

We Are All Victims: The Illegal Drug Trade And Public Health

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Abstract

This paper identifies the dangerous public health consequences of the illicit drug trade. Several effects of the drug trade on health are identified, such as terrorism, violence, the rise of infectious disease, and medical costs. After explaining the recent rise in narcoterrorism and drug funded terrorism, the paper briefly looks at some consequences of terrorism financed by drugs, including the September 11, 2001 attacks on the United States.

Colombia is examined as an example of what narcoterrorists can do to a region that they occupy as a home base. Levels of physical violence rise and lead to mass forced migrations, creating a large number of displaced persons. This displaced population tends to end up in substandard living conditions, vulnerable to disease, and without access to health care. Economic development in the nation is also restrained, both from diverting money to illegal activities and because industries shy away from investment.

Following a general discussion on the clear connections between the rise of drug use and the rise of HIV infection, the former Soviet states of Eastern Europe and Central Asia are examined, with particular emphasis on Russia. In many of these states, increased drug trafficking from Southwest Asia has led to an increase in drug use. In these states, the HIV infection rates have also risen, due to intravenous transmission of the disease. The HIV crisis has not limited itself to the drug using population, as it then spreads through sexual contact. In countries like Russia, where the health system is already strained beyond capacity, the HIV/AIDS crisis is likely to have dangerous consequences for the nation. AIDS fatality estimates for the region are bleak at best.

In conclusion, some figures are discussed regarding the cost of drug use, with specific examples given from the United States. The paper calls for a reduction in the demand on drugs through treatment of addicts, citing long-range savings in health costs and human lives.

Purpose

This paper seeks to show the link between the international drug trade and terrorism. The paper also attempts to extend that link to other serious public health issues such as the rise of HIV/AIDS and the devastating economic impact of drug use.

Introduction and Background

One of the greatest threats to public health in the world today is the use of illegal drugs. The international trafficking of illegal drugs presents a multi-front assault on national public health systems. This paper will show how the illegal drug trade affects

both importers and exporters through increasing the burden on the public health system. The trade in illegal drugs funds terrorism, fuels increases in infectious diseases, and drains valuable public health dollars from both developed and developing nations. Most frightening of all, these factors are linked together.

In countries that export drugs such as Afghanistan and Colombia, terrorists have long used the drug trade to fund their activities. Whether through cooperation with drug cartels or through direct participation in the drug trade, terrorism and drug trafficking often go hand in hand. Drug traffickers can benefit from the military expertise, weapons suppliers, and links to clandestine organizations of the terrorists. Terrorists often can gain a source of revenue or make connections for the money laundering.¹ The reluctance of states to risk isolation from the global economy by supporting terrorist organizations has forced terrorists to fund their own activities. The drug trade has become an essential funding source for terrorists.

Terrorists have profited from the drug trade in many ways. The Revolutionary Armed Forces of Colombia (FARC) and the National Liberation Army (ELN) in Colombia collect taxes from those who cultivate or process drugs in their territory. It has been estimated that the FARC brings in between \$200 million and \$400 million from the illegal drug trade.² Other groups, such as Hezbollah and Colombia's United Self-Defense Forces of Colombia (AUC) participate directly in drug smuggling. The former benefactor of Al Qaeda, the Taliban in Afghanistan, earned an estimated \$40 to \$50 million each year from taxes on the opium trade. Other groups that participate in narcoterrorism

¹ US Department of State. Bureau for International Narcotics and Law Enforcement Affairs. "The Nexus Between Drug Trafficking and Terrorism" April 10, 2002

² Council on Foreign Relations. "The FARC" <http://cfrterrorism.org/groups/farc.html>

include: The Shining Path, Liberation Tigers of Tamil Eelam, Kurdistan Workers' Party (PKK), The Real IRA, and Basque Fatherland and Liberty (ETA).³

It is not difficult to see the consequences of the funding that these terrorist organizations enjoy. One has only to review the events of September 11, 2001, to see what well-financed terrorists can accomplish. In the words of Congressman Mark Souder:

