

Block

1

FACTUAL INFORMATION ON SUBSTANCE ABUSE

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INTRODUCTION TO BLOCK 1

Welcome to block 1 of the course on 'Alcohol, drugs and HIV'. This is an introductory block to the course on Substance abuse and counselling which will examine the relevance of drug addiction to HIV transmission. This block also examines the national and international scenario of drug addiction.

There are four units in this block. **Unit 1** deals with the 'Relevance of substance abuse and HIV/AIDS'. After going through this unit, you will be to know how substance abuse increases the chance of HIV infection and explains why people abuse drugs. **Unit 2** deals with 'Commonly used (or abused) drugs and target groups'. This unit explains why people abuse drugs and distinguish the various categories of people who are likely to abuse drugs. **Unit 3** is on the 'Extent of the prevalence of substance abuse and trafficking in India'. This unit speaks about how drug abuse has influenced people from various walks of life, the extent and areas of drug trafficking and evaluate the consequences of drug trafficking. **Unit 4** is on the 'Drug scenario: global, regional and national'. This unit shows the extent of the problem of substance abuse as it exists in the world in general and India in particular.

This block provides you an overview of the problem of substance abuse, its relevance to HIV / AIDS transmission as well as the extent of problem of drug abuse existing in India and other parts of the world.

UNIT 1 RELEVANCE OF SUBSTANCE ABUSE AND HIV/AIDS

Contents

- 1.0 Objectives
- 1.1 Introduction
- 1.2 Importance of the Study of Substance Abuse and HIV/AIDS
- 1.3 Relationship between Substance Abuse and HIV/AIDS
- 1.4 History of Substance Abuse
- 1.5 Let Us Sum Up
- 1.6 Suggested Readings

1.0 OBJECTIVES

This unit will help you to understand the importance of the study of substance abuse and HIV/AIDS. This is aimed at helping you to develop a healthy lifestyle to live a drug free life as well as to help others lead a drug free life.

When you complete this unit you will be able to:

- identify the use and abuse of drugs;
- discuss how substance abuse increases the chance of HIV infection;
- explain why people abuse drugs; and
- describe the history of drug abuse.

1.1 INTRODUCTION

In the history of mankind there have been many epidemics. Epidemics are diseases which spread so fast that they kill thousands of people in an area in a short time. The Black Death in the Middle Ages killed half of the population of Europe. This unit is introducing you to another epidemic, which has taken thousands of lives and threatens millions of lives all over the world. This epidemic is called *Substance Abuse*, which is usually known as *drug addiction* or *substance use disorder*.

The aim of this series is to inform and educate every one, particularly the youth on the hazards of drugs. We cannot prevent addiction by scare tactics, or by threats. Although we may never eliminate dangerous drugs, we can minimize the dangers by giving sound, honest and realistic information.

It is possible that you have direct experience of persons who use alcohol or other drugs. This unit will explain what substance abuse is and analyse the reasons why people abuse drugs become addicted to drugs. The unit will further discuss the implications of substance abuse, prevention and treatment.

1.2 IMPORTANCE OF THE STUDY OF SUBSTANCE ABUSE AND HIV/AIDS

The most precious possession we have on earth is our life. Quality of life is measured by many factors. There is an idiom that says ‘*a healthy mind in a healthy body*’. Maintaining a healthy mind is very important for every human being. This is possible only by learning to take care of one’s health. We learn this from our home and from the lessons we learn at school and other social organisations of society or in other words through the socialization process. At school we learnt of many important measures to keep ourselves and our society healthy. We are told many times that alcohol and other intoxicating food and drinks are dangerous for our health and the well-being of our society. Just like we learn safety rules of traffic for our own benefit, we should also learn more about drugs and HIV/AIDS, because these have become a part of our everyday lives. In case of drugs and HIV/AIDS, ignorance can be death. Know AIDS, no AIDS, Know drugs, no drugs!

In recent times alcohol and other intoxicating drugs have posed a great threat to humanity because, unlike in the past, intoxicating drugs have become more widely used by people, especially the young. It has become a fashion to use alcohol even at a very young age. Besides alcohol, there are many other killer drugs in the market which can make person, dependent on them for a life time, if he/she uses them for five or six times. Heroin, cocaine and other drugs, which are available in the market, have destroyed many young lives. Much of this has happened due to ignorance. The information we get about drugs and alcohol mainly from magazines and friends, is incomplete or faulty. Since our life and often the lives of our dear ones, depend on the correct and adequate information about this, these lessons are very important.

You have already learnt about HIV/AIDS and about its various modes of infection.. Many of the drug abusers use syringes to inject drugs into their bodies. They also share the same needle among many, without properly sterilizing it. This spreads the HIV virus among the drug users. Under the influence of alcohol and other drugs they also engage in sexual activities with infected persons. This way an uninfected person can easily become an HIV positive case even with one such act. Proper information will lead to right motivation. This makes it all the more important to learn about the connection between drug abuse and HIV/AIDS.

<p>Check Your Progress I</p> <p>Note: Space is given below for your answer.</p> <p>1) What is the importance of studying about substance abuse and HIV/AIDS?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

1.3 RELATIONSHIP BETWEEN SUBSTANCE ABUSE AND HIV/AIDS

The two killer diseases, Drug abuse and HIV/AIDS are very closely related. The following reasons will give a clear picture of their relationship:

- Though HIV/AIDS may be considered of recent origin, the drug abuse has been existing in our culture since ages.
- both affect mainly the young people,
- both have no permanent cure,
- both have social implications, and
- both have health-related issues.

Drug abuse and HIV/AIDS are considered socio-medical problems, which appeared during the last quarter of the 20th century. It is true that people have been using alcohol from very ancient times. But it was never a social problem as it has become today. As we mentioned earlier, other psychotropic drugs, which have high addictive potential, are of very recent origin. With the advancement of communication and transportation facilities the availability of these drugs has become much easier. Drugs produced in any part of the globe can reach any other part within a few days or even in few hours time. HIV virus was detected just in 1981. Yet within a span of less than 20 years it has become a major global health problem threatening the populations of several countries.



The majority of the people who become prey to drug abuse and HIV/AIDS are young people. The young are more curious to try out new things and experiment with new kinds of behaviour. Due to this in some countries like Uganda [Africa] the entire young population has died. It is also due to the fact that these diseases

Factual Information on Substance Abuse

are spread through particular kind of behaviour. One of the major routes of transmission of HIV virus is sexual act. Under the influence of drugs, individuals can become irresponsible in their sexual relations.

Till now no cure has been found for HIV/AIDS and drug abuse. Some treatment is possible to control the disease, but they do not offer any permanent cure. This makes it all the more important that preventive measures like education and behaviour modification are given greater emphasis in the schools as well as in the educational field. These are the most effective ways to protect the individual and the society. When it comes to HIV/AIDS, ART (Anti Retroviral therapy) helps to expand the life expectancy of an individual who is infected with HIV.

Both HIV/AIDS as well as drug abuse are social problems. Both of them affect the well-being of the individual as well as of the society. They also has a very long lasting effect on the life of the society. This is because treatment of these health condition is very expensive, and it affects the productivity of the society. Without sufficient care and control, this can lead to destruction of the society to a certain extent.

The health of the individual affects the health of the society. Drug abuse kills the person in the prime of his youth. An AIDS infected person can hope to live for 10 to 15 years or even more with ART. Much of this time he will be spending in health care centres. They both kill slowly but surely.

Check Your Progress II

Note: Space is given below for your answer.

1) Is there a relationship between substance abuse and HIV?

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What is Substance Abuse?

Earlier in this lesson we have used the terms drug abuse and substance abuse to explain the same phenomenon. Similarly we have also used the terms abuse and addiction to mean the same thing. We shall explain these words and terms one by one.

What is a Drug?

According to World Health Organization (WHO) a drug is any substance which, introduced into a living organism can modify the state of equilibrium of that organism, or one of its functions. A drug is any chemical that can be used for medical or non-medical purposes.

In the strict sense of the word a drug is any substance that can modify the mental activity of the user. Drugs are chemicals that act on the central nervous system of the user. They are also called psychotropic drugs. They can be licit or illicit.

Definition of Drug Abuse

According to Mitchell “Drug abuse is the improper or illegal use of a drug, taking it in excessive doses or where no medical reason exists.”

After the Renaissance, and the Industrial Revolution, there was tremendous progress in all the areas of science. Opium occupied a very important place in medical preparations. The English physicians like Thomas Sydenham (1624-1689) and Dr. Thomas Dover were ardent promoters of opium as a powerful remedy for many illnesses.

The World Health Organization has defined drug abuse as a state of periodic or chronic intoxication detrimental to the individual and to the society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include:

- 1) An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means.
- 2) A tendency to increase the dose.
- 3) A psychic (psychological) and sometimes a physical dependence on the effect of the drugs.

The World Health Organization has recommended the term ‘drug dependence’ rather than ‘drug abuse’ to emphasize two facts that the individual who uses the chemical becomes dependant on the chemical for his life time and that the person uses the chemical for his own survival.

Check Your Progress III

Note: Space is given below for your answer.

- 1) What is substance abuse?

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- 2) Define drug abuse ?

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- 3) Define drug ?

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Important Terms

In any discussion on drug abuse we come across some terms frequently. It is good to know the meaning of those terms, so that we can understand them without much difficulty.

- 1) *Cocaine* : A drug made from cocoa plant which can be used also as a painkiller.
- 2) *Excessive desire* : A physical or psychological need beyond the control of the will.
- 3) *HIV-AIDS* : HIV-Human Immuno Deficiency Virus and AIDS- Acquired Immuno Deficiency Syndrome
- 4) *Heroin* : A highly addictive painkiller chemical produced from opium poppy.
- 5) *Intoxicating* : Capable of making a person drunk or leading him beyond self-control.
- 6) *Socio-Medical* : Related to the field of both sociology as well as medicine.
- 7) *Sterilize* : Make free from disease producing germs.
- 8) *Dependence* : Dependence can be of two types:
 - a) Physical dependence: When an individual uses a particular habit forming chemical for a period of time, his body gets used to its effects for its normal functioning. After a period of time it becomes impossible for that person to function normally without the chemical. In other words the person's body becomes dependent on the chemical for its normal functioning.
 - b) Psychical dependence: This is a state of mind. When a person uses chemicals for a period of time the euphoric feelings related to the chemicals get registered in the mind. Although the person can manage to maintain his physical life without the chemical, his mind craves for the chemical. Ganja is one such drug, which produces psychic craving without producing physical dependency.
- 9) *Tolerance*: This is the effect of prolonged use of a habit forming chemical. When a drug is used for some time the body and the mind get used to the effect of the drug. There it will require more and more drugs to produce the same effect. A normal life experience will explain this. If a person uses one tablet to reduce a headache today, he may require two or more tablets to reduce his/her headache later in life.
- 10) *Withdrawal*: A person who is using a chemical for a long time will get used to the effects of that chemical. When the person suddenly stops the use of that chemical, his body and mind will start reacting to the absence of that particular chemical.

11) *Detoxification*: Detoxification is gradual withdrawal by physically dependent drug users, most often using decreasing amount of either the specific drugs of dependence or cross tolerant drugs. Detoxification can also be done without the help of other drugs, if the person is ready to go through the withdrawal syndrome. In some cases acupuncture methods also have been found helpful.

