Drug Poses an Ever-increasing Threat human civilization itself. The use of poppy and optum, as medicine and sedatives, are recorded in the history Sumerians and Assyrians since 5000 BC. Commerce in poppy and Tibetian mountain passes. tobacco leaf developed in an organised way during 17th

Century. East India Company of England had a profitable and monopoly trade in optum from India to China. An optum war broke between England and China over this trade but eventually China lost the War in 1842. Drug has been gradually recognised by the world

the human society. It was in 1909 that the US President Theodre Roosevelt took initiative leading to an international convention on opium at the Hague. Efforts at the League of Nations and the United Nations succeeded in organising the world nations to take up joint and concerted actions to control Narcotics and drugs. The SAARC Convention has endorsed the Global Programme of Action on Narcotics in 1990. The United Nations has proclaimed the period from 1991 to 2000 as the decade against the drug

leaders as a great menace to

Historically Bangladesh had been a major producer of cannabis-ganja in Naogaon which used to meet the demands of the whole of India till 1947. Its production has now been stopped since December 1989 as per SAARC Treaty and UN Charter.

Though, the cold war is over, mankind is confronted now with a drug war. The multi-billion dollar trade now flourish centering around the Golden Triangle and Crescent Triangle. The Drug Lords in collusion with the tribal chiefs of Iran, Afghanistan, Pakistan, Nefa Regions of India, bordering areas of Burma, Thailand,

Laos are very actively involved in the production and smuggling of drugs. Recently a new route, known as "Golden Ways" has come to limelight, which comprise hill tracts of Northern India, Nepal, Bhutan and

Drugs are now a major coveted and covert economic activity through-out the world. The yearly turn-over is over 500 billion US dollar i. e about 20 thousand crore Taka...

by Azhar-ul Islam

from affluent families of 18-30 year age group having cash in hand are drug addicts. Students living in hostels and messes are more prone to drugs than those living with their families. The students and youths who are engaged in politics are frequently involved in drug abuse also. Girl

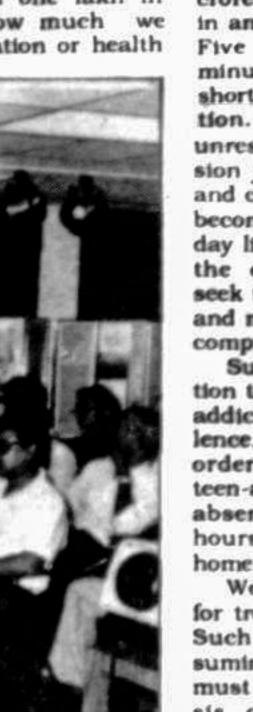
students do not take in drugs

but they are prone to sensi

frustration lead to drug ad diction. Religious practice and spiri-

tual influence deter this bad habit while bad associates and pressure groups are responsible for the initiation to drugs.

The financial implications of drugs addiction have roughly been calculated at Tk 500 crore per year for an estimated drug addicts of one lakh in Bangladesh. How much we spend for education or health



Mr. Azhar-ul Islam, Vice President, Rotary Club of Ramna, presenting a key not paper on drug abuse at the USIS Auditorium jointly organised by the American Cultural Centre and Rotary & Rotaract clubs of Ramna.

which is more than two years national budget of Bangladesh This amount is slightly less than arms trade but more than the petroleum trade

world-wide. A recent survey conducted among the students of Dhaka City reveals that young businessmen, students and youths

tives. Students, involved in service activities, are mostly free from drugs. The present session jams are a contributory factor to drug addiction by creating frustration and lingering stay at the campus of its inmates. Emotional immaturity, weak personality and low tolerance to

as compared to drug abuse? This is certainly a scrious national problem but we have to deal with it internationally. Unfortunately Bangladesh is a transit point.

We are vulnerable. The recent Rohingya problems are partially responsible for the illegal drug trades. Drugs have many varieties with different properties such as Hashish, Marijuana, Cocaine, Heroin, Opium, Cannabis, LSD, Morphine. Pathedine. Phensidyl, Alcohol and local varieties are Hing, Ganja, Todi, Bhang, Charash and Tobacco.

