

Inchicore National School

Education

and

Prevention Project

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Inchicore National School Education and Drug Misuse Prevention Project

“Live Don’t Die”

November 2001 to February 2002

Introduction

The lesson plans which follow were designed for a ten-session programme for prevention of drug misuse.

The brief for this project was drafted by an committee consisting of parents and teachers from the Inchicore National School, and the Education Officer from the Canal Communities Local Drugs Task Force. The DAP (*Drugs Awareness Programme*) Crosscare was engaged to design and implement the programme.

The brief given to DAP Crosscare included the following stipulations:

- The programme should aim at PREVENTION OF INITIAL DRUG ABUSE.
- It should be conducted by someone competent in facilitating an experiential approach with groups aged 11–12.
- Three phases are envisaged:
 1. The facilitator will start with the **children’s own experience**, their exposure to drugs and their knowledge of drugs. Using a focus-group approach, the children will be encouraged to talk about their knowledge and experiences.
 2. The facilitator will then move **from experience to reflection**, exploring the consequences of the use/misuse of drugs. This should be conducted with great care and sensitivity, with appropriate advise and guidance given to the children, in a supportive and caring manner.
 3. Drama and video-taping may be used as an exploratory tool whereby, through role-play, the children can **communicate** to a wider audience their feelings, knowledge and experience, and any key messages which they will acquire from the process.

The lesson plans which follow were drawn up in fulfillment of this brief.

It was decided that two teachers would co-facilitate the programme, so that they would be empowered to conduct a similar programme next year.

A session for parents was envisaged, following on completion of the programme.

Lesson One

Specific Learning Objectives

The participant should:

- Examine his/her own locality and identify both positive and negative aspects of this community
- Understand that drug use is part of our society and community

The facilitator(s) should

- Listen to what the participants identify as their concerns, both positive and negative

Materials Required

1. Name badges for participants
2. Drawing materials
3. Method of recording participants' responses, i.e. flip chart

Methodology

Step One

- Facilitator introduces himself/herself to participants
- Facilitator asks each participant to introduce himself/herself
- Facilitator explains that ground rules must be agreed
- Propose and agree ground rules – facilitator should give examples
- Facilitator will record ground rules on flipchart

Step Two

Introduce the topic – Positive and Negative aspects of your locality

- Distribute drawing materials to all participants
- Invite participants to draw a representation of what they feel are the good and bad aspects of their locality
- Provide support and guidance if the concept is not understood

Step Three

- In order to produce small group pictures divide the participants into groups of four or five
- Based on the individual drawings invite each group to produce a collective picture based on the same two themes, incorporating at least one element of each individual's picture

Step Four

- Invite each group to explain what their picture symbolises
- Take note of common themes on flipchart
- Facilitate follow-up discussion using open ended questions
- At end of exercise ask each group to indicate how they found the exercise
- Close session

Lesson Two

Specific Learning Objectives

- To enable the facilitator(s) to discover the extent of participants' knowledge about drugs
- To address the ambivalence around drug use, acknowledging that drugs (both legal and illegal) have effects which are sought after by some people, as well as having harmful effects
- To focus on the following drugs – prescription drugs, alcohol, cannabis, ecstasy and heroin
- To identify drug free approaches to having fun and coping with problems

Materials Required

1. Handout of “The Bag”
2. Handout on legal and illegal drugs
3. Writing materials
4. Method of recording participant's responses, i.e. flip chart

Methodology

Step One

- Facilitators introduce agenda for session
- Distribute handout of the bag (appendix 1) and give clear instructions
 - Participants must fill out the handout
 - Participants must work on their own
 - The handout is based on the following scenario – “You are walking down a street and find a brown paper bag lying on the ground. You pick it up and inside you discover drugs.” The participants are asked to list or draw all of the drugs that they believe could be in the bag

- Collect all handouts and retain for analysis after the session
- Using the flipchart draw a group bag and list all of the drugs that the participants are aware of
- Facilitate a group discussion based on feedback

Step Two

Introduce the topic – What is a drug?