1.4 HISTORY OF SUBSTANCE ABUSE

Substance abuse is as old as human history. Almost all the ancient religious texts refer to the use of mind-altering substances. Religious epics have reference to these chemicals as the food of the gods.

Secular epics like the Iliad and the Odyssey mention about some kind of plant that could make one forget all the cares and worries of life. Greek soldiers took some kind of preparation of opium and other kinds of drugs to dull their senses when they went to war. The Greek god Bacchus and the Roman goddess Ceres were patrons of wine and intoxication.



The History of Opium

The clay tablets found at the excavation sites of some of the ancient Sumerian towns have reference to the cultivation of poppies and preparation of opium which dates back to 5000 BC. They called the poppy plant *Ajoy*. The Assyrians who conquered the Sumerians seem to have used opium as a medicine. We have no way of knowing whether at that period there was widespread abuse of opium.

The Egyptians too used opium. They used it as a remedy for some diseases as well as a painkiller. It was possible that they used it mixed with wine. The Romans used opium both as a medicine as well as a sedative. The Romans punished treason by crucifixion. When they wanted to show some compassion for the victim, they used to offer the convict wine mixed with an opium preparation to reduce his pain.

Hippocrates, the Greek physician, known as the father of medicine was possibly acquainted with poppy juice for he has referred to a substance called mecon

with both anti purgative and narcotic action. Galen was the leading Roman physician who encouraged the use of opium. He was instrumental in popularizing the use of opium in Rome and in the Roman Empire. As a result even the Emperor **Servius** became an addict to opium. Opium was sold in the Roman market by the second half of the second century AD.

Arab physicians used opium extensively. The most famous of them was Avicenna (AD 980-1037). He himself seems to have died of an overdose of opium. It is alleged that it was the Arab traders who introduced opium to the East around this time. The Arab traders took opium to China and to other parts of the eastern world. Barbosa, the Portuguese traveller mentions opium as an Indian product. In 1546, the French naturalist, Belon travelled through Asia Minor and Egypt and found that the Turks were such great opium addicts that they were ready to purchase it with their last penny.

History of Alcohol

From ancient times the human race had learnt the art of brewing fermented liquor. The use of liquor was widespread because it formed a part of the ceremonial and sacrificial rites in the Vedic period. Even during these times narcotic products of the hemp plant (ganja) were mostly used for medicinal purposes. Discussing the familiarity of our ancients with alcohol, Simmonds in his book 'Alcohol, its Production, Properties and Application' says, 'there is little doubt that distilled alcoholic beverage have been known in India since 800 BC and in Sri Lanka from time immemorial' (Dr. Joan Chunkapura, Alcoholism, Psychosocial Variables 1988).

Although alcohol, like opium, has many healing properties, its potential for abuse has been known to human kind from ancient times. Society and religion have been trying to minimize the danger of alcohol since 1700 BC when The Code of Hammurabi (1700 BC) attempted to regulate dining houses in Babylon. The Roman Empire tried prohibition of alcohol by discouraging grape production. People were encouraged to cut down vineyards and produce grain instead.

In the Middle Ages, in some of the European countries heavy drinkers were led out of town by a cord strung through their nostrils. Religion has been able to reduce alcohol use and even impose abstinence, to some extent. But legislation was not as successful as religious interventions.

In the days prior to the Industrial Revolution, alcoholism did not create the kind of threat that it poses today. With new methods of producing alcoholic drinks with a higher content of alcohol in them, the problem has become more serious. Besides, today there is promotion of alcohol consumption through advertisement and other campaigns.

History of Psychotropic Drugs

Abuse of psychotropic drugs became a matter of serious concern after the First World War. In 1898, heroin was synthetically produced from opium by Heinrich Dreser. During the First World War heroine was used to treat the wounded soldiers. The Second World War produced many soldiers who were treated

with heroine for their wounds and who later became addicts. Over the past three decades, the use of illegal drugs has spread at an unprecedented rate and has reached every part of the globe. No nation has been immune to the problem of drug abuse. At the same time, the world community has shown intense concern over the problem. During the middle and late 1960's, a great deal was heard about LSD. By 1970 it was estimated that some two million people were taking LSD all over the world.

Cocaine and heroin became popular in the late nineteen sixties. Rock music and hippie culture contributed to the growth and spread of drug culture. The later part of seventies saw the emergence of various terrorist groups all over the world. Terrorism, arms trade and drug trafficking go together. The drug trade in the Golden Triangle and the cocaine trade in the South American continent are controlled by various terrorist groups.

Substance Abuse as a Health Issue

We need to educate communities, particularly the young on how to cope in a society where drugs proliferate. This is only possible if political leaders, law-makers and society at large recognize the many dimensions of the drug problem and all work together to support the efforts of health professionals.

Substance abuse, like an epidemic has touched every corner of the world. New drugs and more dangerous patterns are replacing the old cultural patterns of drug abuse. Therefore society should become aware of the need to prevent drug abuse collectively. Health policies of the government must take into account drug issues in framing health policies. The drug policies should integrate health issues in their preview.

Public Perception of Drug Abuse

“The state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as at among its primary duties and in particular, the state shall endeavour to bring about prohibition of the consumption, except for medicinal proposes, of intoxicating drinks and of drugs which are injurious to health.” (The Constitution of India, Article 47)

Mahatma Gandhi, the Father of our Nation has said: If I were appointed dictator for one hour in India, the first thing I would do would be to close without compensation all liquor shops and destroy all toddy palms” (The Harijan: 1935). The way we see the problem will decide the way we solve it. The public perception of alcohol has been ambivalent. There have been economic and political compulsions preventing an effective implementation of prohibition in India.

The threat of drug abuse is a serious problem. At the same time the lack of awareness on the part of the public is also an equally serious one. Today India has more stringent laws to punish drug-related offences and also has more treatment centres. A serious combined effort on the part of the public and the government is not yet forthcoming. Some of the reasons for this situation are noted below.

Indifference: Indifference to a situation is due to ignorance. The general public has many false notions about drug abuse. Some consider it as the problem of the Western countries, while, others blame the rich. Either way it is not seen as a problem that affects the nation, and its functioning.

Sense of helplessness: Addiction is still seen as a crime or a moral weakness. Due to this parents and relations of the addict hide it. There is a sense of shame and guilt on the part of the family members, which prevent them from seeking help on time. Besides the relapse rate of those who are treated is so high that often the addict and the relatives see no point in seeking help.

Moralizing: The spread of addiction is blamed on the spread of western lifestyles. Although there is some truth in it, blaming does not help to solve the problem. Today it is not possible for one to live in isolation. The benefits of the western civilization cannot be enjoyed without getting some of its evil effects.

What is the solution? One way out of this situation is a common sense approach. Educating the public in the proper way to reduce the indifference, helplessness and moralizing. This process of education should start at the school level. Educating the parents about the possibility of children taking to drugs will reduce the sense of helplessness. Like in the schools, drug abuse in work place is also a serious problem. Both the employees and the employer should have accurate knowledge about drug abuse and related consequences.

Children very soon discover that tobacco and alcohol are just as harmful as other illegal drugs—the discovery that one drug is legal and the other is illegal has nothing to do with its actual dangers. When a doctor says Ganja is more harmful than tobacco, it is a lie.

The government should make an extensive survey to assess the extent of the problem and the most vulnerable zones. Government needs to encourage other agencies to help out in the prevention and treatment of drug abuse.

Removing the Glamour

Drug abuse has become a serious menace for our human race due to certain factors in the society. To control the problem of drug abuse it is important to try to change the beliefs, habits and social customs that make the drug and alcohol use pleasurable, glamorous and special. The society will have to learn to examine actively all those expressions that are currently used to make the drugs appear special and replace them by words which more accurately describe the real experience. Many of the tabloids advertise tobacco and alcohol as the best means of relaxation. You are all familiar with the punch line “Relax, have a Charminar”, or the name “Director’s Special”. They try to establish the myth that to relax, the best means is to smoke, and to be some body in the corporate hierarchy is to drink alcohol.

If the society begins to see drug use and alcohol consumption as something silly and flat, the prevention work will be more successful. Gradually society can hope to reach the stage where even habitual users recognize that they are stuck in a limited routine, and therefore less able to enjoy *real* life.

Check Your Progress IV

Note: Space is given below for your answer.

1) What do you understand by moralizing.

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1.5 LET US SUM UP

As you went through the various sections of this you were getting more familiarized with the problem of drug abuse and the importance of studying the various aspects of it. The first section gave you a detailed description about the importance of this study. The next section described the close relation between the two epidemics, Drug Abuse, HIV/AIDS. The section that followed described what drug abuse is, and helped to familiarize you with some of the important concepts related to this study.

The last section presented you with the history of substance abuse. The concluding section gave you a description of the public attitude to drug abuse. When you complete this unit you will be more confidently able to discuss some of the issues which were totally strange to you before.

1.6 SUGGESTED READINGS

UNDCP (1992), *Drug Abuse*, United Nations Department of Public Information, Geneva.

UNDCP Regional Office for South Asia (1999), *Drug Demand Reduction Report*, New Delhi.

Nemisharan Mital (1991), *Drug Mafias*, Pustak Mahal, New Delhi.

Ira Mothner and Alan Witzx, *How to Get off Drugs*, Penguin Book, London.

Anil, Agarwal (1995), *Narcotic Drugs*, National Book Trust, New Delhi.

UNIT 2 COMMONLY USED DRUGS AND TARGET GROUPS

Contents

- 2.0 Objectives
- 2.1 Introduction
- 2.2 Why Do People Abuse Drugs?
- 2.3 Theories Related to Drug Abuse
- 2.4 Kinds of Commonly Abused Drugs
- 2.5 Myths Related to Drugs and Drug Abuse
- 2.6 Let Us Sum Up
- 2.7 Suggested Readings

2.0 OBJECTIVES

This unit will give you a detailed explanation of the kinds of drugs that are often abused. It will also give a clear understanding of the reasons why people abuse drugs. The aim of this unit is to help you understand more about various kinds of drugs which are addictive. It will give you also some details about their impact on our minds. The explanations will also help remove many of the wrong ideas you may have about drugs and drug abuse. When you complete reading this unit you will be able to:

- explain the kinds of drugs people abuse;
- understand the nature and actions of various kinds of drinks on the mind;
- understand why people abuse drugs;
- understand addiction as a disease; and
- distinguish the various groups of people who are likely to abuse drugs.

2.1 INTRODUCTION

Many drugs like cannabis and alcohol have been abused by human kind from the earliest times. With more progress in science, today we are at to produce drugs which are a hundred times more powerful than alcohol and can influence the functioning of the brain. Not only are they powerful enough to alter the functioning of the human brain, but they are also very addictive. Many of the young people are ignorant about the real nature of these chemicals. Knowledge is power. This lesson gives you the correct picture of these chemicals which will enable you make right decisions about these chemicals and also pass on this information to other persons. Drugs are not dangerous. Only the wrong use of them is dangerous.

2.2 WHY DO PEOPLE ABUSE DRUGS?



People are different. So they use or abuse drugs for different reasons. It is difficult to identify the exact reasons of drug abuse. Whatever may be the reason, drug abuse is harmful for the individual, family and the society. An addict is a person who continues to use drugs even when he knows that the drug he is using is killing him. He is not capable of stopping it.

