



Pre-Reading Activities

A: Discussion

Answer these questions in pairs. (Do not use the Internet or any reference materials to answer them, just use your own knowledge.)

1. What percentage of adults in the world do you think use an illicit drug each year? (Make a guess.)
2. Name some illicit drugs.
3. How is the illicit drug heroin produced?
4. How big is the world market for this drug? (Make a guess.)
5. When parents take illicit drugs, how are their children affected?
6. What kinds of treatments are drug addicts usually given for their addiction? Does treatment differ in various parts of the world?



B: Asking And Answering Questions

Work in pairs. One of you is **Student A**, the other **Student B**. Ask your partner questions to find answers for the gaps in your text. Answer your partner's questions. Do not look at your partner's text while you are doing this.

Text for Student A:

Main figures from U.N. World Drug Report

VIENNA Wed, Jun 23, (Reuters) - Global heroin and cocaine production is falling but drug trafficking routes and markets are shifting and destabilizing Africa in particular, the U.N. Office on Drugs and Crime said in a report on Wednesday.

Here are some facts and figures from the annual World Drug Report.

WORLD DRUG USE

Overall, 1. _____ percent of the global population aged 15-64 used an illicit drug at least once in 2008.

COCAINE

* The global market is worth an estimated 3. _____ . North America is the biggest market, valued at \$37 billion while Europe is catching up at \$34 billion.

* 5. _____ abuse is growing in West Africa.

* The number of users in Europe has doubled to around 4.1 million in the past decade. North American users have halved to 5.3 million since 1982.

* North America and Europe make up 70 percent of cocaine demand and 85 percent of the total market value.

* There are 7. _____ users in South America, Central America and the Caribbean.

HEROIN

* Afghanistan produces 89 percent of the world's opium from which heroin is produced. Myanmar, Mexico and 9. _____ are the next biggest suppliers.

* Opium production is expected to decline further in 2010 due to falling crop yields caused by a blight in 11. _____.

* Western Europe is the world's biggest heroin market (26 percent of total) followed by Russia (21 percent) and 13. _____ (13 percent).

* Iran and Turkey were responsible for 15. _____ more than half of heroin seized globally in 2008.

* Around 40 percent of Afghan heroin/morphine is trafficked through Pakistan....

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Text for Student B:

Main figures from U.N. World Drug Report

VIENNA Wed, Jun 23, (Reuters) - Global heroin and cocaine production is falling but drug trafficking routes and markets are shifting and destabilizing Africa in particular, the U.N. Office on Drugs and Crime said in a report on Wednesday.

Here are some facts and figures from the annual World Drug Report.

WORLD DRUG USE

Overall, 3.5-5.7 percent of the global population aged 2. _____ used an illicit drug at least once in 2008.

COCAINE

* The global market is worth an estimated \$88 billion. North America is the biggest market, valued at 4. _____ while Europe is catching up at \$34 billion.

* Cocaine abuse is growing in West Africa.

* The number of users in Europe has doubled to around 6. _____ in the past decade. North American users have halved to 5.3 million since 1982.

* North America and Europe make up 70 percent of cocaine

demand and 85 percent of the total market value.

* There are 2.7 million users in South America, Central America and the Caribbean.

HEROIN

* 8. _____ produces 89 percent of the world's opium from which heroin is produced. Myanmar, Mexico and Columbia are the next biggest suppliers.

* Opium production is expected to 10. _____ further in 2010 due to falling crop yields caused by a blight in Afghanistan.

* 12. _____ is the world's biggest heroin market (26 percent of total) followed by Russia (21 percent) and China (13 percent).

* 14. _____ and Turkey were responsible for capturing more than half of heroin seized globally in 2008.

* Around 40 percent of Afghan 16. _____ is trafficked through Pakistan....

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Reading Activities

A: Matching Information

Read today's article as quickly as you can (do not read every word) and match the descriptions to the people or organizations).

1. Sanga Amaj is...
2. Parwana is...
3. Abdul Basir is...
4. Fadilan Abdul Kayong...

- i. ...one of the staff at the drug clinic.
- ii. ...an expert on illicit drugs.
- iii. ...a center for drug addiction.
- iv. ...a child who was formerly addicted to opium.

Child addicts find succor in a corner of Kabul

KABUL, June 15 (Reuters) - Look closer at the drawings on the wall of the Sanga Amaj clinic, and a wrenching motif emerges.