Bangladesh has to face enormous socio-economic and political problems. Over 12 crores of people have to live in an area of 55,000 Sq miles. Five babies are born per minute to add to the existing shortage of food and malnutrition. Unemployment, social unrest, campus violence, session jams, political instability and economic stagnation have become common in our everyday life. A section of people, in the existing situation, may seek temporary solace in drugs and may turn "addicts" only to complicate that problem.

Surely drugs are no solution to these problems. Rather addiction lead to crimes, violence, immoral acts, law and order problems, suicides, teen-age pregnancy, accidents, absentism, loss of working hours and broken heart and

We lack medical facilities for treatment of drug addicts. Such treatment is time-consuming and very expensive. We must therefore put all emphasis on prevention of drug abuse. These could be preby survey and revented search, enforcement of antidrug laws, parental guidance and educational counselling to create awareness leading to a social movement. Opinion lead-ers and key persons in the religious, cultural, po litical, social and commercial fields may be involved with preventive activities. Health education and dangers of drug abuse could be included in the school curriculum and regularly put on radio and television motivating and directing public opinion.

Closing the Health Gap for Minorities

by Dr Hatim Kanaaneh

play on a rocky, unpaved road until their mother calls them into their tin shack. A public health nurse has arrived for her weekly visit to the village.

which lacks medical facilities. This is a common enough scene in the developing world; it is also a typical sight in many industrialised countries with

disadvantage ethnic minorities. In Israel, for example, children in the Arab village of Husscinyeh live in Third World conditions, while down the road, children in the Jewish city of Karmiel have solid houses, good paved roads and all the medical services they need for a healthy life.

The Galilee Society for Health Research and Services, a non-government organisation formed in 1981 by Arab medical professional, is dedicated to closing the health gap between Arab and Jewish citizens of Israel.

The Society, based in the Arab village of Rama in northern Israel, runs the mobile clinic that takes Siham, a publie health nurse, to villages such as Husseinych.

The group has been an effective health-care advocate at the local and national levels. Recently it set its sights higher and initiated a global effort to address the common health concerns of minorities in industrialised countries.

It hopes to establish a permanent base in Geneva, from which to liaise with the World Health Organization (WHO) and other relevant United Nations bodies, to influence the international health agenda and priorities.

Palestinian Arabs comprise 18% of the Israeli population. They are citizens of Israel proper and have been since its establishment in 1948, which

new condom being int-

roduced in Uganda may

 ⚠ prove unacceptable to

the Bathoro ethnic group on

whom it is targeted. One

million have already been

imported. The condom was

designed after four months

marketing research in western

condoms are made in Malaysia

and bear the brand name

Engabu - shield, in the local

language. They are 53 mm

wide, brown in colour and five

package bears the logo of a

man in traditional attire with a

spear and a shield. Instruc-

tions on use, expire date and

method of disposal are all in

International Population Ser-

vices (IPS) says he found 100

per cent acceptability of the

condom among the Batoro

people "provided it was brown

like the skin, was cheap and

could be easily pocketed, thus

A European consultant with

the local language.

The orange rectangular

The electronically tested

Uganda.

distinguishes them from Palestinian residents of the occupied territories in Gaza and the West Bank.

The infant mortality rate among the Israeli Arab community is almost twice that of the Jewish population. In some Arab villages, only one-third of the children have been fully

immunised. Defining the Arab community's situation as that of an ethnic minority in an industrialised country, the Galtice Socicty found common ground

A critical stepping stone for the Galilee Society's global initiative was the programme launched 15 years ago by the WHO: Health for All by the Year 2000. The Society sought to organise a conference last year around a variation on this theme: "Health-for-Minorities by the Year 2000: Closing the Gap."

with other groups around the

It realised that many others fall into the same category Aborigines in Australia, Maoris in New Zealand, native communities in Canada and the United States, Latino and African Americans, and immigrant populations in Europe.

Blacks in South Africa, a disadvantage majority, also belong in this group.

All live in countries that have the means and the ability to meet their medical needs, and yet the health of their communities more often resembles that found in less developed nations.

