerous to quit antidepressants, especially if a doctor prescribed them. Quitting any established addiction benefits from medical oversight during the withdrawal period [17].

What are hallucinogens?

For hundreds of years, people have been using psychoactive substances to alter their reality. There are many different kinds of mind-altering drugs that can be prime targets for abuse across every demographic. Regardless of the legal status and level of perceived safety of each of these drugs, it is important to remember that any of these substances can cause a physical dependence.

Abuse of hallucinogens

Because nearly all of the aforementioned drugs are illegal (most heavily regulated), any amount of use should be a cause for concern. Abuse of these drugs can cause serious harm to the user or those around them, and continued abuse can lead to a physical and psychological addiction in some cases.

Hallucinogens drug dependence and addiction

Although addiction to these types of drugs is less common than other substances, many people can still develop a dependence on them. A physical addiction is marked by tolerance to the drug, meaning more is needed to achieve the initial high. It is also recognized by the presence of withdrawal symptoms when stopping use.

A psychological dependence can take place when:

- The user feels the need to take the drug more frequently.
- Goes through extremes to get the drug.
- Starts avoiding responsibilities or friends and family in favor of using the drug.
- Continuing use despite recognizing the severe consequences of doing so.

An addiction to a mind-altering substance may be linked to other conditions, including depression.

1. Phencyclidine (PCP). PCP is a dissociative anesthetic that was discontinued for human use in 1965. The drug creates an “out of body” feeling and coming down from its anesthetic effects can cause people to become agitated and irrational. PCP is used as an additive to many other street drugs (including marijuana, LSD and methamphetamine). This enhances their psychedelic effects. Predominantly distributed as a powder, PCP is snorted, smoked, injected or swallowed. When abused at high doses, PCP can cause hallucinations, seizures and coma. PCP-induced deaths are most common when the user commits suicide or has an accident

due to their altered state of consciousness. PCP is also known as: Angel dust, Embalming fluid, Killer weed, Zoom, Super grass, Peace pills.

2. LSD/Acid. Lysergic acid diethylamide, also known as acid or LSD, is a highly potent synthetic hallucinogen. LSD was originally used in psychiatric therapy and research. However, its value as a therapeutic drug was largely debunked in the 1980s. Today, it is a Schedule I drug. LSD is most commonly abused by people in their late teens or early twenties as a “club drug,” along the same lines as MDMA and ketamine. LSD affects the neurotransmitter serotonin, which plays a part in the control of behavioral, perceptual and regulatory systems. By interfering with these, LSD creates hallucinogenic effects where the user loses touch with reality and has visions and a blending of the senses.

3. Mushrooms. Magic mushrooms (also called psychedelic mushrooms or shrooms) are mushrooms that contain the psychedelic drugs psilocybin and psilocin. These hallucinogenic substances are chemically similar to LSD. Psilocybin is a Schedule I drug under the Controlled Substances Act, meaning it has no recognized medical use and a high potential for abuse. Psychedelic mushrooms can cause effects ranging from heightened sensory experiences to impaired judgment and inability to distinguish between reality and fantasy. Bad trips are fairly common, and may include:

- frightening hallucinations
- depression
- panic attacks
- terror.

4. Mescaline and peyote. Mescaline is a naturally occurring psychedelic substance found in the peyote cactus. Peyote has been used in Native American tradition as one of the oldest psychedelic agents known. Its use was so central to their culture that the Native American Church was founded in 1918 to preserve their right to use the drug. Mescaline has been suggested to be effective in treating depression and alcoholism, but its negative effects outweigh potential good in the eyes of the government. It is a Schedule I drug. The perceived emotional and mental effects of mescaline vary depending on the user’s body type, personality, drug history and expectations for the experience. Some common effects of mescaline/peyote use include:

- distorted sense of body
- vivid mental images
- altered space

- altered perception of time
- loss of a sense of reality.

5. Bath Salts. A concoction of synthetic stimulants, bath salts don't have a specific chemical makeup. Each batch of bath salts may vary slightly, with the primary ingredient often being a man-made form of cathinone (a substance found in khat). Adding to the inconsistency, many drug labs will slightly alter the drug's chemical makeup to bypass federal regulation of the substances. Bath salts have been the cause of many bizarre and disturbing incidents starting in 2012. Most publicized was the 31-year-old Miami man who attacked a homeless man by ripping his clothes off and proceeding to chew on his face. Many other emergency room visits involving bath salts saw the user claiming to have seen demons and monsters.

6. Salvia divinorum. Salvia divinorum is a psychoactive plant that can induce hallucinations and visions. Sometimes called Sage of the Seers or the Diviner's Sage, Salvia divinorum can produce a sensation of traveling through time and flying or floating above the ground. Other physical effects include dizziness, lack of coordination, chills and nausea. Salvia divinorum is currently legal in the United States.

7. GHB. Gamma-hydroxybutyric acid is found in human cells and synthesized for its intoxicating and sedative effects. GHB is a central nervous system depressant and side effects will vary based on level of dose and presence of other drugs in the user's system. The most commonly reported side effects of GHB use include euphoria, decreased inhibitions, sleepiness, disorientation, loss of coordination and decreased heart rate [18].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *Annotate the text.*

3. *Which of these statements are true?*

- Individuals with depression are unlikely to abuse other drugs.
- Antidepressants are prescription medications used to treat moderate to severe depression.
- Antidepressants don't have the euphoric effects other drugs have.
- Combining antidepressants with other substances like alcohol doesn't amplify the medication's effects.

4. *Answer the following questions:*

- What is the difference between antidepressant addiction and antidepressant dependence?

- Why do doctors recommend avoiding alcohol while taking antidepressants?
- What are hallucinogens?

5. *Determine if the following facts are mentioned in the text:*

- When alcohol is in your system, it affects how quickly you're able to respond to different situations.
- People who already suffer from another addiction, such as alcoholism, are more likely to abuse antidepressants.
- When a person under the legal drinking age is found to have been in possession of alcohol, punishment can take a variety of forms.

6. *Fill in the gaps in the sentences with information from the text:*

- Antidepressants aren't _____ in the same way as substances like alcohol and heroin are (addict, addictive, abused).
- Antidepressants don't have the _____ effects other drugs have (emotional, ethic, euphoric).
- Some people combine antidepressants with other _____ like alcohol in an attempt to amplify the medication's effects (pills, substances, medication).

7. *Express your opinion on the issues highlighted in the text.*

Text 14

ALCOHOL IS A DRUG

Alcohol is the most used drug of choice in the United States by adults and young people alike. According to the National Institute on Alcohol Abuse and Alcoholism, 86 percent of Americans 18 and older drank alcohol at some point in their lives, and 55 percent drank it in the past month.

Despite its widespread acceptance in American culture, alcohol is far from harmless. More than 15 million Americans will struggle with alcohol use disorder, which includes alcoholism, according to NIAAA⁸, and 400,000 of them are teenagers. Unfortunately, less than 10 percent of people with AUD⁹ will receive treatment, and young people are even less likely than adults to receive treatment.

Key facts about alcohol

- In 2018, 26 percent of people 18 or older engaged in binge drinking in the past month.

⁸ National Institute on Alcohol Abuse and Alcoholism.

⁹ Alcohol use disorder.

- About 88,000 people die annually from alcohol-related causes, making alcohol the third leading preventable cause of death behind tobacco use and poor diet and inactivity.

- Alcohol is a leading cause of driving fatalities, according to the National Highway Traffic Safety Administration. In 2014, alcohol-impaired driving accounted for almost 10,000 deaths.

- More than 10 percent of children in the U.S. live with a parent who has problems with alcohol, according to the Substance Abuse and Mental Health Services Administration.

- Using alcohol with medicines can cause a host of adverse interactions, including nausea, vomiting, headaches, drowsiness, fainting, and loss of coordination. Other risks include internal bleeding, heart problems, and difficulty breathing, and alcohol use can render medicines less effective or even ineffective.

How alcohol affects young people

Alcohol is the number one drug used by teens. It has an outsized influence and effect on young people. While youth aren't legally able to buy or consume alcohol, they consume 11 percent of all alcohol in the U.S. They also drink more alcohol per drinking occasion than adults do.

Young people are also heavily affected by alcohol. According to the Centers for Disease Control and Prevention, alcohol is a factor in an average 4,358 annual deaths of young people under 21. Those deaths come in the form of car crashes, homicides, suicide, alcohol poisoning, falls, burns, and drowning.

Young people who drink are also likely to have other problems. They're more likely to carry out or be the victim of a physical or sexual assault after drinking, may have trouble in school or with the law, and have problems with alcohol later in life. Alcohol is also known to alter brain development and may cause cognitive or learning problems when people drink heavily and at a young age [19].

Mixing alcohol with medicines

You've probably seen this warning on medicines you've taken. The danger is real. Mixing alcohol with certain medications can cause nausea and vomiting, headaches, drowsiness, fainting, or loss of coordination. It also can put you at risk for internal bleeding, heart problems, and difficulties in breathing. In addition to these dangers, alcohol can make a medication less effective or even useless, or it may make the medication harmful or toxic to

your body. Some medicines that you might never have suspected can react with alcohol, including many medications which can be purchased “over-the-counter” — that is, without a prescription. Even some herbal remedies can have harmful effects when combined with alcohol. Medications typically are safe and effective when used appropriately.

Mixing alcohol and medicines can be harmful. Alcohol, like some medicines, can make you sleepy, drowsy, or lightheaded. Drinking alcohol while taking medicines can intensify these effects. You may have trouble concentrating or performing mechanical skills. Small amounts of alcohol can make it dangerous to drive, and when you mix alcohol with certain medicines you put yourself at even greater risk. Combining alcohol with some medicines can lead to falls and serious injuries, especially among older people.

Medicines may have many ingredients

Some medications — including many popular painkillers and cough, cold, and allergy remedies — contain more than one ingredient that can react with alcohol. Read the label on the medication bottle to find out exactly what ingredients a medicine contains. Ask your pharmacist if you have any questions about how alcohol might interact with a drug you are taking.

Some medicines contain alcohol

Certain medicines contain up to 10 percent alcohol. Cough syrup and laxatives may have some of the highest alcohol concentrations.

Alcohol affects women differently

Women, in general, have a higher risk for problems than men. When a woman drinks, the alcohol in her bloodstream typically reaches a higher level than a man’s even if both are drinking the same amount. This is because women’s bodies generally have less water than men’s bodies. Because alcohol mixes with body water, a given amount of alcohol is more concentrated in a woman’s body than in a man’s. As a result, women are more susceptible to alcohol-related damage to organs such as the liver.

Older people face greater risk

Older people are at particularly high risk for harmful alcohol-medication interactions. Aging slows the body’s ability to break down alcohol, so alcohol remains in a person’s system longer. Older people also are more likely to take a medication that interacts with alcohol — in fact, they often need to take more than one of these medications.

Timing is important. Alcohol and medicines can interact harmfully even if they are not taken at the same time.

Remember!

Mixing alcohol and medicines puts you at risk for dangerous reactions. Protect yourself by avoiding alcohol if you are taking a medication and don't know its effect [20].

Understanding the dangers of alcohol overdose

Celebrating at parties, cheering a favorite sports team, and enjoying get-togethers after work are common ways to relax or be with friends. For some people, these occasions may also include drinking — even binge or high-intensity drinking. And when that happens, the results can be deadly.

Drinking too much and too quickly can lead to significant impairments in motor coordination, decision-making, impulse control, and other functions, increasing the risk of harm. Continuing to drink despite clear signs of significant impairments can result in an alcohol overdose.

What is an alcohol overdose?

An alcohol overdose occurs when there is so much alcohol in the bloodstream that areas of the brain controlling basic life-support functions — such as breathing, heart rate, and temperature control — begin to shut down. Symptoms of alcohol overdose include mental confusion, difficulty remaining conscious, vomiting, seizure, trouble breathing, slow heart rate, clammy skin, dulled responses such as no gag reflex (which prevents choking), and extremely low body temperature. Alcohol overdose can lead to permanent brain damage or death.

What tips the balance from drinking that produces impairment to drinking that puts one's life in jeopardy varies among individuals. Age, sensitivity to alcohol (tolerance), gender, speed of drinking, medications you are taking, and amount of food eaten can all be factors.

Alcohol use and taking opioids or sedative-hypnotics, such as sleep and anti-anxiety medications, can increase your risk of an overdose. Examples of these medications include sleep aids such as zolpidem and eszopiclone, and benzodiazepines such as diazepam and alprazolam. Even drinking alcohol while taking over-the-counter antihistamines can be dangerous. Using alcohol with opioid pain relievers such as oxycodone and morphine or illicit opioids such as heroin is also a very dangerous combination. Like alcohol, these drugs suppress areas in the brain that control vital functions such as breathing. Ingesting alcohol and other drugs together intensifies their individual effects and could produce an overdose with even moderate amounts of alcohol.

Who may be at risk?

Anyone who consumes too much alcohol too quickly may be in danger of an alcohol overdose. This is especially true of individuals who engage in binge drinking, defined as a pattern of drinking that brings blood alcohol concentration (BAC) to 0.08 percent or higher, typically occurring after a woman consumes 4 drinks or a man consumes 5 drinks in about 2 hours; as well as high-intensity drinking, defined as drinking two or more times the binge-drinking thresholds for women and men.

Teenagers and young adults who drink may be at particular risk for alcohol overdose. Research shows that teens and college-age young adults often engage in binge drinking and high-intensity drinking. Drinking such large quantities of alcohol can overwhelm the body's ability to break down and clear alcohol from the bloodstream. This leads to rapid increases in BAC and significantly impairs brain and other bodily functions.

A blood alcohol concentration (BAC) of 0.08 percent corresponds to 0.08 grams per deciliter, or 0.08 grams per 100 milliliters.

As BAC increases — so do the risks

As blood alcohol concentration (BAC) increases, so does the effect of alcohol — as well as the risk of harm. Even small increases in BAC can decrease motor coordination, make a person feel sick, and cloud judgment. This can increase an individual's risk of being injured from falls or car crashes, experiencing acts of violence, and engaging in unprotected or unintended sex. When BAC reaches high levels, blackouts (gaps in memory), loss of consciousness (passing out), and death can occur.

BAC can continue to rise even when a person stops drinking or is unconscious. Alcohol in the stomach and intestine continues to enter the bloodstream and circulate throughout the body.

It is dangerous to assume that an unconscious person will be fine by sleeping it off. One potential danger of alcohol overdose is choking on one's own vomit. Alcohol at very high levels can hinder signals in the brain that control automatic responses such as the gag reflex. With no gag reflex, a person who drinks to the point of passing out is in danger of choking on his or her vomit and dying from a lack of oxygen (i.e., asphyxiation). Even if the person survives, an alcohol overdose like this can lead to long-lasting brain damage.

Critical signs and symptoms of an alcohol overdose

- Mental confusion, stupor
- difficulty remaining conscious, or inability to wake up

- vomiting
- seizures
- slow breathing (fewer than 8 breaths per minute)
- irregular breathing (10 seconds or more between breaths)
- slow heart rate
- clammy skin
- dulled responses, such as no gag reflex (which prevents choking)
- extremely low body temperature, bluish skin color, or paleness

Know the danger signs and act quickly!

Know the danger signals and, if you suspect that someone has an alcohol overdose, call 911 for help immediately. Do not wait for the person to have all the symptoms, and be aware that a person who has passed out can die. Don't play doctor — cold showers, hot coffee, and walking do not reverse the effects of alcohol overdose and could actually make things worse.

While waiting for medical help to arrive:

- Be prepared to provide information to the responders, including the type and amount of alcohol the person drank; other drugs he or she took, if known; and any health information that you know about the person, such as medications currently taking, allergies to medications, and any existing health conditions.

- Do not leave an intoxicated person alone, as he or she is at risk of getting injured from falling or choking. Keep the person on the ground in a sitting or partially upright position rather than in a chair.

- Help a person who is vomiting. Have him or her lean forward to prevent choking. If a person is unconscious or lying down, roll him or her onto one side with an ear toward the ground to prevent choking [21].

COMPREHENSION CHECK

1. Make a list of the words that best reflect the content of the text.

2. Annotate the text.

3. Which of these statements are true?

- Alcohol is known to alter brain development when people drink heavily and at a young age.
- Mixing alcohol and medicines is harmless.

- Women, in general, have the same risk for alcohol-related problems than men.

- Anyone who consumes too much alcohol too quickly may be in danger of an alcohol overdose.

4. *Answer the questions to the text:*

- Why are older people at particularly high risk for harmful alcohol-medication interactions?

- Why is it dangerous to drink alcohol and take other drugs&

- What can occur when BAC reaches high levels?

5. *Determine if the following facts are mentioned in the text:*

- While youth aren't legally able to buy or consume alcohol, they consume 11 percent of all alcohol in the U.S.

- More than 10 percent of children in the U.S. live with a parent who has problems with alcohol.

- Studies indicate that 1 in 11 persons who use marijuana become addicted.

6. *Fill in the gaps in the sentences with information from the text:*

- Alcohol suppresses areas in the brain that control _____ functions such as breathing (virtual, vital, vicious).

- Drinking large quantities of alcohol can overwhelm the body's ability to break down and clear alcohol from the _____ (brain, stomach, bloodstream).

- Difficulty remaining conscious, or inability to wake up are one of the critical symptoms of an alcohol _____ (overdose, abuse, addiction).

7. *Express your opinion on the issues highlighted in the text.*

Text 15

ALCOHOL AND ALCOHOL USE DISORDER

Alcohol is a drug. It is classified as a Central Nervous System (CNS) depressant, which means that drinking alcohol slows down brain functioning, neural activity, and further reduces the functioning of various vital functions in the body. This is due to the increased production of the inhibitory neurotransmitter, gamma-aminobutyric acid, or GABA. When someone consumes large quantities of alcohol, specifically more than the body is equipped to process, the result is depressant effects. Some of the many depressant effects from alcohol include:

- delayed reaction time
- cognitive impairments
- slurred speech
- unsteady gait
- poor coordination or lack of motor skills
- distorted perceptions
- lessened inhibitions
- distorted judgment
- sedation.

Although alcohol is clinically classified as a depressant, it also is proven to have stimulant effects depending on the amount and rate at which the alcohol is consumed. In small quantities, alcohol is more likely to result in stimulatory effects. These stimulatory effects are often the effects many people seek when they drink alcohol. Some of the stimulatory effects of alcohol include:

- talkativeness
- over-confidence
- improvements in mood
- increased blood pressure
- increased heart rate
- euphoria.

When a person consumes larger quantities of alcohol, specifically more than the body is equipped to process, the drinker is more likely to experience the depressant effects of alcohol. Whether drinking beer, wine, or liquor, the amount used can drastically impact whether the user experiences depressant or stimulant effects.

According to a study conducted by Behavioral Neurobiology of Alcohol Addiction, there is a higher risk of developing an alcohol use disorder, also referred to as alcoholism, in people who experience a greater stimulant response after consuming alcohol. Those who do not have a risk for alcohol dependence are more likely to experience a greater sedative response. There are other genetic, environmental and familial factors that influence whether an individual will develop an alcohol use disorder, however, all of these factors may play a role in the development of alcoholism.

Why is alcohol addictive?

Alcohol addiction is a chronic disease characterized by uncontrollable seeking of alcohol, as well as drinking that is compulsive, or difficult to

control, despite harmful personal or professional consequences. Alcohol is the most commonly used addictive substance in the United States. According to the National Council on Alcoholism and Drug Dependence (NCADD), there are approximately 17.6 million people who suffer from alcohol use disorders or chronic alcohol abuse in the United States.

Alcohol is both physically and psychologically addictive. In regard to the physically addictive aspect, drinking alcohol stimulates the release of endorphins and dopamine, both of which produce euphoric sensations, such as feelings of pleasure. Studies conducted by the National Institute on Alcohol Abuse and Alcoholism suggest that genetic factors also influence how the brain reacts for different people when they consume alcohol. This study suggests that some people's brains release more euphoric chemicals in response to alcohol than others, making them more susceptible to developing an alcohol use disorder.

Many individuals who consume alcohol are not aware that alcohol can actually cause physical changes in the brain's chemistry and functioning, which also plays a major role in the development of alcohol dependence. The brain's reward and pleasure centers become overloaded when an individual consumes alcohol regularly, resulting in cravings to repeat their drinking habits and behaviors.

Despite one's desire to cut down or quit drinking, alcohol can compromise one's ability to make decisions, as well as impact one's impulse control resulting in a compulsion to drink. This also makes relapse more likely when one attempts to quit drinking. What may begin as recreational alcohol use can quickly become abuse and can easily transition into an alcohol use disorder or alcohol dependence.

Alcohol is psychologically addictive because it becomes a learned behavior that affects one's thoughts and beliefs. Alcohol is also commonly used as a coping mechanism for stress, anxiety, or other discomforting emotions and feelings. This coping mechanism can become a habit that may seem impossible to break. Fortunately, there are many alcohol treatment centers available that offer psychotherapy to help individuals find the motivation and hope to begin their recovery process.

The dangers of alcohol

When used recreationally and in low doses, alcohol has less risk for problematic effects; however, in large quantities, especially when consumed in short periods of time, there are many risks to be aware of. An alcohol overdose, also called alcohol poisoning, causes severe depressant

effects on the Central Nervous System (CNS) which may result in various side-effects, including:

- unconsciousness
- inability to feel pain
- toxicity
- slow or irregular breathing
- vomiting
- respiratory depression
- cold or clammy skin
- blue-colored skin
- death.

These responses are reactions caused by regular, overconsumption of alcohol, usually in a short period of time. Chronic, long-term use of alcohol can also have health risks, such as:

- memory loss
- difficulty learning
- alcoholic hepatitis
- liver disease
- liver fibrosis
- fatty liver
- high blood pressure
- throat, mouth, larynx, breast, liver, colorectal, or esophageal cancer
- stroke
- thiamine or vitamin B deficiency.

Despite being aware of the consequences of alcoholism and long-term alcohol use, many individuals continue to drink, which is the nature of addiction.

Alcohol is a drug, but help is available

If you have struggled with an alcohol use disorder, or witnessed someone you love struggle with alcohol dependence, you know how powerful alcohol is as a drug. It may seem like reaching out for help can be challenging; however, there is light at the end of the tunnel. There are many inpatient and outpatient treatment centers available to help you or your loved one overcome their addiction to alcohol and begin the road to recovery [22].

Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social,

occupational, or health consequences. It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism. Considered a brain disorder, AUD can be mild, moderate, or severe. Lasting changes in the brain caused by alcohol misuse perpetuate AUD and make individuals vulnerable to relapse. The good news is that no matter how severe the problem may seem, evidence-based treatment with behavioral therapies, mutual-support groups, and/or medications can help people with AUD achieve and maintain recovery. According to a national survey, 14.1 million adults ages 18 and older (5.6 percent of this age group) had AUD in 2019. Among youth, an estimated 414,000 adolescents ages 12–17 (1.7 percent of this age group) had AUD during this timeframe.

What increases the risk for AUD?

A person's risk for developing AUD depends, in part, on how much, how often, and how quickly they consume alcohol. Alcohol misuse, which includes binge drinking and heavy alcohol use, over time increases the risk of AUD. Other factors also increase the risk of AUD, such as:

- Drinking at an early age. A recent national survey found that among people ages 26 and older, those who began drinking before age 15 were more than 5 times as likely to report having AUD in the past year as those who waited until age 21 or later to begin drinking. The risk for females in this group is higher than that of males.

- Genetics and family history of alcohol problems. Genetics play a role, with heritability approximately 60 percent; however, like other chronic health conditions, AUD risk is influenced by the interplay between a person's genes and their environment. Parents' drinking patterns may also influence the likelihood that a child will one day develop AUD.

- Mental health conditions and a history of trauma. A wide range of psychiatric conditions — including depression, post-traumatic stress disorder, and attention deficit hyperactivity disorder — are comorbid with AUD and are associated with an increased risk of AUD. People with a history of childhood trauma are also vulnerable to AUD.

What are the symptoms of AUD?

Healthcare professionals use criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), to assess whether a person has AUD and to determine the severity if the disorder is present. Severity is based on the number of criteria a person meets based

on their symptoms — mild (2–3 criteria), moderate (4–5 criteria), or severe (6 or more criteria).