- Put an accurate definition of a drug on the flip chart or on an overhead (appendix 2).
- Ask participants to see if the drugs they have listed in the group bag comply with this definition
- Provide support and guidance if the concept is not understood

Step Three

- Distribute second handout, which lists a number of legal and illegal drugs and asks participants to answer a number of questions (appendix 3)
- Work through the first two examples with the participants and ensure that they are clear about is required of them
- Ask participants to complete the remainder of the handout following the same format

Step Four

- Invite participants to share what they have written
- Facilitate follow-up discussion using flip chart
- Have additional resources available on the drugs in question (appendix 4)
- Revise learning points of session
- Closing round

Lesson Three

Specific Learning Objectives

- To encourage participants to identify the kinds of situations in which they are most likely to be offered a drug
- To help participants identify ways of saying 'No'
- To help participants identify the difficulties with saying 'No'
- To give participants practice saying 'No'

Materials Required

1. Flipchart
2. Index cards

Methodology

Step One

- Write topic on the flip chart – 'What are the kinds of situations in which you are most likely to be offered a drug?'
- Ask participants to brainstorm this question and state every idea that comes into their heads in response to the question.
- No one may comment on anyone else's suggestion.
- Time limit for brainstorm will be five minutes maximum.
- Record all suggestions on the flipchart.
- It may be necessary to have participants clarify some of the ideas and identify what people would be involved in these situations.
- Ask participants if these situations are ones that they or their friends have experienced? Or if it is something that they have read about or heard about.

Step Two: Input

Depending on what emerges continue with input.

One reason why quite a lot of people who are offered drugs take them, even though they never thought they would, is that being offered drugs is quite different from what they expected. Many people have an idea of a 'pusher' who is sinister, who tries to force drugs on you in some way or who tries to sell drugs disguised as sweets at the school gate. This is very unlikely. Many offers of illegal drugs come from people your own age, who seem perfectly normal and unaffected by drug use.

Step Three – Identifying ways of saying 'No' and reasons why it is difficult to do this

- Break large group up into smaller groups of 4/5 participants.
- Distribute index cards and ask each group to write a brief description of a situation in which they wanted to say 'No' (Stress that this does not have to be linked to drugs)
- Collect cards from each of the groups.
- Read out all of the cards and using the flipchart to record the answers ask students to identify some reasons why it is difficult to say 'No' and discuss these.
- Encourage participants to brainstorm ways of saying 'No' e.g. by walking away, say no, saying not now, or by being assertive "I don't want to" etc.

Step Four- Input

There are times when we want to, or when we need to say 'No'. Refusing to do something you do not want to do helps you feel better about yourself (though not initially) and makes it easier for you in a similar situation again.

You have a right to say 'No' when people ask you to do something illegal, dishonest or when you do not want to do what is requested unless it is a responsibility or something you have already agreed to.

Many people find it difficult to say 'No' for fear of hurting the other person or in case the person asking would think less of them. Saying 'No' can be very difficult because you want people to like you and you want to be part of the group. Remember you do not have to do everything your friend does in order to stay friends.

Step Five

- Two volunteers will be required to participate in a role play.
- The two students will be given a summary of a situation where they want to say 'No'.

Siobhan/Derek is finding her/his long division maths homework difficult. Her/his cousin Mandy is fantastic at maths and says that she will call over on Saturday evening to help. On the way home from school on Friday Siobhan 's/Derek's friend Lisa/James says that she/he has bought tickets for the cinema and she/he really wants Siobhan/Derek to come. Siobhan/Derek needs to say 'No' because Mandy is coming to the house, and there is a maths test on-Monday, but how does she/he do it without hurting Lisa's/James's feelings?

- Students will engage in a two minute role play
- Facilitator will intervene as appropriate

(Role play allows students to explore situations in a controlled and safe environment. Students can try out their personal skills by taking on these roles. Students can focus on challenges that may confront them and anticipate how they will handle them. Some students find it easier to act out a situation rather than to explain what they would do).

Step six

Facilitator will use the following questions to encourage discussion

- Was it difficult to say 'No'?
- What were the pressures on the participants in the situation?
- Do the observers feel the situations could have been handled differently?