We also know some direct links where we see the links between terrorism and narcotics. Clearly, the Taliban...that control drug trade. The Taliban, in particular, since they get funding from the drug trade and then they fund, directly or indirectly, al Qaeda, means that al Qaeda, who did the 9/11 attack, got their money indirectly through the heroin trade, at a minimum, through the Taliban, and that means that our terrorism attacks in the United States on September 11th were funded, in one way or another, through the drug trade. That's a direct tie.⁴

Narcoterrorism Impacts on Public Health in Drug Producing States: Colombia

Terrorist operations do not only affect their targets, but also the people who live in or near their power bases. In some situations, the drug financed terrorist groups use their resources to perpetuate conflict in a specific area, carving out territory and control over the population. Such a case can clearly be seen in Colombia. As mentioned previously, groups such as the FARC use their substantial drug income to finance armies and exercise control over a portion of the countryside. The control over land brings control over its people, allowing them to further enrich themselves at the expense of the population. A dangerous public health problem is created in this situation.

One way in which public health is threatened in Colombia is through direct harm. The FARC uses intimidation and murder to exact its drug-related fees on the local population. One incident retold by Congressman Mark Souder at a symposium on narcoterrorism is quite informative. A defector from the FARC, whose job it had been to

³ Council on Foreign Relations. "Narcoterrorism" <http://cfrterrorism.org/terrorism/narcoterrorism2.html>

⁴ United States Department of Justice. Drug Enforcement Agency "Target America: Traffickers, Terrorists, and Your Kids" 2001.

collect the FARC'S fee from coca producers, was asked by the Congressman if he had ever killed anyone. The defector stated that he had killed people for not paying their ten percent contribution to the FARC.⁵ The FARC, ELN, and AUC murdered an estimated 3,500 people in 2002. Additionally, terrorists kidnap approximately 3000 people each year in Colombia.⁶

The funding of terrorist movements such as the FARC in Colombia has also enriched their ability to wage armed conflict against the national government. One tragic result of this situation is the formation of nearly permanent conflict zones. Due to these circumstances, many Colombians have been forced to move away from their homes to protect their lives. These displaced persons face a myriad of challenges. According to one study of the period 1985-1994, one in sixty Colombians was obliged to migrate due to violence. It was found that 586,261 persons, comprising 108,301 households, were displaced. Of these households, 6.7% had lost a spouse or child due to violence prior to the migration. Furthermore, 52% of this group were living in tenements or slum in outlying urban areas under living conditions which were not comparable with the way they had lived previously. Diseases such as malaria have been on the rise, particularly found in certain urban areas. Access to health care is a serious problem for displaced persons. Only 22% of the displaced population in Colombia received health care.⁷ One can also clearly see that when a government does not exercise control over parts of its territory, it certainly cannot provide proper social services such as health care to those areas.

⁵ United States Department of Justice. Drug Enforcement Agency "Target America: Traffickers, Terrorists, and Your Kids" 2001.

⁶ Ed Jurith. "Acts of terror, illicit drugs and money laundering" *Journal of Financial Crime* October 2003, Vol. 11, no. 2, 158-162.

⁷ PAHO. "Colombia Country Health Profile." 1998. <http://www.paho.org/english/SHA/prflcol.htm>

Furthermore, drug production in places like Colombia take away from national economic development. Drug growth and production requires individuals to divert both financial and human resources from traditional investments to short-term, high-risk ventures. When governments enact crop eradication measures, those individuals growing illegal crops lose their investments, which could have been made in legitimate areas. Crop eradication has an additional impact on the citizenry of Colombia due to its impact on the environment and the health of the people living and working in those areas.⁸

Economic growth is slowed in other ways in Colombia. As General James E. Hill, the commander of U.S. Southern Command, explains:

Governments that face direct challenges to their legitimacy, but cannot effectively police their full sovereign territory, can neither attract capital nor promote free trade and open trade. If your company has to buy kidnapping insurance for employees, then you lose valuable capital that could be used to improve products, hire new people or become more efficient.⁹