The simple reason people use drugs is that it makes them happy. In other words drugs are abused to get happiness. Every human being wants to be happy. Drugs can make people happy by making them forget their worries. That is why people continue to use them even when drugs are harming them directly. There are certain other reasons why drugs are abused. They are discussed below:

Peer pressure: All of us, young or old are greatly affected by what other people, especially our friends think about us. These influences on us in our thinking and actions is called *peer pressure*. Adolescents are more concerned about what their friends think about them. It is because they know much less about the world reality and truth, though they think they know everything. At this age the young ones are not able to distinguish right from wrong easily. We want to be accepted and admired by persons who are important to us. For the adolescent, his friends are the most important persons. So person will be ready to follow the demands of his friends, even when he does not like them.

Like drugs, peer pressure is good or bad according to what one does with it. If the friends are good, a person will be influenced for doing good. Unfortunately, the same peer pressure that acts on the group within an accepted code of behaviour can also push an individual towards the wrong path. Drug users,

since they have rather poor self-esteem, seek approval for their behaviour from their peers. So they often convince others to join them and develop their habits as a way of winning acceptance.

Curiosity: Curiosity is an instinct. It helps us to seek and understand things that we do not know. Both young and old are influenced by curiosity, though it is the young ones who are more influenced. They see or hear what the drug can do to a person and want to experience what they think is real. The first taste and its effect on the user, greatly influences whether the individual continues to take drugs or not. The younger the age at which an individual first tries drugs, the more likely he or she is to try again.

Ignorance: Wrong information about drugs and their effects is common among the public. Governments, scientists, experts and others have had only limited success in communicating accurate information. As drug use has spread throughout the world, myths have grown and facts have been distorted and subjected to ridicule. Individuals often begin taking drugs as an experiment, with the belief that the substances are not dangerous. If the drug gives the effect that the individual is seeking then the user's lack of knowledge about the health consequences permits continued use. By the time the dangers are fully realized, it is too late for that person to stop taking drugs or to reverse the damage.

Alienation: Alienation is a kind of feeling a person can have as not being part of the group or the society where he lives or works. Human beings seem to require a sense of belonging, be it to a family, a tribe, a community, or a country. An individual does not feel that he belongs to any of these groups will do anything to belong to the group. Too often the willing group is composed of other people who feel similarly isolated and who have turned to drugs as an escape. Feeling welcome in the new environment, where drug use is acceptable, can lead to disastrous results, for the individual and for society as a whole.

Changing social structure: A society continues to change. Sometimes it changes so fast that all the members are not able to keep pace with the changes. Sometimes the changes are for the worse. When a society that served as a support group for members begins to change and they are not able to adapt, they will look for relief and help in the world of drugs. This happens because they are not able to understand the change or are not able to adapt to the needs of the changing circumstances. This is one of the reasons why an increasing number of youth from villages coming to the cities and becoming addicts. The sudden shift from the lifestyle in the villages to the towns has caused them to take refuge in drug abuse.

Urbanization and unemployment: In India our country, as in many parts of the world, large number of people from the villages come to the cities in search of job. Often, these people face a lot of problems. They are coming to a totally different of situation, which they find difficult to understand and adjust to. They will be separated from their family for the first time. The City life has different kinds of traditions and values, which a villager will find difficult to accept. With no family or a friends to support them they will feel lonely and isolated. This isolation will lead them to despair and boredom.

Many of those who come to the towns will have had very little education. This lead to unemployment. With all the traditional support gone, many of the migrant, will take to drugs as a solution to their loneliness and boredom.

Check Your Progress I

Note: a) Space is given below for your answer.

b) Compare your answer with the one given at the end of this unit.

1) Is there any one single reason for drug abuse? Explain briefly.

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2.3 THEORIES RELATED TO DRUG ABUSE

Drug abuse is a complex problem. Scientists, medical professionals and sociologists have been trying to understand these problems from different angles. This has produced many theories. Some of them explain why people begin to use drugs and others explain why people continue to use them. Some theories explain both the aspects.

Biological Theories

- a) *Genetic theory:* This theory holds that alcoholism is an inherited disease. If a person is an alcoholic his/her child may also become an alcoholic. *The researchers have not succeeded in explaining how this happens.*
- b) *Endocrine theory:* Some scientists believe that alcoholism is the result of a dysfunction of the endocrine system. Due to certain failure in the endocrine system, such people cannot digest alcohol properly and this causes alcoholism.
- c) *Allergy related:* Some people due to some unidentifiable reasons are allergic to alcohol and so alcoholism is an allergic response than a disease.

Psychological Theories

The foundation of this theory is that the addicts/alcoholics possess distinctive psychological traits which make up an alcoholic personality.

- a) *Psychoanalytic theory:* This holds the position that addiction of any kind is the result of repressed urges, childhood trauma, unmet needs or even self punishment. The root of addiction is in the unconscious mind, and so it is not possible for the person to get over the problem all by himself.

- b) *Learning theory*: This theory holds that addiction is a learnt habit. A person finds that drugs can solve problems from his experience. So whenever a person has problems he will turn to drugs to solve them. When such actions are repeated often, they become habits.
- c) *Personality trait theory*: This theory states that some persons have a predisposed personality that makes them addicts. Such kind of people cannot take stress and failures. They have unrealistic expectations about themselves and the world as a whole. They may be persons who are searching for the easy way out in life.

Sociological Theories

Addicts seldom use drugs alone. Drug abuse is a social activity. Drugs are also used or abused for religious reasons as well. Therefore it is natural to assume that drug abuse is influenced by socio-religious attitudes.

Cultural Theory

This is directly applicable to the use of alcohol. There are three factors that determine the use of alcohol by a person. They are: the attitude of the society towards drinking, the other means the culture provides for releasing tension and the how the culture causes tension in the society. If a culture is rigid and causes more tension that the members can accept, it is possible that addiction may increase in such a society.

Deviant Behaviour Theory

Addiction is some sort of rebellion against existing norms of the society, or other power structures. If a society considers addiction as a deviant behaviour it can encourage the rebellious addict to continue with his behaviour. As you see none of the theories fully explain the complex fact of addiction. More research is going on to understand more fully the various factors leading to addiction.

2.4 KINDS OF COMMONLY ABUSED DRUGS

The following table will give the names of commonly abused drugs, route of administration, its short-term and long-term effect, withdrawal syndrome and level of tolerance.

Name of the drug	Route	Short-term effect of tolerance	Long-term effect of abuse	Withdrawal syndrome	Level
1. Alcohol	Oral	Sense of well-being, Loss of inhibition, Lack of motor coordination, judgement;	Liver damage, Brain damage. Schizophrenia. Impairment of vital organs	Anxiety, Sleeplessness, Delirium tremens	Little
2. Narcotic Analgesics Opium Morphine Heroin Brown sugar Pethedine	Oral, Injected, Smoked	Sense of well-being up to 12 hrs, Loss of appetite, Drowsiness-	Mental impairment, Damage to respiratory system, Other health related problems	Vomiting. Diarrhoea. Cold, body cramps	Very high
3. Stimulants Cocaine, Amphith- emine	Oral Injected Snorted	Euphoria, Increased mental and physical alertness, high blood pressure	Acute anxiety, Nasal ulcer, Brain damage, Depression	Insomnia, Restlessness, Body cramps, Increased, appetite	Very high

4. Depressants Alcohol Barbiturates Diazepam	Oral, Injected	Euphoria, Relief from anxiety, Loss of inhibitions, Poor physical and mental coordination	Depression, Fatigue Unclear vision, Poor sleep, Impaired sexual function	Delirium tremens, Restlessness, Diarrhoea, Vomiting	Very high
5. Hallucinogens LSD, Mescaline Phencyclidine, Psilocybin	Oral Injected	Mood swing, Heightened sense experience, Hallucinations	Depression, Mental illness, Flash backs physical withdrawal	Only psychic withdrawal syndromes, no syndromes	Low
6. Cannabis, Ganja, Charas, Hash oil	Smoked Injected	Euphoria, Increased heart beat, Heightened sensory perception, Alertness of senses	Fatigue, Paranoia Psychosis	Anxiety, Sleeplessness	Low

- Though alcohol is a stimulant, at higher doses, it is a depressant.

Classification of Drugs According to their Effects

Drugs can be classified into four groups based on their effect on the central nervous system.

- Narcotic analgesics*: These are drugs that can relieve pain and deaden the nerves. Medically they refer to opium and opium derivatives or synthetic substitutes that can produce opium like effects.
- Stimulants*: They are drugs which excite or speed up the central nervous system. They are also known as ‘uppers’.
- Depressants*: They are drugs, which depress or slow down the functions of the central nervous system. They calm down or induce sleep. Many of these drugs are used for treating mental illness.
- Hallucinogens*: Hallucinogens are drugs which dramatically affect perception, emotion and mental process. The user may experience panic, confusion, suspicion, anxiety and loss of control.

Classification According to Origin

According to the origin of drugs, they can be classified as natural, semi synthetic, synthetic and designer drugs.

- Natural drugs*: They are naturally existing drugs, like opium, cannabis etc. No chemical process is needed for the production of these drugs.
- Semi synthetic drugs*: They are produced in the laboratory from natural drugs with the help of some chemicals. Heroin, alcohol etc. belong to this category.
- Synthetic drugs*: They are drugs produced with non organic materials in the laboratory, e.g. Methadone, barbiturates etc.
- Designer drugs*: These need special mention because of their very high addictive potential. They are mainly synthetic drugs, and are illegally produced. A designer drug is produced every time some one wants to transform an illegal drug, whose trafficking and manufacture are criminal offences into another drug with similar effects which does not figure on the list of forbidden substances, by adding a molecule to the original chain. Eg. Ecstasy, Synthetic heroin etc.

Alcohol

The word alcohol comes from an Arabic word Aal-kuhul which means finely divided spirit. Usually it is made from fermented starch and though it gives an initial lift, it is a depressant. There are many types of alcohol. Ethyl alcohol is what is commonly used as a drink. Most of the alcoholic drinks like whisky, gin, rum etc. contain 40 to 60 per cent of alcohol. Country spirit (local brew) may contain up to 65 per cent of alcohol.

Methyl alcohol is produced from wood through a chemical process. This is used for industrial purposes. This is a poisonous drink and we have witnessed many cases of persons dying due to drinking methyl alcohol.

Although it takes minutes for alcohol to reach the brain, it takes the liver an hour to break down the alcohol in a glass of wine (350 ml) or regular beer.

How fast alcohol can influence the body will depend on many factors:

- Speed of drinking,
- Body weight of the user—the lesser you weigh, the more alcohol affects you,
- Presence of food in the stomach,
- Alcoholic content in the drink, and
- Drinking experience.

A standard drink is one 425 ml glass of light beer (2.7% alcohol), one 285 ml glass of regular beer (4.9% alcohol), one 100 ml glass of wine (12% alcohol), or one 30 ml glass of arrack (40-50% alcohol).

Alcoholism

The most accepted definition of alcoholism is by Keller and Efron. They define alcoholism as ‘a chronic illness, psychic, somatic or psychosomatic, which manifests itself as a disorder of behaviour’. It is characterized by the repeated drinking of alcoholic beverages, to an extent that exceeds customary, dietary use or compliance with the social customs of the community and that interferes with the drinker’s health or the social or economic functioning.