A healthcare provider might ask the following questions to assess a person's symptoms.

In the past year, have you:

- Had times when you ended up drinking more, or longer, than you intended?
- More than once wanted to cut down or stop drinking, or tried to, but couldn't?
- Spent a lot of time drinking? Or being sick or getting over other aftereffects?
- Wanted a drink so badly you couldn't think of anything else?
- Found that drinking — or being sick from drinking — often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
- Continued to drink even though it was causing trouble with your family or friends?
- Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
- More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unprotected sex)?
- Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?
- Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
- Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?

Any of these symptoms may be cause for concern. The more symptoms, the more urgent the need for change.

What are the types of treatment for AUD?

Several evidence-based treatment approaches are available for AUD. One size does not fit all and a treatment approach that may work for one person may not work for another. Treatment can be outpatient and/or inpatient and be provided by specialty programs, therapists, and doctors.

Medications

Three medications are currently approved by the U.S. Food and Drug Administration to help people stop or reduce their drinking and prevent relapse: naltrexone (oral and long-acting injectable), acamprosate, and disulfiram. All these medications are non-addictive, and they may be used alone or combined with behavioral treatments or mutual-support groups.

Behavioral treatments

Behavioral treatments, also known as alcohol counseling or “talk therapy,” provided by licensed therapists are aimed at changing drinking behavior. Examples of behavioral treatments are brief interventions and reinforcement approaches, treatments that build motivation and teach skills for coping and preventing relapse, and mindfulness-based therapies.

Mutual-support groups

Mutual-support groups provide peer support for stopping or reducing drinking. Group meetings are available in most communities, at low or no cost, at convenient times and locations — including an increasing presence online. This means they can be especially helpful to individuals at risk for relapse to drinking. Combined with medications and behavioral treatment provided by health professionals, mutual-support groups can offer a valuable added layer of support.

People with severe AUD may need medical help to avoid alcohol withdrawal if they decide to stop drinking. Alcohol withdrawal is a potentially life-threatening process that can occur when someone who has been drinking heavily for a prolonged period of time suddenly stops drinking. Doctors can prescribe medications to address these symptoms and make the process safer and less distressing.

Can people with AUD recover?

Many people with AUD do recover, but setbacks are common among people in treatment. Seeking professional help early can prevent relapse to drinking. Behavioral therapies can help people develop skills to avoid and overcome triggers, such as stress, that might lead to drinking. Medications also can help deter drinking during times when individuals may be at greater risk of relapse (e.g., divorce, death of a family member) [23].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *Annotate the text.*

3. *Which of these statements are true?*

- Alcohol slows down brain functioning and neural activity.
- In small quantities, alcohol is more likely to result in stimulatory effects.
- Alcohol is not physically addictive.
- Alcohol use disorder is not considered to be a brain disorder.

4. *Answer the questions to the text:*

- Why is alcohol psychologically addictive?
- What increases the risk for alcohol use disorder?
- What are the types of treatment for alcohol use disorder?
- Can people with alcohol use disorder recover?

5. *Fill in the gaps in the sentences with information from the text:*

- Poor coordination or lack of motor skills is some of the _____ effects from alcohol (anti-depressant, depressant, stimulatory).
- Some of the _____ effects of alcohol include talkativeness, over-confidence and improvements in mood (stimulatory, anti-depressant, depressant).
- Alcohol addiction is a chronic _____ characterized by uncontrollable seeking of alcohol (abuse, disease, case).

6. *Determine if the following facts are mentioned in the text:*

- There are approximately 17.6 million people who suffer from alcohol use disorders or chronic alcohol abuse in the United States.
- Alcohol is psychologically addictive because it becomes a learned behavior that affects one's thoughts and beliefs.
- The devastating consequences of drug use know no geographic, economic, social, or ethnic boundaries.

7. *Express your opinion on the issues highlighted in the text.*

UNIT II

DRUGS LAW ENFORCEMENT

Text 16

NEW TRENDS OF SUBSTANCE ABUSE DURING COVID-19 PANDEMIC

In the late 2019, an epidemic of cases with severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2) has spread from China to the rest of the world, resulting in a global pandemic (COroNaVirus Disease 19, COVID-19 pandemic). Starting from the first months of 2020, several restrictions have been imposed by governments to face the public health threat, impacting the usual patterns of drug abuse throughout the world.

The temporary border closure affected the usual illicit drug route of shipping from country to country, resulting in scarcity of classic street drugs. Moreover, restrictive measures internationally adopted by several countries made necessary to close all the usual recreational settings in which stimulants drugs are commonly abused. On the contrary, since in house drugs abuse became the most feasible option, other private encounters might have caught on, such as chemsex¹⁰. In particular this phenomenon, which originated mainly in the large cities of Northern Europe, has gradually spread across the continent and is now a worrying reality in western European countries.

Other rising trends of substance abuse include cognitive enhancers and new psychoactive substances. Furthermore, the consequent social isolation and the likely limited access to detoxification centers caused additional psychological distress, pushing drug addicts toward alternative psychotropic drugs, possibly through illegal online marketplaces. An international overview of the new trends of drug abuse during the current COVID-19 pandemic and the related health risks are hereby discussed, taking into consideration different points of view.

*Can new trends of substance abuse be identified
during COVID-19 pandemic?*

As we write this opinion paper, the social and economic restrictions due to the coronavirus pandemic have already seriously impacted health and social fields. COVID-19 outbreak has led to the implementation of social distancing to contain the spread of the disease, changing people's lifestyle. People have been going through a moment of anxiety and fear for

¹⁰ The use of drugs, often illegal ones, to increase pleasure during sex.

their health and their jobs, and they are forced to live an unfamiliar lifestyle, deprived of relationships. Furthermore, the condition of people with psychological troubles may have worsened during the pandemic as a result of the unconsciously mirroring of others feelings. This peculiar situation may have pushed more people toward a deviant behavior linked to licit or illicit substance use, and it may have been a good opportunity for drug dealers to attract new customers.

However, global issues have not favored the usual trade business. Indeed, social distancing has substantially reduced drug trafficking on the streets, pushing consumers toward illegal markets on the dark web or through messaging applications. Furthermore, the paucity of classic drugs, together with the impossibility to go out to look for those, might have induced addicts to misuse psychoactive prescription drugs such as benzodiazepines. In this concern, although there is limited scientific evidence, the impact of the COVID-19 pandemic could lead to substantial modifications in substance use patterns, and an increased risk of substitution, adulteration, contamination, and dilution with a potentially harmful substance. As such, reports from forensic science and toxicology laboratories are crucial for the early detection and response to such events. Moreover, in this period of home confinement, users might no longer be looking for “socializing” substances to be used in recreational settings, but for psychotropic drugs to be consumed in solitude.

Even short periods of isolation and loneliness can have negative consequences on physical and mental well-being. The feeling of isolation can lead to anxiety and anger, and even sleep disorders, depression, and post-traumatic stress disorders, which may be underestimated due to the lack of specific screening tools. Moreover, psychiatric assistance from health professionals is not assured due to the temporary monopolization of psychiatric facilities for COVID-19 treatment. In addition to drug addicts using prescription sedatives available at home, some may have shifted to narcotics such as new synthetic opioids or designer benzodiazepines, available online. Indeed, these two classes of new psychoactive substances showed the highest consumption increase in 2019.

COVID-19 health risks associated to psychotropic drug use

The European Monitoring Centre for Drugs and Drug Addiction, in Europe, and the National Institute on Drug Abuse, in US, first sounded the alarm, raising concerns about the vulnerability of people with substance use disorders to COVID-19, especially because of opiates (e.g. heroin), synthetic opioids, and methamphetamine effects on the respiratory system

and pulmonary health. Comorbidities, including cardiovascular and other respiratory diseases, have proven to worsen prognosis in patients with other coronaviruses affecting the respiratory system, such as SARS-CoV and MERS-CoV.

COVID-19 affects the respiratory tract and has a high mortality rate among elderlies and people with comorbidities such as diabetes, cancer, and breathing difficulties. Given the high prevalence of chronic diseases among drug users, many may have been at risk of respiratory distress and death if infected with COVID-19. It is also worth mentioning that smoking heroin or crack cocaine addicts may undergo asthma and chronic obstructive pulmonary disease (COPD). Moreover, people using high doses of prescription opioids or presenting opioid use disorder experience additional challenges for their respiratory health. Indeed, opioids act on the central nervous system with respiratory-depressant effects, and high doses may cause severe hypoxemia, which may lead to irreversible brain damage. Chronic respiratory diseases are already known to increase overdose mortality in opioid users, and reduced lung function due to COVID-19 could similarly threaten this population. There is also a high incidence of cardiovascular diseases among opiates, opioids, and cocaine users.

At this time of crisis, the rapid implementation of extraordinary changes is not something “obvious” and “automatic”, but requires a strong effort of adaptation and the active participation of all people, including drug users. Some may be better at withstanding a quarantine for many reasons, including people’s personality. However, being in quarantine can be challenging for addicts, especially substance addicts. Forced isolation and difficulties to move around and obtain illegal substances can impact the behavior of drug abusers. As an example, reports of people violating the quarantine in search of drugs have multiplied in several Italian cities.

Moreover, the psychological impact of quarantine may have exacerbated a number of mental health problems. Addictions are already a manifestation of psychological discomfort and these circumstances may have worsened psychophysical well-being. In terms of public mental health, the main psychological risk is high stress and anxiety. However, due to new and increasingly stringent measures and their effects on many people’s lifestyle and wellness, an increase in alcohol and drug abuse is expected. Depression and self-harm behaviors leading to suicide have been also anticipated. Additionally, new obstacles for obtaining drugs will emerge, worsening the troubles of drug addicts.

The current crisis prevents illicit drug trafficking on the streets and imposes the use of alternative methods for obtaining drugs via the Internet through specialized websites, and their subsequent shipment by private couriers. Hence, an increase in cannabis product online sales was recorded during the first 3 months of 2020. In the authors' opinion, a straightening of postal police controls should prevent the spread of this phenomenon.

As already mentioned, since recreational drug use usually occurs in groups or crowded environments, the implementation of social distancing in response to the COVID-19 crisis may have modified drug use patterns: a shift to substances that can be consumed in solitude and have a relaxing effect, such as opioids, new synthetic opioids, or new benzodiazepines, is expected. In addition, a potentially reduced access to legal substitution treatments is of concern to drug addicts and drug addicts services pushed for an easier access to drugs such as methadone and buprenorphine to help alleviate withdrawal symptoms, reduce drug craving, and prevent opioid overdose. In fact, social distancing could also increase the likelihood of isolated overdose and subsequent failure to administer naloxone by health services, potentially causing more deaths.

During the pandemic, it may be necessary to suspend or reduce the number of face-to-face meetings and implement alternatives. In our opinion, the continuous operation of drug treatment services, including the continuous supply of substitute therapies and other essential drugs and the implementation of contingency plans to address any shortage of therapies and tools, should be ensured.

Before the pandemic, patients receiving methadone had to follow an approved treatment program for opioid addicts, under which the drug could only be administered daily and under supervision. This may not be possible at this time. Patients under opioid addiction treatment with a reasonable degree of stabilization should obtain several doses of methadone in sufficient quantity for several days or refill their buprenorphine prescription over the phone. In the opinion of the authors, the public health community should also focus efforts on the development of virtual support meetings for people with psychiatric disorders or undergoing addiction therapy and the possibility to take home medication.

In addition, it is worth noting that there is a high prevalence of HIV infections, viral hepatitis infections, and liver cancer among intravenous drug users, leading to a weakened immune system. Therefore, the current health crisis could limit access to healthcare, putting this population at risk for many diseases, as hospitals and clinics are already stretched to their

maximum capacity. These people, who are already stigmatized and underserved by the health system, could therefore face even greater barriers to treatment, increasing their chances of falling ill and being rejected by charities, forcing them to live on the streets or in squats. Self-isolation, required by lockdown and subsequent movements limitation, for homeless drug addicts can be problematic, as they have no choice but to spend time in public spaces with limited personal hygiene, increasing the risk of infection with COVID-19. Addressing the needs of homeless or unstable drug users is important. The efforts of not-for-profit organizations and associations could help in the short term, but they also must address the increasingly stringent measures dictated by governments and closely monitor the safety of their workers.

To conclude, as suggested by the US National Institute on Drug Abuse and the European Monitoring Centre for Drugs and Drug Addiction, a range of resources has to be developed to support situational awareness and inform relevant and timely actions for preparedness and response activities at national and international level related to the impact of the pandemic on the drug situation and eventual new trends of drug abuse. Psychiatric and psychological assistance to addicts undergoing substitution therapy should be implemented through any possible alternative mean during COVID-19 pandemic [24].

COMPREHENSION CHECK

- 1. Make a list of the words that best reflect the content of the text.*
- 2. State the main content of the text.*
- 3. Which of these statements are true?*
 - Even short periods of isolation and loneliness can have negative consequences on physical and mental well-being.
 - Being in quarantine can be challenging for addicts, especially substance addicts.
 - During the pandemic, it is not necessary to suspend or reduce the number of face-to-face meetings and implement alternatives.
- 4. Find paragraphs in the text that contain answers to the suggested questions:*
 - What are COVID-19 health risks associated to psychotropic drug use?
 - Is an increase in alcohol and drug abuse expected due to new and increasingly stringent measures and their effects on many people's lifestyle and wellness?

- Does the current crisis prevent illicit drug trafficking on the streets and impose the use of alternative methods for obtaining drugs via the Internet?

5. *Find facts in the text that can confirm or deny the following statements:*

- The current health crisis could limit access to healthcare, putting people at risk for many diseases.
- Self-isolation, required by lockdown and subsequent movements limitation, for homeless drug addicts can be problematic.
- The psychological impact of quarantine may have exacerbated a number of mental health problems.

6. *Fill in the gaps in the sentences with information from the text:*

- COVID-19 affects the respiratory tract and has a high _____ rate among people with comorbidities (mortality, mobility, minority).
- This situation may have pushed more people toward a deviant behavior linked to licit or illicit _____ use (treatment, substance, crime).
- Social distancing has substantially reduced drug _____ on the streets (treatment, trafficking, manufacturing).

7. *Express your opinion on the issues highlighted in the text.*

Text 17

DRUGS, CRIME, AND VIOLENCE: EXPLORING THE CONNECTIONS

No one is surprised by the complex interconnections among drugs, alcohol, violence, and criminal behavior. Statistics repeatedly bear out the strong association between substance abuse and crime, some of which is violent in nature. Of course, drug abuse and drinking can also lead to violent behavior that is not reported and never makes it into the criminal justice system.

Alcohol and drug abuse can both lead to criminal behavior and can be used as a coping mechanism by those who have a history of crime. In other words, they are interwoven, but that does not mean there are no solutions to drug-related crime and violence.

Alcohol abuse and crime

Since alcohol is legal and readily available, it has an especially strong connection with crime and violence. Forty percent of all crimes today are associated with alcohol use and approximately 37 percent of offenders serving in jail report drinking at the time they were arrested.

In fact, alcohol was found to be associated with violent crimes (murder, rape, assault, spousal abuse, and child abuse) more than any illegal drug. In about half of all homicides and assaults, the offender, the victim, or both parties were reported to have been drinking. Alcohol is also a major factor in violence between people who know each other. Around two-thirds of victims attacked by a current or former spouse or significant other reported the involvement of alcohol, compared to only 31 percent of stranger-related violence victims.

Drug abuse and crime

Sixty percent of people arrested test positive for illegal drugs upon arrest, and around one-third of state prisoners and one-fourth of federal prisoners admitted to committing crimes while under the influence of illegal substances. Exactly which types of illegal substances are involved varies, but there are clear trends.

In San Diego, for example, methamphetamine (meth) is the drug most commonly found in offenders, with 55 percent of men and 58 percent of women testing positive for meth. Among arrestees testing positive for multiple drugs, 91 percent tested positive for meth along with other substances.

In other parts of the US, however, opioid use is at crisis levels. Even though meth is more prevalent in San Diego, opioids are still a problem there, particularly among young offenders. Among arrestees testing positive for heroin, around one-third said they started out taking prescription drugs, and then switched to heroin because it was easier to obtain and cheaper.

The types of offenses resulting from alcohol and drug abuse

There are three main types of crime associated with alcohol and drug abuse: use-related crime, economic-related crime, and system-related crime. The first, use-related crime, occurs when criminal acts result from people ingesting drugs and then committing crimes under the influence of those drugs.

Economic-related crime is the type of crime that people commit in order to have money to continue their drug addiction. Theft and prostitution are the most common types of economic-related drug crimes.

System-related crimes are those that result from how drugs are sold and how the criminal justice system deals with drug dealers. These crimes include things like manufacturing drugs, transporting them, selling them, as well as violence that results from these activities (like turf wars where drug use is rampant).

Addiction treatment: the key to breaking the cycle

The one thing that all these types of crimes and substances have in common is that the key to interrupting the cycle of drug dependence and crime is effective addiction treatment. Yet even though a high percentage of jail and prison inmates qualify as having a substance abuse disorder, few are able to access any sort of addiction treatment while incarcerated. Drug offenders who complete their sentences and are released without having undergone addiction treatment are almost certain to resume alcohol or drug abuse and are highly likely to re-offend on another drug-related charge.

Addiction treatment is more complicated than incarceration, but it has been shown to produce a positive return on investment. Every dollar spent on addiction treatment saves nearly six dollars because of fewer arrests and incarcerations, as well as lower medical, child welfare, and public benefit costs.

Alcohol and drug use are closely intertwined with a crime. Incarceration may take someone out of the environment that allows him or her to use, but the real key to breaking the link between drugs and crime is professional addiction treatment. Fortunately, there are people and organizations ready to help [25].

How much crime is drug related?

When we think of the links between drugs and crime we usually think about dependent users of drugs like heroin and crack cocaine who commit crimes such as theft, burglary, fraud and shoplifting to get money to buy drugs. However, drugs and crime are also linked in a number of other ways including:

- People who use or supply illegal drugs getting caught. In 2019/20, there were around 175,000 drug offences recorded by the police in England and Wales. This is 13 % higher than 2018/19.
- People who commit violent offences while under the influence of drugs, particularly alcohol. Drunkenness is associated with a majority of murders, manslaughters and stabbings and half of domestic assaults.
- Alcohol and drug-related driving offences.
- Violence involving drug dealers who may clash with rival gangs or be violent towards drug users who owe them money.

Some research studies have found that a lot of acquisitive crime (stealing) is committed by dependent users of heroin and crack cocaine trying to pay for their drugs. Some show a high proportion of people arrested for a range of offences testing positive for drug use. It has been

suggested that one third to over a half of all acquisitive crime is related to illegal drug use.

Cost of drug-related crime

Examples of users needing £15,000 to £30,000 a year to fund drug habits have often been given. To make such amounts of money from stolen goods police often suggest multiplying by three — on the basis that stolen goods will fetch about one third of their normal value. There are estimates of around 306,000 heroin and/or crack users in England, with around 200,000 of them in treatment in any one year. That is a lot of theft, burglary, fraud or shoplifting if all are stealing to pay for things. This has led some people to suggest that up to half of all acquisitive crime is drug-related and that the market value of goods stolen involved could be between £2–2.5 billion each year.

This can all seem very frightening and has often been sensationalised in the media. The picture given may be exaggerated for a number of reasons:

- Many people who are dependent on drugs like heroin and crack cocaine were involved in criminal activity before becoming dependent on drugs, so the drug use may not be the cause of the crime.
- Poverty, unemployment and social exclusion are often underlying factors rather than the drug use itself.
- Many people commit crimes in order to feed, clothe and house themselves and their families.
- Some users have jobs, benefits or other forms of income that are used to purchase drugs.
- Many users do not use large amounts of street drugs all the time. Dosage and frequency of use may go up or down and they may also have access to other substitute drugs, such as heroin users being prescribed methadone.
- Most people who use illegal drugs (the majority are non-problematic users) do not commit crimes to get money to pay for the drugs.

The fact that acquisitive crime is focused on poorer, inner city areas makes for a lot of stress and difficulty for people who live there. However, understanding the relationship between drugs and crime is about keeping matters in perspective rather than falling for media scare stories [26].

Types of crime committed by drug users

A number of studies have shown that the type of crime which stems from the need for money created by dependence on certain drugs is generally acquisitive and non-violent. Although addicts who need money

may at times engage in violent crime, the research tends to show that this type of crime is quite rare and that when it does occur, it very often springs from the context in which the crime is committed.

While some of these acts may be intrinsically violent, e.g. muggings or armed robbery, the violence may often result as the by-product of other factors in the social context in which the crime is perpetrated, e.g. when a victim returns home or wakes up during a break and enter, the resistance of the intended victim, the intercession of bystanders; such unanticipated occurrences may lead to an escalation in what could have been completed as a non-violent crime.

The crimes most often committed by individuals who have developed an intense dependency on a drug and who do not have the financial and social means to obtain it are drug trafficking, prostitution, theft of property, break and enter, and fraud. In general, the crimes favoured by users are those not requiring any particular expertise and for which there is a minor risk of prosecution. It should therefore not be surprising that the crimes they most often commit are theft within the family or in the workplace, shoplifting, and the theft of small items (e.g., bicycles and contents of automobiles). Nor will it be surprising that most major drug users get involved in reselling illegal drugs in exchange for either money or drugs. Women tend to engage in prostitution to a greater degree than do men. The difference may be attributable in particular to “the fact that it is difficult for women to gain access to other types of crime (e.g., trafficking) and the fact that they are economically dependent” as well as by the “traditional role of women as perceived by men”.

That being said, beyond these figures and the impressions conveyed by the police and others, there is no existing empirical data that researchers can use to determine the percentage of crimes committed out of a need for money caused by drug dependence. Furthermore, the economic-compulsive model largely disregards some research findings, including the fact that: a number of drug users, even those who are dependent users, do not commit crimes other than those directly related to their drug use; and many drug users got involved in crime before they used drugs.

Violence is an integral part of the illegal drug distribution market. It exists mainly because the drug market affords no legal way of obtaining justice when rules are violated. According to this explanatory model of the relationship between drugs and crime, the profit opportunities perceived by the various players in the market and the fierce competition in this illegal

environment encourage involvement in crime, such as: disputes between dealers, problems involved in recovering debts, protection rackets, etc.

While legally regulated markets, such as those in alcohol or pharmaceuticals, have recourse to legitimate authority to resolve disputes and set standards for fair competition, those involved in an illegal, high profit market resort mainly to force.

Crime in the drug world is often caused by rivalries among individuals attempting to corner the market. This violence may involve various players — including traffickers, importers, merchants or dealers — and may be intended to control various territories, such as a neighborhood, street or school. Violence is then used as an organizational management strategy. Its use is easily understood when one thinks of the high economic stakes involved in the illegal drug market.

A Canadian study of drug dealers on probation provided an updated view of the frequent use of violence in the context of the drug trade. According to the study's findings, slightly more than half of the drug dealers interviewed (56 %) admitted they had used violence in their activities. These figures are not surprising in view of the context in which the dealings take place because: buying and selling drugs requires a face-to-face interaction in which the dealer is trying to sell the lowest quality at the highest price, while presenting the drug as the highest quality at the lowest price [27].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Which of these statements are true?*

- Alcohol and drug abuse do not lead to criminal behavior.
- Theft and prostitution are the most common types of economic-related drug crimes.
- Many people commit crimes in order to feed, clothe and house themselves and their families.
- Violence is an integral part of the illegal drug distribution market.

4. *Fill in the gaps in the sentences with information from the text:*

- Since alcohol is _____ and readily available, it has an especially strong connection with crime and violence (illegal, legal, dangerous).
- In fact, alcohol was found to be associated with _____ crimes (murder, rape, assault, spousal abuse, and child abuse) more than any illegal drug (economic, violent, white-collar).

- Economic-related crime is the type of crime that people commit in order to have money to continue their drug _____ (addiction, treatment, prevention).

5. *Determine if the following facts are mentioned in the text:*

- Every dollar spent on addiction treatment saves nearly six dollars.
- The real key to breaking the link between drugs and crime is professional addiction treatment.
- Alcohol is also a major factor in violence between people who know each other.