One 11-year-old's family tableau shows father and mother huddled over heroin kits as their sons watch haplessly. Another sketch is of smiling youngsters around a poppy plant that has been crossed out in red, like a traffic no-go sign.

Taken in sequence, they're an ideal depiction of the recovery that Sanga Amaj, one of three U.S.-funded drug clinics for women and children in Afghanistan, offers in modest measure to the most overlooked and vulnerable of the country's many opiate addicts.

While addict babies born to drug-using mothers are familiar in the West, experts say the Afghan phenomenon of parents exposing their young to second-hand opium smoke, or actively encouraging them to partake, is unique and largely unexplored.

"When kids are testing positive like this, then there has to be a serious problem," said Thom Browne of the U.S. State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL), describing the pressure that program staff are under to conduct studies even as they treat patients.

Some children are admitted with latent drug levels as much as 15 times higher than that of heroin users in the United States, Browne said, blaming the purity of Afghan poppy products and a high tolerance developed through protracted inhalation indoors.

"We don't know the long-term effects of this on the kids' brains, their development, their emotions. It looks like there's a can of worms here -- not just in the high addiction rate, but in the level of addiction," he said.

A low-slung complex of dormitories and workshops on a side road near Kabul University, Sanga Amaj began four years ago as a clinic for female addicts, housing 20 at a time. Their young children were also put up for convenience, but staff immediately noticed that some showed withdrawal symptoms of their own.

The 15 boys and girls now there range from 3 to 10 years in age. Seven are healthy, staying while their mothers undergo a 45-day detoxification and re-education course in rooms just across the leafy courtyard. The other 8 are in recovery.

Parwana is 9 but looks younger, her growth likely stunted by the opium to which she says her widowed mother introduced her and a 5-year-old brother who is also in Sanga Amaj.

"We came here to be fixed, so that we don't sleep and feel

dull all the time," she told Reuters through a translator.

"Before, I didn't know the enjoyment of life. I was unwilling to eat. I always had headaches. Now I feel like I'm normal."

KORAN, NO METHADONE

Her treatment has a distinctive Afghan feel. Days at the clinic begin with 4 a.m. prayers, and imams help with counseling.

"In the West we use the 12-step (rehabilitation) model that draws on Judeo-Christian principles, here we draw on the Koran," said Preeti Shah, INL officer at the U.S. embassy in Kabul. Sanga Amaj and the other clinics provide basic medication for withdrawal symptoms, but in line with the Afghan stigma on opiate use they appear to frown on heroin substitutes such as methadone and insist patients go cold turkey.

While the relapse rate for those who have undergone addiction therapy is not known, up to a quarter of women return, said Abdul Basir, one of the Afghan coordinators at Sanga Amaj. There are fewer child re-admissions, he said.

Fewer still would fall back into drug use if their original care were longer. According to Fadilan Abdul Kayong of the Colombo Plan, an international group that advises the Afghan government on narcotics awareness, child addicts need a minimum 90-day care program -- double what is now available.

As Afghanistan is the No. 1 exporter of opiates, the world's focus is on cracking down on production rather than fighting domestic addiction that, by some estimates, plagues a staggering 1.5 million out of the population of some 30 million.

"So far the Afghan authorities have taken steps to eradicate the problem from the country," Shah said, but she lamented the lack of help for the U.S. efforts -- including from abroad.

Out of 40 rehabilitation clinics in the country, 30 are paid for by Washington, she said. Most are for men and youths, while three new clinics for women and children are under construction.

In rural areas, harsh economics can exacerbate the problem. Women eking out a living at carpet weaving have been known to blow opium smoke on babies to keep them calm. The drug also prevents child workers from chafing at long hours on the loom.

Shah shrugged off the scale of the challenge -- a common response from those working to relieve Afghanistan's war ravages.

"I care about the numbers, but I care more about the people," she said.

B: Summarizing Information

Which of the following points are covered by today's article?

1. There are three clinics tending to Afghan women and child opiate addicts.
2. United States-led experts struggle at the centers with drugs relapse and a shortage of funds.
3. Experts do not know what the long-term effects of exposure to heroin smoke will be on child-addicts.
4. Treatment at the centers differs to that of western clinics.
5. Afghanistan is unique in having child exposure to heroin smoke.
6. Parents may be encouraged to introduce their children to opium partly because of the pressures that they are under.