Step seven

- Ask participants what they thought of session.
- Recap on material covered.
- Closing round

Lesson Four

Specific Learning Objectives

- To offer participants practice in handling realistic offer situations
- To help students to identify the difficulties with saying 'No'

Materials Required

1. Flipchart
2. Paper

Methodology

Step One

- Recap briefly on material covered in previous session
- Break large group into smaller groups of 3/4 participants
- Ensure that each group is sitting together and then distribute paper to groups
- Give clear and concise instructions to participants
- Each group will suggest a realistic situation where they are most likely to be offered drugs
- Groups will devise a two minute role play based on these situations
- Roles will be the following – individual trying to say 'No', pusher trying to convince the individual to take drugs and finally the observers.
- Ten minutes will be allowed for this exercise and the facilitator will intervene as appropriate.

Step Two

- Invite each group in turn to present their role play to the larger group
- Each group will be given three minutes for their presentation
- Time should be left at the end of each presentation for questions from the audience

Step Three.

- Participants should return to the larger group
- Facilitator should guide a group discussion based on the content and feelings that may have emerged during the presentations
- Facilitator will ask a number of questions and record answers on a flip chart
 - How did the participants being offered the drug feel?
 - Was it difficult to say 'No'?
 - What were the pressures in the situation?
 - Do the observers feel the situation could have been handled differently?

Step Four

- Recap on session
- Revise learning points
- Closing round

Lesson Five

Specific Learning Objectives

- To identify what can be done at Community level regarding drug prevention
- To help participants identify the different problems in their community
- To introduce participants to the scenario of a formal meeting

Materials Required

1. Flipchart

Methodology

Step One

- Have seating arranged as in a formal meeting
- Refer to previous session when focus was on personal responsibility for saying 'No'
- Highlight that focus of current session is on the environment and how we can bring about change for the better
- Give clear and precise instructions for exercise
- Participants will adopt the persona of parents attending a Parents Association meeting
- The agenda will be to highlight issues which are of concern to parents in the area around the topic of drug misuse
- Invite the participants to nominate a chairperson and secretary and ask them to sit at the top table
- Explain the above roles to the two nominees

Step Two

- Encourage the participants to lay ground rules for the meeting and record these on a flip chart
 - speak one at a time
 - Raise your hand if you want to speak
- Record an agenda on the flip chart
- Take each issue in turn and help the chairperson to facilitate an organised discussion around each of the issues
- Before moving onto the next issue encourage the participants to decide whose responsibility it is to take action for the issue in question

Step Three

- Chairperson sums up issues that have been discussed and explains that based on the meeting a letter will be drafted to the local politicians highlighting the needs and concerns of the local parents association
- Chairperson will ask for three Volunteers to draft the letter and take responsibility for ensuring it will be forwarded to the appropriate personnel
- During the course of this exercise the facilitator will give advice and support

Step Four

- Recap on session
- Revise learning points
- Closing round

Lesson Six

Specific Learning Objectives

- To explore drug use in a family context
- To provide insight into the way in which drug misuse impacts on relationships and lives
- To examine risk factors involved in drug misuse
- To explore early intervention

Materials Required

1. Video recorder
2. Television
3. Flipchart
4. Video of “My Best Friend”

Methodology

Step One

- Provide participants with agenda for session
- Introduce the video to participants
- Remember it is important that the video is shown in the right circumstances and the correct environment
- It is important that the facilitators or teachers preview the programme before showing it

Step Two

- Show the video to the group. The video runs for eighteen minutes
- The facilitator should remain with the group throughout the programme to ensure any comments or reactions are recorded or observed
- Take a realistic view of the group's attention span, and consider; pausing the programme if participants are losing interest
- Break large group into smaller groups of five participants
- Pose a number of questions to the groups and ask them to discuss the answers Phil is in your class and comes from a family like the one in the video.
 - 1) How should you treat Phil?
 - 2) How should the teachers treat Phil?
 - 3) Should you say anything to a teacher?
 - 4) Should Phil say anything to a teacher?