6. *Answer the questions to the text:*

- What are the types of offenses resulting from alcohol and drug abuse?
- Why is violence an integral part of the illegal drug distribution market?
- Why do women tend to engage in prostitution to a greater degree than men?

7. *Express your opinion on the issues highlighted in the text.*

Text 18

UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

UNODC's mission is to contribute to global peace and security, human rights and development by making the world safer from drugs, crime, corruption and terrorism. This Strategy for the next five years will equip UNODC to deliver effectively, efficiently and with accountability, elevating our support to Member States to build just, inclusive and resilient societies that leave no one behind.

The COVID-19 pandemic has changed the world. The resulting health, humanitarian and economic crises are seriously putting at risk the lives and livelihoods of people everywhere. It has exacerbated problems of fragility, crime and terrorism and exposed inequalities.

This also jeopardizes the multilateral consensus reflected in the vision of wellbeing for all that is contained in the 2030 Agenda for Sustainable Development.

The pandemic clearly demonstrates that the challenges we face are global, and that the solutions are also global. We will help to forge these common solutions by bringing together countries to share knowledge, skills, and to combat the challenges of drugs, crime, corruption and terrorism.

Cohesive, safe, and resilient societies are critical if this mission is to be realised. UNODC works with and for Member States, Civil Society, Academia and other partners to promote justice and the rule of law at all levels.

The knowledge that we have gained in implementing projects, and by analysing data and trends can help rapidly identify new trends and threats and design policy and programmatic responses to address them.

Our interventions will pay special attention to human rights, protection of children, gender equality, empowerment of women and youth.

In order to serve the people better, the UN is engaged in a series of measures to improve the services we provide, to ascertain how they are provided, and to determine if they are reaching those most in need [28].

Preventing and countering organized crime

We will continue to support countries to build a solid legal framework against transnational organized crime and train law enforcement and justice officials to better investigate and prosecute such crimes and to cooperate across borders including to recover the illicit proceeds thereof. At the United Nations system level, the near-universal ratification of the relevant conventions has led to an international focus on cooperation and sharing common approaches. Resulting intergovernmental body resolutions have facilitated this, including in existing and emerging crime types employed by organized criminal groups such as cybercrime and illegal mining.

UNODC will provide support to United Nations system processes related to countering and preventing cybercrime and play a key role in facilitating cooperation among countries including through other international for addressing organized crime. Organized crime, drug trafficking, the smuggling of migrants and firearms as well as trafficking in persons, money-laundering, crimes that affect the environment and cybercrime impact all regions of the world. UNODC experts at headquarters and in the field will support Member States by building their capacities to address these crimes. We will also assist in mitigating underlying factors such as corruption, links between organized crime and terrorism and the abuse of modern communication technologies for criminal purposes. The protection of the rights of victims and the setting-up of assistance and protection programmes for victims and witnesses will be central to our efforts. Additionally, we will work with new partners, including civil society organizations and the private sector. Also, we will

foster the use of innovative and human rights-compliant investigative techniques to increase intelligence-led operations [29].

UNODC World Drug Report 2021

VIENNA, 24 June 2021 — Around 275 million people used drugs worldwide in the last year, while over 36 million people suffered from drug use disorders, according to the 2021 World Drug Report, released today by the United Nations Office on Drugs and Crime (UNODC).

The Report further noted that in the last 24 years cannabis potency had increased by as much as four times in parts of the world, even as the percentage of adolescents who perceived the drug as harmful fell by as much as 40 per cent, despite evidence that cannabis use is associated with a variety of health and other harms, especially among regular long-term users.

“Lower perception of drug use risks has been linked to higher rates of drug use, and the findings of UNODC’s 2021 World Drug Report highlight the need to close the gap between perception and reality to educate young people and safeguard public health,” said UNODC Executive Director Ghada Waly.

“The theme of this year’s International Day against Drug Abuse and Illicit Trafficking is “Share facts on drugs. Save lives”, emphasizing the importance of strengthening the evidence base and raising public awareness, so that the international community, governments, civil society, families and youth can make informed decisions, better target efforts to prevent and treat drug use, and tackle world drug challenges”.

According to the Report, the percentage of Δ 9-THC — the main psychoactive component in cannabis — has risen from around six per cent to more than 11 per cent in Europe between 2002-2019, and around four per cent to 16 per cent in the United States between 1995-2019, while the percentage of adolescents that perceived cannabis as harmful declined by 40 per cent in the United States and by 25 per cent in Europe.

Moreover, most countries have reported a rise in the use of cannabis during the pandemic. In surveys of health professionals across 77 countries, 42 per cent asserted that cannabis use had increased. A rise in the non-medical use of pharmaceutical drugs has also been observed in the same period.

Drug use rising, but science-based treatment more available

In 2010–2019 the number of people using drugs increased by 22 per cent, owing in part to global population growth. Based on demographic changes alone, current projections suggest an 11 per cent rise in the

number of people who use drugs globally by 2030 — and a marked increase of 40 per cent in Africa, due to its rapidly growing and young population.

According to the latest global estimates, about 5.5 per cent of the population aged between 15 and 64 years have used drugs at least once in the past year, while 36.3 million people, or 13 per cent of the total number of persons who use drugs, suffer from drug use disorders.

Globally, over 11 million people are estimated to inject drugs, half of whom are living with Hepatitis C. Opioids continue to account for the largest burden of disease attributed to drug use.

The two pharmaceutical opioids most commonly used to treat people with opioid use disorders, methadone and buprenorphine, have become increasingly accessible over the past two decades. The amount available for medical use has increased six-fold since 1999, from 557 million daily doses to 3,317 million by 2019, indicating that science-based pharmacological treatment is more available now than in the past.

The dark web

Drug markets on the dark web only emerged a decade ago but major ones are now worth at least US\$ 315 million in annual sales. Although this is just a fraction of overall drug sales, the trend is upwards with a fourfold increase between 2011 to mid-2017 and mid-2017 to 2020.

Rapid technological innovation, combined with the agility and adaptability of those using new platforms to sell drugs and other substances, is likely to usher in a globalized market where all drugs are more available and accessible everywhere. This, in turn, could trigger accelerated changes in patterns of drug use and entail public health implications, according to the Report.

The drug market rebounds and shifts

The new report shows that drug markets have swiftly resumed operations after the initial disruption at the onset of the pandemic; a burst that has triggered or accelerated certain pre-existing trafficking dynamics across the global drug market. Among these are: increasingly larger shipments of illicit drugs, a rise in the frequency of overland and waterway routes used for trafficking, greater use of private planes for the purpose of drug trafficking, and an upsurge in the use of contactless methods to deliver drugs to end-consumers.

The resilience of drug markets during the pandemic has demonstrated once again traffickers' ability to adapt quickly to changed environments and circumstances.

The Report also noted that cocaine supply chains to Europe are diversifying, pushing prices down and quality up and thereby threatening Europe with a further expansion of the cocaine market. This is likely to widen the potential harm caused by the drug in the region.

The number of new psychoactive substances (NPS) emerging on the global market fell from 163 in 2013 to 71 in 2019. This reflects trends in North America, Europe and Asia. The findings suggest national and international control systems have succeeded in limiting the spread of NPS in high income countries, where NPS first emerged a decade ago.

Drug risks, new developments spurred by pandemic

COVID-19 has triggered innovation and adaptation in drug prevention and treatment services through more flexible models of service delivery. Many countries have introduced or expanded telemedicine services due to the pandemic, which for drug users means that healthcare workers can now offer counseling or initial assessments over the telephone and use electronic systems to prescribe controlled substances.

While the impact of COVID-19 on drug challenges is not yet fully known, the analysis suggests that the pandemic has brought increasing economic hardship that is likely to make illicit drug cultivation more appealing to fragile rural communities. The social impact of the pandemic — driving a rise in inequality, poverty, and mental health conditions particularly among already vulnerable populations — represent factors that could push more people into drug use [30].

26 June 2021 — International Day Against Drug Abuse and Illicit Trafficking.

Knowing the facts about drugs can save lives.

In 2020, an estimated 275 million people used drugs and over 36 million suffered from drug use disorders, according to the UNODC World Drug Report. Drugs are destroying health and stealing futures, with drug use alone killing almost half a million people in 2019. Awareness of the risks and access to evidence-based treatment and care can help prevent such tragedies.

The COVID pandemic has shown us the vital role of trustworthy, scientific information and the power of community in influencing health

choices. We must urgently leverage this potential to address the world drug problem.

The theme of this year's International Day against Drug Abuse and Illicit Trafficking is "Share facts on drugs. Save lives." It highlights the need for evidence-based approaches to equip the public, as well as health and service providers, and decision makers with the tools to inform choices and effective services.

Health and safety depend on reliable information. Over the last two decades, cannabis potency has almost quadrupled in the United States, while doubling in Europe. But the percentage of adolescents who perceive regular cannabis use as harmful has decreased by as much as 40 per cent.

We need to fill gaps in trusted public information with greater investments in health, science, and data. Worldwide, only one out of 8 people in need of drug-related treatment receives it, and new HIV infections among people who inject drugs are not declining.

Governments need to expand evidence-based prevention and treatment programmes, as well as monitoring and early warning mechanisms to help lower-income countries detect and counter new substances and use trends [31].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Which of these statements are true?*

- Organized crime, drug trafficking, the smuggling of migrants and firearms impact all regions of the world.
- Most countries have reported a rise in the use of cannabis during the pandemic.
- Drug markets on the dark web emerged five decades ago.

4. *Answer the questions to the text:*

- What is the mission of United Nations Office on Drugs and Crime?
- What innovations in drug prevention and treatment services have appeared due to COVID-19 pandemic?
- What could the social impact of the pandemic — driving a rise in inequality, poverty, and mental health conditions particularly among already vulnerable populations — lead to?

5. *Determine if the following facts are mentioned in the text:*

- The theme of the International Day against Drug Abuse and Illicit Trafficking in 2021 was “Share facts on drugs. Save lives”.

- In 2010–2019 the number of people using drugs increased by 22 per cent, owing in part to global population growth.

- Possession with intent to distribute drugs involves circumstantial evidence, such as the presence of large quantities of cash or scales.

- UNODC will provide support to United Nations system processes related to countering and preventing cybercrime.

6. *Is it possible to draw the following conclusions after reading the text:*

- The COVID-19 pandemic has resulted in health, humanitarian and economic crises.

- It is necessary to share knowledge, skills, and to combat the challenges of drugs, crime, corruption and terrorism.

- There are no links between organized crime and terrorism and the abuse of modern communication technologies for criminal purposes.

7. *Express your opinion on the issues highlighted in the text.*

Text 19

ADDRESSING ILLICIT DRUG CHALLENGES

Almost all of the illicit drugs causing the unprecedented rise in American deaths from drug overdoses are produced outside the United States. In order to achieve sustainable long-term solutions to the security challenges present by the illicit drug trade, INL¹¹ programs build partner capacity to identify and exploit vulnerabilities at each level of the international supply chain. INL prioritizes efforts to reduce the supply of illicit drugs that are responsible for the greatest number of American overdose deaths, such as opioids (including synthetic opioids) and cocaine. Reducing illicit drug supply is an important component of a multifaceted interagency effort to save American lives.

The harms from drug abuse, drug trafficking and related violence do not stop at national borders. In the United States, the most recent White House National Drug Control Strategy represents a balanced, evidence-based plan for reducing drug use and its consequences. The balanced approach focuses on public health, particularly the need to utilize advances in the prevention and treatment of drug abuse, as well as on reforming criminal justice policies to reflect today’s challenges.

¹¹ Bureau of International Narcotics and Law Enforcement Affairs.

Because drug-related issues require shared global solutions, the U.S. Department of State plays a key role in implementing the Strategy. Previous distinctions between “producer” and “consumer” countries are falling away. Today, all countries must view drug policy from the perspectives of both public health and public safety. This requires a modern, evidence-based response. The White House Drug Control Strategy, released in 2015, aims to utilize such a response to confront prescription drug misuse and heroin epidemic.

Mirroring the Strategy, INL programs reflect both the public health and law enforcement approach. Beyond programs, INL helped rally high-level international support behind such a pragmatic, balanced approach to drugs at the April 2016 United Nations General Assembly Special Session on the World Drug Problem, the first such global gathering to discuss drugs in a generation.

On the overseas drug demand reduction side, INL efforts draw on the latest advances in neuroscience to help partner governments and government-supported NGOs¹² implement drug abuse prevention, treatment, rehabilitation, and other social-service programs. For example, through the Child Drug Addiction Initiative, INL supports the development of the world’s first drug treatment protocols and related curricula for drug-addicted children in Latin America, Southwest Asia, and Afghanistan.

On the law enforcement side, INL provides full-spectrum support to foreign law enforcement partners confronting dangerous and well-organized drug trafficking organizations. INL’s Aviation programs help counternarcotics police reach remote areas where drugs are grown and processed as well as improve their ability to interdict illicit shipments and eradicate illicit crops used to make drugs. INL also works with partner governments to develop effective tools to prosecute drug traffickers, seize their assets, and limit their ability to influence state institutions.

Opioid flows to the US

In addition, INL is spearheading international efforts to limit the spread of synthetic, “designer” drugs, also known as new psychoactive substances. These substances, often marketed as “legal highs”, have caused serious health issues and fatalities among users. The manufacturers of these substances have shown an ability to alter their chemical composition to skirt existing drug laws, and putting them on the market faster than domestic

¹² Non-governmental organization.

legislation or international control measures can impose restrictions on them. To counter this, the United States and partners worldwide are strengthening international institutions that track the trade of these drugs and provide warnings so countries can mobilize their public health and law enforcement agencies to counter the problem.

Meeting the challenges posed by illegal drugs requires partnerships by a range of actors: NGOs, the education sector, public health institutions, law enforcement agencies, and local communities. These partnerships are as important among nations as within them and INL is dedicated to advancing this cooperation to limit the harmful consequences of international narcotics trafficking [32].

Drug prevention and treatment

The devastating consequences of drug use know no geographic, economic, social, or ethnic boundaries. Each year hundreds of thousands of people around the globe — rich, poor, educated, illiterate, male, female, and even young children — die from substance use disorders, and many are victims of drug-fueled violence. Beyond the toll drugs take on health and welfare, substance use disorders undermine economic development, diminish social and political stability, and reduce security in countries and regions around the world.

For over four decades INL has responded boldly to this global challenge with innovative, evidence-based drug demand reduction programs which have set the standard in many countries worldwide. Efforts include drug prevention and drug treatment services that have had a tremendous impact and have saved countless lives.

INL, through cross-border dialogues and joint projects with foreign partners, shares programming ideas and proven approaches that treat and prevent drug use. We conduct training that strengthens clinical skills; raise standards of treatment and care; and support long-term recovery. Equally important, INL also conducts long-term evaluations of programs as part of a process of continuous improvement and refinement. As a result, INL-sponsored programs have demonstrated increasingly effective reductions in use and drug related crime.

The specific goals of INL's International Demand Reduction Program are to:

- decrease drug use
- delay the onset of drug use
- reduce the number of morbidity deaths caused by drug use

- reduce drug related violence and criminal behavior
- diminish the presence of drug-fueled gangs and gang membership
- establish self-sustained drug prevention, education, treatment, rehabilitation, and aftercare programs in partner countries.

INL works with government and partner government-supported NGOs to implement drug prevention and treatment programs. To-date INL has partnered with over 85 countries to share drug prevention and drug treatment best practices.

In addition, INL collaborates with international organizations, such as the United Nations Office on Drugs and Crime (UNODC), the Colombo Plan¹³, Organization of American States Inter-American Drug Abuse Control Commission (CICAD), and the African Union, to advance regional cooperation and exchange best practices [33].

United Nations Office on Drugs and Crime (UNODC)

Drug production & trafficking

UNODC collects analyzes and reports data on drug trafficking trends including — arrest, seizures, price and purity of illicit drugs submitted by the Member States through the Annual Reports Questionnaires (ARQ).

By the same mechanism it also collects and reports data on illicit manufacture of controlled substances including data on clandestine laboratories. In addition, UNODC collects and reports data on significant individual drug seizures as reported by Member States. UNODC also supports Member States in developing capacity to collect internationally comparable data on drug trafficking [34].

Afghanistan continues to dominate the worldwide opium market. In 2015, the country still accounted for almost two thirds of the global area under illicit opium poppy cultivation. Most of Europe is supplied with Afghan opiates through the “Balkan route”, via the Islamic Republic of Iran, Turkey and South-Eastern Europe, which continues to be the most important conduit for heroin trafficking. The total value of illicit opiates trafficked on the Balkan route is estimated to amount to an average of USD 28 billion per annum, which is roughly a third bigger than the entire GDP¹⁴ of Afghanistan, while only a fraction of these profits remain in the source country.

¹³ A regional organisation of 27 countries designed to strengthen economic and social development of member countries in the Asia-Pacific region.

¹⁴ Gross domestic product.

The “southern route”, through Pakistan or the Islamic Republic of Iran by sea to the Gulf region and Africa (particularly East Africa), has grown in importance. The “northern route”, from Afghanistan to neighboring States in Central Asia, the Russian Federation and other countries of the Commonwealth of Independent States, has started to undergo a resurgence after a decline in the period 2008–2012. However, Afghanistan and its neighbors are not only affected by trafficking as the drugs are moved to their key destination markets. Of the globally about 17.4 million past-year users of opiates, particularly South-West Asia is marked by high levels of opiate use and the highest prevalence of HIV among people who inject drugs. In Afghanistan alone, 2–2.5 million people are estimated to use drugs. Additionally, an emerging trend in Afghanistan, and similarly in Pakistan and the Islamic Republic of Iran, is the use of amphetamines [35].

The Afghan Opiate Trade Project (AOTP)

The global trade in illicit Afghan opiates has become one of the world’s greatest transnational drug and crime threats, with severe consequences for health, governance and security at national, regional and international levels. Illicit Afghan opiates are trafficked to almost every continent in the world, with the exception of South America, and are trafficked along three broad routes: the Balkan route, the northern route and the southern route. Given the severity of the problem, UNODC and the international community have identified the analysis and monitoring of Afghan opiates as a priority. A dedicated project was established in 2008 to help monitor and achieve a better understanding of the global impact of Afghan opiates.

The Afghan Opiate Trade Project aims to address the need for systematic, comprehensive and consolidated analytical information about trends in the global illicit Afghan opiate trade in order to support the international response to that issue. In addition to this, the project also aims to enhance the drug research capacity of those countries most affected by Afghan opiates, and increase the awareness of the data and information needs to support research on the opiate trade. The AOTP has produced a number of research reports relating to aspects of the illicit trade in Afghan opiates, and has also supported a number of countries in producing their own reports

UNODC and illicit crop monitoring

UNODC Global Illicit Crop Monitoring Programme (ICMP) was established following the 1998 Special Session of the UN General

Assembly on Drugs, when Member States agreed to eliminate or significantly reduce the supply of illicit narcotic crops by the year 2008. Subsequently, the Commission on Narcotic Drugs requested UNODC in its resolution 42/3, Monitoring and verification of illicit cultivation, to provide Member States with the necessary assistance to compile reliable and internationally comparable data.

Currently the ICMP supports coca surveys in Bolivia, Colombia and Peru; opium poppy surveys in Afghanistan, Mexico and Myanmar; and a cannabis survey in Nigeria. These surveys are implemented jointly with the concerned Governments and collect information on the area under illicit crop cultivation, cocaine and heroin production, prices, and estimates of the value of the illicit drug market.

The surveys are implemented by the ICMP project teams on the ground in close collaboration with the ICMP team at UNODC HQ¹⁵, which supports methodology development, provides quality assurance and validates the final estimates [36].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Which of these statements are true?*

- The harms from drug abuse, drug trafficking and related violence stop at national borders.
- “Designer” drugs are synthetic drugs, also known as new psychoactive substances.
- Each year hundreds of thousands of people around the globe die from substance use disorders.
- Afghan opiates are trafficked to almost every continent in the world, with the exception of South America.

4. *Fill in the gaps in the sentences with information from the text:*

- The global trade in illicit Afghan _____ has become one of the world’s greatest transnational drug and crime threats (alcohol, opiates, cocaine).
- One of the specific goals of INL’s International Demand Reduction Program is to reduce drug related _____ and criminal behavior (behavior, violence, theft).

¹⁵ Headquarters.

- Today, all countries must view drug policy from the perspectives of both public health and public _____ (safety, interests, order).

5. *Select from the proposed list the facts that were not mentioned in the text:*

- Almost all of the illicit drugs causing the unprecedented rise in American deaths from drug overdoses are produced outside the United States.

- Reducing illicit drug supply is an important component of a multifaceted interagency effort to save American lives.

- A controlled substance is any drug or chemical whose manufacture, possession, or use is regulated by the government.

- Some of the most common and serious criminal offenses in Massachusetts involved the use, possession, and distribution of drugs.

6. *Express your opinion on the issues highlighted in the text.*

Text 20

INTERPOL'S ROLE IN FIGHTING DRUG TRAFFICKING

Drug trafficking affects all parts of the world as source, transit or destination regions. Criminal networks traffic a range of drugs including cannabis, cocaine, heroin and methamphetamine. As international borders become increasingly porous, global abuse and accessibility to drugs have become increasingly widespread.

This international trade involves growers, producers, couriers, suppliers and dealers. It affects almost all of our member countries, undermining political and economic stability, ruining the lives of individuals and damaging communities. The end-users and addicts are often the victims of a powerful and manipulative business.

Drug trafficking is often associated with other forms of crime, such as money laundering or corruption. Trafficking routes can also be used by criminal networks to transport other illicit products.

As criminals devise ever-more creative ways of disguising illegal drugs for transport, law enforcement faces challenges in detecting such concealed substances. In addition, new synthetic drugs are produced with regularity, so police need to always be aware of new trends and products on the illicit market. "The supply of illicit drugs everywhere around the globe is more abundant, more sophisticated and more diverse than it has ever been before" (Tim Morris, Executive Director for Police Services).

Interpol provides operational support, analysis and training to help national police to tackle widescale drug trafficking. Since the types of

drugs trafficked and the routes used are constantly evolving, it is essential that countries work together in a united and coordinated way.

We assist national, regional and international law enforcement bodies to counter the illicit production, trafficking and abuse of drugs in the following ways:

- Global operations against drug trafficking and assistance to ongoing investigations.
- Criminal analysis of intelligence on drug trafficking routes, modus operandi and the criminal networks involved.
- Comprehensive training for police worldwide to better tackle drug trafficking.

We coordinate drug trafficking operations spanning different regions of the world, and support drug operations and investigations led by national or international agencies. They aim to disrupt the movement of specific products along routes affecting target regions or international illicit drug flows. Our operational working meetings serve as a platform for officers worldwide to exchange information on cases where we have identified common links [37].

Drugs analysis and intelligence

We share intelligence and provide insight into drug trends.

Intelligence analysis

Police need timely, accurate criminal intelligence in order to understand crime trends so they can adapt their activities and policies accordingly. We support our member countries with intelligence through dedicated analysis on drug trafficking. We generate analytical reports by combining national police information with data from other sources — such as international organizations, civil society and open sources. These help our member countries to expand their knowledge on crimes, highlight subjects of potential interest, and foster cross-border coordination.

Sharing intelligence data

We manage what we call a Drugs Analysis File, which is a repository of intelligence shared by 114 countries on illicit regional and international drug trafficking, including:

- transnational criminal networks, their members and associates
- telephone numbers, website addresses and other media linked to drug trafficking

- modus operandi
- financial information used to conceal or launder assets
- locations associated with criminal activities.

Unlike our criminal databases, the analysis file includes not only police data but also a wider range of information from international organizations, civil society and open sources to further identify potential links. This information helps law enforcement and government officials to make more informed decisions [38].

Operation Lionfish

The Lionfish model of operations targets drug trafficking along air, land and maritime routes, resulting in major seizures and fresh intelligence. First held in Latin America in 2013, it has proven highly successful and has since expanded to other regions of the world.

“Operation Lionfish underlines the scale of the challenge faced by police worldwide and the need for a coordinated approach to tackle the drug trade and its associated crimes” (Jürgen Stock, Secretary General).