C: Making Comparisons

Using today's article and your own knowledge, answer these questions:

1. How does treatment for addicts in Afghani clinics differ to that in Western clinics?
2. Why might the reasons for high addiction rates be different to the reasons for addiction in the West?
What similarities, if any, are there?

D: Reading And Thinking

Read today's article more carefully and then answer these questions:

- How successful is the treatment prescribed by clinics like the Sanga Amaj clinic?*
What problems do clinics like this face?

Post-Reading Activities

You may do one or more of these.

A: Extra Reading

Read this article to extend your understanding of the drug problem in Afghanistan.

How Afghanistan treats its drug problem

June 21 (Reuters) - A new U.N. report shows that as well as being the world's biggest supplier of illicit opium-based drugs such as heroin, Afghanistan now also has among the highest rates of addiction.

Previously considered a foreign vice, nearly 3 percent of the adult population is addicted to opiates -- a problem authorities generally treat as a social ill rather than criminal offense.

Following are some facts and figures about drugs in Afghanistan:

* Possession of more than 2 kg of heroin, 10 kg of opium or 50 kg or hashish is considered a serious crime under Afghan law. Offenders face up to 20 years in jail and a \$40,000 fine.

* Afghanistan convicted some 600 drug traffickers last year. Around 35 former government officials have been jailed for up to 18 years for complicity. Unlike neighboring Iran,

whose drug addiction rates it now rivals, Afghanistan does not execute traffickers.

* Afghan police have detained over a thousand heroin addicts this year and sent them to hospitals for treatment, but tens of thousands more remain. Addicts rounded up in Kabul were mainly returnees from refugee camps in Iran or Pakistan.

* Afghanistan has 40 clinics, and an outpatient care system, for rehabilitating addicts, but these can treat only around 10,500 patients a year, leaving as many as 700,000 without care.

(1 kg = 2.2 pounds)

(Sources: Afghan Criminal Justice Task Force and Interior Ministry, UNODC)

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B: Research

Find out about child drug addiction in other countries.

- What drugs are children addicted to?
What are the main reasons for their addiction?
How is their addiction treated?

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TEACHERS' NOTES AND ANSWER KEY

Pre-Reading Activities

A: Discussion - Notes

Avoid giving any answers or opinions. Allow students to discuss the questions freely. The discussion can be allowed to range more widely or you can keep students to a time-limit. The questions are answered by today's articles.

Reading Activities

A: Matching Information - Answers

1. iii, 2. iv, 3. i. 4. ii.

B: Summarizing Information - Answers

All of the points are covered in today's article.

C: Making Comparisons - Sample Answers

1. Addicts in Afghani clinics are not given methadone to help wean them off their addiction. The clinics do not use a 12-step program based on Judæo-Christian principles. Instead, the rehabilitation uses principles outlined by the Koran. Imams assist with counseling patients and days at the centers begin at 4 am. Western clinics would not start so early in the morning and it is unlikely that ministers of religion would directly counsel all patients, at least not at state clinics.

2. Afghans are often living in extremely difficult conditions: a tough rural life with jobs requiring long hours of work and high levels of poverty. This has led to people encouraging their children to use opium in order to cope with the tedium of what they are doing. Because Afghanistan produces the opium poppy, obviously opium is more accessible to people living there than it would be to people in the West. The main similarity could be that the drug is often taken to relieve boredom or unhappiness caused by difficult circumstances and this reason could be shared by addicts in both Afghanistan and the West.

D: Reading And Thinking - Sample Answers

1. The writer of the article says that the recovery offered by the clinic is in "modest measure." The article points out that little is known of the long-term effects of addiction on children like these ones. The article gives the example of Parwana, a 9-year-old, who no longer experiences the headache that she had before she was addicted. "Now I feel like I'm normal." Statistics suggest that the program is having perhaps a 75 per cent success rate with 25 percent of women returning (However, this figure may not be accurate as the women may become addicted after returning to their normal lives but not return to the clinic.)

2. The article suggests that treatment for child addicts could be more successful if they were able to stay in a program for 90 days (as recommended by the Colombo Plan) rather than for 45 days which is what is happening now. Clinics like the one in today's article get little international support as the main focus on fighting the spread of illicit drugs is on fighting production, not on discouraging addiction within Afghanistan's population, or in helping addicts in rehabilitation. Attitudes towards addiction are also not helped by the harsh economic situation of the country or by people's dependence on opium in order to help them cope with tedious, difficult work.