Step Three

- Ask each group to feedback to the larger group
- Record answers on the flipchart
- Try to avoid expressing your own views on what happens in the programme or on drugs in general
- If as a result of this exercise you become aware of someone who may be experiencing a problem connected with drug misuse you should use the appropriate referral procedures in line with your organisation's policy on this issue

Step Four

- Recap on session
- Revise learning points
- Closing round

Lesson Seven

Specific Learning Objectives

- To explore drug use through mime and the use of “codes”
- To stimulate thought

Materials Required

1. Index cards
2. Handout with examples of “codes”
3. Writing materials

Methodology

Step One

- Introduce the concept of a “code” to participants – A code poses a problem or issue, without offering a solution or answer – A puzzle is a form of “code”
- Distribute handout with examples of codes and allow participants five minutes to decipher as many codes as possible (appendix 5)
- Help participants to complete the first few examples on the handout
- Ensure that all participants have grasped the idea of what a code is
- Building on the understanding the facilitator will then introduce the idea of codes in drama

Step Two

- Break the large group into four or five smaller groups depending on the number of participants
- Ensure that there is a good mixture of participants within the groups

- Distribute an index card to each group. On the index card will be a code that the members of the group have to portray through the use of mime
- The codes should be based on the information that has emerged from the participants during the course of previous sessions
- Here are a number of possible codes
 - 1) You choose your own path
 - 2) Saying No
 - 3) Drug pusher – Drug abuser
 - 4) A helping hand
 - 5) It could be you
- Remember that the code should be simple and clear, focusing attention on one theme or connecting themes

Step Three

- There should be more than one facilitator for this exercise
- Ideally there should be one facilitator with each group
- Encourage each group to discuss the issues around their code
- Use your facilitation skills to probe participants to think more deeply about the issue in question
- Ask participants to think about how they could communicate this information to an audience through the use of mime
- Help participants to brainstorm different ideas and to decide on one for the next session

Step Four

- Recap on session
- Revise learning points
- Closing round

Lesson Eight and Nine

Specific Learning Objectives

- To encourage participants to work together
- To stimulate participant's imagination

Materials Required

1. Camcorder
2. Index cards with codes

Methodology

Step One

- Recap on previous session
- Introduce participants to the idea of being recorded and deal with any issues that may arise
- Divide large group into the same groups as previous session and distribute index cards with codes
- Ask participants in each group to recap on idea they have formulated for the mime
- There should be one facilitator with each group
- Facilitator should work with each group to develop the mime
- The group themselves should assign roles to each participant
- Facilitator should ensure that all participants have a role

Step Two

- Each group should be assigned to a different corner of the room
- The facilitator should help the participants to practice the mime
- Facilitator should make suggestions, but should not take over
- Allow twenty five minutes for practice

Step Three

- Each group in turn should be recorded presenting their mime
- The remainder of the groups will act as an audience
- At the end of each mime the audience should try to guess the message or code that is being conveyed
- When all groups have performed de-role the participants Ask participants to sit down, close their eyes and imagine they have a box in front of them. Ask them to put what they have just done or any feelings that have emerged during the course of the exercise into the box. Tell them to close the lid on the box, to lock it and to put it away. When they are ready ask them to open their eyes slowly.

Step Four

- Questions and answers
- Closing round – Ask participants how they feel and what they are taking away from the session

Lesson Ten

Specific Learning Objectives

- To answer any questions that participants may have regarding material covered in programme
- To evaluate programme

Materials Required

1. Origins of drugs handout (appendix 6)
2. Map of the world
3. Evaluation handout (appendix 7)

Methodology

Step One

- Welcome all participants to last session
- Based on “origins of drugs” handout facilitate a discussion on where in the world drugs originate from
- Using a map of the world ask participants to point to the major drug producing countries in the world
- Answer any questions that may arise out of this exercise

Step Two

- Ask participants if they would like to ask any questions about any topic that was covered during the course of the course