Threats to Public Health: Drug Use and Disease

Obviously, the use of drug money by terrorist organizations to fund their activities is a serious problem. The damage caused by these activities is not limited to direct effects alone. To see the widespread implications of these actions, one must also look at the destination of the drugs sold by these groups. The use of heroin throughout the world causes several health and social problems. It is believed that heroin users in Europe face a risk of death twenty to thirty times higher than persons in the same age group that do not use drugs. The use of drugs like heroin that are injected also greatly increases the chances

⁸ Yadirea Ferrer. "Colombia: Protected Areas Threatened By Coca-Killing Herbicide" *Global Information Network*, March 29, 2004, 1.

⁹ Jim Garamone. "U.S. Working to Shore up Allies, Take on 'Narcoterror'" *Pentagon Brief*, October 15, 2003, 2-3.

of contracting infectious diseases such as HIV and hepatitis. In the in 136 countries that report use of injected drugs, 93 report HIV infection among this population.¹⁰

It is easy to make a connection between illicit drugs and public health problems. A cursory glance at United Nations data from the 1990s reveals a great amount of information regarding the effects of drugs on health. These health effects have wide-ranging consequences for economic stability and development, especially in the developing world. One International Labor Organization (ILO) study showed that in Egypt, Sri Lanka, Poland, Mexico, and Namibia drug users had 2-4 times more accidents at work than other employees and missed work 2-3 times more often. Drug abuse in the developing world has risen dramatically in recent years. Twenty years ago, there were approximately thirty thousand heroin addicts in Pakistan. Ten years later there were an estimated 1.5 million. Heroin abuse rose eight percent annually from 1988 to 1994. A study in Colombia in 1993 found that 130 people in that nation started using drugs each day. According to the study, seventy percent of these were teenagers. The World Bank has stated that on average "users typically fall within the age group of 15-44, although most are in their mid-twenties". These are clearly supposed to be some of the most productive years. Instead of contributing to the economic prosperity of their nations, these persons instead become a serious drain on the nation's resources.¹¹

Of particular concern, from a public health standpoint, is the relationship between drugs and diseases, particularly HIV/AIDS. One only has to look at the proportion of intravenous drug users who are infected with HIV to see the relationship. In 1994, the HIV prevalence rate for intravenous drug users was between forty and fifty percent. In

¹⁰ WHO. "Facts & figures" http://www.who.int/substance_abuse/facts/en/

¹¹ United Nations International Drug Control Programme (UNDCP) "Drugs and development" June 1994

Myanmar, the first reported case of a drug user infected with HIV was in 1987. By 1991, 77 percent of known HIV carriers were drug abusers. From 1991 to 1992, it was estimated that 28 percent of HIV transmissions were due to drug use. Research in the 1990s in New York City showed that 80 percent of heterosexual HIV cases involved intravenous drug use at some point in the chain of transmission.¹²

HIV does not limit itself, however, to the drug using populations of a nation. There is a spillover effect that affects the greater population. For example, the New York City study cited above also showed that 90 percent of perinatal transmission cases in New York could be traced back to an infected drug user. In 1989 in the Indian state of Manipur more than half of the state's drug users were discovered to be HIV positive, and 10-16 percent of those drug users had visited prostitutes.¹³ One only has to look at the current situation in Africa to deduce the widespread effects of the spread of HIV. The drain of resources creates a difficult public health situation, as public health funds are diverted to HIV/AIDS issues, the ability to deal with other health issues is diminished. As the health budget of nations is consumed by treating HIV/AIDS victims, other preventable and treatable diseases may reemerge and important issues, such as the ability to care for aging populations, are neglected. According to a United States National Intelligence Estimate, more than half of the health budget is spent on treating AIDS. Similar levels of spending are expected to be reached in Kenya and South Africa in 2005.¹⁴ According to USAID:

HIV/AIDS will compound the challenges of aging populations. The adult children on whom the elderly depend will be dying faster and in larger numbers, leaving young children and elderly parents and grandparents to face economic and social uncertainty. In all countries, decisions about how to respond to