There is a difference between an alcoholic and a social drinker. Marty Mann defines an alcoholic as one whose drinking causes continuing problems in one or more areas of his life.

A social drinker is one who drinks the way his social group permits. Drinking alcohol does not cause him any problems in his life.

Stages of Alcoholism

Early Stage

- *Increased tolerance:* The person needs more alcohol to produce the desired effect.
- *Black out:* A complete loss of memory for a period of time, while functioning physically and mentally in an otherwise normal fashion.

- *Preoccupation with drinking:* The person is always thinking about the next drink.
- Avoiding any talk about drinking.

Middle Stage

- *Loss of control:* The person cannot control the amount of alcohol, the place of drinking, and the time of drinking.
- *Justifying drinking:* The person finds new excuses for his drinking
Aggression: Since he believes that others are the cause for his problems, he begins to abuse them verbally and physically.
- *Grandiose behaviour:* To protect his self-esteem and hide his guilt begins to show off by spending lavishly on his friends and family.
- *Changing drinking patterns:* This is to show that he can control his drinking. The person may change the kind of drinks; the place or he may even abstain from drinking for some time.
- *Chain drinking:* In order to keep the blood alcohol level constant, starts drinking continuously to prevent withdrawal symptoms.

Chronic Stage

- *Binge drinking:* Bouts of continuous drinking for days together followed by total abstinence for a short period.
- *Paranoia:* The person becomes suspicious of everyone. He feels that some one is plotting to kill him.

Tobacco

Brief history: British explorer Walter Raleigh popularized tobacco in the west in and from there the widespread of tobacco spread to the rest of the world. He saw how the natives chopped dried and smoked tobacco in pipes for pleasure.

What is tobacco? Tobacco contains one of the most powerful poisons known to humans, Nicotine. Nicotine in pure form can kill humans in a minute. Cigarette smoke is absorbed into the blood stream because, the smoke is alkaline, so dissolves in saliva in the mouth and from there into the blood stream and finally to the brain.

Nicotine is physically and mentally addictive. Nicotine is more addictive than heroine. It kills more people than any other illegal drug. “Over 40% of the heart patients are smokers” reveals a study conducted on 5000 patients at Wockhardt Hospitals, India in 2004. “Smoking including exposure to second hand smoking, makes heart work harder by decreasing the oxygen carried in the blood since carbon monoxide and other gases replace oxygen with each smoke”.

The report of the Surgeon General of the US released in 2004 says that more illness than previously known is linked to smoking. The diseases include cataracts, pneumonia, cancers of stomach, pancreas, kidney and cervix. Nicotine found in the breast milk and babies exposed to second hand smoke are twice as likely to be victims of sudden Infant Death Syndrome. Women who smoke

shorten their lives by an average 14.5 years and the average loss for male smokers is 13.2 years. The report of the British Medical Association 2004 stated that it has recorded the cause of impotency of 120,000 young men as nicotine. The cause of low birth weight of babies is also related to nicotine intake of the parents. Women who smoke take longer to conceive than those who do not, and chances of conceiving at all are reduced by between 10-40%.

Drug Deception

Drug trade is illegal: There can be a terrible amount of cheating and deception, which may lead to swindling and murder. There is also the danger of unexpected or toxic effects that may result from some of the following deceptive practices:

- a) **Dilution:** This is done by adding inactive substances to increase the quantity. The result is reduction of weight. The process is also called cut. Materials used for dilution are atta, sugar, chalk powder etc.
- b) **Adulteration:** This involves cutting the drugs with an active ingredient. Rat poison may be added to heroin and barbiturates may be added to cocaine.
- c) **Substitution:** This is plain cheating, by selling one chemical in the name of another costly one, e.g. synthetic heroin as pure heroin.

Target Groups

Research shows that drug use among children is ten times more than parents suspect. In addition many students know that their parents do not recognize the extent of drug use, and this leads them to believe that they can use drugs with impunity (US Department of Education).

Even in India drugs have entered the school campus. A decade ago drug abuse was a problem of the affluent West. Today it is spreading to developing countries, which account for 20 percent of the world's addicts. Almost all the metropolitan cities have many drug addicts in schools, colleges and the other educational institutions. The North Eastern states of India are notorious for drug abuse and trafficking.

Most drug users begin taking drugs at an early age, as adolescents or even earlier. Influence of friends [peer] is the deciding factor. Drug use is a school problem because it undermines a student's academic ability. This results in very high rate of drop-out from schools.

Drugs disrupt the entire school. They affect the moral character of the students. In addition, drug uses brings into the school environment the illegal activities connected to drug use, drug trade, theft, crime, and even prostitution.

The groups who are more vulnerable to drug abuse are:

- 1) **Street children:** India has the largest number of street children. They earn their livelihood by rag-picking, shoe shining, working in small industries and shops. Common drugs used by children are tobacco, brown sugar, crude alcohol, cannabis, gasoline, glue, paint, thinner and kerosene (sniffing). Some of them use hard drugs and end up as intravenous drug addicts.

One of the studies recently conducted found that 75 per cent of the children interviewed consumed alcohol on a regular basis. About 2 per cent take it daily. Elders and the gangs use these children, to operate as peddlers.

- 2) **Workers:** Another group highly vulnerable to addiction is the labour class. This includes long distance truck drivers, daily wage earners, particularly the migrant labours who stay away from their homes. The effect of drugs on this group is much more than one may imagine. This habit may lead to sloppy workmanship, loss of productivity, traffic accidents and health care costs.
- 3) **Sports personnel:** There are certain chemicals that can improve the performance of the athletes. China and erstwhile East Germany admitted to have had used such drugs in the training of their sports personnel. Use of some of these drugs may not become a habit. But they have severe side effects as far as the health of the individual is concerned. Some of the athletes use stimulants like cocaine to boost up their performance.



- 4) **Artists:** Creativity and mood changing drugs have been closely connected. Music, arts and poetry are creative fields. In a recent study of 12 to 17 year olds conducted for Columbia's Center on Addiction and Substance Abuse, 76 percent said that the entertainment industry encourages illegal drug use. Drug epidemic was fuelled through popular culture, especially rock music. A few of the popular rock stars glamorize drug use.

Some of the well-known writers and poets were under the influence of the chemicals. They have been using the mind-altering property of the drugs to add creativity to their works.

- 5) Persons engaged in routine and monotonous work. This group include drivers, law enforcing authorities, defence personnel etc. As their job demands a lot of physical strain in some cases use of alcohol has become part of their way of functioning, and in some cases they become dependant on drugs.

Going through these various groups we find that they all use drugs for different reasons. It goes to prove that drug abuse has no one single cause, nor is it related to one class or kind of people.

Check Your Progress II

Note: Space is given below for your answer.

- 1) What are some of the theories related to drug abuse?

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2.5 MYTHS RELATED TO DRUGS AND DRUG ABUSE

Myths are what is popularly believed but in fact are false. The general public has not properly understood drugs and their effects. Many people become addicts due to false notions related to drugs. Let us discuss some of them here:

- 1) **Only weak individuals become addicts.** The fact is that the reverse is true: addicts become weak individuals. No one starts using drugs to become addicts. As we saw earlier, people begin to abuse drugs for different reasons. Even at that stage an addict has strong will power when it comes to getting the supply of drugs. An addict will take any risk to maintain his drug habit.

Besides, the strength of the will depends on motivation. Motivation depends on priority. For the addict the number one priority is the chemical, because it solves all his problems. Thus the addict chooses to get the chemicals more than any other thing to satisfy his/her needs.

- 2) **Drugs give mental and physical strength.** Drugs can change the reasoning capacity of the individual. So he will be ready to do things which he was not capable of doing without the influence of the drugs. Secondly the strength that one gets is only a short-term measure. Drugs also help a person to overcome inhibitions, and fears and make him look like a courageous person.
- 3) **Recreational use of drugs is not harmful.** All illegal drugs are harmful. They cause physical and psychological changes in the user. Prolonged drug use leads to addiction. Besides all drugs are expensive. They make the user poor physically and financially. It also encourages drug trafficking.
- 4) **Everybody is taking drugs.** The fact is that this is an argument used by

those who use drugs to gain acceptability for their behaviour. Even if there are many people using drugs the majority of the people do not use drugs. Peer pressure is difficult to cope with and it takes more courage and strength to stand up to what is right and to resist drugs. Everybody is not using drugs.

- 5) ***Drugs help to forget failures and painful events of life.*** The fact is that it helps you forget only as long as the effect of the chemical lasts, for one to three hours. It works only for the time being. It is like burying problems alive; the ghost will come back to haunt you the next day.
- 6) ***Drugs help to keep peer group status.*** The fact is that the peer group has no status all those who drink are drinking because they cannot stop drinking. They want to stop but cannot. The status the peer group pretends to have is unreal and unhealthy.
- 7) ***Drugs improve your concentration.*** The fact is that it is feasting on borrowed money. Drugs can increase mental performance, but they certainly kill the brain cells in the long run. Students and individuals who need longer periods of work or study use drugs. But many of them get addicted to them, and in the long run, they die very young. Poet Byron was a brilliant poet, but an alcoholic who died in his twenties.

Therefore one needs to be very careful in responding to all types of talks which go around regarding the use of drugs.

2.6 LET US SUM UP

The aim of this unit is to familiarize you with the facts of drug abuse. You are now able to distinguish between use and abuse of drugs. You can discuss why different people abuse drugs for different reasons. You are able to distinguish between different kinds of drugs and how they affect the functioning of the various parts of our body. You also understand that drugs can be manufactured in different ways. You realize that there are many legal implications of drug abuse. Different kinds of drugs are abused by different kinds of people. We talked of wrong ideas that people have about the effect of drugs in their lives. Finally we discussed certain myths related to drug abuse. Drugs are abused because of the wrong notion they have about their effect on the body and mind.

2.7 SUGGESTED READINGS

- T.T Ranganathan (1989), *Alcoholism and drug dependence*, Clinical Research Foundation, Chennai.
- UNDCP (1999), *Drug Demand Reduction Report*, Regional Office for South Asia, New Delhi.
- Ira, Mothgener and Alan Weitz, *How to Get off Drugs*, Penguin Books, London.
- Joan, Chunkapura (1994), *Treatment Models in Addiction*, TRADA, Kottayam.

UNIT 3 EXTENT OF PREVALENCE OF SUBSTANCE ABUSE AND TRAFFICKING IN INDIA

Contents

- 3.0 Objectives
- 3.1 Introduction
- 3.2 Drug Abuse as a Social Problem
- 3.3 Drug Trafficking
- 3.4 Facts and Figures Related to Drug Abuse
- 3.5 Drug Abuse Among Different Groups
- 3.6 Let Us Sum Up
- 3.7 Suggested Readings

3.0 OBJECTIVES

This unit will help you to get acquainted with different groups of people who abuse drugs. Drug abuse has affected various classes of people differently according to their ethnic groups, occupation, age, sex, etc.

When you complete this unit you will be able to:

- distinguish how drug abuse has influenced various classes and see groups;
- identify the extent and the areas of drug trafficking; and
- evaluate the consequences of drug trafficking.

3.1 INTRODUCTION

It is our experience that an epidemic or a disease does not affect all the people of a region equally. For example malaria and T.B may affect poor sections of the people more. Similarly heart disease affects men more than women. Likewise, substance abuse has affected the population of India in varying degrees. We find that there are more addicts among the youth and urban population. We also find that certain ethnic groups become more vulnerable to drug abuse than the others.