In the Global War against Aids

by Richard Tebere and Arit Oku

he disagreed with the intro-

duction of condoms for certain

areas in the country. He would

Like Arabs in Israel, these groups also have difficulty making their voices heard, both nationally and interna-

A critical stepping stone for the Galilee Society's global inftiative was the programme launched 15 years ago by the WHO: Health for All by the Year 2000. The Society sought to organise a conference last year around a variation on this theme: "Health-for-Minorities by the Year 2000: Closing the

The Gulf War forced cancellation of the conference as originally scheduled. But last August, 35 representatives of minority groups in 15 industrialised countries gathered in Nazareth to discuss issues of

common concern. Participants focussed particular attention on the question of justice, noting that health is a human right, albeit one that is relatively neglected.

"Health should be as indivisfble as wealth is divisible," said Gwyn Morgan, the European Community's ambassador to israel, in an address to the con-

Other topics included:

· the minimal involvement of minorities in national and international health planning · the low social and eco-

nomic status of minorities health systems adherence to rigid medical models.

An international follow-up committee was established to draw up a charter and build on the momentum created by the conference. The Galflee Society was asked to act as interim secretariat until a permanent structure - and the Geneva desk - is set up.

Since the conference, other minority groups have learned of the initiative and signed on to take part in the international effort to get governments to provide adequate health car for all their citizens.

PANOS.

Colombo in Desperate Need of Psychiatrists

S in many other parts of the world, the treatment and care of the mentally ill remains one of the less glamorous disciplines medical sciences in Sri Lanka

People who suffer from various forms of mental ailments are still subject to prejudice and negative attitudes. Mental illness stigmatises the victim and the mentally ill. Families are also very rarely willing to acknowledge that the problem

Thus, one's seeing a psychiatrist is not exactly the subject for small talk in polite com-

This state of affairs has prompted a group of Sri Lanka professionals to launch a determined effort to increase awareness of mental health to erase the stigma attached to

mental illness. Calling themselves the Communication Centre for Mental Health (GCMH), the concerned Sri Lankans are hoping to link up with other non-governmental organisations (NGOs) in pursuing its goal of erasing the stigma attached to mental illness and making it nothing more than a disease requiring proper medical care - much like a physical infirmity.

It hopes to put mental health right where it belongs - in the open side by side with other aspects of medical and health care.

by Mallika Wanigasundara

tance of getting the commu The brainchild of Malini nity involved in programmes Balasingham, a long-time jour for the treatment, rehabilitanalist who recently retired tion and return to society of from a United Nations organithe mentally ill. sation, the Centre has a multidisciplinary membership. Its first meeting last March

Professor Nalaka Mendis. head of the Department of Psychiatry at the University of brought together psychiatrists, Colombo, stressed the need to representatives of non-gov overcome the public's negative ernment organisations active attitude towards mental illin the field of mental health, ness. He said this is one of the professionals, social workers, major hurdles mental health media people, representatives workers have to clear. of the private sector, the reli

as schizophrenia, dementia, brain disease, etc.

The vast majority of people with mental ailments - 5 to 10 per cent of the population have less serious complaints arising from stress connected with day-to-day living, sexual and marital problems, alcohol or drug dependence, emotional instability and inability to adjust to society.

Dr Mendis also mentioned the large number of people

This country of 17 million has only 20 or so psychiatrists. Of the 25 psychiatrists trained in the last 10 years, only five are still in Sri Lanka

gious and other concerned in-

dividuals. At the first meeting, the Centre agreed that their main task is to fight the ignorance and misinformation among the general public about mental illness; work for more enlight ened policies among policy and decision-makers which could lead to fundamental changes in the system relating to the mentally ill; and provide communication, information education and other services through the media to bring its message to as wide an audi-

ence as possible. To accomplish these goals, the CCMH recognised the need to develop links with other NGOs active in the field

Dr Mendis pointed out that, as far as the general public is concerned, any person who is suffering from any mental problem is "crazy." This attitude seems to be shared even by authorities as he reported how he was told by one official that "we have no room in the General Hospital (of) Colombo

for mad people." In addition to changing people's attitudes. Dr Mendis said the whole mental health system also has to undergo a fundamental change.

Dr Mendis called for a more humane attitude towards the mentally ill. "You cannot lump all cases together," he pointed out. Only about 1 per cent of Sri Lanka's population are suffering from various forms of

who are traumatised by being victims of war, violence and displacement. He said all these people need not only psychiatrists but counsellors and the

help of the community. The meeting drew attention to the serious lack of facilities to takercare of the mentally ill. The two hospitals which specialise in mental problems in Angoda and Mulleriyawa have only 2,500 beds between them. Some 500 more beds for mental patients are available in other institutions but they still fall short of the requirements.