¹² United Nations International Drug Control Programme (UNDCP) "Drugs and development" June 1994

¹³ United Nations International Drug Control Programme (UNDCP) "Drugs and development" June 1994

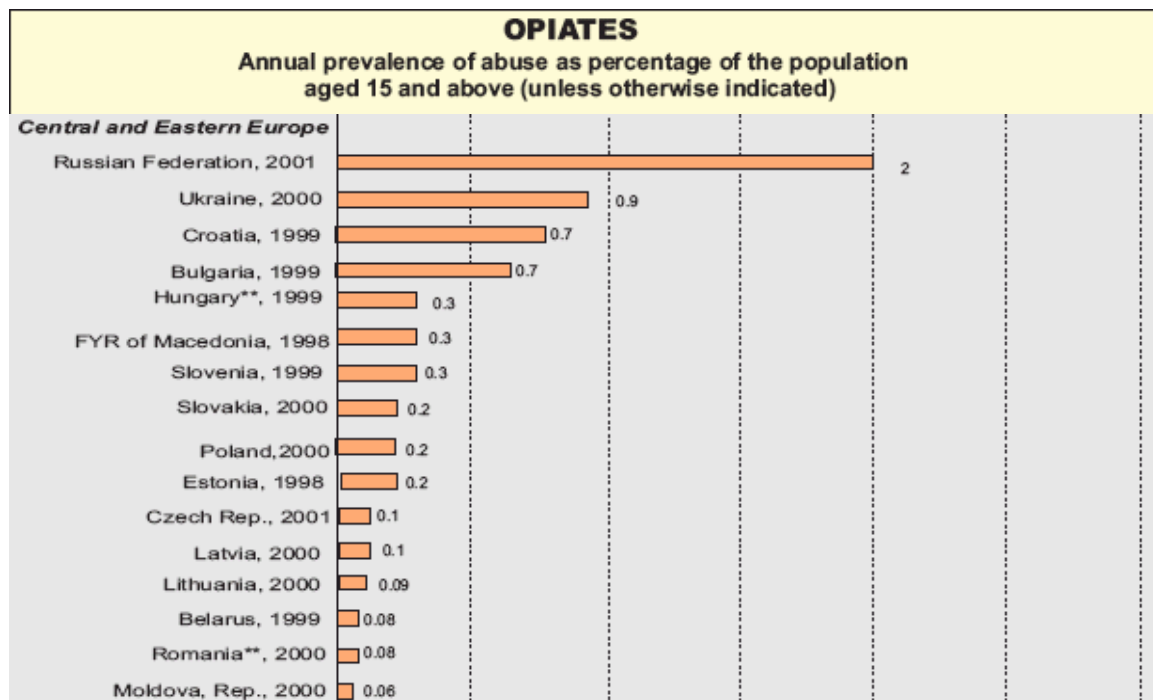
¹⁴ CIA, "The Global Infectious Disease Threat and Its Implications for the United States" National Intelligence Estimate 99-17D, January 2000

the needs of the elderly must be balanced with the continued demand for disease control and public health care.¹⁵

Case Study: Drug Use and HIV in Former Soviet States

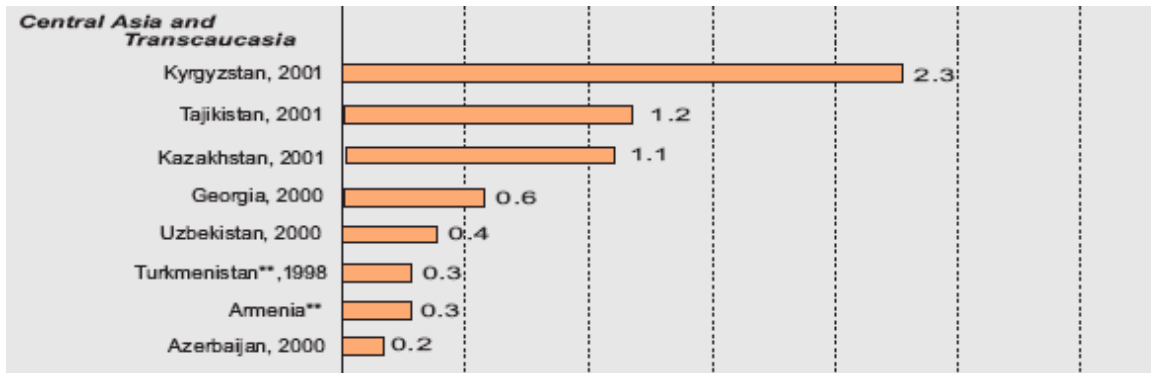
One informative case to look at is the connection between Southwest Asian heroin and the rising HIV/AIDS epidemic in the countries of the former Soviet Union.