Similarly drug trafficking is prevalent in some areas more than others. To some extent geographical and political reasons are behind such variations. This unit will describe and analyse in detail the phenomenon of drug abuse, trafficking and the various groups connected with it.

3.2 DRUG ABUSE AS A SOCIAL PROBLEM

A social problem is a pattern of behaviour that constitutes a threat to society or to those groups and institutions of which society is composed. In other words social problems arise due to the behaviour of a group of persons in the society. The behaviour of this group of people in the society is not helpful for themselves or for the society as a whole. An earthquake or a flood is not a social problem, but crime, illiteracy etc. are social problems. The difference is that one is man-made, and the other is a natural calamity.

All the societies have rules and regulations that prohibit such actions as murder, rape, robbery etc. These rules or norms help the society function smoothly and to progress. When groups of people go against these rules, it become impossible for other members of the society to live in peace.

. Since earliest times herbs, roots, bark, and plants have been used to relieve pain and help control disease. In itself, the use of drugs does not constitute an evil; drugs, properly administered, have been a medical blessing. During the past two decades the use of illegal drugs has spread at an alarming rate and has reached every part of the globe.

The drug Abuse is a problem of the world society. “Drug abuse is no longer considered a victimless crime; it is a crime that imposes a staggering burden on the people and the nations of the world! It is a burden no society can afford to carry. The illicit production, distribution and consumption of drugs have intimidated and corrupted public servants and have even destabilized Governments. The erratic ebb and flow and sheer volume of drug money have affected the money supply and exchange markets” (U.N Report 1992).

Drug abuse is a global social problem. It is not confined to one nation or a continent. This is a social problem that breeds terrorism, black money, arms trade, and murder. Many of the victims are innocent civilians.

The power of the groups trading in drugs and arms are such that they are able to bring down democratically elected governments. Such instances have happened in South America, Sicily and Afghanistan.

Check Your Progress I

Note: Space is given below for your answer.

1) Is drug abuse a social problem?

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3.3 DRUG TRAFFICKING

Drug trafficking is the illegal transport and sale of drugs from one part of the country to another or from one country to another. Widespread networks of interrelated groups, exist which employ modern technology to produce and transport illicit drugs, carry on drug trade. They are armed both for protection and intimidation, and can be very dangerous.

Their methods are sophisticated and complex, involving a wide variety of drugs from many different sources throughout the world. “This illicit traffic not only violates national drug laws and international convention but also involves many other criminal activities, including racketeering, conspiracy, bribery and corruption of public officials, tax evasion, banking law violation, illegal money transfers, import/export violations, crimes of violence and terrorism.”

Why is there an increased drug trafficking in the world? There are many reasons for this. One reason is the growing demand for narcotic drugs. The second reason is that some drugs are naturally occurring and obtained from plants such as the opium poppy and the coca bush while semi synthetic drugs such as heroin and cocaine are produced in the chemical factories located in technologically advanced countries.

A third reason is that some countries have very efficient control systems whereas some countries directly or indirectly encourage the production and the trafficking of illegal drugs. Most drug trafficking is carried out in secrecy. Drug industry is a multi-billion-rupee business. It is estimated that the annual turnover of this industry is approximately 1600 billion rupees.

Illicit trafficking is increasingly organised by persons or groups which finance and control operations, all without ever handling the drugs themselves. Often it is the professional criminals who are the agents for drug trafficking. The criminals continue to operate in this field because of the tremendous profits.

The drug trafficking groups are often known as the *Mafia*. They have a very efficient network of production and distribution. They also study the market and peak demand areas and the ‘drug of choice’ in a specific geographic location, while maintaining the flow of narcotics around the world.

Relationship Between Drug Abuse and Trafficking

The simple rule of demand and supply operates in the area of drug abuse and trafficking as well. For an addict the drug becomes an essential commodity. For essential commodities, the demand is inelastic. If the supply is reduced, the demand will not become less, but the price will go up. As we saw in the earlier chapter, the addict will need more and more of the quantity of the drug to satisfy his/her craving. When the addict is not able to meet the expense for the drug he/she requires from his or her own resources, he/she will start trading illegal. Thus she/he becomes an addict as well as develops a link in the illegal trafficking system.

The criminal gangs use children to sell drugs. As per law, children below 12 years cannot be convicted of any crime they commit. “It is in Brazil that the phenomenon of street children has appeared in the largest proportions. They act as couriers for the traffic of illegal drugs and themselves become drug

users.... Some children are used in the neighbourhood as drug couriers. They are known as aviozinhos, the ‘little airplanes’. They earn a bit of money that allows them to contribute to their family’s subsistence.... From as young as six or seven years old, drugs become an important part of the lives of these children.”

Check Your Progress II

Note: Space is given below for your answer.

1) What are the implications of drug abuse?

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3.4 FACTS AND FIGURES RELATED TO DRUG ABUSE

The United Nations Drug Control Programme’s Annual Report 1999 has given the following facts and figures of the world estimating the number of drug abusers and the kinds of drugs they use.

<i>Type of Drug</i>	<i>Estimated Total Abusers (in million)</i>	<i>Percentage of World Population</i>
Narcotics	8.0	0.14
Cocaine	13.3	0.23
Cannabis	141.2	2.45
Hallucinogens	25.5	0.44
Sedative Types	30.2	0.52
Estimated Total	227.4 (218.2)	3.92 (3.78)

Source: UNDCP (ROSA) 1999

This table reveals that nearly four persons out of one hundred persons in the world use one or another kind of drugs. This may not be the same in all the countries. Some countries have more addicts per hundred than other countries. Cannabis is the most abused drug, followed by sedatives.

Prevalence of Drug Abuse in India

Alcohol, cannabis and opium are the traditional drugs abused in India. Studies conducted in all the four regions of the country showed the following results:

Factual Information on Substance Abuse

<i>Region</i>	<i>Heroine</i>	<i>Opium</i>	<i>Cannabis</i>	<i>Alcohol</i>
S. India (5 cities)	0.3%	2.6%	5.1%	–
N.E States	1.3%	0.3%	1.7%	19.8%
N.West	0.2%	0.5%	0.4%	17.2%
Delhi	0.3%	0.4%	0.4%	13.4%,

The survey was mainly conducted in the urban areas. Therefore the result may not reflect the real picture of the country. As it is clear from the table, the North-Western region has more opium addicts and the North-Eastern region has more heroin addicts. Please clarify as population is less and high percentage does not mean high numbers. The opium addicts are mainly the working classes. The heroin addicts of North-East and those in the cities who are mostly youth. The labour class as well as the working class use cannabis, but for different reasons.

Details of the number of heroine users in Asia

Country	No. of Estimated Drug Users	No. of Estimated Heroin users	Reference
Bangladesh	05-1.0 million	10,000 Heroin Users	UNDCP- Drug Demand Reduction - 1998
Pakistan	3.00 million-51% taking heroin)	1.5 million	UNDCP - Facing the Challenge, World Drug Report 1997
Sri Lanka	240,000	40,000	UNDCP- Drug Demand Reduction- 1998
Nepal	40,000 - 50,000	49.7% Heroin	Country Report, Nepal (1995), UNDCP- Drug
Thailand	500,000	214,180-majority inject	(Guns, Girls, Gambling, Ganja, Thailand's illegal economy and public policy 9 Pasuk Phongpaichit, Sungsidh Piriyaangson, Nualnoi Trurat, 1993)
Indonesia	130,000	70-80% heroin users	UNDCP- Drug Demand Reduction-1998
India master	2.25 million	700000	UNDCP- National plan 1990
Malaysia	350,000	Heroin users, majority inject	UNDCP- Drug Demand Reduction-1998
China	150,000-540,000		UNDCP- Drug Demand Reduction-1998
Singapore	15,000-20,000 opium addicts		

Source: UNDCP (ROSA) 1999

Drug use prevalence continues to be stable around the world, according to the 2015 World Drug Report of the United Nations Office on Drugs and Crime (UNODC). It is estimated that a total of 246 million people - slightly over 5 per cent of those aged 15 to 64 years worldwide - used an illicit drug in 2013. Some 27 million people are problem drug users, almost half of whom are people who inject drugs (PWID). An estimated 1.65 million of people who inject drugs were living with HIV in 2013. Men are three times more likely than women to use cannabis, cocaine and amphetamines, while women are more likely to misuse prescription opioids and tranquillizers (world Drug Report,2015).

Production of Illegal Drugs

The production of opium in the world in 1996 was 3900 tons. Eighty percent of this amount is produced in the Golden Crescent and the Golden Triangle. The countries where opium poppy is grown are Afghanistan, Myanmar, Northern Laos and Northern Thailand.

98 percent of the world's cocaine is produced in the South American countries of Peru, Columbia, and Bolivia. The estimated cocaine production in 1996 was about 1000 tons.

Social Cost of Drug Abuse and Trafficking

Although we will be discussing this in detail in the later units, it is useful to note certain important points here. Drug abuse involves a lot of hidden costs. There may not be many persons dying only due to drug over dose or alcoholism. The consequences of drug abuse are mentioned below.

- Health
- Family relationship
- Social relationship
- Crime
- Accidents

The first result of drug abuse is the loss of health. This affects not only the individual, but the whole health care system. Due to widespread drug abuse, diseases like HIV/AIDS spread. This adversely affects the health care system in the society. Health care is very much the responsibility of the individual. Drug abuse is one case where the individual becomes absolutely lax about his own health care.

Family is the basic cell of the society. Addiction disrupts family relationships. Family is also the factor that supports the emotional growth of the individual. Children growing up in families where there is drug abuse grow up as misfits both in the family as well as in the society. Disrupted family relationships negatively influence the harmony in the society.

Addiction makes an individual isolated from the society. This is because addiction is seen by the society as some thing evil. The addict tries to hide his

addictive habit from other members of the society for fear that they may not accept him as a sane person. The stigma attached to drug abuse forces the addict to go underground. Social isolation leads to crime.

Organised gangs use the addict, as a tool for their own criminal purposes. Addiction is the cause of many traffic and industrial accidents. Many workdays are lost due to drug abuse.

3.5 DRUG ABUSE AMONG DIFFERENT GROUPS

Although drug abuse is a widespread problem, it does not affect all the groups equally. There is a marked difference from region to region, from age group to age group and from gender to gender.

Drug Abuse Among the Youth and Street Children

From the middle of the 1960's drug abuse in schools, colleges and universities has become a serious issue. The first study was reported in 1963 from Calcutta. "Among 1132 university students, the prevalence rate was 37.4 percent (tobacco 26 per cent, amphetamine 11.45)". Later studies showed that drug abuse was more common among the male students. "Single drug abuse was uncommon and students often used multiple drugs."

