Kinder im „Grünen Kreis“
Until 1998, no Colombian government considered drug abuse a priority issue (not even a low priority one) in spite of the evidence (several surveys: 1989, 1992, 1996) showing a growing problem. In 1998 and until August 2002, a presidential program was created under the name of "Rumbos" ("Pathways"); in this period fundamental policies were defined, international financial support for local programs was obtained and, in spite of the critical economic situation, some official funding was allocated. For the first time a government showed an explicit interest for internal consumption. During this period more than 200 municipalities organised local committees for drug prevention and carried out specific and promising strategies focused on the strengthening of basic values, the improvement of quality of life and the empowerment of the population. Unfortunately, the new government installed in August 2002 has a very different view. Rumbos was transformed into a very little program attached to the Ministry of Social Welfare and the issue of drug abuse was again on point zero.

In 2001 a National Survey on drug consumption among youth was undertaken. A total of 200,876 youngsters between the ages of 10 and 24 responded to the Survey. The four graphs show the main results observed.

Main Conclusions of the Study

1. The results of the survey carried out in 2001 and its comparison with previous data show that drug abuse in Colombia is a real problem that has to be taken into consideration.

2. The comparison with the statistics published by UN/ODCCP (2003) shows that, for most substances (excepting Cannabis and in some cases alcohol) drug abuse in Colombia is higher than in the majority of European countries.

3. Marijuana and cocaine are the most widely used illegal substances among youngsters in the country. The city of Medellín, followed by the cities in the coffee belt (Manizales, Armenia and Pereira) show the highest consumption rate of these substances and the highest number of youngsters who have used them for the first time during the last year. In every city the majority of youngsters started consuming these substances between the ages of 15 and 18 followed in second place by those between 10 and 14. However, the marked predominance of new cases of youngsters between the ages of 15 and 19 shows a current tendency to start consumption just a bit later.

4. Generally speaking, consumption of crack (basuco) and inhalants is more frequent in school students than in university students. On the contrary, the majority of youngsters who have used ecstasy, mushrooms, acids, tranquil...
lisers, amphetamines and heroin sometime in life, are university students.

5. Within the group of substances of lower prevalence, those with the highest consumption are inhalants, tranquillisers, and ecstasy, with acids and heroin being the substances of lowest consumption.

6. In spite of the low percentage of individuals currently using heroin, it doubles the percentage of 1996 (1,1 vs. 0,6%).

7. Compared with previous surveys, the one carried out in 2001 shows a remarkable increase of drug use among women.

8. The use of synthetic substances tends to increase.

9. It has to be remembered that, on the whole, this data may be considered an underestimation of drug abuse: some of the populations with higher risk were not included: homeless, street children and adolescents, prisoners, sexual workers, unemployed, school drop-outs.

**Nuevos Rumbos**

One of the most prominent problems of developing countries is the lack of continuity regarding local policies. As we said before, with the new government the initiatives carried out from 1998 to 2002 were eliminated. For this reason, a group of professionals with a large experience in the field of drug abuse created, by the end of 2002, “Nuevos Rumbos”, an NGO dedicated to consultancy, research and prevention. (see www.nuevosrumbos.org)

As an entity specialised in consultancy, Nuevos Rumbos evaluates research projects regarding drug abuse problems; helps educational organizations to define or refine their prevention programs; offers support either to local or international agencies interested in reformulating their policies, strategies or conceptual structure. As a research entity, it studies drug abuse and the related factors that influence and maintain it, as well as the impact of the problem on the population as a whole and its economic implications.

Nuevos Rumbos also promotes training on drug prevention for parents, teachers, health professionals and youth populations through adequate services and educational products; and in association with a local university, carries out specialised training for professionals involved in the treatment of drug users.

**Nuevos Rumbos´ Philosophy**

One basic assumption is the conviction that people must be involved in the search of solutions related to drug problems. Prevention should be considered a two-way path, where professionals and ordinary people work for the same purpose. Research should be taken into account not as a simple academic exercise but as a fundamental tool for adequate decision making. The final goal of an entity that has as a priority the search of solutions related to drug problems must be to teach the appropriate way of reaching those solutions instead of offering them to society.