According to the World Health Organization (WHO), the Russian Federation and Ukraine, along with other countries in Eastern Europe and countries in Central Asia, have the most rapidly expanding HIV epidemics. In these regions, the rise in HIV is directly attributed to the rise in intravenous drug use (IDU). In the former Soviet Union, where two-thirds of all Europeans infected with HIV live, 84% of all HIV cases with a known transmission route were acquired from drug use.¹⁶



¹⁵ USAID, "Foreign Aid in the National Interest: Promoting Freedom, Security, and Opportunity," 78.

¹⁶ WHO "The World Health Report 2003 - Shaping The Future" <http://www.who.int/whr/2003/en/>



Reproduced from United Nations Office on Drugs and Crime “Global Illicit Drug Trends 2003”

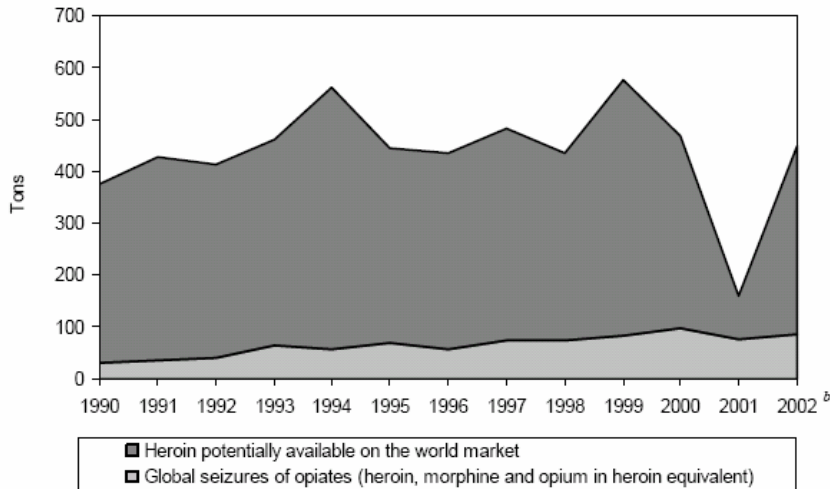
In the Central Asian republics, long a transit route for heroin, drug abuse, especially injected opiate drugs, has risen sharply. Central Asian nations have grown in their prominence in trafficking illegal drugs, as evidenced by an increased seizure of heroin in Central Asia in 2002. Kyrgyzstan and Turkmenistan registered increased in heroin seizures, while Tajikistan recorded one of the highest volumes of seized heroin in the world at 3.9 tons.¹⁷ According to a report by Uzbekistan's Security Ministry, the Uzbek authorities seized more than two tons of heroin in 1999 compared to 11 kilos in 1994.¹⁸ The steady flow of drugs from Afghanistan has corresponded to the increase in drug use in Central Asia, according to the United Nations Office for Drugs and Crime. The rise in drug abuse has been seen dramatically in Tajikistan, with an estimated 720 addicts per 100,000 people. Overall, the rates are highest in Kyrgyzstan, with 1,644 addicts per 100,000 residents. According to an annual report of the United Nations International Narcotics Control Board, the correlation between people with HIV and

¹⁷ United Nations Economic and Social Council. “World situation with regard to drug trafficking” January 2004.