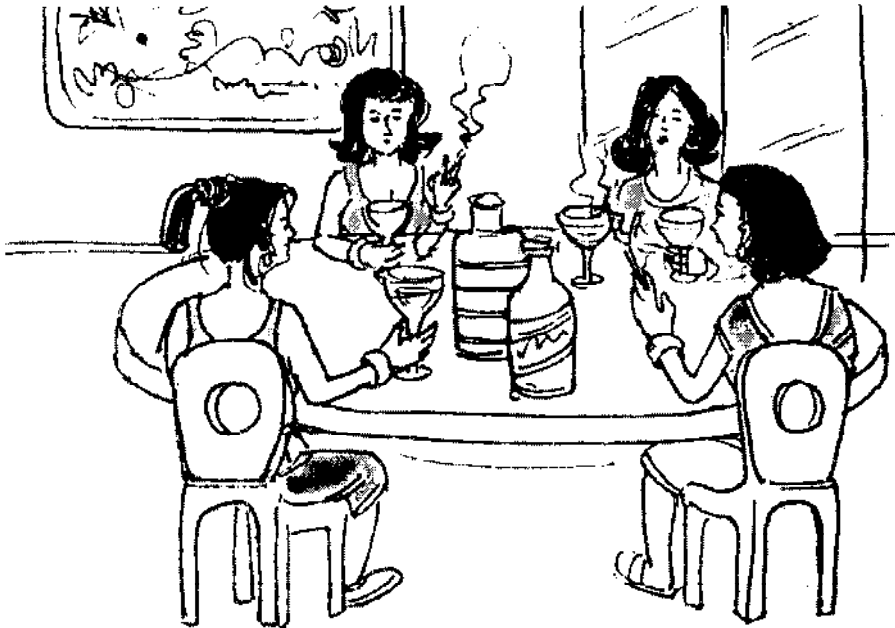
Another study conducted from 1975-78 among high school (English Medium) students revealed that 34 per cent of them used drugs. The abused drugs included alcohol, amphetamines, cannabis, LSD, tranquilizers, opium, pethedine, and barbiturates.

Studies conducted in various parts of India from 1970 to 1986 showed that 10 to 15 per cent of the students used alcohol sometime in their lifetime. This comprised high school and college students. Tobacco was used by 8 to 15 percent of the students. 1 to 2.5 percent of the students had tried tranquilizers.

Use of heroin was widely reported in India since 1986. Use of cannabis is increasing among the college students. 5.4 per cent of the students interviewed reported to have tried cannabis some time during their college days.

India has perhaps the largest number of street children. Due to poverty in the villages, children move to the cities in search of work. Rag picking, shoe shining, employment in hotels and small industries give them enough to survive. When honest means are not available they take to petty crimes like pick pocketing, theft etc.

These children come under the influence of drugs due to peer pressure. Many of them work for long hours in monotonous occupations. Drug helps them to handle their physical and emotional pain. They start with tobacco (smoking), move on to solvents, brown sugar and others sedatives. By the time they are 10 years old, they become dependent on tobacco and alcohol. A survey in the Delhi slums showed that 75 per cent of the 16-year-old boys use alcohol regularly. In all about 50 per cent of them have experimented with a cannabis. Less than 10 per cent reported to have used heroin. One reason for lower number of heroin users is the cost involved.



Researches done all over the world have revealed that comparatively lesser women take to drug abuse. Biologically drugs act differently on women. “As regards social aspects, it has been seen that society is less tolerant to drug use by women, more so in the traditional cultures of this region (Asia). Even if it exists it is hidden and not reported.” Drug taking women are seen as doubly deviant.

Female drug abusers have been reported from Goa and some industrial towns (Sain: 1991). It has been reported that in the North Eastern States of India, about 7 percent of addicts were women. Among university students in Delhi, it was projected, that women composed about 22 percent of drug abusers (Agarwal 1995). By and large it has been projected that women use tranquilizers more than men.

Social consequences of drug abuse are worse among women than men. Shouldering the responsibility of bringing up the children and taking up the role of caring, they lose their ability to perform their role satisfactorily. Other family members often lock them up, reduce their pocket money and eventually throw the woman out of home. Most have to support their habit by borrowing money and misappropriating household income. Sometimes, drug use among women is associated with drug trafficking, peddling and other illegal occupations like prostitution. This profession makes them easy prey to HIV infection. It has been also seen that many affected women do not seek treatment as there are no specialized treatment centres for women.

Prevalence of Drug Abuse Among the Prisoners

Our prisons do not have any system of taking care of drug addicts. There is no national data available on the extent of use of drugs in the prisons. The number of arrests made in connection with drug abuse is on the rise in the country. Most of the arrested addicts somehow manage to continue their drug habit in the prisons. In some other cases drug habits are picked up in the prisons. This is due to circumstances and to avoid the boredom in the prisons.

There is hardly any separation of this kind of prisoners in the jails. Children who are not addicts, but are arrested for peddling are jailed along with other criminals. Reports have mentioned that about 15 addicts are admitted to Tihar Jail in Delhi daily. Prior to 1993 no special programme for treatment and rehabilitation of drug addicts were formulated in Tihar jail. Today there are 5 full-fledged centres satisfactorily functioning in that jail.

Prevalence of Drug Abuse Among Tribal Communities

There are estimated 300 million indigenous people worldwide, living in over 70 countries. They are called indigenous or aboriginal peoples because they were living on their lands before settlers came from elsewhere. There is great cultural, ethnic, linguistic and religious diversity, among them, ranging from hunters and gatherers living in inaccessible rainforests to business leaders in the world's famous financial centres.

Nevertheless, most indigenous groups share a common heritage in their use of psychotropic substance. Over the centuries, they have learnt about the mind-altering properties of many of the naturally occurring substances around them. They are often highly valued for their medicinal and nutritional properties and for their use in religious practices. Hallucinogens, including certain types of



mushrooms and the cactus peyote, have been widely used among communities in Central and South America to access the spirit world and for initiation ceremonies. In Asia, opium has a long history of use for relaxation and as medicine to relieve chronic pain and gastrointestinal problems. In Africa, the use of cannabis fermented beverages is common and forms part of the normal lives of some indigenous people.

Within cultures, strict taboos and restrictions have helped to regulate the use of traditional psychotropic substances. Whereas many communities have maintained their traditional practices because of their isolation from the rest of the world, many others have seen their cultures eroded in the face of assimilation and the integration policies of dominant ethnic groups.

Tribal communities seem to have become more vulnerable to drug abuse. This is seen from the fact that the highest incidence of drug abuse is reported from the states of Nagaland, Mizoram, and Manipur.

Moreover, the various Adivasi tribal communities of Central India too have a very high rate of alcoholism usage among their members. The reasons are several. Tribal communities provide greater freedom for their young ones. The tribal communities are in a period of transition having been hitherto isolated from the rest of the country. With increased communication and transport facilities, they are suddenly exposed to new value systems. Their own value systems and social controls are no more effective to keep the society together.

The most affected tribal communities are in the North Eastern States. Most of them are bordering Myanmar, the drug producing region. Many tribal communities of central India are also connected to the opium producing areas of Madhya Pradesh.

There is a perceptible rise in the number of addicts in the tribal communities of North East India. Nearness to the drug producing areas as well as the sudden exposure to alien cultures and values make the problem serious. Added to it is the rise of terrorism, where drug trafficking and arms trades go hand in hand.

However, in the tribal communities, the use of alcohol as daily food item is a common practice. There are no legal restrictions on the production and consumption of alcohol. The kind of alcohol beverages earlier used by the tribal societies were not distilled. Most of the alcoholic toxins are absorbed through the intestinal tract. When a person takes alcohol and engages in hard work, it helps him to burn up the calories. With the advent of market economy; many youth as well as the elders are able to live idle. This too has contributed to the growth of addiction among the upper strata of the tribal society.

Check Your Progress III

Note: Space is given below for your answer.

1) How does drug abuse affect tribal communities?

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3.6 LET US SUM UP

Drug abuse and trafficking of drugs go together. Where there is demand for drugs, there will be also the supply of the drug. Drug abuse and drug trafficking are illegal activities. At the same time they are also social problems. We saw how drugs abuse is a social problem. We discussed what drug trafficking is and why there is drug trafficking. We also discussed various factors that influence drug trafficking.

We have presented a table showing the extent of drug abuse in the world and in India. Different ethnic, age and gender groups have different problems when they begin to take drugs. This unit gave you a very detailed picture of drug abuse and drug trafficking scene in India and in the world.

3.7 SUGGESTED READINGS

Larry, Siegel (ed) (1987), *AIDS and Substance Abuse*, Harrington Park press, New York.

Anil, Agarwal (1995), *Narcotic Drugs*, National Book Trust, New Delhi.

Ira, Mothner and Alan, Weitz, *How to Get off Drugs*, Penguin Books, London.

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Nemisharan, Mital (1991), *Drug Mafias*, Pustak Mahal, Delhi.

UNIT 4 THE DRUG SCENARIO: GLOBAL, REGIONAL AND NATIONAL

Contents

- 4.0 Objectives
- 4.1 Introduction
- 4.2 Drug Abuse: The International Scenario
- 4.3 Drug Abuse: The Regional Scenario
- 4.4 Drug Abuse: The Indian Scenario
- 4.5 Let Us Sum Up
- 4.6 Suggested Readings

4.0 OBJECTIVES

This unit aims at introducing to you;

- the different types of drugs available in the world and showing it as a global problem;
- the different types of drug related problems in different parts of the world and how different countries combat this menace; and
- the Indian drug scene with a view to impress upon you the enormity of the problem in India.

After reading this unit, you will get an idea about the different types of drugs that are being abused, how they are abused, and how varied are the approaches of different countries. It is hoped that you will realize the seriousness of the problem in India and do your best to fight it.

4.1 INTRODUCTION

Substance abuse is one of the greatest global problems. Many youngsters all over the world have become a prey to this menace. When we say that it is a global problem we should realize that drugs are available in any part of the world. Though drugs are available in any part of the world, the intensity of the problem may differ from country to country. Further the drugs available may also differ from country to country and place to place. For example cocaine is not available in many parts of the world and fenny is available only in Goa. What we consider as an illegal drug may be considered a legal drug in other parts of the world. Ganja or cannabis is an illegal drug in India. But smoking ganja is just a part of the cultural habit for many tribes in India. Arrack is a legal drug in many states of India whereas it is prohibited and considered illegal

in many other states. So, to have a comprehensive view of the drug problem you should have an idea about the global, regional and national drug scenario. Don't you think it will be interesting to know about the drug trade with all its ramifications? Have you ever thought of the money that is involved in the drug trade? Have you tried to know what the drug-mafia is? When you read in the newspapers that drugs worth several crores are confiscated during international smuggling, do you realize that it is only the tip of the iceberg?

4.2 DRUG ABUSE: THE INTERNATIONAL SCENARIO

In the twentieth century, that too only after the II World War, the drug menace has become a global problem. Most citizens and societies encounter drug problems and drug related disorders. Of all the drugs, alcohol is the most widely consumed intoxicating substance. Consuming alcohol has become part and parcel of Western culture. Alcohol is at the centre of various problems in the Western World – accidents, crimes, domestic violence, social disturbances, to name a few. Aren't you surprised to know that ten to fifteen percent of the grown up population of the West has alcohol problems? No wonder, the WHO General Assembly recommended that all nations cut alcohol consumption by 25 per cent by the year 2000. Illegal or hard core drugs are also posing a big problem globally. It is estimated that the money involved in illegal hardcore drug trade is second only to global trade in arms. Medical drugs, that is, substances to be used as medicines on the prescription of a physician, are abused all over the world. All these are indicators of some trends worldwide. Poly drug abuse or use of several intoxicating substances at the same time is also becoming very common all over the world.