Other fundamental assumptions are related to the conviction that, in order to reach a good level of analysis and a good quality for future preventive or research proposals, we cannot rely on ideas that little by little are becoming myths. Let’s see some examples:

- There is an ideal life style valid for all human beings. A derivative of this myth is that an ideal society is a drug-free society; this kind of statement calls for Holy Wars, probably meaningful in New York or in some other Western cities; to be true, to accept such a statement one would have to assume that„society” and „Western world” are synonymous, because there is no question that some traditional societies are highly dependent on a ritualised use of some substances, and they are not more unhappy than anybody else.
- There is a genuine ideal model for doing prevention. For example, doing prevention „on the manual“, where there is such a structured model that it will be possible for everyone to duplicate or replicate it. This is a positivistic bias, which assumes that all people react in approximately the same way to the same stimuli. This kind of model is not appropriate for several South American, African or Asian countries. In developing countries, drug and alcohol prevention programs have to be related primarily to the promotion of a better quality of life as it is understood in each place. This is the only framework where the concept may gain a real meaning. In order to develop sensible strategies we must consider that to become a drug dependent person may be by itself the result of a chosen lifestyle; it may be the consequence of family, social or contextual problems the individual is unable to cope...
with; it may be the consequence of individual difficulties or even pathologies; or it may be the result of a combination of all of these factors. For these very reasons, in my view such terms as a "global life style" or a "global prevention strategy" are meaningless concepts.

- The "Global Village": This is just an illusion, and a nice image to play with; it may be true that under the influence of TV programs, computers, newspapers and Internet, physical distances and some cultural differences have come to an end. But we are still very different: lifestyles in Brazil, Canada, Vietnam, Nigeria, Italy, Japan and Bolivia have little in common, and there is no point in considering one as better than another regarding the risks of drug abuse, because lifestyles are the natural products of a very complex pattern of interrelations among countless sets of variables. We, the self-appointed experts, are often inclined to oversimplify these complexities just to satisfy our need of being considered serious scientists, or to satisfy the needs of some politicians, saying exactly what they want to hear. And they hate to hear that something is very complex.

- Poverty is the main cause of the problem. This is not a real issue and cannot be considered as a "cause" by itself: most of India’s people are very poor, and still their drug problem is minute; regarding its enormous size and huge population, the drug problem is very small in Africa. On the other hand, in South Bronx, N.Y.C., people are certainly less poor than hundreds of millions of Indian and African people: and there the drug problem is overwhelming. In several European countries the best way to receive a lot of assistance from the governments is to become an addict, and drug users are in better conditions than a lot of their fellow countrymen; but I am not aware of someone explaining his/her drug use as a way to improve his/her life condition.

- Family decomposition and de-structuration are crucial factors for drug abuse. This is probably very true, but needs some nuances. A study undertook in Costa Rica (Fuentes, 1995) shows that there the main predictive cause for drug addiction is overcrowded extensive families, not family disintegration. Another study in Brazil (Telles, 1995), shows that 80% of women in treatment for cocaine and marihuana problems are married, have two children and their lives seem to be very stable; the only factor found in common for these women is a violent behaviour held by one of the parents, or one of them missing when the girl was 5 to 15 years old.

I want to finish these reflections in the most classical style: with a recommendation. Most of my fellow academic friends would say: "More research is needed." Indeed. But so far I would rather say: "More humbleness and modesty are needed, because we know so little and pretend we know so much." We have to be flexible, to be able to adapt our models to reality, and not the other way around. We are probably looking at the problem in the wrong way, trying to determine which factors are responsible for the mess and not seeing the wood because we are just looking at a single tree. And because sometimes we are too worried with fundraising, we forget or we stop thinking, that we are dealing with a very serious and very sad human problem.