¹⁸ Joshua Sinai. “Islamist terrorism and narcotrafficking in Uzbekistan” Defense & Foreign Affairs Strategic Policy. May 2000. Vol. 28, Iss. 5, 7-8.

intravenous drug use may be as high as 80% in Kazakhstan, Kyrgyzstan, and Uzbekistan.¹⁹

Global interdiction of opiates and potential availability of heroin on the world market, 1990-2002^a



^a Average interdiction rate (1995-2001): 18 per cent; interdiction rate in 2002: 19 per cent.

^b Preliminary figures.

Reproduced from: United Nations Economic and Social Council. "World situation with regard to drug trafficking" January 2004.

The spread of HIV/AIDS in these former Communist countries creates a huge burden on the state. The United Nations Development Program (UNDP) reported that Russia, Ukraine, and Estonia have some of the world's fastest growing HIV rates, and that one person in one hundred might have HIV in those nations. "It is already too late to speak of avoiding a crisis," said Kalman Mizsei, the U.N. Development Program's assistant administrator for Europe and the CIS. According to the UNDP, this rise in HIV rates constitutes a grave threat to the economic growth of these states, straining already exhausted social welfare programs. The HIV crisis has increased health spending from 1-3% of the nations' gross domestic product and cut annual GDP growth by 1% due to

¹⁹ "Drug Abuse; U.N.: Afghan opium leads to rising drug addiction, AIDS infections." *Health & Medicine Week*, March 24, 2003, 24.

premature death among the productive population.²⁰ HIV/AIDS also impacts the ability of the state in other ways, such as the military. Russia has seen an alarming rise in HIV in its conscripts. With no detection programs in place, the actual number of Russian soldiers is unknown, though the chief of the central military medical commission Major General Valeriy Kulikov claimed that the number of the HIV-infected has grown 27 times in the last five years. According to Kulikov, 741 HIV-infected soldiers were discovered incidentally in the army in 2001, with 554 cases in 2002. Estimates put the number of infected draftees at 5,000 annually.²¹

The situation in Russia and Ukraine deserves special attention. The influx of cheap narcotics from Central Asia led to a boom in the use of injected drugs in Russia. The subsequent rise in HIV infections was further spread through unprotected sex. In December 2003, Boris Gruzdev, the head of the HIV department of the Moscow centre for preventing and combating AIDS, stated, "This year 49 per cent of newly-detected HIV-positive people got infected through sexual intercourse. This means that the virus has again left the circle of drug addicts and entered the sphere of heterosexual and homosexual ways of HIV transmission."²² The result has been one of the highest HIV growth rates in the world, surpassing even Africa's startling rates. Official health ministry figures put the number of Russians with HIV at 268,000. The head of the ministry's HIV department, however, admits the actual figures may be twice that high, with other prominent HIV scientists in Russia advocating a figure four times as high. "Whichever of

²⁰ "HIV/AIDS Epidemiology; UN: HIV growth rates in Estonia, Russia and Ukraine among world's fastest" Health & Medicine Week, March 8, 2004, 407.

²¹ "Number of HIV-infected draftees in Russia going up" *BBC Monitoring Former Soviet Union*. December 1, 2003.

²² "Drug users make up majority of HIV cases in Russia - expert" *BBC Monitoring Former Soviet Union*. Dec 1, 2003.

those figures is right, AIDS in Russia is a looming, massive tragedy," says Vinay Saldanha, the project coordinator of the non-profit Canada AIDS Russia Project (CARP). Physicians and scientists have warned that without treatment, 100,000 Russians with HIV will require hospitalization by 2007. They also warned that by 2015, one million Russian could die from AIDS.²³ The government response has been tardy and HIV/AIDS measures have been under funded. Until recently, the Russian government was only spending \$5 million per year, not nearly enough for the crisis it faces.²⁴