- If nobody volunteers a question you should highlight a number of frequently asked questions : *How do drugs work?*
Can anybody become addicted?
Is it easy to give up drugs?
How do you become addicted? Etc
- Attempt to answer all questions to the best of your ability and if you do not have the answer suggest that you will find out the answer and get back to the participants

Step Four

- Distribute evaluation handout and explain the purpose of evaluation
- Read through the questions with participants and clarify any ambiguities that may arise
- Ask participants to spend ten minutes filling out evaluation form
- Collect forms
- Thank all participants for attending the programme
- Closing round

Appendix 1

THE BAG

This exercise aims to provide a creative means for assessing the drug knowledge level of any training group, regardless of age, gender, or literacy skills. It can be used as an introduction to a wide variety of topics to assess the needs of the training group and to avoid potential barriers to learning.

MATERIALS: A) THE BAG sheet: Picture of a large bag.
 B) Markers/pens

METHOD A:

1: Each participant is given a BAG SHEET and is instructed that:

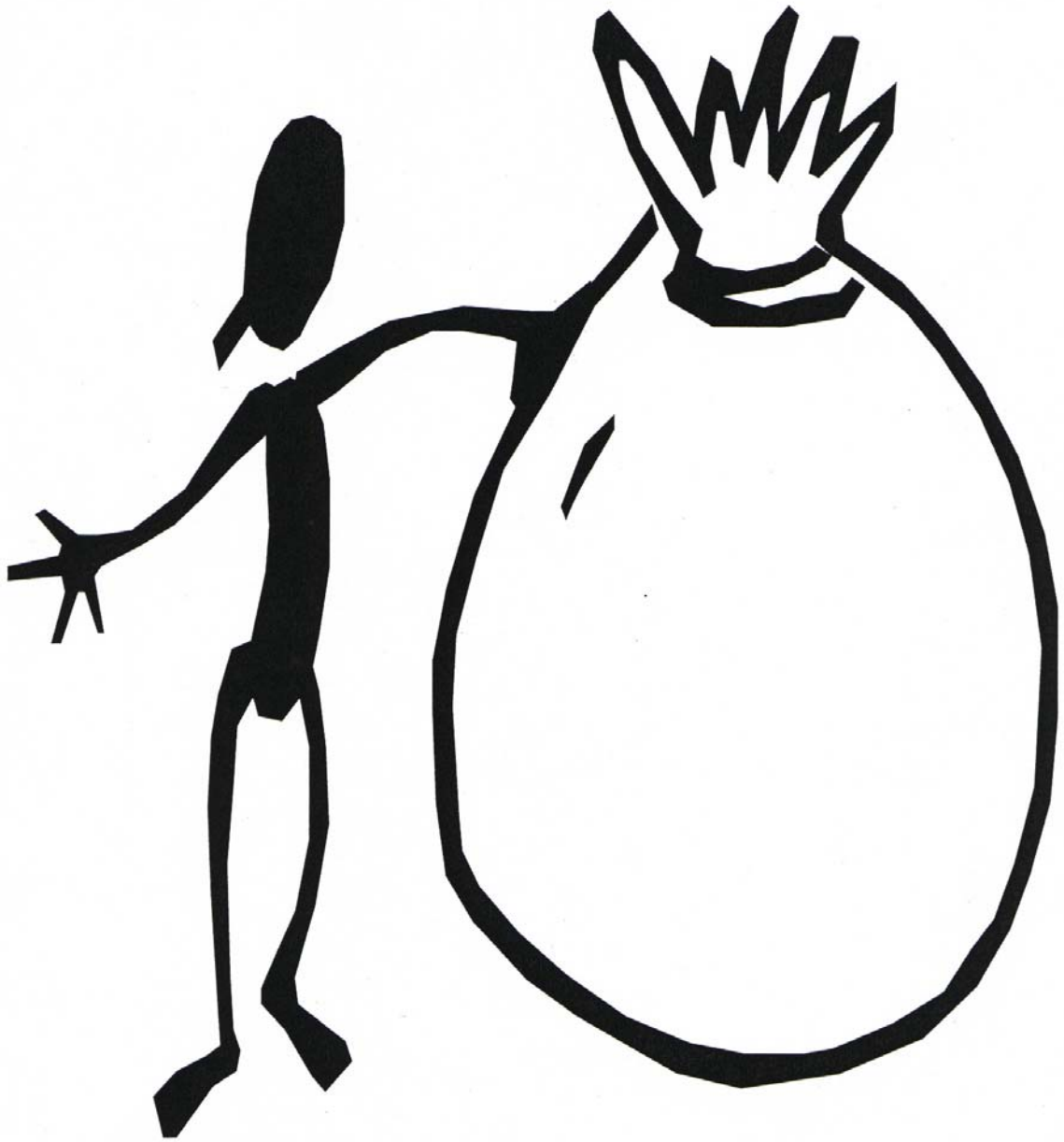
“A bag has been found containing drugs. This is the bag. Can you draw, or write as many drugs as you can in this bag to show what you think was found.”