Operation Lionfish is supported by external funding. It is a fundamental part of our Project AMEAP (Africa-Middle East-Asia Pacific), which coordinates initiatives against drug trafficking with funding by the INTERPOL Foundation for a Safer World and the United Arab Emirates. Support from the Cocaine Route Programme of the European Union helps cover other regions.

Recent Lionfish highlights include:

Lionfish Global — Sept-Oct 2018

This was our first operation against illicit drugs and substances to take place on a global scale. Simultaneously, 93 countries combined forces and resources to enhance and intensify the exchange of information on illicit drugs.

- Seizures: 55 tonnes of illicit substances and drugs including more than 35 tonnes of cocaine, five tonnes of heroin, 15 tonnes of cannabis, 18 million Yaba tablets and 430,000 Captagon tablets
- Arrests: 1,300
- Countries: 93

Lionfish Sandcat (Middle East) — April 2018

This was our first operation against illegal drugs to take place in the Middle East. Police have made record seizures of Captagon in recent

years, an amphetamine-based substance produced in the region, indicating a strong growth in demand. At the same time, an increasing amount of crystal methamphetamine is being trafficked into the region, pointing to the emergence of new trafficking routes.

- Seizures: 29 kg of heroin, 10,000 Captagon tablets, 31,860 Tramadol tablets and 7 million Benzhexol tablets

- Arrests: 25
- Countries: 14

Lionfish Mihadarati (Africa) — November 2017

Precursor chemicals are used in the illegal manufacture of narcotic drugs and psychoactive substances. Although they are not typically produced in Africa, authorities in Nigeria and Zambia made three separate seizures of ephedrine, totaling 39 kg. Similarly, South African authorities seized approximately 25 kg of acetic anhydride.

- Seizures: 3.6 tonnes of drugs and precursors
- Arrests: 130
- Countries: 21

Lionfish Asia-Pacific — September 2017

More than 5,000 police and customs officials conducted checks at land, air and seaports across 23 countries and seized illicit drugs including cocaine, cannabis, heroin, opium and amphetamine-type stimulants. Participating countries monitored cocaine trafficking routes from South America to the Asia-Pacific region via Africa, the Middle East and Southeast Asia and also identified new methamphetamine trafficking routes.

- Seizures: 10 tonnes, 24 litres and 29,000 tablets
- Estimated value: USD 360 million
- Arrests: 300
- Countries: 23
- Participants: 5,000 police and customs officials

Lionfish ASEAN¹⁶ — May 2017

Intelligence sharing under Lionfish-ASEAN revealed a network of West African and Asian organized crime groups behind trafficking in methamphetamine — one of the most smuggled drugs in the region – and helped identify a cocaine trafficking route via Ethiopia to destinations in the Middle East, Asia and Pacific.

¹⁶ Association of South East Asian Nations.

Authorities in the United Arab Emirates identified an increasing trend of liquid cocaine being trafficked by smugglers who would swallow condoms packed with the substance. At their request, we issued a Purple Notice to all our member countries outlining this modus operandi and methods for detection.

- Seizures: 350 kg, 50 litres and 2,175 tablets
- Estimated value: USD 18 million
- Countries: 16
- Participants: 2,000 police and customs officials

Lionfish III (Americas) — March 2017

Lionfish III — Disrupting transnational drug network

Operation Lionfish III involved 13 countries across Latin America and West Africa, and the seizure of drugs including cocaine, cannabis and heroin. The operation also highlighted how precursor chemicals are being diverted from legitimate to illicit purposes, with 20 clandestine laboratories dismantled and three tonnes of precursor chemicals seized.

- Seizures: 55 tonnes
- Estimated value: more than USD 950 million
- Arrests: 357
- Countries: 13
- Participants: 5,000 police and customs officials

Cocaine trafficking was a key focus of Operation Lionfish — Asia-Pacific. In Southeast Asia, a trafficker who had swallowed dozens of capsules of cocaine was apprehended [39].

Project CRIMJUST

With a focus on justice, we support countries to counter crimes on cocaine trafficking routes. Project CRIMJUST supports 12 countries in Latin America, the Caribbean and West Africa to counter organized crime along cocaine trafficking routes. It has a strong focus on criminal investigations and criminal justice cooperation and focuses on:

- capacity building
- inter-regional cooperation
- institutional integrity.

This project is funded by the European Union's Cocaine Routes Programme. It is implemented by INTERPOL in partnership with the United Nations Office on Drugs and Crime (UNODC) and Transparency International. Our role is to support law enforcement officers handling

organized crime and drug trafficking cases in the participating countries. This is achieved by:

1. Investigative support — facilitating cross-border investigations, providing access to our secure communications channels for exchanging information; providing analytical support; organizing international meetings to examine case studies and sharing investigation-related information.

2. Operational activities — organizing targeted operations and addressing the operational challenges faced by law enforcement.

3. Training — conducting training courses including:

- How to use our policing tools and expertise
- Practical hands-on table-top exercises
- A ‘train-the-trainer’ approach to ensure skills are brought back to the participating countries.

The following countries are involved in Project CRIMJUST:

- Latin America and the Caribbean: Argentina, Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, Panama and Peru
- West Africa: Cape Verde, Ghana, Guinea Bissau and Nigeria [40].

Project AMEAP

AMEAP combines operational and investigative support for countries to fight cross-border drug trafficking. It assists national authorities to identify security threats and tackle organized crime groups engaged in illicit drug trafficking in Africa, the Middle East, and Asia and the Pacific. It seeks to promote and strengthen the cooperation and the exchange of drug related intelligence between agencies, enabling countries to benefit from our global police databases. By increasing access to the flow of information generated by member countries in different regions, the likelihood of a successful investigation and prosecution is greatly improved.

The project, which is supported by the United Arab Emirates and the INTERPOL Foundation for a Safer World, comprises three major regional initiatives:

- Africa

The project aims to address the trafficking of cocaine, heroin and synthetic drugs especially methamphetamine to and from Africa, and the illegal diversion of precursor chemicals for none licit usage.

- Middle East and Gulf

We have created an operational platform to address the increased production and distribution of illicit drugs, in particular Captagon. This platform serves as an information and intelligence sharing mechanism for

drug investigators in the region and focuses on identifying and targeting the criminal elements behind this illicit trade, about which very little is currently documented.

- Asia and the Pacific

Criminals take advantage of technology such as the Internet/Darknet to maximize their profits in the production and distribution of synthetic drugs, such as ATS (amphetamine type stimulants) and NPS (New Psychoactive Substances), as well as to divert the precursor chemicals for the production of illicit drugs. The project seeks to support the Asia Pacific countries in combatting drug trafficking by enhancing their operational and intelligence sharing capabilities. It specifically targets the production and trafficking of synthetic drugs and the diversion of precursor chemicals [41].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Which of these statements are true?*

- As international borders become increasingly porous, global abuse and accessibility to drugs have become increasingly widespread.
- New synthetic drugs are produced with regularity, so police need to always be aware of new trends and products on the illicit market.
- Precursor chemicals are not used in the illegal manufacture of narcotic drugs and psychoactive substances.
- By increasing access to the flow of information generated by member countries in different regions, the likelihood of a successful investigation and prosecution is greatly improved.

4. *Answer the questions to the text:*

- What is drug trafficking?
- What is Interpol's role in fighting drug trafficking?
- What was Interpol's first operation against illicit drugs and substances to take place on a global scale?
- Why is it essential that countries work together in a united and coordinated way fighting drug trafficking?
- What does the Lionfish model of operations target?

5. *Fill in the gaps in the sentences with information from the text:*

- International drug trade involves growers, producers, couriers, suppliers and _____ (addicts, dealers, users).

- Drug trafficking is undermining political and economic _____ of any country (system, stability, identity).
- Drug trafficking is often associated with other forms of crime, such as money _____ or corruption (making, laundering, licensing).
- Interpol provides _____ support, analysis and training to help national police to tackle widescale drug trafficking (investigational, operational, practical).

6. Express your opinion on the issues highlighted in the text.

Text 21

POLICE DRUG UNITS ACTIVITIES

Ottawa Police Service Drug Unit (Canada)

Illegal drugs and their trade take a heavy toll on our communities whether through associated crime, drug dependency or violence. The Ottawa Police Drug Unit enforces the provisions of the Controlled Drugs and Substances Act and other federal statutes. The Unit's mandate is to investigate drug offences that can range from street level drug trafficking to large scale investigations targeting Organized Crime groups responsible for the production/manufacturing, importation and distribution of large quantities of drugs in the City of Ottawa. The Drug Unit objectives are designed to educate and promote public awareness of the safety and health concerns that arise from the drug trade.

Responsibilities:

- Investigation and laying of charges for trafficking, possession for the purpose of trafficking, production of controlled substances and proceeds of crime offences.
- The preparation and execution of search warrants.
- Undercover operations.
- Investigate clandestine indoor and outdoor marihuana grow operations.
- Joint multi-jurisdictional Organized Crime investigations.

The Ottawa Police Drug Unit strives to establish and maintain productive relationships with other Law Enforcement agencies including other Municipal Services, OPP¹⁷, RCMP¹⁸ and Canada Border Services Agency. The Ottawa Police Service Drug Unit also works very closely

¹⁷ Ontario Provincial Police.

¹⁸ The Royal Canadian Mounted Police.

with numerous community stakeholders to identify drug trends and networks to effectively combat the illicit sale and diversion of prescription medication and precursors used in the production of synthetic drugs [42].

The sale and trafficking of illegal drugs can quickly ruin a neighborhood. It typically results in:

- lowered property values
- more criminal activity, such as break-and-enters and theft from vehicles
- associated problems such as street-level sex trade.

The Ottawa Police Service Drug and Street Crime Unit are very active in investigating and prosecuting drug traffickers in the City of Ottawa. You can help them in their efforts by being vigilant in your neighborhood. Signs that drugs are being sold in a public place, like a street corner or park, include:

- Cars driving slowly and repeatedly in an area.
- Money or small packages being exchanged.
- Drug paraphernalia at or near the location, such as very small zip-lock plastic baggies, small bundled or twisted pieces of cellophane, small pieces of balloon, hypodermic needles, and needle caps or small glass vials or pipes.
- Increased levels of sex trade in the neighborhood.
- Suspicious behaviour of individuals you might not know hanging around street corners or open pay phones.
- High levels of theft in the surrounding area [43].

Los Angeles Gang and Narcotics Division (USA)

The deployment of the Los Angeles Police Department (LAPD) Gang and Narcotics Division (GND) is a revolutionary change in law enforcement strategy. The GND is one component of the LAPD Gang Initiatives 2009 “total solution” to combat the gang and drug problem in the City of Los Angeles.

The consolidation of the Gang Operations Support Division and Narcotics Division into GND fosters greater efficiency and facilitates the rapid deployment of resources to identified crime problems. Since there is a nexus of guns, gangs, narcotics, and crime, the increased cooperation between experienced gang and narcotics investigators will result in more effective investigations, a quantifiable increase in arrests and a reduction in the crime rate. Joint operations between narcotics and gang detectives,

in cooperation with other City entities and resources, will also be developed to abate chronic narcotic and gang locations.

The GND will be focused on disrupting violent gangs with allied law enforcement agencies and expand the highly successful High Intensity Drug Trafficking Areas (HIDTA) Task Forces to reduce violent gang crime. The mission of Gang and Narcotics Division is to disrupt violent street gangs and the means by which they support their lifestyle, including the manufacture, transportation, sale and use of illicit drugs, and sales of firearms in the greater Los Angeles area. Gang and Narcotics Division's enforcement efforts also focus on street-level enforcement strategies to effect a reduction in Part I crimes, thereby resolving community problems and facilitating uniformed officer's involvement [44].

The Pittsfield Police Department's Drug Unit (USA)

The Pittsfield Police Department's Drug Unit is a branch of the Detective Bureau. The Drug Unit is comprised of four officers; a supervisor and three narcotics investigators. They work closely with the regular detectives and they rely on them for support and assistance in their investigations.

The Drug Unit investigates all complaints of controlled substance violations. A variety of tactics are used to combat the drug problem in Pittsfield. Undercover operations and the use of informants are largely responsible for their success. Like "Sting" operations, in which undercover officers, posing as drug dealers, sell drugs to buyers, who are then arrested. Also, undercover officers pose as drug users and buy drugs from the dealers, who are then arrested. Central to the Unit's strategy is an effective partnership with the community, an integrated working relationship with the State Police Drug Unit assigned to the District Attorney's Office, and most importantly, our own Patrol Division.

"Crack" cocaine, cocaine hydrochloride, marijuana, heroin and prescription drugs are the prominent drugs of abuse in our community. However, "Crack Cocaine" continues to be the most devastating of them all.

The Drug Unit is committed to drug education, and they are available to Neighborhood Policing Organizations, civic groups, churches, schools and other community organizations for the purpose of drug education. Drug education classes have been given to dozens of groups including, kindergarten, elementary, middle school and college classes, medical professionals, neighborhood policing groups, Citizen Police Academies and D.A.R.E.¹⁹ classes and camps.

¹⁹ Drug Abuse Resistance Education.

Over the past few years, the department has averaged about 250 drug cases per year. Many more Pittsfield cases are made by the State Police Drug Unit assigned to the District Attorney's Office, with our assistance. There have also been many drug cases made based upon information supplied by citizens who were willing to get involved [45].

How are the UK's drug laws enforced?

There are a number of UK legislative controls to restrict the supply and use of drugs in the UK. The following agencies are responsible for enforcing them:

- Enforcement agencies
- Serious Organised Crime Agency

The Serious Organised Crime Agency (SOCA) was set up in April 2007 to focus on the so-called "Mr Bigs" who make fortunes from drugs, human trafficking, major fraud and counterfeiting. The Agency has been formed from the amalgamation of the National Crime Squad (NCS), National Criminal Intelligence Service (NCIS), that part of HM Revenue and Customs (HMRC) dealing with drug trafficking and associated criminal finance, and a part of UK Immigration dealing with organised immigration crime (UKIS).

SOCA is an intelligence-led agency with law enforcement powers and harm reduction responsibilities. Harm in this context is the damage caused to people and communities by serious organised crime such as drug trafficking and related offences. From December 2013, SOCA was folded into the new National Crime Agency, which takes on the responsibility for tackling organised crime.

Police squads

There are 43 police forces and more than 132,000 police officers in England and Wales. Policing is the joint responsibility of the Home Secretary, Chief Constables and Police and Crime Commissioners.

Police contribute to the Government's drugs strategy by:

- Enforcing the law on controlled drugs as set out in the Misuse of Drugs Act 1971. Controlled drugs are divided into three classes according to their potential for harm. Class A drugs (e.g. heroin, cocaine) are believed to be the most dangerous and so carry the highest penalties.
- Tackling drug-related crime. Drug-related crime falls into three types: crimes of supply, crimes committed as a consequence of dependency or intoxication (drug-related offending) and crimes of possession of illegal

substances. Police work is key to the strategy areas of communities and availability.

Police action within these strategy areas includes:

- Operating arrest referral schemes in police custody suites.
- Targeting middle level dealers or importers and local networks of supply.
- Continuing activity against individual suppliers, based on intelligence from sources and surveillance.
- Working with local crime and disorder reduction partnerships and drug action teams to disrupt local drugs markets.

The Prison Service is responsible for preventing drugs being used and smuggled into prisons. All operational prison staff are trained in search techniques with the use of drug dogs, closed circuit television (CCTV) and drug testing among prisoners 46].

The States of Jersey Police Drug Squad (UK)

The States of Jersey Police serves a resident population of just over 107,000 people as well as over 700,000 visitors to Jersey each year. The Drug Squad is a pro-active unit that targets the criminals who cause the most harm in our society. In particular, they focus on organised crime groups who conspire to arrange the supply and distribution of illegal drugs in Jersey. They also play a key role in tackling the hard core of prolific offenders whose activities, notably in areas such as burglary and vehicle crime, can otherwise have a significant impact on community safety. The States of Jersey Police are working closely with key partners and other jurisdictions to reduce the levels of illegal drugs in the island and disrupt and prevent criminal activity.

Illegal drugs can often be linked to organised crime within our community. They are known to put a strain on the health service, the economy and can tear apart families. The states of Jersey Police are committed to protecting Jersey from these threats and continue to target those involved in drug related crime in order to reduce the risks that illegal drugs pose to the community.

Organised crime can cover different serious crime types, some of which include:

- child sexual exploitation and abuse
- cyber crime
- money laundering
- modern slavery and human trafficking

In January 2021, the States of Jersey Police re-introduced a Drug Squad, a dedicated team to focus on drug related investigations that impact the community. The team will continue to work closely with Jersey Customs and Immigration Service (JCIS) and the new Community Policing Team to disrupt organised crime groups targeting the island.

There are four main objectives:

- PURSUE: Prosecuting and disrupting people engaged in serious and organised criminality.
- PREVENT: Preventing people from engaging in serious and organised crime.
- PROTECT: Increasing protection against serious and organised crime.
- PREPARE: Reducing the impact of this criminality where it takes place.

How YOU can help

Police cannot be everywhere; they need your support. Nobody knows their streets or towns better than the people who live and work there. If you see something happening that is out of place or suspicious, contact us and let us know about it. You can help us by reporting crimes, providing intelligence to assist us in bringing offenders to justice or giving information to help safeguard the vulnerable, no matter how small or irrelevant you think your contribution may be, it could be the final piece of a much bigger puzzle.

- Things to look out for in your neighborhood.
- Lots of different people coming and going from an address.
- People coming and going at odd times of the day and night.
- Strange smells coming from the property.
- Windows covered or curtains closed all the time.
- Cars pulling up to or near the house for a short period of time [47].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Answer the questions to the text:*

- What are the Drug Unit objectives?
- What are drug paraphernalia?
- Does the Drug Unit investigate complaints of controlled substance violations as well as car thefts and larceny?

4. *Determine if the following facts are mentioned in the text:*

- Undercover officers pose as drug users and buy drugs from the dealers, who are then arrested.
- Illegal drugs can often be linked to organised crime.
- Prescription medications such as painkillers, sleeping pills, and tranquilizers can lead to abuse and addiction.
- If your drug use is causing problems in your life — at work, school, home, or in your relationships — you likely have a drug abuse or addiction problem.

5. *Which of these statements are true?*

- When cars are driving slowly and repeatedly in an area it can be the sign that drugs are being sold there.
- The sale and trafficking of illegal drugs can result in more criminal activity, such as break-and-enters and theft from vehicles.
- The Drug Unit officers do not work closely with the regular detectives.
- Drug education classes do not help to solve drug related problems.

6. *Fill in the gaps in the sentences with information from the text:*

- One of the Drug Unit responsibilities is investigation and laying of charges for production of _____ substances (LSD, controlled, insecure).
- “Crack” cocaine, cocaine hydrochloride, marijuana, heroin and prescription drugs are the prominent drugs of _____ (danger, abuse, attention).
- _____ crime can cover different serious crime types such as child sexual exploitation and abuse (white-collar, organized, property).

7. *Express your opinion on the issues highlighted in the text.*

Text 22

DRUG-RELATED CRIME

The need to prevent drug-related crime is high on the European policy agenda, as illustrated by the fact that the current EU drug strategy identifies this objective as a key area of action for achieving its aim of ensuring a high level of security for the general public. The term “drug-related crime” is used here to encompass four types of crimes:

- Psychopharmacological crimes: crimes committed under the influence of a psychoactive substance, as a result of its acute or chronic use.
- Economic-compulsive crimes: crimes committed in order to obtain money (or drugs) to support drug use.

- Systemic crimes: crimes committed within the functioning of illicit drug markets, as part of the business of drug supply, distribution and use.
- Drug law offences: crimes committed in violation of drug (and other related) legislations.

Key issues at a glance

1. There is a great deal of variation in what is meant by “drug-related crime” across disciplines and professionals; a definition encompassing four categories is suggested here as an aid to conceptualising this issue.

2. Although psychopharmacological violence is most strongly associated with alcohol use, illicit drug use, and particularly the use of stimulants, may lead to criminal behaviour by exacerbating existing psychopathological and social problems, or by increasing the risk of paranoid or psychotic episodes.

3. Economically motivated crimes have often been considered an inherent consequence of drug dependence, and a reduction in such crimes is usually seen as a measure of success for many interventions targeting dependent drug users.

4. Drug markets, because of their illicit status, sustain certain types of crime other than those associated with drug supply and distribution, often violent crimes, which may deeply affect a neighborhood or a local community.

5. Violations of drug laws account for a significant proportion of law enforcement and criminal justice resources and, by drawing resources away from other areas, may impact on the commission of other crimes.

6. The few attempts that have been made to assess the extent of and trends in drug-related crime at national level show that many issues and challenges (conceptual and methodological) are inherent in such an exercise.

A definition of drug-related crime

Any attempt to impose a standard definition on such a complex phenomenon as drug-related crime is necessarily reductive. However, such a definition of drug-related crime is essential to any attempt to assess its extent, patterns and trends. A number of different explanatory models for the drugs — crime nexus have been proposed: crime leads to drugs; drugs lead to crime; drugs and crime are correlated through co-occurrence; drugs and crime are mediated by a range of other variables and share a common cause.

In practice, each model is sometimes valid and can be applied to some subgroups of the population of drug-using offenders or to some types of drug-

related crime. It is important to remember that the relationship between drugs and crime can be a dynamic one and may vary even in the same person over time. An increasingly common approach in empirical studies has been to apply the tripartite conceptual framework proposed by Goldstein for the relationship between drugs and crime. In this model, drugs lead to violence through an integration of the psychopharmacological, economic-compulsive and systemic models. Although it may not encompass all the possible relationships between drugs and crime, this approach does provide a useful conceptual framework for the analysis of drug-related crime. Additionally, from a policy perspective, it is helpful to include a legal definition model, in which crimes against drug laws are considered to be another type of drug-related crime. The resulting conceptual model, composed of four categories of drug crimes, is the basis for the definition of the term “drug-related crime” used here, the individual components of which are discussed below.

Psychopharmacological crimes

According to the psychopharmacological model, the acute or chronic use of psychoactive substances may result in aggression and violence. The effects of such drugs include excitability, irritability, fear/paranoia, disinhibition, drastic mood swings, cognitive distortions and impaired judgement, any of which may lead to criminal behaviour.

It is also important to include in this category crimes induced by the victim’s own drug use. Such crimes are less visible, because many go unreported. Thus, psychopharmacological crimes should also include crimes such as sexual assault committed while the victim is under the influence of alcohol or other psychoactive substances, but also robbery or mugging that is made possible because of the victim’s incapacitation and fights instigated under the influence of drugs.

Much of the existing research supports the view that there is a strong association between alcohol intoxication and psychopharmacologically induced crime, especially violence. Following a long way behind alcohol in this regard are the stimulants — cocaine/crack and amphetamines. The use of opiates and cannabis is usually considered to be unlikely to lead to psychopharmacologically induced crime, and may even contribute to reducing it in some individuals, as these drugs (and tranquillisers) tend to reduce violent impulses and aggression. However, irritability associated with the withdrawal syndrome, as well as related mental health problems, may be linked to increased violence.

While the pharmacology of most illicit drugs is well known, the specific mechanisms through which they promote violent behaviours are not fully understood although some substances, usually stimulants, are known to produce psychotic episodes of behaviour and may well exacerbate existing behavioural problems. That said, no psychoactive substance can be said to have universal criminogenic properties and both individual and environmental factors can influence how the use of psychoactive substances impacts on behaviour.

Economic-compulsive crimes

Dependence on an expensive substance can lead users to engage in criminal acts to obtain the money they use to fund their drug habit. They may resort to both consensual crimes, such as drug selling or prostitution (where criminalised), and acquisitive crimes (e.g. shoplifting, robbery, burglary). Such offenders are sometimes paid in drugs. This category of drug-related crime also includes the forging of prescriptions and the burgling of pharmacies by drug users, both of which provide medicines that can be used as substitutes for illicit products.

Although many acquisitive crimes committed by drug users are opportunistic, some require more skill and others involve some specialisation. For example, fraud and embezzlement are white-collar crimes that require a specific professional environment. While the term “compulsive” suggests that a state of dependence is necessary, offenders in this category include all.