Dr Mendis noted that there are no services for mental patients in the south and east and north of Kandy. Both Angoda and Mulleriyawa are close Colombo, the capital. Patients

distant places. They often have no place to stay in while waiting for the hospitals to accommodate them.

Ms Balasingham, the lady: behind the CCMH, said the Centre hopes to inform the community, create awareness to lessen prejudices, mobilise the community to help speed up the recovery and rehabilitation of the mentally ill and restore them to their place in

Ms Balasingham stressed the importance of practical and systematic networking with NGOs in the field of mental health to allow for the sharing and pooling of re-

It was pointed out at the meeting that Sri Lanka is in dire need of professionals psychiatrists, counsellors, trained nurses and attendants in the area of mental health. This country of 17 million has only 20 or 10 psychiatrists. Of the 25 psychiatrists trained in the last 10 years, only five are still in Sri Lanka. The rest have gone abroad.

As mental health care services obviously have to be extended to many other parts of the country, more counsellors have to be trained. More nonmedical after treatment services are also needed.

- Depthnews Asia

of mental health. The Centre have to be brought here from serious mental disorders such also acknowledged the impor-Infants are at Risk from Sales Antics of baby food makers

S your local hospital "friendly" towards babi-

That's the one-million-baby which the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO) are asking parents, doctors and nurses this year. And the reason in painfully simple.

The lives of one million infants could be saved this year if members of the medical profession and the facilities they work in stopped acting like sales agents for baby food

companies. UNICEF and WHO are asksing doctors and the people who run hospitals to stop disstributing baby bottles and free samples of infant formula to young mothers, and to say "No" to the "freebies" which large commercial corporations give them in return for endorsements of their products.

They are asking medical professionals, who people trust with their lives, to recognise that bay bottles and free sample packets of infant formula can be a death sentence for infants in poor communities where the water is unsafe to drink and hygiene is inade-

They are asking medical practitioners to support exclusive breastfeeding as an inby Ian Steele

fant's best health option for at least the first four to six months of life.

The grim statistics backing this message should convince anyone, but the word apparently is not getting through. The message, as reported by the British medical publication The Lancet, is this: a bottle-fed baby in a poor community is about 15 times more likely to

die from a diarrheal diseases.

and four times more likely to

die from pneumonia, than a

baby who is exclusively breast

and other reasons, however,

hospitals and medical practi-

tioners in many countries are

not making a good faith effort

to support mothers who could

nourish and protect their in-

ers and babies at birth and ini-

tiating artificial feeding of

newborns in hospital wards -

effectively compromising their

mothers' rights and ability to

breastfed them naturally.

They are separating moth-

fants, free of charge.

For a variety of commercial

agents for baby food companies.

Breastfeeding, warns UNICEF and WHO, is becoming an

"endangered practice." Women who leave hospital with "gifts" of infant formula and bottles quickly find that formula refills are expensive, if not beyond their financial means. Many try to "stretch" their supplies by over-diluting the mixes, which they often prepare without boiling the

medical profession and the facilities they work in stopped acting like sales

water or sterilising the bottle.

The path for there to sick-

ness and early death can be all

too predictable. The infant be-

comes undernourished, picks

up an infection, gets diarrhea

moting what they call a "baby-

friendly hospital initiative" to

reinstate breastfeeding and the

protection which breastmilk

provides against undernutri-

tion and infection. And fortu-

nately, a significant number of

countries and medical profes-

sional are picking up on it and

pressuring infant formula

manufacturers to market their

products more responsibly.

UNICEF and WHO are pro-

and dehydrates.

By the end of 1991, 12 countries - Bolivia, Brazil, Cote d' lvoire, Egypt, Gabon, Kenya, Mexico, Nigeria, Pakistan, the Philippines, Thailand and Turkey - moved to ensure that their hospitals

were "Baby-friendly."