2: Each participant is then asked to draw or write answers to the following questions, alone or in small groups of two/three/four:

- A) Who do you think lost this bag?
- B) What do you think that person was going to do with the bag?
- C) What should the person who found the bag do with it?
- D) Can a drug ever be good for you? If so, when? E) Can a drug ever be bad for you? If so, when?

The responses to these questions and the BAG SHEETS can be collected after they have been filled in by participants, and studied by the facilitator. This will enable the facilitator to assess the level of knowledge within the group, and what information may need clarification or discussion. This resource is effective in ensuring that too much information, or inappropriate information is not issued in the ensuing drug awareness course/sessions, e.g.: discussing heroin with ecstasy users, or discussing cannabis with young people who are not using it or any other illegal drug.

The Bag



THE BAG

1. **If you and another classmate found the bag, what would you do about it?**

2. **If you were offered a cigarette at the week-end, what would you do:**

Smoke it

Say no thanks

Not sure

3. **If you were offered a can of lager/what would you do:**

Drink it

Say no thanks

Not sure

4. **If you were offered a joint with cannabis in it/what would you do:**

Smoke it

Say no thanks

Not sure

5. **Have you any questions about drugs you would like us to answer?**

Appendix 2

What is a drug?

**A drug is a chemical substance which
changes how the body functions;**

Mentally.....Feel

Physically.....Behave

Emotionally.....Think

Appendix 3

Your name: _____

A. Drug	B. Why some people take this drug	C. What harm it can do	D. How to avoid the harm	E. Drug-free way to get the same result as in B
Panadol or Dispirin				
Alcohol				
Cannabis ("Hash)				
Ecstasy				
Heroin				

Appendix 4

Additional Information on Drugs:

CANNABIS

What is it?

Sedative drug

Stays in body longer (half life of 4 days)

Signs of use

Watery eyes

Dilated pupils

Elated mood

Aggressive mood later

Long term effects

Depends on how much and how often

It can reduce motivation

Happy going nowhere

Poor work/study

ALCOHOL

What is it?

Ethanol – a sedative drug

Short term effects

- sedates the brain
- reduces inhibition and self-control
- impairs movement (speaking, walking)
- impairs judgement
- heavy dose may impair vital functions (heart, breathing)

ECSTASY OR MDMA, (METHYLENE – DIOXYMETHAMPHETAMINE)

What is it?

- A synthetic drug first made in 1914
- Not a classic stimulant though it is chemically related to amphetamines
- Designer drug
- Illegally produced
- Different names

Short term effects

- Begin 30 minutes after taking tablet
- Effects can last 4-6 hours
- Increased pulse rate, temperature and blood- pressure
- Skin will tingle
- Loss of appetite
- A warm, loving feeling
- Lots of energy
- Referred to as the “hug” drug

Risks : Short Term

- Stiff jaw
- Grinding of teeth
- Reduced inhibitions
- Coming down from ecstasy will involve feeling wrecked, depressed and possible muscle pain
- Flashbacks as with LSD
- Insomnia
- Increased temperature can lead to heatstroke
- Possibility of water poisoning

Risks : Long Term

- Anorexia and weight loss
- Ecstasy can damage key brain cells, leading to depression and memory loss
- High doses can lead to anxiety, confusion, insomnia, paranoia and panic attacks

- It is also possible that regular use effects the immune system, as it leads to getting colds and flus more easily
- The liver, heart and kidneys can also be damaged

SOLVENTS

What are they?