The need to reduce drug-related crime is now recognised as an important policy objective in Europe. Adopting a clear definition of drug-related crime is an essential first step if we are to develop the methodologies needed to assess not only the true extent of this problem, but also the impact of our policies and actions.’

Defining drug-related crime to assess its extent and patterns those whose drug use needs to be supported by illegal income, which will be determined by their type and pattern of substance use, socio-economic situation and extent of deviant lifestyle. Indeed, not all those who are dependent on expensive drugs commit economic crime — they may regulate their use according to their financial resources and drug prices, attempt to increase their legitimate income (social benefits, employment, pawning goods) or avoid expenditures by maximising income “in kind” (accommodation, meals, etc.). Many drug users utilise a combination of all these means.

Systemic crimes

Systemic criminality refers mainly to violent acts (e.g. assaults, homicides) committed within the functioning of illicit drug markets, as part of the business of drug supply, distribution and use.

Violence as a strategy of control is used in various situations including territorial disputes, punishment for fraud, debt collection and clashes with the police. In drug production and transit countries where the rule of law is challenged, systemic crimes may also encompass, for example, corruption of businesses, governments and banking systems or crimes against humanity by drug traffickers. Systemic violence is linked to prohibition as it stems mainly from the illicit nature of a market characterised by huge profits and whose participants cannot resort to standard business law. There is no intrinsic connection with drug use, and it is less clear in general whether drugs (trafficking and use) lead to systemic crime or the reverse, or even whether they are just part of the same general lifestyle. However, the pervasiveness of violence in drug markets may increase the likelihood of drug users becoming perpetrators or victims of violent crimes. Some commentators have argued that a large percentage of drug-related crime, especially violent crime, is the result of market forces. However, it is more likely that systemic criminality follows a cyclical course, responding to changes in the dynamics of specific drug markets such as changes in drug demand and drug supply, in profitability and in community norms related to acceptance or rejection of violent behaviours.

Drug law offences

Violations of drug-related legislation may include drug law offences such as drug use, possession, cultivation, production, importation and trafficking, but also other related offences such as the illicit manufacture and trafficking of precursors or money laundering.

Drug driving (driving under the influence of drugs) offences are also included in this category of drug-related crime. Studies of drug-related crime have often overlooked drug law offences as the link between drugs and crime is of a very different nature — in this case drugs and crime are linked by definition in the law, rather than by any effect of one behaviour on the other. Such offences are indeed intrinsically dependent on the prohibition of a set of psychoactive substances.

However, it is important to consider the illicit status of these drugs as it is a factor in drug market violence and may exacerbate economically motivated offending by increasing drug prices. In addition, drug law

offences account for a substantial share of law enforcement and criminal justice system activities and resources.

Drug use may also have an indirect impact on crimes other than drug law offences. Indeed, from an economic perspective, which views crime as a reaction to prices and incentives, any increase in the proportion of available resources allocated to the enforcement of drug laws would reduce the resources allocated to other crimes. This would make such crimes relatively less costly (through reduced probability of arrest and shortened incarceration) and therefore may increase their incidence.

Measuring drug-related crime — issues and challenges

Many studies have been carried out on the links between drug use/trafficking and crime, mostly in the United States. Typically studies have looked at offending patterns in captive populations, such as those in drug treatment or arrestees and therefore provide a restricted view of the complex relationships between drugs and crime in a total population.

Estimating the true total volume of any type of crime, the “dark figure”, based on the fraction that is reported, is always difficult, and this is especially the case for drug-related crime. With the obvious exception of drug law offences, whether or not a reported crime can be reasonably considered drug-related is neither assessed nor recorded, making official statistics on crime of limited value in estimating the size of the drug-related crime problem when taken on their own.

However, some studies have attempted to estimate the proportion of different types of offence that are drug-related and then apply this fraction to produce overall estimates of drug-related crime. It is especially difficult to determine the nature of the link between drugs and crime, and particularly whether one behaviour is sufficient for the other to occur (a strict causal relationship) or merely necessary (a weak causal relation). However, it is important in any study of drugs and crime to distinguish between a causal link between the two behaviours in terms of overall life pathway (linked to temporal order) and one that pertains only to the specific situation in which a crime is committed.

The four categories of drug-related crime suggested, and the models on which they are derived, are not mutually exclusive. Both the models and the categories of crime can overlap, as can the populations to which they refer. Rather, the categorisation should be considered to demonstrate “ideal types” that allow drug-related crime to be conceptualised and facilitate comparisons [48].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Answer the questions to the text:*

- What is the main objective of the current European Union drug strategy?
- What types of crime does the term “drug-related crime” encompass?
- What are psychopharmacological crimes?

4. *Which of these statements are true:*

- Dependence on an expensive substance can lead users to engage in criminal acts to obtain the money to fund their drug habit.
- Economically motivated crimes have often been considered an inherent consequence of drug dependence.
- The use of opiates and cannabis tend to reduce violent impulses and aggression.
- Drug driving (driving under the influence of drugs) offences are not included in this category of drug-related crime.

5. *Find paragraphs in the text that contain answers to the suggested questions:*

- What do violations of drug-related legislation include?
- Why is it difficult to suggest a clear definition of drug-related crime?
- What are consensual crimes and acquisitive crimes?
- How may drug use have an indirect impact on crimes other than drug law offences?

6. *Select from the proposed list the statements that were not mentioned in the text:*

- The need to reduce drug-related crime is now recognised as an important policy objective in Europe.
- Crack is a potent form of cocaine that people smoke to create a short and intense euphoric sensation.
- Studies of drug-related crime have often overlooked drug law offences as the link between drugs and crime is of a very different nature.
- Given that each person’s brain and body chemistry are different, each person would also have a different tolerance for drugs.

7. *Express your opinion on the issues highlighted in the text.*

Text 23

DRUG-IMPAIRED DRIVING

Drug-impaired driving — which generally refers to a driver operating a vehicle while having a measurable quantity of a drug (legal or illegal) in the body that impairs driving performance — is a major road and safety concern in many countries, according to a wide variety of sources.

Roadside surveys of drivers' oral fluid and blood samples reveal that among all weekend nighttime drivers, over 16 percent tested positive for illegal, prescription, or over-the-counter drugs, any of which could impair driving. Estimates of the prevalence of drug-impaired driving across different countries — including Australia, Germany, Canada, and New Zealand, among others — vary considerably. Regardless of the rate, the problem merits police attention, given the potential harms.

According to a number of studies, young males between the ages of 17 and 24 are at the highest risk for drug-impaired driving offending and victimization, although female involvement is increasing. Among high school seniors, drug-impaired driving occurs across multiple demographic groups, although lifestyle factors tend to play a stronger role in predicting such driving. Persistent offenses of drug-impaired driving among males have been linked to marijuana dependence; early traffic violations, non-traffic violations, and convictions before age 18; and personality characteristics such as a weaker ability to control one's behavior, to avoid harm, and to respect tradition during the offending driver's teens. In Finland, drugged driving is associated with low education and high unemployment, receiving disability pensions, and higher rates of divorce or living alone. Given the varying ways in which these studies have been conducted, there is good reason to believe that many drug-impaired drivers are never detected.

Driving under the influence of marijuana — the most commonly used illicit drug — may actually be more common than driving under the influence of alcohol in some countries. Some marijuana users perceive marijuana to be a safe drug to use before driving and thus indicate that changes in laws may not influence their future decisions to continue using marijuana before driving. These perceptions are particularly troubling given the decriminalization and the changes in medical-marijuana laws that are occurring, or that have already occurred, in the United States and elsewhere. Indeed, driving under the influence of marijuana increases the risk of being involved in motor vehicle crashes.

However, the drug-impaired driving problem extends well beyond the use of marijuana and includes the use of a wide variety of legal drugs (including those prescribed and those obtained over the counter) and

illegal drugs — which include stimulants, depressants, antidepressants, narcotics, hallucinogens, sleeping pills, and other intoxicating substances.

Harms caused by drug-impaired driving

Drug-impaired driving can damage communities in a number of ways, many of which are similar to the harms associated with drunk driving. These harms can include the following:

- Drug-impaired drivers, their passengers, and other drivers on the road, as well as pedestrians, can be injured or killed.
- Families affected by drug-impaired drivers can suffer emotionally and financially for extended periods of time, particularly when family members are severely or permanently injured or killed. Injured victims, their families, and their employers can suffer financial losses when injured persons cannot work or perform with less effectiveness.
- Vehicles and public and private property can be damaged or destroyed.
- The rates of motor vehicle insurance can increase for all drivers, given the costs and risks associated with drug-impaired driving.
- Traffic flow is often impeded during traffic crashes related to drug-impaired driving, and these interruptions may be further prolonged because field drug testing may need to occur.
- Other drivers may resent having to modify their own driving habits and times to avoid encountering drug-impaired drivers.
- Police and other public resources (such as hospitals, drug-testing centers, courts, jails and prisons, drug-treatment providers, and probation offices) are consumed in efforts to enforce drug-impaired driving laws and to respond to drug-impaired driving offenders, thereby limiting the resources available for other public-safety and crime challenges.
- Drug-impaired drivers may lose their driving privileges and possibly their vehicles (perhaps permanently), which may subsequently interfere with their ability to get to work, to attend school, to visit family, to participate in religious events, to seek treatment, and so forth.
- Positive drug tests may have an immediate and future impact on employment eligibility.
- Drug testing — in the field, at the police station or at a hospital — can be expensive for communities, particularly if local substance use rates are high and if ongoing drug testing and monitoring is included as one of the conditions of a conviction.
- Drug-impaired drivers may inadvertently lead other drivers to believe that drug-impaired driving is acceptable or not dangerous, which can exacerbate the problem.

- Drug-impaired drivers contribute to and participate in the illicit drug trade, in some cases.
- Drug-impaired drivers may create liability concerns for physicians, pharmacists, and pharmaceutical companies, which may drive up costs of medications.

Access to drugs

Jurisdictions with significant local drug market activity likely have correspondingly high drug-impaired driving problems, notwithstanding the availability of mass transportation or the proximity of users to illicit markets. To the extent that drugs, including prescription drugs, are readily available and easily obtainable — whether through illicit markets on or off the street, through legitimate or illegitimate (usually recreational) prescription markets or through other means (e.g., Internet-based purchasing, nightclub transactions, concert distribution, discreet markets, and medical marijuana outlets) — the risk of increased drug-impaired driving is higher. Certain drugs or drug categories may be more risky than others, although a number of factors affect the level of impairment, including dosage, frequency of use, and use of other substances.

Open-air drive-by drug markets (those where users drive up and purchase drugs without getting out of their cars) are of particular concern because potential users are already in vehicles as drugs are being purchased, and those buyers may return for additional drugs within a matter of minutes or hours, depending on the particular substance. In addition, jurisdictions that have difficulty controlling access to legal prescriptions or that have particularly high rates of prescription drug use within their populations (e.g., jurisdictions that mainly include elderly persons or that include large groups of mentally ill patients who are medicated) might create substantial public safety challenges. Finally, jurisdictions with relaxed drug laws (e.g., allowing the use of medical marijuana or decriminalizing the use of marijuana) might also have higher rates of drug-impaired driving.

Stakeholders

In addition to criminal justice agencies, the following groups have an interest in the drug-impaired driving problem and should be consulted when gathering information about the problem and responding to it.

- Schools and universities are particularly concerned with the safety of students and can often provide campus-based data and information and can help administer student surveys to assess the extent of the problem and

to evaluate the effectiveness of responses. University students use substances at high rates, and therefore university faculty and staff can further assist in measuring use rates and educating this high-risk group.

- Parents who help teach their children to drive and learn about drug and alcohol use are ideally positioned to assist police with getting students engaged in the problem, with asking them to participate in surveys and other research efforts and perhaps with soliciting ideas on how drug-impaired driving can be minimized.

- Other drivers who are at risk for damage to their property, for injury, or for death can advocate for police and legislative attention to drug-impaired driving and can help police by reporting suspicious drivers quickly.

- Insurance companies that are interested in minimizing financial exposure and high costs and in establishing reasonable insurance rates based on perceived risks can help police by tracking offending rates among their customers, by exploring the impact of raising insurance rates among offenders on overall public safety, and by providing information on future accidents among high-risk offenders (some of which may not involve the police but may come to the attention of the insurance companies).

- Bar and restaurant owners may be in a position to intervene and contact police if drugs are being used in bars and restaurants — either drugs only or drugs in combination with alcohol. In an effort to prevent accidents, bartenders and servers can assist police in reporting potential offenders as they leave a bar or a restaurant.

- Drug treatment providers can help reduce overall drug use rates and reduce drug use among offenders specifically. These agencies often track the impact of their treatment programs in reducing recidivism among clients.

- Driver's license centers can play an important role in restricting and revoking licenses and in recalling license plates of convicted offenders, but they must also serve as a primary resource of data on reoffending and overall public safety risk levels.

- Motor vehicle clubs and associations can serve as likely targets for educational programs and can assist police by providing information on particularly dangerous roadways that might serve as roadblock settings.

- Transportation businesses, such as taxi cab, limousine, and shuttle services, can assist police in measuring the prevalence of drug-impaired passengers over time, which might indicate whether any planned responses are effectively discouraging drug-impaired driving (and thereby encouraging other forms of transportation).

- Traffic engineers can help identify particularly risky roads (near open-air drug markets, for example) that might be modified in an effort to

disrupt drive-up-and-buy markets and limit easy in-and-out access to areas where drug-impaired driving is likely to occur.

- Personal injury attorneys can publicize their lawsuits against offenders, which might then deter some drug users from driving while drug impaired.

- Large employers with motorized fleets can collect internal data on traffic accidents that might help police to accurately estimate the magnitude of the problem of drug-impaired driving.

- Emergency medical providers can assist police by helping to identify potential offenders, by assisting with drug testing those who cannot be field tested (perhaps because of their own injuries) and by performing confirmation tests if officers are unable to do so within a reasonable time.

- Drug courts can develop systems to track offender compliance and reoffending rates among those who do and do not complete the drug court process.

- Physicians who prescribe drugs can help police by confirming prescription status, perhaps as a condition of probation, among first-time offenders who may be at increased risk for future offending.

- Advocacy groups that support medicalizing, decriminalizing, or legalizing certain drugs, particularly marijuana, can assist by tracking the effectiveness of educational programs designed to deter drug-impaired driving.

- Pharmaceutical companies can alert police and community leaders regarding the risks associated with specific drugs that are widely used among high-risk populations (including the elderly, for example).

- Pharmacies and pharmacists can assist with investigations of offenders who may have been impaired because they used legal prescriptions.

- Victim advocacy groups and public health agencies can assist in collecting victimization and injury data and in tracking emerging or ongoing trends [49].

COMPREHENSION CHECK

1. Make a list of the words that best reflect the content of the text.

2. State the main content of the text.

3. Answer the questions to the text:

- What is drug-impaired driving?
- What are the harms caused by drug-impaired driving?

- Why is driving under the influence of marijuana more common than driving under the influence of alcohol in some countries?

- Who are at the highest risk for drug-impaired driving offending and victimization?

4. *Is it possible to draw the following conclusions after reading the text:*

- Female involvement drug-impaired driving is increasing.
- Some marijuana users perceive marijuana to be a safe drug to use before driving.

- Positive drug tests may have an immediate and future impact on employment eligibility.

- Drug-impaired drivers contribute to and participate in the illicit drug trade, in some cases.

5. *Determine if the following facts are mentioned in the text:*

- Vehicles and public and private property can be damaged or destroyed as the result of drug-impaired driving.

- People drink alcohol to celebrate, to relax, to be sociable, to feel adult and manly, or because all others do it.

- Bar and restaurant owners may be in a position to intervene and contact police if drugs are being used in bars and restaurants.

6. *Fill in the gaps in the sentences with information from the text:*

- Drug treatment providers can help _____ overall drug use rates (increase, maintain, reduce).

- Jurisdictions with relaxed drug laws might have higher rates of drug-impaired _____ (driving, treatment, process).

- Drug-impaired drivers may inadvertently lead other drivers to believe that drug-impaired driving is not _____ (difficult, dangerous, practical).

7. *Express your opinion on the issues highlighted in the text.*

Text 24

DRUG LAWS. DRUG CRIMES. JUVENILE DRUG POSSESSION

*From drug possession to drug trafficking,
a look at laws regulating controlled substances*

Drug laws and drug crimes have gotten lots of attention in the past decade. Laws in every state and at the federal level prohibit the possession, manufacture, and sale of certain controlled substances — including drugs like marijuana, methamphetamine, ecstasy, cocaine, and heroin.

Putting aside political arguments over the so-called “war on drugs”, it isn’t hard to see why controlled substances are the focus of so much attention from legislators and law enforcement. It’s estimated that drug and alcohol abuse costs society over \$110 billion a year — through accidental death and injuries, health care, dependency treatment, criminal behavior, and more.

Illegal drugs vs. legal drugs

The legality of a drug often depends on how it is being used — or what it is being used for. For example, amphetamines are used to treat attention deficit disorder, barbiturates help treat anxiety, and marijuana can help alleviate cancer-induced nausea. But unprescribed and unsupervised use of these substances (and many others) is thought to present a danger to individuals and to society in general. So, for decades, lawmakers have stepped in to regulate the use, abuse, manufacture, and sale of illegal drugs.

Federal, state, and local drug laws

Though there is a longstanding federal strategy in place to combat the abuse and distribution of controlled substances, each state also has its own set of drug laws. One key difference between the two is that while the majority of federal drug convictions are obtained for trafficking, the majority of local and state arrests are made on charges of possession. Out of these state and local arrests, over half are for the possession of marijuana.

Another difference between federal and state drug laws is the severity of consequences after a conviction. Federal drug charges generally carry harsher punishments and longer sentences. State arrests for simple possession (i.e. possession without intent to distribute the drug) tend to be charged as misdemeanors and usually involve probation, a short term in a local jail, or a fine — depending on the criminal history and age of the person being charged.

Controlled substance

When a federal or state government classifies a certain substance as “controlled”, it generally means that the use and distribution of the substance is governed by law. Controlled substances are often classified at different levels or “schedules” under federal and state statutes. For example, under the federal Controlled Substances Act, marijuana is listed as a “Schedule I controlled substance”, cocaine is listed under Schedule II, anabolic steroids under Schedule III, and so on. The list includes a number of medications that are fairly common — you’ll find cough medicine containing low levels of codeine classified under Schedule V.

Distribution and trafficking

As a drug charge, “distribution” usually means that a person is accused of selling, delivering, or providing controlled substances illegally. This charge is often used if someone tries to sell drugs to an undercover officer. Trafficking generally refers to the illegal sale and/or distribution of a controlled substance. Despite the name, trafficking has less to do with whether the drugs cross state lines, and more to do with the amount of drugs involved.

The consequences of a conviction for distribution and trafficking vary significantly depending on:

- the type and amount of the controlled substances(s) involved,
- the location where the defendant was apprehended (for example, bringing an illegal substance into the country carries higher penalties, as does distributing drugs near a school or college), and
- the defendant’s criminal history.

Sentences for distribution and trafficking generally range from 3 years and a significant fine to life in prison — with trafficking carrying higher sentences.

Manufacturing

Under federal and state drug laws, the government can charge a person for playing a part in the cultivation or manufacture of a controlled substance. Cultivation includes growing, possessing, or producing naturally occurring elements in order to make illegal controlled substances. These elements include cannabis seeds, marijuana plants, etc. A person can also be charged for producing or creating illegal controlled substances through chemical processes or in a laboratory. Substances created this way include LSD, cocaine, methamphetamine, etc.

Possession

The most common drug charge — especially in arrests made under local drug laws — involves possession of a controlled substance. Generally, for a possession conviction, the government (usually in the form of a district attorney) must prove that the accused person:

- knowingly and intentionally possessed a controlled substance
- without a valid prescription, and
- in a quantity sufficient for personal use or sale.

A possession charge can be based on actual or “constructive” possession of a controlled substance. Constructive possession means that

even if the defendant doesn't actually have the drugs on their person (in a pocket, for example), a possession charge is still possible if the defendant had access to and control over the place where the drugs were found (a locker, for example). This is important to note because, unlike DUI²⁰/DWI²¹ laws, the government does not have to actually prove that someone is using a controlled substance in order to charge them with possession. The theory of constructive possession is often used when illegal drugs are found in a car during a traffic stop.

It is also usually illegal to possess paraphernalia associated with drug use, such as syringes, cocaine pipes, scales, etc. In fact, being found in possession of these objects — without any actual drugs — may be enough for a person to be charged with a misdemeanor or felony.

Drug charges often start with possession, but then overlap with other offenses. For example, if the police find marijuana plants in X's storage room, X can be charged with possession of the marijuana and of cultivation equipment. If the amount of the plants is large enough, X can also face distribution, trafficking, or manufacturing charges.

Charges for simple possession are often less serious than charges for possession with an intent to distribute. The difference here does not necessarily turn on an actual intent to distribute, but on the amount of the substance found in the defendant's possession (i.e. smaller amounts are usually charged as misdemeanors, while larger amounts can be used to suggest felony possession with an intent to distribute).

Diversion. Many states allow diversion for first-time offenders charged with simple possession of illegal drugs. Diversion allows offenders to maintain a clean criminal record by pleading guilty and then completing a prescribed substance abuse program and not committing additional offenses. At the conclusion of the diversionary period (18 months is common) the guilty plea is vacated, the case is dismissed, and the offender can legally claim never to have been arrested or convicted of a crime.

“Search and Seizure” laws

The most common defense to a drug charge — especially drug possession charges — is a claim that a police officer overstepped search and seizure laws in detaining a person and obtaining evidence. If a defendant in a criminal case (usually through a criminal defense attorney)

²⁰ Driving under the influence.

²¹ Driving while intoxicated.

can prove that the police violated the defendant's Fourth Amendment rights in finding and seizing drug evidence, that evidence may not be admissible in a criminal case against the defendant.

Juvenile Drug Possession

A wide range of drugs, chemicals, and medications are controlled and regulated by both state and federal laws. Anyone who owns or possesses any of these controlled substances without a legally recognized reason can be charged with drug possession. Juvenile drug possession occurs whenever a person under the age of 18 knowingly controls a regulated drug or substance without a legal reason. Possessing illegal substances in this manner is a crime in all states, and one that can lead to harsh penalties for juveniles.

Adults who are caught with controlled substances are charged with a crime and have their cases handled in a regular trial court. Juveniles, however, are not usually charged with a crime in the same way. Instead, the case is handled in the juvenile court system, where (depending on the state) the case may be handled more informally.

Possession

Any juvenile who knowingly and without legal justification possesses a controlled or illegal substance can be charged with juvenile drug possession. These charges typically arise after, for example, a juvenile is pulled over by a police officer who then notices marijuana in the car, discovers drugs after searching the vehicle, or discovers drugs while interrogating the driver. While juveniles are often charged with this crime because they possess marijuana, methamphetamine, or other similar illegal drugs, possessing prescription drugs without a prescription can also lead to a drug possession charge. For example, it is not illegal for a juvenile to possess oxycontin if the juvenile has a prescription from a physician. However, if the juvenile's friend takes a couple of pills from the bottle, the friend is guilty of juvenile drug possession.

Knowledge

To be convicted of drug possession, a juvenile must knowingly possess or control the prohibited substance. However, that doesn't mean that simply saying "I didn't know it was there", will be enough to avoid a conviction. A prosecutor can prove that you knew the drugs were in your possession or control from the circumstances of the case. For example, if you are pulled over and the police find marijuana in your backpack, the circumstances of the situation would likely be enough for court to conclude that you knew the drugs were there.

Control

To be convicted of possessing drugs, a prosecutor does not have to show that the juvenile was actually holding the drugs, or had them in a pocket or somewhere else on his or her body. It's enough for prosecutor to show that the juvenile had control over the area where the drugs were discovered. For example, a drug possession charge can arise after a police officer pulls over a juvenile in his or her car and discovers drugs in the glove compartment or trunk. Juveniles who have drugs located in their rooms, school lockers, or other areas over which they have control can also be charged with this crime.