What does this crisis mean to health care in Russia? Currently, the state of Russian health care can only be called dire. Though still claiming to provide free health care for its citizens, the state contribution to health care has fallen by one-third, actually only covering a portion of the costs. Many facilities have not been renovated in decades and lack necessary equipment. Salaries of medical personnel are only barely enough to keep them coming to work. "We physicians are working on the razor's edge," says Dr. Alexi Serov, who runs a maternity ward in central Russian and earns the equivalent of \$130 a month. "All our problems boil down to a lack of financing." Each year, almost a million more Russians die than are born. Even taking into account immigration from former Soviet Republics, the population of Russia declined from 147 million in 1989 to 145 million in 2003. Life expectancy among Russian males had dropped during that period by five years to 58.5, the lowest life expectancy in the developed world. Some demographers predict that current trends could bring the population of Russia to as low as 100 million by 2050. Economic consequences are sure to follow, with economists

²³ Paul Webster. "A Looming Tragedy" *MacLean's*, March 29, 2004, Vol. 117, Iss. 13, 21-22.

²⁴ Richard J Coker, Rifat A Atun, Martin McKee. "Health-care system frailties and public health control of communicable disease on the European Union's new eastern border" *The Lancet* Apr 24, 2004, 363, 1389-1392.

predicting that declining health will contract the nation's labor pool and reduce its productivity. According to a World Bank study, if HIV is not combated properly the treatment of the disease and the subsequent drain on the workforce will cut ten percent off the GDP of Russia by 2010.²⁵ HIV in Russia may also act as a multiplier for other public health risks. In Russian prisons, epidemics of TB, including drug-resistant strains, will be further stimulated by the rapid rise in HIV incidence among Russian prisoners.²⁶

Ukraine faces similar circumstances. According to Ukrainian Interior Ministry figures, at the beginning of 2003 there were 116,000 drug users registered with the police, of which 68 per cent were under 30. Olga Balakyreva, director of the Social Monitoring centre, claims that these figures are not truly representative of the real situation in Ukraine. "Since 1991 our centre has been conducting all kinds of sociological research, including preventive measures against the addiction. Our research shows that there are over 560,000 people in Ukraine who are injecting themselves with drugs," reports Balakyreva. Experts believe that one must multiply official figures seven to ten times to approach reality. Data from the All-Ukrainian Narcotics Association shows the increase in drug addiction, with a ratio of 100.8 users per 100,000 of the population in 1996 to the 2002 figure that reached 158.7 per 100,000. The rise in drug abuse has coincided with the rise in popularity of heroin. While heroin was once considered a drug for the affluent at \$50-\$60 per gram, it is now available in the streets in an impure form containing dangerous additives at \$10 per gram. As in Russia, this rise in injected drugs has caused a concurrent rise in HIV in Ukraine. According to the Ukrainian Centre for Preventing and Tackling AIDS, there were over 25,000 officially registered carriers of

²⁵ Jeanne Whalen. "Russia's Health Care Is Crumbling; Dire Lack of Funds Creates Sick, Dwindling Populace And 'National Emergency'" *Wall Street Journal*, February 13, 2004, A9.

²⁶ WHO "The World Health Report 2003 - Shaping The Future" <http://www.who.int/whr/2003/en/>

HIV in 2000, and of these about 20,000 were drug users. International and national experts estimate the actual numbers are much higher - 370,000 to 530,000 people, basically one per cent of the adult population.²⁷

Conclusions

While there is not comprehensive worldwide data on the cost of the illegal drug trade, one can examine some individual country data for some insight. In 1988, there were 17,000 deaths from drug overdose in the United States.²⁸ Estimates in the mid-1990s put worldwide deaths from injected drugs at 200,000 per year. The WHO has reported as follows: "Existing data indicated a several-fold increase in drug-related deaths over the past decade...The yearly mortality rates among intravenous drug users or drug addicts on treatment programs ranged between one and two percent in Europe and the United States"²⁹ Illegal drugs, however, more often result in health problems or disease rather than death.

The links between drug use and HIV have been covered previously in this paper, but cannot be overstated. One must not underestimate the impact of drug use on other forms of disease. According to a WHO report, less well "recognized, but statistically and medically more significant in terms of its overall societal impact," is the relationship between substance abuse and hepatitis, tuberculosis, cardiovascular diseases, cirrhosis, neuropsychiatric disorders, sexually transmitted diseases, complications in pregnancy, violence, and suicide. Drug use during pregnancy is of particular concern. The effects of drug abuse can include spontaneous abortion, birth defects, developmental difficulties,

²⁷ "Drug addiction rising in Ukraine" *BBC Monitoring Former Soviet Union*. February 4, 2004.