Solvent abuse does not involve drugs but products which can be found around most houses. Solvents or Volatile substances include fuels, gases, adhesives, aerosols and thinners which give off a vapour at normal temperature and have an intoxicating effect similar to alcohol when inhaled, sprayed or sniffed.

Short term effects

- Immediate effects
- Effects are short lived
- Feelings of relaxation and contentment
- Blurred vision
- May appear drunk
- Hallucinations may occur

Risks : Short Term

- Accidental injury
- Behavioural problems
- Psychological difficulties
- Suffocation
- Sudden death due to heart or respiratory failure

Risks : Long Term

- Regular use effects the liver, brain, kidneys and bone marrow
- Regular solvent abuse bums skin around the lips and nose

TOBACCO

What is it?

- Derived from plant called *nicotiana tabacum*
- Leaves contain chemical nicotine
- Nicotine – a highly addictive stimulant
- Can be smoked, sniffed or chewed
- Contains more than 1,200 different chemicals

Short term effects

- Immediate but short lived
- Nausea and dizziness in first time users
- Calming effect
- Reduces appetite
- Heart rate and blood pressure increase

Risks

- Bronchitis
- Heart disease
- Blood clots
- Heart attacks
- Bad circulation
- Ulcers
- Lung infections
- Cancers of the lung, mouth and throat

Some facts

- When smoke is inhaled all the carbon monoxide, 90% of the nicotine and 70% of the tar is retained in the lungs.
- Approximately 6,000 deaths in Ireland per year are directly attributed to smoking (*Health Promotion Unit*).

- There is an increased risk of premature birth, stillbirth or early death of babies born to mothers who smoke.
- Smokers take 'mainstream smoke' into their lungs. Passive smokers inhale 'sidestream smoke' which contains 70% more tar, 2.5 times more carbon monoxide, 2.7 times more nicotine and up to 100 times more carcinogenic compounds (*Health Promotion Unit*).

Appendix 5

DINGBAT CODES:

DINGBAT CODES:

1 Ping WILLOW	2 1D 2R 3A 4C 5U 6L 7A
3 ESTIMATE I	4 i i BAG BAG
5 Thing = Thing Thing = Thing Thing = Thing Thing = Thing	6 N O T T U B Your Coat

Ans:

1. Weeping Willow
2. Count Dracula
3. I under estimate you
4. bags under eyes
5. All things are equal
6. Button up your coat

Appendix 6

Origins of drugs – from *'Building on experience National Drugs Strategy 2001-2008'*

4.1 THE INTERNATIONAL TRADE IN DRUGS

4.1.1 Drugs are an international problem and the trade in drugs is worth many billions of pounds annually. A 1997 report by the United Nations Drug Control Programme (UNDCP) estimated that the trade in drugs amounted to 8% of total international trade, that is roughly the same as textiles, oil, gas or world tourism. There is a marked difference between the price of drugs sold in Ireland, in the source country and while in transit. Prices can vary for a number of reasons, e.g. size of the crop, number of seizures, demand etc. but as an example, a kilo of heroin is sold in Afghanistan for IR£1,000, in Turkey for IR£8,750, in the Netherlands for IR£19,000 and in Ireland for IR£80,000. It can then realize up to four times this figure on the streets, depending on the number of exchanges and the level of purity.