Penalties

Anytime a juvenile is charged with a drug possession violation, that juvenile faces some potentially serious consequences. However, the juvenile justice process is very different than the criminal justice process. Even though the crime of drug possession is the same for juveniles and adults, the way the courts handle a juvenile case is very different. Juvenile courts have a much wider range of options when dealing with a juvenile offender than they would if the offender had been an adult.

- **Drug counseling.** Juvenile courts typically focus on rehabilitating young people. Because of this, a juvenile court can order the juvenile offender, as well as his or her parents, to attend drug counseling in hopes of rehabilitating the teen.

- **Probation.** Juveniles may also be placed on probation for drug possession. When a court orders probation, it orders the juvenile to comply with some specific terms. For example, the court will likely order the child to attend school regularly, maintain a job or find a job if the teen is old enough, participate in drug counseling or family counseling, perform community service, or a range of other requirements. The court may also order the juvenile to regularly report to a juvenile probation officer or court officer, though this is not always the case. Probation lasts typically at least six months, but longer terms are also possible.

- **Diversion.** Diversion, also known as pretrial diversion or informal probation, is also a common consequence for juvenile drug possession offenders. Just as with probation, a juvenile on diversion must comply with specific court rules. However, instead of the court ordering probation, the juvenile is allowed to comply with the diversion orders without having to formally go before the juvenile court. If the juvenile successfully completes the diversion program, the charges are essentially dismissed.

However, not all jurisdictions allow for juvenile diversion programs and it is usually available for first-time offenders only.

- **Detention.** In rare cases a court can order a juvenile into detention for drug possession. Detention can involve home confinement, placement with a foster family or guardian, placement with a juvenile home, or placement in a juvenile detention center. Drug possession cases do not typically result in detention unless the juvenile is a repeat offender or other factors are present, such as if the drug possession occurred as the result of robbery or violent crime [50].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Answer the questions to the text:*

- What does the legality of a drug depend on?
- What is the difference between federal and state drug laws?
- How are controlled substances classified?
- What is the most common drug charge?

4. *Fill in the gaps in the sentences with information from the text:*

- It is usually _____ to possess paraphernalia associated with drug use (legal, illegal, dangerous).

- Charges for simple possession are often less serious than charges for possession with an intent to _____ (destroy, distribute, combine).

- Anyone who owns or possesses controlled substances without a legally recognized reason can be _____ with drug possession (changed, claimed, charged).

- Drug charges often start with _____, but then overlap with other offenses (selling, possession, stealing).

5. *Determine if the following facts are mentioned in the text:*

- Juvenile courts typically focus on rehabilitating young people.
- The juvenile justice process is very different than the criminal justice process.
- Many states allow diversion for first-time offenders charged with simple possession of illegal drugs.
- Most substance use professionals recognize a genetic aspect to the risk of drug addiction.
- Using cocaine cannot cause a person to experience fatal strokes or heart attacks.

- “Distribution” usually means that a person is accused of selling, delivering, or providing controlled substances illegally.

6. *Express your opinion on the issues highlighted in the text.*

Text 25

PENALTIES AND SENTENCING FOR DRUG ABUSE, SELLING, AND SMUGGLING. LAWS ON MANUFACTURING DRUGS

Problematic substance use has the potential to negatively impact every area of your life. As dependence and addiction to alcohol or other drugs develop, these substances may begin to influence your physical and mental health, significantly affecting the way you feel and think. With time, your social relationships and employment status may suffer as becoming drunk or high becomes your sole focus. Drug abuse and addiction can even steal away your freedom.

Depending on the situation and the substances involved, possessing, selling, manufacturing, or transporting drugs (even legal ones) can lead to serious legal consequences, the effects of which may last a lifetime.

Legal repercussions

People caught engaging in illegal behaviors involving drugs face a variety of consequences, including:

- time in jail or federal prison
- heavy fines
- community service
- probation
- other forms of confinement like house arrest.

A criminal record affects your ability to get or maintain a job, receive approval for college loans, vote, own a gun or join the military.

The penalties for drug-related charges are determined by several factors: the substance, the amount of the substance in question, the activity the person was engaged in, and their prior encounters with law enforcement. Those repeatedly committing serious crimes with large amounts of dangerous drugs are more likely to receive harsher penalties.

Drug enforcement schedules

With regard to law enforcement, not all drugs are treated equally. Both legal and illicit substances are separated into categories based on their perceived risks and medical benefits (or lack thereof). These categories developed by the Drug Enforcement Administration (DEA) — called schedules — play a significant role in dictating legal penalties on

the federal level. Individual states may treat these drugs differently. See below for schedules and examples of drugs in those schedules.

Schedule I: Substances with a high potential for abuse and no medically recognized purpose.

- heroin
- LSD
- marijuana
- peyote
- MDMA/Ecstasy.

Schedule II: Drugs that have approved medical uses but still pose a high potential for abuse and dependence.

- cocaine
- many opioid pain medications like Vicodin, OxyContin, and methadone
- methamphetamine
- prescription stimulant medications like Adderall and Ritalin.

Schedule III: Medications and substances with a lower risk of abuse and dependence than drugs in Schedule II.

- Tylenol with codeine
- Ketamine
- steroids.

Schedule IV: Medications with a low risk of abuse and dependence.

- Soma
- many benzodiazepines like Xanax and Ativan
- Tramadol.

Schedule V: Drugs with the lowest risk.

- Lyrica
- cough medications containing low codeine levels.

Drug use and possession

Simple possession is a crime that occurs when a person has a small amount of a substance on their person or available for their own use. For simple possession to apply, there must be no intent to sell or give the drug to someone else.

If an individual is caught with possession of illegal drugs or controlled substances, they can face jail time. The length of jail time differs according to the state in which the offense occurs and the previous criminal record of the individual. Under federal law, simple possession is a misdemeanor

offense that can lead to a prison term of a year or less for a first offense; however, for subsequent offenses, felony charges and additional years of jail time may apply.

In addition, individuals in the U.S. could face steep fines for possession of drugs. At the federal level, simple possession carries a fine of at least \$1,000. Some judges may require that the individual commit a large number of hours to community service as well.

Selling drugs

Selling drugs carries much harsher penalties than those received for simple drug possession in the U.S. Consequences will vary by state, but, as an example, in Wisconsin, any delivery or distribution of a controlled substance is a felony with a fine of up to \$100,000 and 40 years imprisonment. An individual who has repeatedly been caught selling drugs may face double the fines and incarceration time, depending upon the situation.

Those who are found guilty of selling drugs to a minor face an even bleaker future, with prison terms that can increase by 5 years from standard sentences. A person employing someone 17 or younger to deliver drugs faces a Class F felony, and the law doesn't allow for a defense based on not knowing the minor's age.

To charge someone with possession of drugs and intent to sell, law enforcement officers will look for evidence like large amounts of cash, scales, or small plastic bags that would be employed in the sale of drugs. In some instances, it doesn't take much of a substance to spawn these charges. You can be charged with a Class F felony for intending to distribute less than 3 grams of heroin in some states.

Smuggling drugs into the United States

Like selling drugs, trafficking controlled substances into and across the United States is a serious offense, and it is considered a federal crime with long mandatory sentences. For many Schedule I and II controlled substances, the first trafficking offense is punishable by at least 5 years in prison. If someone was seriously injured in the process, the minimum sentence is moved to 20 years. Fines for a first individual trafficking offense can go up to \$5 million. The penalties increase based on the quantity of the substance and the number of offenses. A second offense that leads to serious injury has a penalty of mandatory life imprisonment.

The vast majority of people currently incarcerated in the American prison system for drug charges are there for trafficking charges. Often, individuals

who are caught trafficking drugs may not be carrying enormous amounts, but rather just enough to cross the line to be charged with trafficking. In the case of LSD, 1 gram is needed to warrant trafficking charges.

Additional charges and penalties

Along with possession and trafficking, people can receive drug-related charges for:

- Manufacturing — Using ingredients to produce or manipulate controlled substances can bring about penalties that equal or surpass those for drug dealing.
- Paraphernalia — Possessing or advertising any materials primarily associated with growing, storing, packaging, or using controlled substances can lead to fines and, in some cases, jail time.
- Driving while intoxicated — Operating a vehicle while under the influence of alcohol or controlled substances, including prescribed medications, can result in jail times, fines, and driver's license revocation.

Drug penalties around the world

The penalties for drug-related crimes vary drastically from country to country:

- In the Czech Republic, people are freely allowed to possess small amounts of marijuana and heroin for personal use.
- In Portugal, drug possession was decriminalized in 2001, so users do not serve jail time. Rather, they face fines and community service. This change has not led to an increase in drug use rates and has been correlated with a sharp increase in individuals seeking treatment for addiction.

Other parts of the world are crueler with their treatment of substance users:

- The United Arab Emirates gives jail time to those with tiny amounts of drugs in their urine or blood.
- In Indonesia, drug trafficking is punishable by long jail sentences and sometimes the death penalty.
- People in possession of drugs in Iran can face a public lashing for their crime. Other offenses such as trafficking can lead to the death penalty; about 70 % of Iran's executions stem from drug charges [51].

Laws on manufacturing drugs in the USA

The manufacture of any drug, also known as narcotics or controlled substances, is strictly prohibited unless you are properly licensed by state and federal authorities. Drug manufacturing laws are most commonly seen in

cases where someone is growing marijuana or making methamphetamine, but can apply in any situation where a controlled substance is involved.

Manufacturing

Drug manufacturing occurs whenever a person participates in any part of the process involved in creating an illegal drug. Manufacturing activities can include mixing together chemicals in preparation for creating LSD, “cooking” or producing methamphetamine, as well as growing marijuana plants. Even offering to assist in the drug manufacturing process is enough to qualify as drug manufacturing.

Distributing materials

Drug manufacturing laws also prohibit anyone from supplying chemicals, chemical mixtures, components, or materials if the person knows or has a reasonable cause to know that the substances will be used to make illegal drugs. For example, producing methamphetamine, or meth, requires specific chemical components. Anyone who supplies any of these chemicals to someone who then uses them to make methamphetamine can be charged with drug manufacturing if the supplier knew or should have known the person would use them in such a way.

Cultivation

Manufacturing laws also apply to cultivating plants that produce controlled substances. Cultivation typically applies when someone is found growing marijuana plants, psychedelic mushrooms, or other plants used in the drug manufacturing process.

Possession is enough

You can be convicted of a drug manufacturing crime even if you never actually make any illicit substances. If you merely possess the chemical components, manufacturing equipment, or other devices involved in the manufacturing of illicit drugs, you can be found guilty of manufacturing.

Penalties

Drug manufacturing penalties are often significant, with lengthy prison sentences and hefty fines possible for either state or federal violations. Drug manufacturing is often a felony offense, though it may be charged as a misdemeanor crime in some situations, such as where a person is convicted of possessing materials used to manufacture prescription drugs instead of illicit drugs.

- **Prison.** Drug manufacturing convictions can lead to prison sentences that last years. Felony drug manufacturing offenses have penalties of at least one year in prison, but sentences can be as high as 10 years or more. Sentences for misdemeanor drug manufacturing charges can result in up to a year in jail.

- **Fines.** Fines for drug manufacturing can be substantial. Misdemeanor fines can be as much as \$2,000, while felony fines are much steeper, potentially as high as \$50,000 or more.

- **Probation.** A judge may order someone convicted of drug manufacturing to serve a probation sentence in addition to, or separate from, fines and incarceration. Probation terms usually last at least 1 year, but multiyear probation terms are also common. People on probation must follow the instructions of a probation officer and comply with specific probation conditions, such as not committing more crimes, paying all fees and fines, and submit to random drug testing.

- **Restitution.** In some states, you may have to pay restitution in addition to any fines a court imposes. Restitution in drug manufacturing cases is money you have to pay to cover the costs of any damage caused by the drug manufacturing activity, or the costs for law enforcement to clean up a drug lab.

Increased sentences for specific amounts and drug types

Drug manufacturing charges apply to any situation where someone makes or attempts to make a controlled substance. People who actually manufacture drugs can face significantly increased penalties if the amount they made exceeds the amount specified by state law. For example, a state may require a harsher penalty if a person is found with more than 9 grams of methamphetamine. Less severe penalties would apply if a person produced less than the 9 grams. The amount that separates less severe from more severe penalties differs by state.

Exacerbating circumstances

If you're convicted of manufacturing drugs, you could face an enhanced penalty if you do so under specific conditions. For example, if you're manufacturing drugs near children you can be charged with a more serious crime than if there were no children present. The more serious the crime, the greater the potential penalty.

Drug manufacturing charges are extremely serious, and being convicted can mean you spend years in prison. Being charged and

convicted of drug manufacturing can ruin your life and make it very difficult for you to find employment even if you never have to serve any time in prison [52].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Which of these statements are true:*

- Problematic substance use has no potential to negatively impact on your life.
- Schedule I substances are the substances with a high potential for abuse and no medically recognized purpose.
- When a person has a small amount of a substance on their person or available for their own use it is not a crime.
- Selling drugs carries much harsher penalties than those received for simple drug possession in the U.S.

4. *Answer the questions to the text:*

- What consequences will a person face if caught engaging in illegal behaviors involving drugs?
- What evidence do law enforcement officers need to charge someone with possession of drugs and intent to sell?
- What are the consequences of operating a vehicle while under the influence of alcohol or controlled substances?
- What does a criminal record affect?

5. *Fill in the gaps in the sentences with information from the text:*

- The length of jail time differs according to the state in which the offense occurs and the previous criminal _____ of the individual (evidence, record, drug).
- Drug manufacturing convictions can lead to prison _____ that last years (orders, sentences, reports).
- Drug manufacturing charges apply to any situation where someone makes or attempts to make a _____ substance (poisonous, legal, controlled).

6. *Express your opinion on the issues highlighted in the text.*

Text 26

ALCOHOL-RELATED CRIMES. DRINKING AND DRIVING

What are alcohol-related crimes?

Alcohol plays a large role in criminal activities and violence. Excessive drinking has the ability to lower inhibitions, impair a person's judgment and increase the risk of aggressive behaviors. Because of this, alcohol-related violence and crime rates are on the rise throughout the country.

Over the past several decades, researchers have examined the relationship between alcohol, drugs and crime. Data suggests that engaging in prolonged drinking or binge drinking significantly increases your risk of committing violent offenses. Giving in to the harmful effects of alcohol can change your life in an instant. Not only are you jeopardizing your future, you are also putting others in danger. Criminal activities come with severe consequences such as time in jail, legal fees and other court-ordered penalties.

A number of individuals that serve time in jail have committed alcohol-related crimes. Offenses range from minor to serious and include property crime, public-order offenses, driving while intoxicated, assault and homicide. On average, roughly 40 percent of inmates who are incarcerated for violent offenses were under the influence of alcohol during the time of their crime. Many of these criminals had an estimated blood alcohol content (BAC) level of more than three times the legal limit at the time of their arrest.

Types of crimes associated with alcohol

Some of the most common alcohol-related crimes involve cases of drinking and driving. However, there are a variety of other offenses that can result from alcohol abuse. Several examples of criminal activities associated with excessive alcohol use are:

- Robbery.

Many cities across the United States have seen a steady increase in robberies and property-related crime. A number of these robberies — roughly 15 percent — have been linked to alcohol use. Alcohol can intensify a robber's feelings of desperation and cause them to steal someone's money or property. While some robbers desire a better lifestyle or want to make a quick buck, others can turn into repeat offenders. The consequences of robbing someone are harsh and may entail time in jail, criminal charges on your record, fines and other legal troubles.

- Sexual assault.

A sexual assault is a forced sexual act and may involve touching, kissing and intercourse. An estimated 37 percent of sexual assaults and rapes are committed by offenders who were under the influence of alcohol. For perpetrators, drinking may intensify their aggressive behavior. This can make them become more forceful when someone tries to resist them. Sexual assault can occur when there is a lack of consent, as well as when the victim is unable to give consent due to intoxication or mental state.

- Aggravated assault.

A common warning sign of alcohol abuse is irritability and extreme mood swings. Because of this, some individuals turn violent after an episode of heavy drinking. Poor decisions and impaired judgment, combined with aggression and hostility, can quickly become dangerous. If violent thoughts and feelings are acted on, it can lead to an aggravated assault charge. About 27 percent of aggravated assaults are committed by individuals who have used alcohol. Aggravated assault means causing serious injury, such as bodily harm to another person. Criminal charges are much stricter if a weapon is involved.

- Intimate partner violence.

Alcohol can play a dangerous role in intimate partner violence, leading to aggression, intimidation, forced sexual activity and other forms of controlling behavior. Intimate partner violence happens when a romantic partner causes physical, psychological or sexual harm to their significant other. An estimated two-thirds of victims suffering from violence by a current or former spouse or partner report that the perpetrator had been drinking, compared to less than one-third of stranger victimizations. Having a partner who is a heavy drinker can cause significant hardships, including financial difficulties, child care problems, infidelity, as well as other challenges.

- Child abuse.

Stress, money trouble, professional instability and a host of other factors can influence the amount of alcohol a person consumes. However, alcoholism not only affects an individual, it impacts family members and friends — including children. Research studies have shown a link between parents who abuse alcohol and the risk of child neglect and abuse. Roughly four in ten child abusers have admitted to being under the influence of alcohol during the time of the offense. Children who are victimized at a young age have an increased risk of developing behavioral and physical problems as they get older.

- Homicide.

Alcohol is involved in more homicides across the United States compared to other substances, like heroin and cocaine. In fact, about 40 percent of convicted murderers had used alcohol before or during the crime. Excessive drinking can lead to more severe forms of violence that can quickly escalate to extremely dangerous situations. The short- and long-term effects of alcohol blur a person's mental state, contributing to an increased risk of committing violent crimes. There are strict legal punishments in place for homicide convictions and can land you in jail for many years, or even the rest of your life.

Treatment programs for alcoholism

Communities across the nation are stepping up in an effort to reduce and prevent harmful alcohol-related criminal activities. Some of the initiatives include public education, alcoholism assessments and treatment programs.

Getting treatment is the best way to overcome an alcohol use disorder (AUD). A recovery program will be able to help you quit drinking and provide various types of therapy for other underlying conditions that may trigger your alcohol problem. For example, if you become violent and aggressive after drinking, treatment professionals will be able to work with you on anger management skills. They may also recommend different activities to help you relax such as exercise, meditation and music therapy. It's important to realize that recovery doesn't happen overnight and takes commitment after you've left rehab. However, there are plenty of ongoing recovery programs that will motivate you in maintaining your sobriety and living a healthy life.

Alcohol Crime Statistics

Nearly 10,000 people are killed annually on U.S. roadways due to alcohol-related accidents. Thousands more suffer from injuries due to intoxicated drivers. Close to 70 percent of alcohol-related violent acts occur in the home. Roughly 20 percent of these incidents involve the use of a weapon other than hands, fists or feet. An estimated 1.4 million incidents of alcohol-related violence are committed against strangers each year.

What Is Drinking and Driving (DUI)?

Getting behind the wheel of a vehicle — car, truck, motorcycle or any other motorized vehicle — after consuming alcohol is a serious crime. Drinking and driving is sometimes called driving under the influence

(DUI) or driving while intoxicated (DWI), and involves operating a vehicle with blood alcohol content (BAC) level of at least 0.08 percent. However, even a small amount of alcohol can lead to harmful situations. Some drivers may not even show warning signs of being under the influence, but that doesn't mean it's any less dangerous. It's important to remember that any form of drinking and driving is illegal and can come with strict punishment.

The largest group at risk for drinking and driving are those who binge drink or are struggling with an alcohol use disorder (AUD). This means they consume a large amount of alcohol in a short period of time, putting them at risk for harmful side effects. It takes roughly 30 minutes to two hours for alcohol to be absorbed into your bloodstream. During this time, your breathing may slow down and your cognitive skills may be delayed. Because of this, it is always dangerous to drink and drive.

Dangers of drinking and driving

Any amount of alcohol in your bloodstream can impact your driving ability. The effects of alcohol abuse vary greatly, putting you at risk for causing an accident or highway injury. Safe driving requires the ability to concentrate, make good judgments and quickly react to situations. However, alcohol affects these skills, putting yourself and others in danger.

Here are several ways alcohol impairs your driving skills:

- Slow reaction time.

When alcohol is in your system, it affects how quickly you're able to respond to different situations. Drinking slows your response time, which can increase the likelihood of an accident. Therefore, if the car in front of you brakes suddenly or a pedestrian crosses the street, it will take longer for your brain to process the situation and prevent an accident.

- Lack of coordination.

Heavy drinking affects your motor skills such as eye, hand and foot coordination. Without crucial coordination skills, you may be unable to avoid an impending harmful situation. Some telltale signs of reduced coordination include trouble walking, swaying and inability to stand straight. Too much alcohol can even make it difficult to get in your car and find its ignition.

- Reduce concentration.

Alcohol, no matter how much or how little, can influence your concentration. With driving, there are many things that require your undivided concentration such as staying in your lane, your speed, other cars on the road and traffic signals. Your attention span is dramatically reduced with drinking, which significantly increases the chance of an accident.

- Decrease vision.

Excessive alcohol consumption can negatively impact your vision. After drinking, you may notice that your vision is blurred or that you're unable to control your eye movement. Impaired vision can affect how you judge the distance between your car and other vehicles on the road. Additionally, fewer objects may be visible within your peripheral vision, or what you can see to either side of you when looking straight ahead.

- Inhibit judgment.

Your brain controls how you judge certain circumstances. When operating a motorized vehicle, your judgment skills play an important role in how you make decisions. For instance, you need to be able to foresee potential problems and make clear decisions if another vehicle cuts you off. Your judgment helps you stay alert and aware of surrounding conditions while driving.

How Blood Alcohol Content (BAC) Levels affect driving

A blood alcohol content (BAC) level of 0.08 percent is considered legally impaired. However, alcohol can start to affect many of your senses after only one drink. No matter the circumstances, you should never drink and drive. It's not worth the risk of putting yourself and others in danger.

- BAC of 0.02

Lack of judgment, increased relaxation, slightly increased body temperature, mood swings, decreased visual functionality, inability to multi-task

- BAC of 0.05

Increased lack of judgment, exaggerated behavior, lack of coordination, reduced ability to detect moving objects, lack of alertness, lack of inhibitions, decreased small-muscle control, reduced response rate

- BAC of 0.08

Reduced muscle coordination, lack of judgment, lack of reasoning, lack of self-control, loss of short-term memory, reduced ability to concentrate, lack of speed control, reduced ability to process information

- BAC of 0.10

Poor coordination, slowed reaction times, reduced ability to control the vehicle, reduced ability to keep vehicle within a lane and brake at appropriate times, slurred speech

- BAC of 0.15

Extreme loss of balance, nearly zero muscle control, vomiting, impaired visual and auditory information processing, significantly reduced attention to driving tasks

Drinking and Driving Laws

Federal regulation constitutes a DWI as driving with a BAC level of 0.08 percent or higher. A motor vehicle may include car, truck, bicycle, golf cart, snowmobile and jet skis. Each state has its own laws surrounding DWI convictions such as the fines involved, jail time and possible revoked or suspended license. Depending on the legal charges, some states may also require community service time or alcoholism treatment.

Many states have enacted various laws in an effort to reduce the dangers of drinking and driving. For instance, zero tolerance laws are aimed at adolescents who get behind the wheel of a car after consuming alcohol. Drinking under the age of 21 is illegal in the United States and comes with strict punishment. If you are charged with underage drinking and operating a motor vehicle, you could face severe legal penalties [53].

COMPREHENSION CHECK

- 1. Make a list of the words that best reflect the content of the text.*
- 2. State the main content of the text.*
- 3. Which of these statements are true?*
 - Engaging in prolonged drinking or binge drinking significantly increases the risk of committing violent offenses.
 - A common warning sign of alcohol abuse is irritability and extreme mood swings.
 - Alcoholism does not impact family members and friends.
 - The smallest group at risk for drinking and driving are those who binge drink or are struggling with an alcohol use disorder.
- 4. Answer the questions to the text:*
 - What are of the most common alcohol-related crimes?
 - How does alcohol impair driving skills?
 - How can excessive alcohol consumption impact a person's vision?
 - What is BAC?
 - What is the best way to overcome an alcohol use disorder?
- 5. Fill in the gaps in the sentences with information from the text:*
 - A number of individuals that serve time in jail have _____ alcohol-related crimes (stopped, committed, convicted).
 - A sexual _____ is a forced sexual act and may involve touching, kissing and intercourse (assault, behavior, action).