Substance abuse has grown to such monstrous proportions that it creates untold problems for public health and social order in most countries. All over the world there is an increase in the consumption of any type of drug. Many new substances are hitting the market. Further, though some drugs are popular in some countries different varieties of drugs are available in almost all countries. Drug addiction has become part of life in many countries and it is no longer a taboo. Activities of drug syndicates operating internationally have become very common. Some drug syndicates are so powerful that they threaten the very existence of governments. It is apt to quote the statement made by Mr. Javier Perez de Cueller, the then Secretary General of UNO, in his opening address to the UN International Conference on Drug Abuse and Illicit Trafficking held in Vienna in 1987:

“In fact just as drug addicts lose their health and freedom, so many states are marred by corruption, and may even find their independence threatened. International security itself is at stake, for drug trafficking is frequently tied to illegal arms deal, subversion and terrorism. In short, we are confronted by an evil which is not only destroying the human being but also undermining the foundations of society through corruption and violence”.

Jonas Hartelius in his booklet ‘The World – A Drug Scene’ has said: “A drug syndicate can operate over two or three continents, creating problems for police and customs in many countries. Drugs may be produced in one country, refined in another, smuggled through a third, sold in a fourth, and the profits laundered in a fifth. This has created an enormous problem for law enforcement agencies. Concerted efforts to combat this international crime are made by the International Criminal Police Organization (ICPO, Interpol) and World Customs Organization (WCO).

Some drug syndicates are very powerful, almost acting as a “state within the state” in their countries. They have used their power to corrupt officials, to threaten, intimidate and murder judges and prosecutors, and to infiltrate political and economic life. Colombia is the most blatant example of a country, where the constitutional government has been unable to uphold the law, not even to protect their public servants from attacks by the drug syndicates.

The world drug scene is very alarming. The attempts of governments and service organisations to prevent consumption or of offering treatment and counselling have not borne the desired effects. Consequently there have been desperate discussions in various forums on substance abuse. The WHO General Assembly has recommended that all nations cut their domestic alcohol consumption by 25 per cent by the year 2000. Quite ironically what the world witnesses as we turn the century is an increased production and consumption.

From what we have read in this section, it is clear that substance abuse has become a major global problem. Have you ever thought of this before? The statistics available make some startling revelations. Every organisation involved in the fight against substance abuse is aware of the enormity of the problem. For example WHO’s 1997 report on cannabis (Cannabis: a Health Perspective and Research Agenda) opens acknowledging a fact: “The use of cannabis, a psycho active substance under international control, is widespread throughout the world”. The 1998 Annual Report on the State of the Drugs Problem in the European Union brought out by European Monitoring Centre for Drugs and Drug Addiction makes this statement while referring to addicts in the countries

of the European Union: “One of the strongest associations between illicit drug use and health problems is found among injectors. Although rare in the general population, injecting rates range from 10 to 15 per cent to 80 per cent among opiate addicts entering treatment. Injecting drug users (mainly heroin addicts) are many times more likely to die than non-injectors and are at much higher risk from infectious diseases such as HIV/AIDS and Hepatitis”.

This statement points to the new dimension of risks involved in drug taking. The “same report, while commenting on the connection between drug abuse and Hepatitis says; “Hepatitis in drug injectors, in particular Hepatitis C, remains a serious problem with potentially large implications for health services. The extremely high prevalence of Hepatitis C in most countries indicates ongoing risk behaviour among injectors, much of which is probably unnoticed – sharing spoons, cotton; and other works”. A report brought out by Eurocare shows that in 1996 the alcohol sold to an average person above 15 in France was 14 and half. According to a study conducted in Canada 35 per cent of suicides and 60 per cent of homicides are associated with drinking. Another study shows that the total economic costs of alcohol abuse to the USA for 1990 were estimated at nearly 100,000 million dollars.

Probably you have been wondering whether the world is just a silent helpless spectator to the havoc caused by addiction. ‘NO’ is the answer. There has been a concerted effort of Governments, UNO and WHO and different service organisations in the fight against substance abuse. Accepting addiction as a disease many service organisations besides working for prevention offer treatment and rehabilitation services. Countries like Singapore and Malaysia have tightened their legal girdle and give very harsh punishment to drug related offences. For example in Singapore for unauthorized traffic in cocaine where the quantity is not less than 20 grams and not more than 30 grams, the punishment given is maximum 30 years imprisonment and 15 strokes, minimum 20 years and 15 strokes. Where the quantity involved is more than 30 grams, the offender is given death penalty. But even in such a small country with such a severe punishment, in 1991, 3823 persons with drug problem were admitted for treatment. This shows that in spite of all attempts to prevent it, substance abuse continues to be a festering menace in the modern world.

Jonas Hartelius in his book has expressed his concern over the failure of welfare strategies to handle the drug problem. “In spite of the enormous sums spent on various forms of treatment, care, counselling etc. inside and outside the public welfare system, lasting effects have been hard to prove. Treatment and similar measures have a humanitarian value, they are necessary to save lives. These measures do not, however, solve the public health problems associated with drug abuse. Drug problems continue to be the most serious threat to the medical care and public insurance systems.

In some circles there is a growing “welfare bum-out”, i.e. a diminishing interest in a welfare policy to provide a comprehensive service for all citizens. The costs are seen as too high and the results are regarded as too insubstantial. In the extreme, this attitude will lead to a “live and let die” attitude, i.e., a laissez-faire doctrine, where it will be seen as the responsibility of the individual and of the family to take care of relatives and neighbours. The duty of protecting the individual from the hazards of drug-abuse will then shift from society to the family, to the clan, to the local community, to the corporation and to the parish.

The mounting welfare crisis has, however, not yet led to a search for new perspectives or strategies for dealing with drug abuse. It is estimated that a total of 246 million people, or 1 out of 20 people between the ages of 15 and 64 years, used an illicit drug in 2013. That represents an increase of 3 million over the previous year but, because of the increase in the global population, illicit drug use has in fact remained stable. The magnitude of the world drug problem becomes more apparent when considering that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorders or drug dependence. In other words, some 27 million people, or almost the entire population of a country the size of Malaysia, are problem drug users. Almost half (12.19 million) of those problem drug users inject drugs, and an estimated 1.65 million of those who inject drugs were living with HIV in 2013. This places a heavy burden on public health systems in terms of the prevention, treatment and care of drug use disorders and their health consequences. Only one out of every six problem drug users in the world has access to treatment, as many countries have a large shortfall in the provision of services. The annual number of drug-related deaths (estimated at 187,100 in 2013) has remained relatively unchanged. An unacceptable number of drug users continue to lose their lives prematurely, often as a result of overdose, even though overdose-related deaths are preventable (World Drug Report, 2015).

Check Your Progress I

Note: Space is given below for your answer.

- 1) Alcohol is said to be at the centre of all problems in the Western world. Name a few other problems.

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- 2) Write a short note on the role of UN and WHO in the fight against substance abuse. (30 words)

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3) List the dangerous activities of drug syndicates. (30 words)

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4) What are the two fatal health hazards that an injecting drug user is likely to encounter?

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5) Do you agree with the view that severe punishments will put an end to drug problem? Substantiate your view with an example. (30 words)

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4.3 DRUG ABUSE: THE REGIONAL SCENARIO

In the previous section we had a glimpse of the global drug problem. But the problem is not uniform throughout the world, that is, the nature of problems associated with substance abuse is not the same in all parts of the world. It may vary from region to region, nation to nation and culture to culture. We can look at it from different angles. For example, in a country like India the drug that is posing a great problem is alcohol. India, further lying between the drug producing countries known as Golden Triangle (Myanmar, Laos, Thailand) and Golden Crescent (Iran, Afghanistan, Pakistan) serves as a transit point in international drug smuggling. Further the drug trade on India’s western border is responsible for the various subversive activities and terrorism. In the same way due to cultural differences, the way a man looks at substance abuse is also different. Cannabis smoking is an accepted practice among certain tribal cultures in India whereas in USA marijuana smoking (ganja smoking) is posing a big problem. Quite strangely and sadly many in the UK demand that cannabis or ganja should be declared a legal drug.

Substance abuse is as old as human culture and every culture has its own drugs. A drug was consumed as part of a religious rite or at times with a view to establish contact with the supernatural powers. In third world countries, substance abuse has a close link with poverty. When there are some good signs of restriction and demand reduction in the developed countries, addiction in the underdeveloped countries adds to the already existing problems of malnutrition and problems connected with health care. Drugs in underdeveloped countries act as a hurdle for development and a cause that accelerates economic retardation.

The law is also different from country to country. In India possession of cannabis or ganja is an offence whereas in UK it is not. As mentioned earlier in the unit, possession of hard core drugs in Singapore (in the case of cannabis above 500 grammes) attracts capital punishment. In many of the underdeveloped countries offenders of drug laws and addicts are treated like any other criminal. May be due to poverty in many of the Third World Countries the legal machinery does not think of treatment and rehabilitation. In Singapore for example there is a deterrent drug law, tough enforcement action, compulsory treatment and rehabilitation. There is compulsory supervision together with after care and preventive education provided in the drug law. Imprisonment, flogging and death penalty are the possible punishments for offenders. Anyone who is found through medical examination, to have consumed drugs, can be made to undergo treatment and rehabilitation for a period of upto 36 months. In many of the Western World countries a lot of concern is shown by the law enforcing authorities to drug addicts. Half way homes, treatment and rehabilitation centres run by the Government and needle exchange programmes sponsored by the Government exemplify this concern.

4.4 DRUG ABUSE: THE INDIAN SCENARIO

After going through the earlier sections of this unit, certain questions would be coming up in your mind. Is substance abuse a big problem in our country? If so what are the drugs that are commonly abused by the Indians? Does our culture allow the intake of drugs? Is there any effective preventive or curative measure? What is the harm done to our nation by the international drug trafficking? As an involved student of this programme it is quite natural that you raise such questions. This section will try to answer these questions. It is hoped that after you read this section you will be able to compare the Indian drug scene with the rest of the world. As a responsible citizen of India, you will even plan some strategies to combat the drug menace.

Let us read a real story of an Indian youth as given in the preface written by Brig Nazareth to the book ‘The Psychotic Drug Menace’ published by Shakti.

“Ravindra Singh was the son of Brigadier Gyan Singh who led the first Indian Expedition Team to Mount Everest in 1960. Brigadier Gyan Singh’s interest in outdoor life and in the development of youth persists to this day. He had started the National Adventure Foundation with Youth Adventure Clubs all over India. Ravi was lucky to be born into a good, healthy family environment in which his parents tried to give him the best of everything.

Ravi went to one of the best schools. He was a boarder in the Mayo College, Ajmer, formerly a college for princes which had the best Principal, the reputed

educationist J.T.M. Gibson, a keen skier and mountaineer who had also been the Principal of Doon School. Ravi, himself was highly talented and he had creative abilities.

And yet... and yet... Ravi got hooked on psychotropic drugs.

He started as a young boy smoking a beedi which he had found on the road, late in the night. Then he started smoking cigarettes because it gave him the feeling of being grown up, and he thought it seemed smart. By the time he had reached the Middle House he was a hashish smoker and he used to jump the bounds of the school with other boys to indulge in it. When his mother came to see him in school he began to avoid her company.