²⁸ United States Department of Justice. Drug Enforcement Agency "Target America: Traffickers, Terrorists, and Your Kids" 2001.

²⁹ United Nations International Drug Control Programme (UNDCP) "The Social Impact of Drug Abuse" March 1995.

depressed behavior, poor responses to stimuli, and interference with the essential bonding that occurs between mother and child at birth. Studies show that children damaged by drugs place a heavy burden on already strained systems of pediatric health care and public education. Some drug-related damage such as cognitive function and impulse control will tend to increase crime rates when the children become adolescents and young adults. In addition to the direct consequences, the care of children abandoned by or taken away from addicted parents also creates a considerable social cost.³⁰

In the United States drug abuse was found to result in a \$44.1 billion dollar burden on the economy in 1985. A 1991 study showed that 23 percent of the total Medicare payments for hospital care were for substance abuse related care. Substance abuse cases also cost more to treat, since they require 26 percent more staff and resources. According to the study, “Medicare spent over \$13 billion of its \$57 billion inpatient short-stay hospital expenditures on substance-abuse-related care. These amounts exceed the 1 out of 5 dollars spent in the Medicaid program for substance abuse-related conditions”³¹ The Drug Abuse Warning Network reported that in 2000, there were an estimated 601, 776 drug abuse related hospital emergency department visits.³²

One can see that even in a highly developed and prosperous nation like the United States, the burden that drug use puts on society is significant. It is not difficult to deduce that the burden on struggling or developing nations is magnified immensely. Health care systems and budgets in many nations are already in a crisis situation without the added costs of

³⁰ United Nations International Drug Control Programme (UNDCP) “The Social Impact of Drug Abuse” March 1995.

³¹ United Nations International Drug Control Programme (UNDCP) “The Social Impact of Drug Abuse” March 1995.

³² The National Institute on Drug Abuse (NIDA). “Effects of Drug Abuse in Hospital Visits” <http://www.drugabuse.com/NIDAHome.html>

treating drug users and the diseases that drug use can bring, such as HIV. The multiplier effect that can result, such as the relationship between HIV cases and increases in tuberculosis, further stretches the ability of a nation to provide health care services for its citizens. As mentioned previously, one only has to look at the effect of AIDS on the national health care budgets of African states to realize that most nations of the world simply cannot afford to pay for the effects of widespread drug use and its after effects.

The United Nations suggests that public policy should take into account two factors. First, nations should involve compulsive users in public treatment programs, since most of these addicts are unable to pay for proper treatment on their own. Involvement in such treatment programs reduces demand for drugs, therefore making efforts to reduce supply more effective since compulsive drug users consume far more drugs than recreational or experimental users. Second, governments need to ensure adequate prevention measures.³³ These common sense measures could go a long way in stemming the public health crisis created by drug use. Financially constrained nations like Russia must address their growing drug related HIV problems sooner rather than later. One way to do so is to address the problem of drug use through treatment of addicts. The WHO estimates that for every dollar spent on treatment, seven dollars are later saved in health and social costs.³⁴

Clearly, the world faces a dire threat from the scourge of terrorism. But as this paper has shown, the effects of terrorism reach far beyond the direct acts of terrorists. While every life lost from terrorist bombings and murders is tragic, the greater tragedy that they impose on the world results from their support of and participation in the

³³ United Nations International Drug Control Programme (UNDCP) "The Social Impact of Drug Abuse" March 1995.

³⁴ WHO "The World Health Report 2003 - Shaping The Future" <http://www.who.int/whr/2003/en/>

international illegal drug trade. The war on terror and the war on drugs are important measures to reduce the supply of illicit substances. Demand must also be reduced, through education, propaganda, and most importantly through the treatment of those that have already succumbed to the siren song of drugs.