- Research studies have shown a link between parents who _____ alcohol and the risk of child neglect and abuse (abuse, use, manufacture).

6. *Determine if the following facts are mentioned in the text:*

- Alcohol can play a dangerous role in intimate partner violence.
- Stress, money trouble, professional instability and a host of other factors do not influence the amount of alcohol a person consumes.
- Alcohol is involved in more homicides across the United States compared to other substances, like heroin and cocaine.
- Punishment for an open container violation varies by state but is normally a ticketed offense that requires court appearance.

7. *Express your opinion on the issues highlighted in the text.*

Text 27

ALCOHOL-RELATED CRIMES: MINOR IN POSSESSION, PUBLIC INTOXICATION, OPEN CONTAINER VIOLATION

What Is a Minor in Possession (MIP) offense?

Minor in Possession is one of the most common causes of arrest for Americans under the age of 21. A minor in possession, or MIP, is a criminal offense that occurs when a person is found to be in possession of alcohol before they are of the legal age of 21. MIP can also refer to a minor in possession of drugs or other illicit substances, but most typically refers to the possession of alcohol. MIP laws are designed to discourage underage drinking and therefore reduce rates of adolescent vandalism, disorderly conduct, and driving under the influence. In most states, an underage drinking charge is a misdemeanor; however, MIP laws and punishments vary by state.

What constitutes “Possession”?

According to the Controlled Substances Act of 1984, there are three common types of minor in possession ordinances:

- Actual Physical Possession.

A minor is deemed in possession in this situation if they are physically holding an alcoholic drink, either opened or sealed, in their hand.

- Possession by Consumption/Internal Possession.

In this case, a minor can be deemed in possession if they have consumed an alcoholic beverage. A law enforcement officer doesn't need to have witnessed the underage person physically possessing or consuming

the alcohol; consumption may be established by means of a proscribed blood alcohol content (BAC) level or an officer testimony in combination with a field sobriety test.

- **Constructive Possession.**

A minor is deemed in constructive possession if they have access to alcohol in a setting that would indicate they had the intent of drinking. For example, if alcohol is found in the trunk of a car that an underage person is driving or in a cooler an underage person is sitting next to, they would be deemed to be in constructive possession of alcohol because it can be argued that they had the intent of consuming that alcohol.

Exceptions to Possession

Some states have exceptions to minor in possession laws. These specific exceptions vary by jurisdiction and are typically denoted within state statutes. Some examples of when minors can legally possess alcohol include:

- educational courses
- under the supervision of a parent or guardian at a private residence
- religious service or ceremony
- employment for a vendor that sells alcohol.

What are the consequences of an MIP?

When a person under the legal drinking age is found to have been in possession of alcohol, punishment can take a variety of forms. Penalties for violating MIP laws vary from state to state but usually include one or more of the following:

- revocation of driver's license (typically for 30 days)
- payment of fines
- enrollment in diversion or alcohol education programs
- offense on criminal record
- community service
- possible incarceration.

Factors that can influence punishment include the offender's age, whether the minor was legally intoxicated at the time off the offense, and past history of possession and/or other illegal behavior. Most states' MIP laws have punishments that are relatively moderate for first offenders, and then increase in severity for subsequent convictions.

Defenses against MIP charges can be raised, but the validity of the defense depends largely on the state and the local laws where the citation is issued.

Underage Drinking and MIP State Law examples

Utah is one the strictest states when it comes to MIP laws and penalties. A minor in Utah may not buy, attempt to buy, possess, or consume alcohol. Violators will receive a misdemeanor, pay up to \$1,000 in fines, and have his or her license suspended up to one year for first convictions and two years for second and subsequent convictions. Violations that include an age misrepresentation, i.e. providing a fake ID to buy alcohol, can carry up to \$2,500 in fines and 6 months in jail.

Wisconsin, on the other hand, is one of the most lenient of states in terms of MIP laws and consequences. A minor in Wisconsin may also not buy, attempt to buy, possess, or consume alcohol; however, the state has a long list of exceptions to these rules compared to others. Wisconsin additionally has significantly lesser punishments in relation to other states, as first-time violators will only receive a civil citation and pay a fine of up to \$500. A second violation can incur \$500 worth of fines and 30 days in jail, and further subsequent violations can then carry up to \$1,000 and 90 days of jail time [54].

Public Intoxication

Public intoxication, also called being drunk and disorderly, is a misdemeanor in most states. This crime is often a warning sign that someone needs rehab. Public intoxication is likely to lead to arrest and criminal punishment. Public intoxication is an alcohol-related crime involving being visibly and noticeably impaired due to excessive alcohol (or drug) consumption while in a public space. For public intoxication to be a crime, the intoxicated person must have surpassed the legal blood alcohol concentration (BAC) of 0.08 %. The person who is publicly intoxicated, or “drunk and disorderly,” is generally disturbing others with aggressive, violent, or shockingly inappropriate behavior.

Although some states have no law for public intoxication, most do. In the majority of states, public intoxication is a misdemeanor punishable by 30 to 60 days of jail time. Fines are typically \$1,000 or more depending on the state’s law. In some states, aggravated public intoxication, typically defined as a 3rd offense is punishable by up to 2 years of prison time. Other consequences of this act include fines, community service, and permanently having it on a record.

How does someone become Publicly Intoxicated?

Factors such as excessive alcohol from binge drinking or heavy drinking and being in public contribute the public intoxication. A person may be guilty

of public intoxication by acting rowdy or having impaired judgment from drinking. Upon observing the individual, law enforcement must clearly see the signs of intoxication, although some may be better at hiding it. Publicly intoxicated individuals have become so drunk, they are disturbing the peace of the environment and making people feel uncomfortable. Individuals may start fights with strangers, behave aggressively in restaurants, and scaring those around them. They are so drunk, they have lost control over their emotions and their unpredictable actions can keep people on edge.

Furthermore, people who are drunk and disorderly can be reckless, even drinking while under the influence. Moderation (or ideally abstinence) is key in drinking and being aware of how one behaves under the influence can potentially reduce the risk of public intoxication.

Binge drinking risk factors

Due to relaxed attitudes toward binge drinking in places like clubs and bars, people may easily cave into peer pressure, increasing someone's likelihood of public intoxication. College students are one of the most at-risk groups for public intoxication. Public intoxication is one of the 5 most common offenses committed by college students. Other risk factors for public intoxication include being aged 18-34, being under the age of 21, being male, and coming from upper-income level housing.

Public intoxication and binge drinking

Public intoxication is most often the result of binge drinking. The CDC²² states "1 out of every 6 adults binge drink 4 times each month." Binge drinkers and heavy drinkers are easily more at risk for public intoxication. Binge drinking is calculated as 4 drinks per 2-hour timeframe (for women), and 5 or more drinks per 2-hour timeframe (for men) [55].

Open container violation

In most states, a person commits an open container violation by possessing or consuming alcohol within public places, which includes the confines of motor vehicles.

What is an open container violation?

Exactly what constitutes an open container violation varies by state. While driving under the influence is illegal in every state, most states also make it illegal for drivers and passengers to possess open containers of alcohol

²² The United States Centers for Disease Control and Prevention.

in a vehicle. To possess an open container of alcohol in a motor vehicle on a public road or highway is an open container violation. Open container violations are specific to the laws of each state and generally only refer to the possession of alcohol in vehicles, but can also include any of the following:

- Open container or consumption of alcohol within parked or in-motion motor vehicles.
- Patron removal of partially consumed containers or bottles from licensed establishments.
- Open container or consumption of alcohol in public areas.

“Public areas” are legally defined as explicitly public spaces like parks, sidewalks, beaches, and, controversially, private vehicles on the street. It is important to note that open container laws do not extend to private property that is open to the public, such as sports stadiums, concert arenas, outdoor bars, and restaurant patios.

There is no federal open container law; they exist solely on state and local levels. There are currently 7 states in the U.S. that allow open containers in public — Missouri, Arkansas, West Virginia, Mississippi, Virginia, Delaware, and Connecticut — and there is no comprehensive standardization of open container laws for the states and counties that do actively ban it. The purpose of open container laws and the incurring violations is to decrease rates of public intoxication and to specifically dissuade drinking and driving. Although the laws are unpopular amongst some, studies have found that states that have open container laws have a 5.1 % decrease in fatal DUI²³ crash rates compared to those that don’t.

How is “open container” defined?

State laws typically define an “open container” as an alcoholic beverage that has a broken seal, has been opened, or has had some of the contents removed. Containers can include any type of container that holds an alcoholic beverage, including: bottles, cans, flasks, and cups.

Common exceptions to open container laws

Just as open container laws vary by state, there are exceptions to the laws that differ by areas of jurisdiction as well. Some cities that are major entertainment and tourist destinations — such as Las Vegas, Nevada and New Orleans, Louisiana — have local statutes that permit public possession and consumption of alcohol despite state prohibition. Additionally, some states operate under a complete ban on alcohol in a

²³ Driving under the influence.

vehicle and others only retain a partial ban on alcohol in a vehicle. If the district has a partial ban, passengers are permitted to possess open containers in a vehicle but not drivers.

Other exceptions include the location of alcohol in a vehicle and the type of vehicle that someone possessing alcohol is a passenger in. Most states prohibit open containers from being anywhere in a vehicle; however, there are some states that only outlaw alcohol in the passenger area. Therefore, in certain states, alcohol can lawfully be kept in the trunk or area in a vehicle that is not readily accessible to the driver and passengers. Many states also allow open containers to be stored in the living quarters of motor vehicle homes and sanction passengers to consume alcohol in vehicles-for-hire like limousines and party buses.

Consequences of an open container violation

Punishment for an open container violation varies by state but is normally a ticketed offense that requires court appearance. Other consequences for public possession and/or consumption of alcohol include:

- License suspension
- Fines up to \$1,000
- Possible jail time
- Community service hours.

More importantly, an open container violation can lead to other more serious charges. Many people that are found with an open container often also face public intoxication, underage drinking, and/or driving under the influence (DUI) charges, all of which incur much steeper consequences [56].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Which of these statements are true?*

- Minor in Possession is one of the most common causes of arrest for Americans under the age of 25.
- In most states, an underage drinking charge is a misdemeanor.
- Public intoxication, also called being drunk and disorderly, is a felony in most states.
- Public intoxication is most often the result of binge drinking.
- Public intoxication is likely to lead to arrest and criminal punishment.

4. *Answer the questions to the text:*

- What is public intoxication?
- What is an open container violation?
- What are “public areas”?
- What are the consequences of an open container violation?
- What is the purpose of open container laws?

5. *Fill in the gaps in the sentences with information from the text:*

- When a person under the _____ drinking age is found to have been in possession of alcohol, punishment can take a variety of forms (legal, definite, exact).
- In most states, a person commits an open container violation by possessing or _____ alcohol within public places (disposing, consuming, selling).
- It is important to note that open container laws do not extend to _____ property (public, private, community).

6. *Determine if the following facts are mentioned in the text:*

- Public intoxication is one of the 5 most common offenses committed by college students.
- Cannabis, marijuana and hashish are the most widely abused drugs in the world.
- To possess an open container of alcohol in a motor vehicle on a public road or highway is an open container violation.

7. *Express your opinion on the issues highlighted in the text.*

Text 28

ADDRESSING 21ST CENTURY DRUG ISSUES: LAW ENFORCEMENT’S LEADERSHIP ROLE

Communities throughout the United States face issues related to substance abuse every day. Recent trends, including a rise in prescription drug abuse, increased heroin addiction, and the emergence of new drugs only add to this problem. Substance abuse within our communities also precipitates other problems, such as individuals committing crimes to fuel their addictions. And finally, our jails — where so many drug-addicted individuals end up — are not always the appropriate place to provide services for individuals going through withdrawal or the recovery process.

While law enforcement must deal with drug-related issues daily, the police alone cannot solve the problem of addiction in their communities. Law enforcement leaders must simultaneously recognize the importance of

their roles as first responders and also engage their governing bodies, legislators, and community leaders to address the broader aspects of these complex issues. They should also strive to create innovative partnerships with public health providers and rehabilitation experts to help line officers respond more effectively to substance abusers with an increased array of alternative solutions to incarceration.

To respond to this continuing problem in our communities, IACP²⁴ convened a National Drug Symposium in early 2015. Representatives from state, local, and tribal law enforcement; the federal government; the scientific community; and nonprofit organizations met at IACP headquarters to discuss the broad spectrum of contemporary drug issues. Participants discussed the issue of addiction, its effect on communities, and law enforcement's unique role in responding to addicted individuals. The report "Addressing 21st Century Drug Issues: Law Enforcement's Leadership Role" summarizes that discussion and highlights the findings from the symposium.

The task force on 21st Century Policing met with law enforcement officials and other experts, and concluded that trust between law enforcement agencies and the people they protect and serve is essential in a democracy. It is key to the stability of our communities, the integrity of our criminal justice system, and the safe and effective delivery of policing services.

Smart policing, smart justice, and smart alternatives require robust approaches to drug crime. For example, police chiefs can collaborate with school officials to educate our young people on the dangers of drug abuse and help prevent drug use before it begins triggering long-term adverse consequences. In addition to education/prevention, police chiefs can identify individuals with drug addictions in their neighborhoods and work with medical communities, nonprofit associations, and other professionals to divert those individuals to needed treatment, consistent with the president's task force, which states that the best approach emphasizes access to treatment over incarceration and support for early health interventions designed to break the cycle of drug use, crime, incarceration, and rearrest.

For some law enforcement agencies, drug education/prevention and diversion/treatment may represent new strategies in approaching drug addiction and drug-related crime. But what is not new to any police chief or line officer is that untreated substance use disorders are a serious public health and safety issue that contributes to increased crime, violence, abuse,

²⁴ International Association of Chiefs of Police.

and a host of other social problems. Untreated addiction also contributes to a wide array of illnesses, creating a serious financial drain on the economy.

While untreated drug addiction is a disease, it is a disease that is often treatable. Science has demonstrated that addiction is a disease of the brain — a disease that can be prevented and treated and from which people can recover. The Treatment Communities of America has useful guidelines in considering strategies for untreated addiction and substance use disorders, which include the following:

- No single treatment is appropriate for all individuals.
- Recovery from substance abuse can be a long process and frequently requires multiple episodes of treatment.
- Treatment of addiction is as successful as treatment of other chronic diseases such as diabetes.
- Substance abuse treatment is cost-effective in reducing drug abuse and its associated health, economic, and social costs.

Chief executives might consider these and other principles in developing effective strategies to combat recent drug trends in their communities.

One of the single most important strategies for law enforcement leaders is proactive collaboration with substance abuse treatment providers, the medical community, and other non-traditional partners to divert drug offenders to treatment. For example, law enforcement officers should build relationships with professionals at treatment centers and throughout the medical community to help people with substance use disorders find needed help. Without addressing the substance use disorder, offenders will cycle back through the criminal justice system and continue to burden society with increased arrests, rising prison and court costs, and higher crime rates.

Needless to say, law enforcement cannot accomplish these strategies in a vacuum. The medical community should carry the prevention and treatment flag in full partnership with law enforcement. For example, medical practitioners should assist law enforcement in identifying substance abuse treatment programs that meet recognized certification, accreditation and/or licensing standards. The medical community also should aggressively police itself to ensure that practitioners do not prescribe against established guidelines. And, of course, health professionals should refer individuals to law enforcement where appropriate. Ultimately, depending on the offense, there must be clear and swift consequences for breaking the law in addition to diversion to treatment.

How can law enforcement leaders, all of whom face limited resources and personnel, implement these and other related strategies to most effectively combat drug use, addiction, and crime?

The symposium group has identified six areas where police executives may best focus their resources:

- reaching at-risk populations
- identifying illegal drug sources
- starting and maintaining naloxone reversal programs
- targeting drugged driving
- utilizing drug courts
- referring individuals to drug treatment.

We have also come to understand the harmful, unintended collateral consequences of repeated and extended contact with the justice system for those low-risk citizens who, due to their addiction, might be better treated in the community. To address this pervasive and costly situation, our citizens, our communities, and our police need solutions that call upon the resources of both the public safety and the public health systems, as well as reflect the desires and concerns of the local community, solutions that reduce crime, reduce drug use, save dollars.

Law enforcement is focused on public safety and works to reduce crime. Drug treatment, when done correctly, is focused on addressing drug use, abuse and addiction, and works to reduce drug use. Drug addiction is a criminogenic risk factor and as a result, it is known that reducing drug use reduces crime. Only 10 percent of the justice population who need drug treatment will get it in jails and prisons. Therefore, for those citizens encountered by law enforcement who need drug treatment and have a minimal likelihood of recidivating, they are best referred to local, community-based drug treatment programs where they can receive the drug treatment they need thereby breaking the cycle of drugs and crime that both law enforcement and drug treatment service providers see all too often. In the various scenarios that exist in this strategy, law enforcement becomes a referral source to treatment, and possibly a quite large referral source, just as the rest of the criminal justice system is the largest single referral source to publicly funded drug treatment services.

IACP Action Items

1. IACP can promote collaboration with a host of organizations to accomplish the education/prevention and diversion/treatment strategies. These stakeholder organizations include such medical associations, the American Medical Association, the American Cancer Society, the American Osteopathic Academy of Addiction Medicine, the Center for

Health and Justice at TASC²⁵, the National Association of State Alcohol and Drug Abuse Directors, and the National Institute on Drug Abuse. Other partners may include the American Psychiatric Association, American Society of Addiction Medicine, the American Academy of Pediatrics, and the American College of Emergency Physicians.

- IACP can and should include other associations in these efforts, such as the Association of Prosecuting Attorneys, the National Association of Counties, the National District Attorneys Association, and the National Governors Association, as well as federal, state, and local law enforcement officials.

- IACP might consider a summit with representatives from these types of organizations to develop concrete recommendations for achieving shared education/prevention and diversion/treatment goals and hold a press conference to broadcast their message.

2. IACP should work with the media to get more information out about the effects of illegal drugs on middle and high school students. For example, friendly media outlets could promote public advertising campaigns about the dangers of drugs on children's developing brains and their long-term health. These campaigns also could emphasize the concrete consequences of illegal drug use — not just prison time, which is key, but the fact that offenders in prison will no longer be able to walk their daughters to school, protect their little brothers from drug dealers, or help their ailing grandmothers. These approaches were effective in public service announcements funded by the DOJ's²⁶ Project Safe Neighborhoods and broadcasting the consequences of gun offenses. In fact, these types of approaches were found to be more effective than threatening jail time or showing jail cells.

3. IACP will continue to promote and train individuals through its Drug Impairment Training for Educational Professionals (DITEP) training. DITEP training provides secondary educators and school nurses working with students of legal driving age the training needed to identify and document the drug- and/or alcohol-impaired student. This course provides trainees with the ability to recognize the outward signs, symptoms, and indicators of drug and/or alcohol impairment, recommended documentation procedures, and appropriate dialog to use when talking with the parents. This training is not designed to punish the student. It is to protect the student from hurting

²⁵ Treatment Alternatives for Safe Communities.

²⁶ Department of Justice.

themselves or others while impaired and start the process to get them the help they need.

4. IACP should continue to work with NHTSA²⁷ on drugged driving tests and training programs. IACP also could coordinate development of an education campaign on the dangers of drugged driving. Mothers Against Drunk Driving (MADD) could be a key ally in such a campaign, and IACP could consider reaching out to MADD for critical advice.

5. With respect to marijuana, we all recognize that the legalization movement has gained significant ground in recent years and now must find innovative ways to collaborate with other stakeholders to oppose continued expansion of the legalization and decriminalization laws. In addition to the specific action items identified for chiefs to consider in their own departments, IACP might consider initiating critical actions in this arena [57].

COMPREHENSION CHECK

1. *Make a list of the words that best reflect the content of the text.*

2. *State the main content of the text.*

3. *Which of these statements are true?*

- The police alone can solve the problem of addiction in their communities.
- Trust between law enforcement agencies and the people they protect and serve is essential in a democracy.
- Untreated substance use disorders are a serious public health and safety issue that contributes to increased crime.

4. *Fill in the gaps in the sentences with information from the text:*

- Science has demonstrated that addiction is a disease of the _____— a disease that can be prevented and treated (mood, century, brain).
- Recovery from substance abuse can be a long process and frequently requires multiple episodes of _____ (education, treatment, counseling).
- The medical community should carry the _____ and treatment flag in full partnership with law enforcement (medication, prevention, protection).

5. *Which of these statements are true:*

- Treatment of addiction is as successful as treatment of other chronic diseases such as diabetes.

²⁷ National Highway Traffic Safety Administration.

- Law enforcement is focused on public safety and works to reduce crime.
- Substance abuse does not precipitate such problems as individuals committing crimes to fuel their addictions.

6. *Determine if the following facts are mentioned in the text:*

- Smart policing, smart justice, and smart alternatives require robust approaches to drug crime.
- Only 10 percent of the justice population who need drug treatment will get it in jails and prisons.
- Inhalants like household cleaners are some of the most commonly abused substances.

7. *Express your opinion on the issues highlighted in the text.*

Text 29

DRUG CRIMES IN MASSACHUSETTS

Drug offenses continue to represent a large percentage of the criminal cases in the District, Municipal and Superior Courts of Massachusetts. Drug crime charges often involve unlawful possession, distribution or trafficking of substances like cocaine, crack-cocaine, heroin, Ecstasy, marijuana, LSD, or the possession or sale of unauthorized prescription medicine such as Percocet, Oxycontin and Vicodin. In every drug case, there are essential elements of the charge that the prosecution must prove beyond a reasonable doubt. In each case the Commonwealth must establish that the defendant charged with a drug crime:

- knowingly and
- intentionally
- possessed
- a controlled substance.

If the actual criminal charge involves manufacturing, distribution, possession with intent to distribute, trafficking or an even more serious drug charge, the basic elements are amended to include the additional factors involved. A controlled substance is defined by statute in Massachusetts. A controlled substance is any drug or chemical whose manufacture, possession, or use is regulated by the government. In determining the facts a judge or jury may consider all relevant evidence introduced in the case, including the testimony of expert witnesses or any other witness to support or dispute the allegation that the material in question is in fact a controlled substance. This element was usually met when the prosecutor introduced into evidence a drug certificate

summarizing the result from an analysis performed by a chemist at the state drug laboratory. Presently, under new case law, the chemist is now required to come to court to testify and the defense attorney has an opportunity to confront and vigorously cross-examine the chemist at trial on all testing procedures performed or not followed.

Punishment for drug convictions in Massachusetts

Drug convictions, whether they occur in the District, Municipal, or Superior Courts of Massachusetts can result in penalties ranging from court fines to lengthy minimum mandatory house of correction or state prison sentences. If you are charged with a Massachusetts drug offense, the type of drug and quantity possessed will be carefully scrutinized by the prosecutor. If the drug was sold to a minor or distributed or possessed with the intent to distribute in a school zone or park zone, law enforcement will take a very aggressive approach to prosecuting the case. If you are a first time drug offender with a cocaine possession conviction your case may be continued without a finding (CWOFF) and dismissed after a certain period and you may request to have your criminal history sealed.

Possession of drugs or drug paraphernalia

Some of the most common and serious criminal offenses in Massachusetts involved the use, possession, and distribution of drugs. Drug crime charges often involve unlawful possession, distribution or trafficking of substances like cocaine, crack-cocaine, heroin, Ecstasy, marijuana, salvia, opium, LSD, ketamine, valium, Percocet, Oxycontin and Vicodin. Possession is defined as the direct physical control or custody of a controlled substance. This law provides that no person shall knowingly or intentionally possess a controlled substance unless the substance was directly obtained from a valid prescription or order from a medical practitioner. A controlled substance is any drug or chemical whose manufacture, possession, or use is regulated by the government. In order to obtain a conviction for Possession of a Controlled Substance in Massachusetts, the prosecution must be able to prove the following three elements beyond a reasonable doubt: (1) The substance in question is a controlled substance; (2) The defendant possessed some perceptible amount of that substance; and (3) The defendant did so knowingly or intentionally. Having an experienced criminal lawyer on your side is the best defense. It is the only way to help you achieve the best possible results when facing drug offenses such as Possession of a Controlled Substance.