He then started to sell his possessions to buy hashish and by the time he came to the final class he had crossed the point of no return in hashish smoking. After 11 years in Mayo College he was a 'drop out' and the cascade to ruin started. He joined other freaks and began peddling expensive drugs like morphine and heroin to get money to buy his drugs.

He took his first injection of smack (heroin) and became an instant addict. He was now no longer interested in hashish. Smack created a terrible dependence which had to be supported. So he started stealing and peddling hashish, valium, mandrax and other strong drugs. He now lived in a junkie world and started on LSD, and he avalanched into utter degradation. At this point, he realised the need of changing his ways.

He went back home and with the support and love of both his parents he received prolonged medical attention and was rehabilitated and he involved himself in useful social work. He decided to publish his experiences for the benefit of young people and he produced a book *7 was a Drug Addict* "(Orient paperbacks). This is a book which every young person should read.

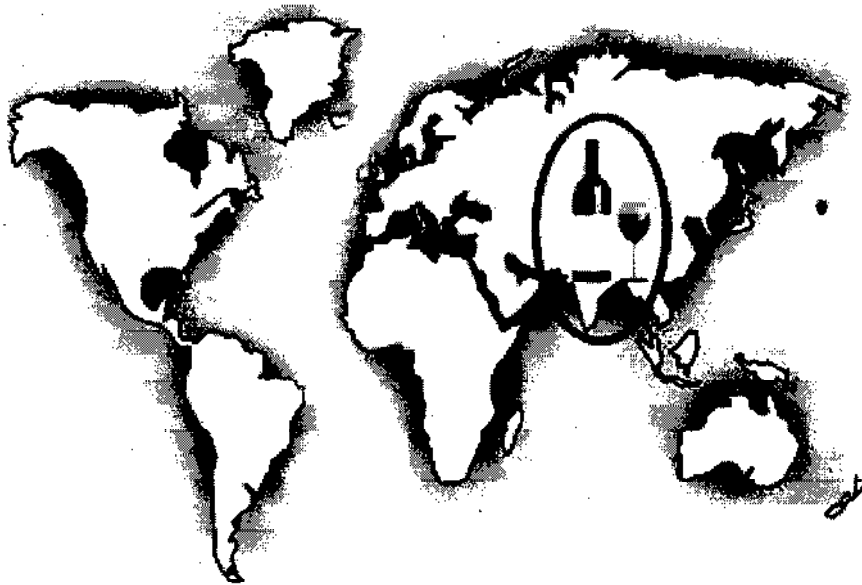
But alas! he was not to finish the book and an extremely poignant postscript to it had to be written by his father. Ravi slipped into the drug habit again and he wrote the terrible words, "Now, I'm a junkie again, and I guess I'm going to die a junkie. The saying 'Once a junkie, always a junkie/is very true'. Ravi went back into the junkie world and died in a junkie den at the age of 21. What a waste of a good life!"

This real story shows that anyone in India can get hooked. Now say whether drug addiction is a real problem in India or not.

In India tobacco, alcohol, cannabis (ganja), opium derivatives, cocaine and prescription drugs are abused. In short all the drugs that you see in other countries are found in India. But some drugs are more popular and accepted as compared to others.

Use of tobacco is very common in India. It is used for chewing, smoking and snorting. Tobacco use is accepted even in family circles and is very popular with the poor. Tobacco chewing is very common and especially with pan it is accepted in most families. Smoking is also very common in India and people sitting around a 'hookah' and smoking is a very common sight in some parts of North India. Cigars are produced in large quantities and exporting them fetches good revenue to the government. Though we don't see snorting to be that common in the Western World, using snuff is also popular in India.

Alcohol is also very popular with the Indian mass. Toddy, arrack, fenny and Indian Made Foreign Liquor belong to this class. Very often we read of hooch tragedies in the newspapers. Do you know what that is? Long back, do you remember a village in Central Kerala called Vypeen getting almost wiped out on an Onam day due to illicit liquor? Why do such tragedies occur? People crave for stronger and cheaper liquor so much that they brew their own liquor illegally and very often such liquor turns out to be poison. Though there are stringent laws to prevent illicit brewing, it is a highly lucrative cottage industry in India. A sad part of this industry is that many children and women are involved in it, both in production and marketing.



Toddy tapping has been popular with the Indians from times immemorial. The Tamil sage – poet Thiruvalluvar who lived almost 2000 years ago has written ten couplets on avoiding toddy. Toddy tapped from the palm trees is very popular in South India, Toddy consumption is part of festivities.

Arrack is very popular with the common folk and it is a legal drug in some states. It is even manufactured, distributed and sold in retail by the Government itself in some states.

You see many liquor shops with the board IMFL Retail shop. Do you know the expansion of IMFL? IMFL stands for Indian Made Foreign Liquor! All that it means is varieties of liquor popular in foreign countries, especially the West but manufactured in India. Beer, brandy, gin, whisky, rum, wine, vodka etc. belong to this class.

Fenny is a popular drink of Goa. It fetches a lot of revenue to the Government and is a big tourist attraction.

Cannabis or ganja as it is popularly known in India is an illegal drug but is very popular. Cannabis is illegally cultivated in large quantities and smuggled out of the country. A part of it is locally consumed. In some tribes of North India Ganja smoking is just a part of their cultural and religious celebrations. Ganja smoking is popular with the youth especially the students in India. It is sad to note that the fight against it has not drawn the required attention as it has in the USA.

The other hardcore drugs – opium derivatives and cocaine are also becoming popular among the youth in India, especially in cities. You should get hold of India Today of April 5, 1999, the cover page of which says “Dangerous drugs like cocaine, ecstasy and acid for the young and rich in metros are the new kicks on the block”. Very often we read in the newspapers about the confiscation of heroin and brown sugar and most of them are confiscated when they are smuggled in or about to be smuggled out. As mentioned earlier in the unit, India is a transit point in drug trafficking. As the drugs are smuggled through India, naturally a part of it reaches the local market too and our youth easily get hooked.

At the beginning of this section a question was raised “Does our culture allow the intake of drugs”?

Culturally drugs are not alien to India. As we look closer we understand a very clear link between religion and use of drugs. When we read the early religious texts of India, there are many references to the drugs. Indian Vedas speak of two types of intoxicating drinks namely Soma which was popular with Gods and Sura which was popular with men. Sura was stronger of the two but Soma was a drink that was respected.

Soma became a part of Vedic sacrifices and was drunk by priests. We can also read in the ancient books that man in his attempts to attain the special state of ecstasy and union with God used drugs. The priests, in order to get the ecstasy, to be the mediator between God and man consumed drugs. Vatsayana, the author of *Kamasutra* while prescribing the sixty four arts to a perfect woman, says that women should know to prepare “alcoholic drinks with appropriate essence and colouring” so that they “can make their husbands favourable to them”. So culturally Indians are in no way averse to taking drugs and alcoholic beverages.

We have to ask another question today. Can a poor country like India afford to waste so much of money on drugs? I hope by now you have realized that the sensible answer to this question is ‘NO’. In India addiction has a close link with poverty as well as suppression of women. Man, especially from the lower strata of society, struggles in India even for a square meal a day. Many of the Indians live below the poverty line. With poor houses in slums and without proper hygienic environment the poor man in India faces many a health hazard. Eventually taking drugs adds to his health problems. Moreover, inebriated men very often indulge in wife battering. Women are subjected to a lot of physical and mental torture and very often addiction is the root cause of domestic violence.

In India serious thought has been given to the link between poverty and addiction. Alcohol is at the centre of the poor man’s sufferings and pain. Very often it is found that alcohol consumes a major part of a poor Indian’s hard earned money. A poor Indian living in a slum doesn’t have the means even to fulfil his basic needs – food, clothing or housing. When such a person drinks, it is obvious that he is doing so at the expense of other needs – health, education of children etc. Professor Shekhar Saxena of All India Institute of Medical Science, New Delhi, while speaking at the WHO conference, Paris 1995 says, “*Not every poor person drinks, but if he drinks, the money comes from cuts made in food and education for children. Drinking by men is a frequent cause of malnourishment and school drop-out among children and a vicious circle*”

of poverty, violence and disease in the family”. Professor Saxena’s statement should be taken seriously as a warning to the Indian society. The statement is prophetic in that it makes clear that poverty alleviation in India is an impossibility unless one vows to fight against addiction.

Are there sufficient laws to check drug abuse in India? What is the punishment given to offenders? How is drug trafficking handled by the law enforcing authorities. Why not implement prohibition throughout India? These are the questions which you may be raising now. In India it is the State government that has to decide on prohibition. Indian Penal Code is strong enough to handle drug abuse. Illicit distilling, trafficking in illegal drugs etc. are punishable with fines or imprisonment or with both, depending on the severity of the offence. Mahatma Gandhi, the father of the Nation waged a crusade against alcohol as he was convinced that drinking was a deadly enemy of poor man. But quite ironically most of the states in India are not dry. Further, the State Government has monopoly over the distribution of alcohol. It is the State Government that has to decide which type of alcohol is to be sold in that State.

The Government has a few arguments for lifting prohibition. One of the reasons given is that the sale of liquor fetches good revenue to the State. Tax on alcohol and the money obtained through auctioning retail outlets add to the income of the Government. The Governments naturally ask the question ‘What else will compensate for the loss of finance incurred due to the implementation of dry law’? You may be aware of the fact that in the recent past Andhra Pradesh experimented with total prohibition only to lift it later. The Government also comes forward with the argument that in a country where unemployment is rampant, production, distribution and sale of alcohol offers employment opportunity to many. If the alcohol industry comes to a grinding halt who will rehabilitate those who lose their jobs? One bitter lesson that we have learnt from time to time is that restrictions on the availability of liquor in the open market leads to illicit distilling that leads to hooch tragedies resulting in the death of many. All said, one feels that in India much money is wasted on alcohol and drugs.

The Indian youth are today exposed to all kinds of hardcore drugs. Ganja smoking is very common and brown sugar and heroin are easily available. Cocaine which was not available in India is now available in the cosmopolitan cities. So, what is the best policy that we can suggest to the Indian youth? We should always aim at total temperance and the new generation should be taught to say NO to drugs.

Check Your Progress II

Note: Space is given below for your answer.

- 1) Do you agree with the type of punishment given in Singapore for drug trafficking? Give reason.

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2) List some of the drugs commonly found in India

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3) How would you fight against drug abuse? Your answer should be in about 25 words.

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4.5 LET US SUM UP

This unit was a journey, as it were, for you to different parts of the world to have a peep into the drug menace in these places. You would have realized that no part of the world is spared of this social problem. You would also have understood that countries adopt different methods of prevention. But in spite of that, substance abuse continues. Did you not feel that a developing country like India cannot afford to waste money on substance and that a fight against drug abuse should be taken up on war footing. Don't you think that the speech of Professor **Shekhar** Saxena referred to in 4.4 of this unit will be reverberating in the hearts of the reader? May be, as you undergo this programme you will pledge to fight against substance abuse.

4.6 SUGGESTED READINGS

Anil, Agarwal (1995), *Narcotic Drugs*, National Book Trust, New Delhi.

Thomas, Gracious (1997), *Prevention of AIDS: In Search of Answers*, Shipra Publications, New Delhi.

Larry, Siegel (ed, 1987), *AIDS and Substance Abuse*, Harrington Park Press, New York.

UNDCP (1999), *Drug Demand Reduction Report*, UNDCP Regional Office, Delhi.