The adopted a 10-step plan for successful breastfeeding and agreed to terminate the distribution of infant formula

lished by UNICEF and WHO,

will receive "Baby-friendly"

plaques to post at the front

hospitals must introduce to

qualify as "Baby-friendly" are:

training for health care staff

who can inform mothers about

the benefits of breastfeeding;

maternity management rules

which allow infants and moth-

ers to remain together 24

hours a day and breastfeed on

demand; practices which en-

sure that supplementary foods

Among the measures which

baby-friendly hospital initiative The lives of one million infants could be saved this year if members of the as an opening for greater sensitivity and responsiveness to the health needs of children in all countries. They regard it as the leading edge for infant and encourage mothers to feeding reform in many counbreastfeed exclusively. Hospitries, and an opportunity to intals which meet the breasttroduce other services includfeeding support criteria estab-

> Neither UN agency believes, however, that "nature" will be eastly defended against commercial interests: "We are particularly anxious that all countries move as rapidly as possible to introduce regulations and legislation, and to make formula Ministerial requests for an and to low-cost infant formula donations to hospitals," says James P Grant, Executive Director of UNICEF.

and liquids other than brastmilk are prohibited unless medically prescribed.

Bowing to pressure brought

by the UN agencies, the International Association of Infant Food Manufacturers (IFM) has agreed that its 29 members should stop supplying free or low-cost formula to hospital and maternity facilities in developing countries by December 1992.

UNICEF and WHO see their

the Kabarole district Public reaction to the coning the routine vaccination of all unimmunised children.

of Uganda.

Dr Warren Namara, programme manager of the Aids Control Programme (ACP), said have preferred a local expert rather than a expatriate to do the research A new type of condom

being imported from Malaysia is meeting resistance from the people in Uganda for whom it was designed after market research. The difficulty comes at a time when the spread of Aids is increasing anxiety in one of the worst-affected countries. Gemini News Service reports on the cultural obstacles to condom use.

The debate over Engabu is being held in a climate of inereasing anxiety over Aids in Uganda. The ADP estimates that as of last year about 1.5 million of the 17 million popu-

women - there is still much resistance to their use.

Many men say they would use condoms only for family planing. Otherwise using it would mean admitting the guilt of having other sexual partners! Some men mest they would not use a condom with their wives even at the risk of infecting them.

"What kind of marriage is that?" said one husband. "Divorce would be a better option," said another.

But many women are full of anxiety that their husbands may pass on Aids acquired from other partners. One asked whether she would shut out her husband or insist on condom use, said: "It is not easy to enforce. I have heard a case of an HIV positive husband who forced himself on his wife. They are both dead now. Recently I jokingly told my husband that if ever I discovered he was cheating I would lock him out. He laughed and said he would break down the door - after

Aids across the world Number of cases reported as of April 1992 in a sample of countries

Britain 1199 3237 2768 1034

he rectangular packet."

One pack costs 100 shs. The research was commissioned by German Technical Cooperation, which is carrying out a basic health project in

dom is generally one of amusement. "Why us?" asks a young local doctor. Henry Baguma, journalist and Kampala city councillor, who is from Kabarole, says of the condom: "It portrays us as the most sex-hungry people in the whole of Uganda and we don't like that."

The Batoro are touchy about imputations of promiscuity, especially because in the 1960s and 1070s women from there dominated the ranks of prostitutes in most major areas

1988.

lation were HIV positive. This is about 20 per cent of the sexually active population. The figures have doubled since

A study by ACP and the World Health Organisation fund "little evidence that people are practising protected sex either by using condoms or by practicing low-risk nonpenetrative forms of sex.

"At the same time there was a very high level of anxiety, almost desperation in communities where many people have died of Aids."

One problem is that sexual activity is strongly associated with traditional ceremonies. many of which surround the important events in life, such as the naming of children, initiation, marriage and death.

Although one survey showed a high willingness to buy con doms - 37 per cent among men and 18 per cent among. all. I swore Till death us do

A priest, who believes women should become tougher, said: "We have already imbibed the European way of having sex at first sight - after a party, for instance - but the African girl still acts shy and is yielding on this issue."

He explained that a Euro-

pean girl who is willing to sleep with a man on a first date is literate enough to understand the implication of this. She is not shy to carry a condom in her bag and insist on the partner using it. The African girl is inhibited

by years of doctrine and culture against casual sex. She indulges in it as an adventure and will probably not carry a condom because of what people, even the man in question, would think of her.

- Gernini News