Any person who possess more than 1 ounce of marijuana or another Class D controlled substance is punishable by:

- imprisonment in a house of correction for no more than 6 months, or
- a fine of \$500, or
- by both fine and imprisonment.

A second or subsequent offense for possession of heroin is punishable by:

- no more than 2 years in a house of correction, or
- a fine not to exceed \$2,000, or
- by both fine and imprisonment.

Although Massachusetts has recently decriminalized marijuana possession in instances of small amounts (less than 1 ounce), larger amounts and possession with intent to distribute will still carry serious criminal penalties.

If the offender possessed the controlled substance cocaine or another Class B controlled substance, a conviction shall result in the following punishments for a first offense:

- not more than 1 year of imprisonment, or
- a fine not to exceed \$1,000, or
- both fine and imprisonment.

A second or subsequent offense for possession of heroin is punishable by:

- no more than 2.5 years in a house of correction, or
- a fine not to exceed \$2,000, or
- both fine and imprisonment, and
- license suspension for 1 year.

If the offender possessed the controlled substance heroin or another Class A controlled substance, a conviction shall result in the following punishments for a first offense:

- imprisonment in a house of correction for not more than 2 years, or
- a fine not to exceed \$2,000.

A second or subsequent offense for possession of heroin is punishable by:

- imprisonment in the state prison for at least 2.5 years, but no more than 5 years, or
- a fine of not more than \$5,000 and imprisonment in a jail or house of correction for not more than 2.5 years.

Possession of drug paraphernalia

In Massachusetts, not only is it a crime to possess drugs, the possession of drug paraphernalia is also a crime. The law dictates that any

person who possesses, sells or purchases drug paraphernalia knowingly will be held in violation. Drug paraphernalia is defined under the Law to include all equipment, products, devices and materials of any kind that may be used to plan, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack store, contain, conceal, inject, ingest, inhale or otherwise introduce into the human body a controlled substance. The potential punishment for violation of this law is as follows:

- 1–2 years in a jail or house of correction, or
- a fine of \$500–5,000, or
- both such fine and imprisonment.

If, however, a person sells drug paraphernalia to anyone under the age of 18, they are punishable by the following:

- 3–5 years in a state prison, or
- a fine of \$1,000–5,000, or
- both such fine and imprisonment.

Over the past decade, there has been a shift in how society views drug use. While it used to be that drug users were all “criminals,” there is now a greater understanding that drug addiction is a form of mental illness. However, while there is now a greater emphasis on treatment and services for drug users, this has resulted in a shift towards the aggressive prosecution of those who put the drugs in user’s hands.

What makes out possession with intent to distribute?

There are two main categories of Boston drug crimes; those involving possession for personal use and those involving manufacturing and sale. When it comes to the latter, the law prohibits not only the actual sale of drugs but also the possession with the intent to sell them. This is why many people refer to felony drug distribution charges as possession with the intent to distribute.

Distribution of drugs

In Massachusetts, distribution of drugs can be charged as a felony, depending on which type of controlled substance is at issue. There are five different classes of drugs: A, B, C, D, and E. If you are charged with distributing (or possessing with intent to distribute) a controlled substance that falls into class A, B, or C, you can be charged with a felony. While charges related to class D or E substances are misdemeanors, the penalties may still seem harsh.

Charges based on distribution of drugs

Class A drugs are considered the most dangerous drugs, and they include controlled substances like heroin. Class D and class E drugs are considered the least serious drugs, with marijuana counting as a class D drug. You should not assume that being charged with distribution of any of these controlled substances means that you will certainly be convicted. An experienced attorney can look at the facts of your particular case and determine whether any defenses are available. These may include lack of intent, lack of knowledge of the drugs, police entrapment, and constitutional rights violations involving illegal searches and seizures.

In order to arrest you for distribution of drugs, the police need to have probable cause to believe that you actually were involved in a transaction in which you provided someone else with a controlled substance. Generally, possession with intent to distribute drugs involves circumstantial evidence, such as the presence of large quantities of cash or scales. How the police find the evidence to arrest you can make a big difference to your case. For example, if the police find evidence after stopping your car on a hunch, rather than with a reasonable suspicion, it may be possible for a drug distribution attorney in Boston to help you suppress evidence obtained from a search of the car.

To be charged with marijuana distribution, the prosecution will need to prove beyond a reasonable doubt that the substance at issue is a class D substance, that you distributed some amount of it to someone else, and that you did so knowingly or intentionally. Under Massachusetts General Law, anyone who knowingly or intentionally distributes marijuana faces the potential for 2.5 years in jail or a house of correction, a fine of \$500 to \$5,000, or both. There is no mandatory minimum sentence. The penalties are harsher if you are charged with marijuana distribution a second, third, or fourth time.

Cocaine distribution is considered more serious. Cocaine is a class B controlled substance. Under Massachusetts General Law, you can be convicted if you knowingly or intentionally distribute, dispense, or possess cocaine with intent to distribute. If convicted, you face the possibility of up to 10 years in a state prison, up to 2.5 years in jail or a house of correction, a fine of \$1,000 to \$10,000, and the suspension of your driver's license. There is a three-year mandatory minimum sentence of imprisonment in state prison for a repeat offense, as well as a fine of \$2,500 to \$25,000.

Any drug distribution charge will be punished more harshly when the violation occurs in a school or park zone. If you are convicted of drug distribution, the jury is supposed to determine whether the violation

occurred within 1,000 feet of a school, preschool, or head start facility or within 100 feet of a public park or playground. It does not matter whether school was in session or whether children were actually in the park at the time of the incident, or whether you knew about how close the school, park, or playground was.

Drug trafficking

The trafficking of drugs has become a worldwide phenomenon, as it is a major commodity in the global black market. Drug trafficking involves the cultivation, manufacture, distribution and sale of controlled substances. The United States government is expressly opposed to the illegal drug trade, and drug trafficking is criminalized at both the national and state level. The Commonwealth of Massachusetts imposes considerable penalties for those individuals convicted of trafficking controlled substances.

If you are convicted of a drug crime in Boston or any other Massachusetts community, you may be subject to punishment including jail, a lengthy probation term, hefty fines and fees, mandatory loss of your driver's license from 1–5 years, and ongoing drug testing and treatment. If you violate your probation terms you could be sentenced to jail. If you are not a citizen and you are convicted of a Massachusetts drug crime, you face deportation, exclusion from admission into the United States or denial of naturalization under our immigration laws [58].

COMPREHENSION CHECK

1. Make a list of the words that best reflect the content of the text.

2. State the main content of the text.

3. Which of these statements are true?

- A controlled substance is any drug or chemical whose manufacture, possession, or use is regulated by the government.
- Possession is defined as the direct physical control or custody of a controlled substance.
- The possession of drug paraphernalia is not a crime.
- In Massachusetts, distribution of drugs can be charged as a felony, depending on which type of controlled substance is at issue.

4. Determine if the following facts are mentioned in the text:

- In Massachusetts there are five different classes of drugs: A, B, C, D, and E.

- Some of the most common and serious criminal offenses in Massachusetts involved the use, possession, and distribution of drugs.

- Sleeping pills fall into a category of drugs known as sedative-hypnotics.

5. *Fill in the gaps in the sentences with information from the text:*

- The potential punishment for possession of drug paraphernalia can be both _____ and imprisonment (treatment, sentence, fine).

- If a person sells drug paraphernalia to anyone _____ the age of 18, they are punished (over, under, at).

- The law prohibits not only the actual sale of drugs but also the possession with the _____ to sell them (interest, intent, desire).

6. *Answer the questions to the text:*

- What makes out possession with intent to distribute?

- What is the punishment for drug trafficking?

- What is the punishment cocaine distribution?

7. *Express your opinion on the issues highlighted in the text.*

Text 30

MARIJUANA LEGALIZATION AND DECRIMINALIZATION

State marijuana laws have changed dramatically in recent years. State and local law enforcement need to be aware of three significant trends.

1. Forty-one states and the District of Columbia have enacted legislation permitting limited use of marijuana for medicinal purposes, such that persons with a medical need for personal marijuana use may legally obtain a referral for marijuana, for example, to alleviate pain from chemotherapy, nerve pain, glaucoma, seizures, and other disorders.

2. Fourteen states and the District of Columbia have decriminalized marijuana, such that criminal violations for personal, non-medical use may be reduced or abolished.

3. Four states, Washington, Colorado, Oregon, and Alaska, have legalized a for-profit commercial marijuana industry, and the District of Columbia has legalized marijuana for personal use.

Many states that have not already legalized medical marijuana are considering legislation to allow personal use of medical marijuana. And several states are considering legislation to decriminalize or legalize personal, non-medical use of marijuana.

IACP²⁸ strongly opposes the decriminalization and legalization of marijuana and urges law enforcement to oppose these trends in statehouses across the United States.

The federal government has not changed federal law, but, in recent years, federal policy with respect to marijuana use has changed. Federal law still classifies marijuana as a Schedule I drug, alongside other drugs like heroin and methamphetamines, and there is little, if any, evidence of any planned changes to that classification.

Marijuana science research points to serious adverse health effects of long-term marijuana use. For example, a recent RAND²⁹ report found that marijuana use has clear acute and chronic health effects, especially of frequent, high-dose marijuana use. Acute risks include accidents and impaired cognitive functioning while intoxicated, as well as anxiety, dysphoria, and panic. Longer-term risks of persistent heavy use include dependence and bronchitis. Some evidence suggests other serious risks for heavy marijuana users, particularly with psychotic symptoms (which is not the same as being diagnosed with schizophrenia), cardiovascular disease, and male testicular cancers.

Opponents of marijuana legalization and decriminalization should carefully examine these and other studies to adequately assess the true effects of marijuana use. Advocates of legalization and decriminalization, similarly, need to look objectively at the studies and to recognize that marijuana users are doing harmful things to themselves and to others, and, moreover, acknowledge the public health and safety risks that attend increased marijuana decriminalization and legalization.

Finally, adult marijuana users in some communities are placing our youngest generation at serious risk, not only for youth drug use, but also for unhealthy homes and neighborhoods in which to live. Police officers may be the first line of defense to protect these drug-endangered children and to break the cycle of drug abuse that puts these children at such extreme risk. Law enforcement leaders need to be acutely aware of this at-risk population and their needs. The public health consequences of marijuana use, including those identified earlier, are inseparable from the adverse public safety consequences. These public health and safety risks

²⁸ International Association of Chiefs of Police.

²⁹ A research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous.

form the top 10 reasons why IACP opposes continued marijuana decriminalization and legalization.

Top 10 reasons to oppose marijuana legalization:

1. Increase in marijuana use among youth and young adults.
2. Increase in number of drug-endangered children.
3. Increase in number of marijuana abusers and addicts.
4. Increase in number of users needing treatment.
5. Increase in number of emergency room visits for marijuana-related incidents.
6. Increase in diversion of marijuana to the black market and for unintended purposes (e.g., increased exports of marijuana from “legal” states to states prohibiting marijuana, and unauthorized use for non-medical purposes).
7. Increase in marijuana-impaired driving fatalities.
8. Adverse impact and cost of physical and mental health damage to users.
9. Decrease in academic performance and workplace productivity.
10. Overall economic cost to society outweighing any revenue generated.

Law enforcement officials have a critical role in messaging the adverse public health and safety effects of marijuana use and addiction. This messaging must especially target the dangers to youth and the risk of abuse and addiction. In addition, police executives must continue to target illegal diversion to prevent escalating marijuana abuse.

Aforementioned in this document, the effect of marijuana use on our youth is far different than on adults; young people’s brains are still developing, and heavy marijuana use can adversely and permanently impact the development of important brain functions. These adverse impacts may be permanent and irreversible.

Education is a key component to preventing young people from starting marijuana use. Colorado reportedly is devoting significant resources to youth prevention and education. To discourage minors from using marijuana, the state is spending \$17 million on youth prevention and education. An ad campaign aimed at 12- to 15-year-olds, who are seen as more open to persuasion than older teenagers... will focus on marijuana’s potential risk to growing brains.

It is important to responsibly educate children about marijuana and its attendant risks, or we will find our youngest generation subject to increased

abuse and addiction. The time is now to address youth and marijuana, as studies report that youth marijuana use is on the rise. The momentum behind the marijuana legalization movement adds a particular urgency; in the three years after marijuana for medical use was legalized in Colorado, the state faced a 26 percent increase in youth (ages 12 to 17 years) monthly marijuana use. This significant increase could adversely affect an entire generation of young people and their academic performance, job prospects, relationships, and, ultimately, their long-term health.

Predictably, increased marijuana use is accompanied by addiction and increased needs for treatment. In some cases, youth treatment houses have seen a surge in the need for youth treatment. Nearly 70 percent of the teenagers in residential substance-abuse programs run by Phoenix House³⁰, which operates drug and alcohol treatment centers in 10 states, listed marijuana as their primary problem.

Exacerbating the problem is that children and young people do not appear to have adequate information about the risks of marijuana use and, in fact, may be unclear about the drug's harmful health effects. This disconnect is perhaps why, while we are seeing a decline in youth use of alcohol and tobacco, we are finding a simultaneous increase in youth marijuana use, drug-related school incidents, and marijuana addictions.

Finally, marijuana legalization has caused an increase in accidental marijuana consumption of "edibles" ingested by our youngest generation. Edibles, which are not regulated by the Food and Drug Administration (FDA), but are legal in states like Colorado, are marijuana-laced products that can be dangerous for both youth and adults. There is not always an easy way to determine that the edibles contain marijuana's active ingredient, THC, as the labeling is not consistently clear. Colorado now legally sells sweets such as cookies, candy, and other edibles laced with THC, which can pose a real danger to children. Experience in Colorado has shown that people can quickly ingest large amounts of THC that way, which can produce frightening hallucinations and even death.

Studies indicate that 1 in 11 persons who use marijuana become addicted. While use and addiction percentages are higher for drugs like heroin and methamphetamines, 1 in 11 still adds up to a large number of individuals addicted to marijuana.

³⁰ A nonprofit drug and alcohol rehabilitation organization.

Illegal diversion

Law enforcement can work with legislators to oppose marijuana decriminalization and legalization; school officials to address youth marijuana use; the medical community to address diversion and treatment; and public affairs departments and others to emphasize specific messaging.

However, enforcement remains a critical strategy, and police executives should focus on the several different types of illegal marijuana diversion.

- Medical marijuana, where legally prescribed to those with cancer and other illnesses, reportedly is abused for purposes other than “bona fide” medical purposes.

- In states where marijuana is legal for non-medical purposes, a black market often flourishes. In fact, a black market reportedly “exploded” in Washington state after the drug was legalized in 2013, “with scores of legally dubious medical dispensaries opening and some pot delivery services brazenly advertising that they sell outside the legal system.”

- Similar to illegal firearms trafficking, marijuana may be exported from states with liberalized marijuana laws to states where marijuana is illegal. This very outcome led attorneys general in Nebraska and Oklahoma — where the drug is still illegal — to sue Colorado in December 2014 in the U.S. Supreme Court for increased marijuana imports into their states. If the court allows the action to go forward, the plaintiff states will ask the court: (1) to declare as unconstitutional the portion of Colorado law that legalizes the commercial manufacture, possession, and distribution of marijuana (Sections 16(4) and (5) of Article XVIII of the Colorado Constitution); and (2) to prevent Colorado from implementing those provisions.

In order to stop marijuana crime and abuse, police need to find the specific sources of the illegal drugs in their communities. The sources may be any number of venues or persons, including black-market “dispensaries,” sophisticated drug cartels, out-of-state gang members, or Internet sites. Police agencies need to tailor their enforcement efforts accordingly to protect their communities from illegal marijuana use and related crime.

Police Chiefs action items

1. The marijuana legalization movement has gained significant ground in recent years. Law enforcement executives need to collaborate with stakeholders and find innovative ways to oppose expansion of

marijuana legalization. At the same time, law enforcement executives should ensure that academies, roll-calls, and in-service trainings routinely talk about the changing legal landscape so that officers are consistently educated about the relevant legal provisions in their jurisdictions.

2. Police chiefs and members of the medical community should collaboratively use social media and speaking appearances to middle and high school children to warn them about marijuana's harmful effects. If police officers and pediatricians personally, visited schools with this message, misconceptions about marijuana's effects could be quashed and marijuana use would be reduced.

3. Chief executives across the United States should partner with public schools, middle schools and high schools to encourage tracking of information about marijuana use and drug-related incidents in schools. For example, law enforcement officers could meet with school principals and collaborate on creative but simple ways to capture data, which may serve also to identify the different types and sources of drugs in a particular school community.

4. In states where marijuana is legal in some form (for medical or personal use), law enforcement leaders should focus its efforts to identify users and to work with treatment centers to ensure that those who are addicted do not burden society with higher physical and mental health costs and decreased productivity and tax revenue.

5. Police chiefs also need to strategically identify the sources of the illegal marijuana in their communities [57].

COMPREHENSION CHECK

1. Make a list of the words that best reflect the content of the text.

2. State the main content of the text.

3. Which of these statements are true?

- Many states that have not already legalized medical marijuana are considering legislation to allow personal use of medical marijuana.
- Increase in marijuana use among youth and young adults is not the reason to oppose marijuana legalization.
- Education is a key component to preventing young people from starting marijuana use.

4. Fill in the gaps in the sentences with information from the text:

- It is important to responsibly _____ children about marijuana and its attendant risks (treat, punish, educate).

- Increased marijuana use is accompanied by _____ and increased needs for (punishment, treatment, addiction).

- Similar to illegal firearms trafficking, marijuana may be exported from states with liberalized marijuana laws to states where marijuana is _____ (legal, illegal, used).

5. *Determine if the following facts are mentioned in the text:*

- Medical marijuana, reportedly is abused for purposes other than “bona fide” medical purposes.

- Edibles, are marijuana-laced products that can be dangerous for both youth and adults.

- Studies indicate that 1 in 11 persons who use marijuana become addicted.

- An average cigarette smoker is likely to give up 5 ½ years of his life because he smokes.

6. *Answer the questions to the text:*

- How does Federal law classify marijuana?

- What are adverse health effects of long-term marijuana use?

- What are top 10 reasons to oppose marijuana legalization?

7. *Express your opinion on the issues highlighted in the text.*

GLOSSARY

acamprosate	акампросат
acetaminophen	ацетаминофен
alprazolam	альпразолам
ammonia	аммиак
amphetamine	амфетамин
amyl nitrite	амилнитрит, азотистоамиловый эфир
anabolic steroid	стероидное анаболическое средство
anesthetic	анестетик, анестезирующее средство
anhydride	ангидрид
antianxiety drug (medication)	транквилизатор, успокоительный препарат
antidepressant	антидепрессивное средство
barbiturate	барбитурат
benzodiazepine	бензодиазепин
buprenorphine	бупренорфин
caffeine	кофеин (растительный алкалоид)
cannabis	каннабис; сушеные цветки и экстракт из семян конопли (сырье для производства гашиша и марихуаны); анаша
cannabis oil	конопляное масло
carbon monoxide	оксид углерода
cathinone	катинон
chloroform	хлороформ
club drug	клубный наркотик, наркотик тусовок
cocaine	бензоилэкгонин алкалоид, содержащийся в листьях кокаинового куста или коки, кокаин
cocaine hydrochloride	солянокислый кокаин
codeine	кодеин
cognitive enhancer	усилитель когнитивных функций

coke	кокаин
cold medicine	лекарство от простуды
controlled drug	лекарственный препарат, подлежащий предметно-количественному учёту
cough suppressant	противокашлевый препарат
crack	крэк (дешевая, общедоступная смесь кокаина с примесями пригодная для курения)
crack cocaine	крэк-кокаин, крэк, курительный кокаин
crystal meth	метамфетамин в кристаллах
depressant	депрессант
designer drugs	дизайнерские наркотики (психоактивные вещества, разрабатываемые с целью обхода действующего законодательства, синтетические заменители какого-либо натурального вещества, полностью воспроизводящие наркотические свойства последнего)
dextroamphetamine	декстроамфетамин
dissociative anesthetic	диссоциирующий анестетик
disulfiram	дисульфирам
downer	успокаивающее
drug	лекарственный препарат, медикамент, наркотическое вещество
ecstasy	экстази
embalming fluid, killer weed	ангельская пыль
ephedrine	эфедрин
essential drugs	основные лекарственные средства, лекарственные препараты первой необходимости
GABA, gamma-Aminobutyric acid	ГАМК, γ-Аминomásляная кислота

GHB, gamma-hydroxybutyric acid	гамма-гидроксимасляная кислота, фэнтези
hallucinogen	галлюциногенное вещество
hash	анаша
heroin	героин, диацетилморфин
huffing	нюхачество
hydrocodone	гидрокодон
hydrocodone	гидрокодон
hypnotic drug	снотворное средство
ibuprofen	ибупрофен
illicit drug	запрещенное вещество, запрещенный наркотик
inhalant	лекарственная форма для ингаляции
khat	кат (наркосодержащее растение кат)
laughing gas	закись азота, веселящий газ
legal drug	разрешенный наркотик
licit drug	незапрещенное наркотическое средство
LSD, lysergic acid diethylamide	ЛСД, диэтиламид лизергиновой кислоты
magic mushroom	галлюциногенный гриб
marijuana	марижуана
MDMA, 3,4- methylenedioxymethamphetamine	3,4-метилендиокси- метамфетамина, экстази
mescaline	мескалин (наркотик стимулирующего действия)
methadone	фенадон, метадон
methamphetamine	метамфетамин
methylphenidate	метилфенидат
naloxone	налоксон
naltrexone	налтрексон
narcotic analgesic	наркотический анальгетик
narcotics	наркотические средства
nitrite	нитрит
nitrous oxide	закись азота, веселящий газ

NPS, new psychoactive substance	новое психоактивное вещество
opiat	опиат
opioid	опиоид
opium	опиум, опий, наркотик
opium poppy	опиумный мак
over-the-counter drug	безрецептурное лекарственное средство
oxycodone	оксикодон
oxycodone hydrochloride	оксикодона гидрохлорид
pain medication	болеутоляющее средство
pain reliever	болеутоляющее лекарственное средство
PCP, phencyclidine	фенилциклидин
peyote	мескалин
pharmaceutical	лекарственный препарат, фармацевтическая продукция
precursor chemical	химический прекурсор
prescribed drug	отпускаемое по рецепту лекарственное средство
psilocin	псилоцин
psilocybin	псилоцибин
psychoactive substance	психотропное вещество
psychostimulant	психостимулирующее средство
recreational drug	рекреационный наркотик, легкий наркотик, клубный наркотик
salvia divinorum	сальвия, шалфей пруций
sedative	седативное средство, успокоительное средство
sleeping pill	снотворное
speed	«спид» (наркотик из группы стимуляторов)
stimulants drugs (stimulant)	стимулирующее лекарство, взбадривающее лекарственное средство
street drug	наркотик; рекреационный наркотик; наркотическое

	вещество, купленное на улице
THC, tetrahydrocannabinol	тетрагидроканнабинол
tranquilizer	транквилизатор
upper	энергетик
valium	валиум
whippet	закись азота
Δ 9-THC	тетрагидроканнабинол, активное вещество марихуаны

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NOTES

Учебное издание

Малкова Татьяна Вячеславовна;
Рябченко Надежда Геннадьевна

АНГЛИЙСКИЙ ЯЗЫК

Учебное пособие

Редактор *Фролова А. В.*
Компьютерная вёрстка *Фролова А. В.*
Дизайн обложки *Шеряй А. Н.*

ISBN 978-5-91837-681-2



Подписано в печать 14.03.2023. Формат 60×84¹/₁₆
Печать цифровая. Объём 13 п. л. Тираж 50 экз. Заказ № 19/23

Отпечатано в Санкт-Петербургском университете МВД России
198206, Санкт-Петербург, ул. Лётчика Пилютова, д. 1