4.1.2 While narcotic crops are cultivated worldwide and cannabis products, in particular, are produced in a number of regions, three areas of the world account for the vast majority of cocaine (coca) and heroin (opium) production. Cocaine production is concentrated in South America (primarily Colombia but both Peru & Bolivia also produce significant amounts – see figure 4.2). Heroin is primarily produced in South West Asia (overwhelmingly in Afghanistan) and to a lesser degree in South East Asia (the Golden Triangle which straddles Burma, Laos, Thailand and Vietnam – see figure 4.1). Colombia and Mexico have also developed significant potential heroin production capability. By 2000, they accounted for approx. 2.4% of world heroin production which is targeted mainly at the U.S. Although there is some limited domestic production of cannabis and some synthetic drugs (mainly ecstasy), Ireland is primarily an importer of drugs and is also sometimes used as a transit point for other European destinations. The main routes for these drugs into the country are as follows;

Heroin – Heroin mainly originates in Asia and comes through Turkey and the Balkans and arrives in Ireland primarily through the UK or the Netherlands. Amounts are generally quite small and are for the home market. Due to the size of the quantities, they can be transported in a number of different ways and can be difficult to detect.

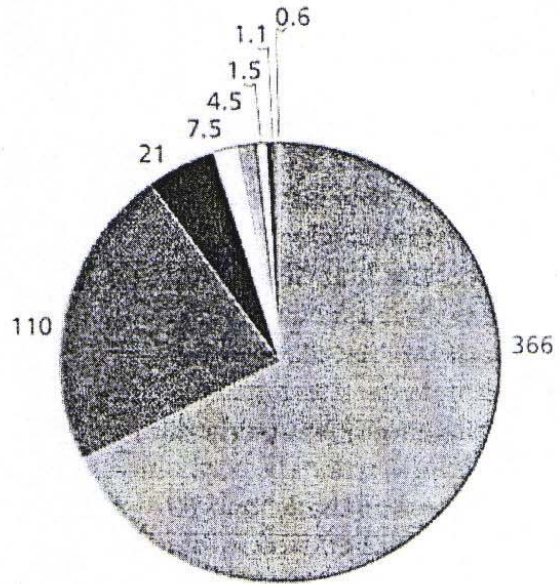
Cocaine – Cocaine is shipped in much larger amounts from South America, in many cases through the Caribbean, arriving in Ireland in most cases through other EU countries, in particular the UK.

Cannabis – Cannabis can be produced anywhere but the bulk of cannabis sold in Ireland comes from North Africa, mostly Morocco, via sea-going yachts as well as articulated trucks using cross-channel ferries. In general, the shipments are quite large in size.

Ecstasy – Ecstasy and other synthetic drugs can also be produced anywhere although most of the ecstasy that is sold in Ireland is believed to be sourced in the Netherlands and Belgium, but increasingly drugs are being sourced from Eastern Europe.

Figure 4.1 – Estimated Worldwide Heroin Production in Metric Tonnes by Country in 2000* (Total 510 Metric Tonnes)

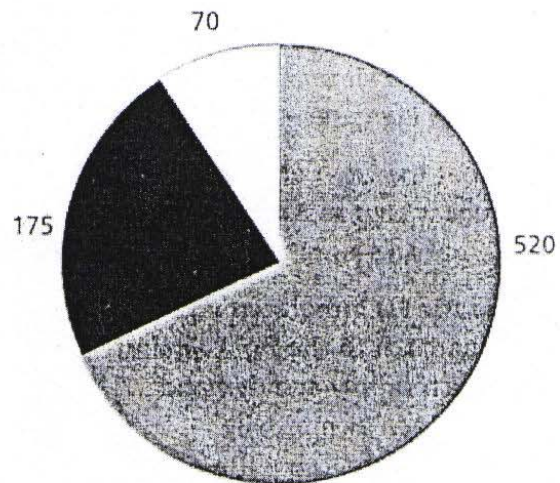
- Afghanistan
- Burma
- Laos
- Colombia
- Mexico
- Vietnam
- Pakistan
- Thailand



* "Southwest Asia – Opium Cultivation and Production Estimates 2000", publication of the United States Office for National Drug Control Policy, 2000.

Figure 4.2 – Estimated World Cocaine Production in Metric Tonnes by Country 1999 (Total 765 Metric Tonnes)*

- Colombia
- Peru
- Bolivia



* "Major Coca & Opium Producing Nations – Cultivation and Production Estimates, 1995-1999", publication of the United States Office for National Drug Control Policy, 1999.

Appendix 7

