

Drug Abuse: Problem, Prevention and management

Study Material

Syllabus

UNIT IV (D! U. A#US/: P! O#1/M, P! /V/NTION AND MANA. /M/NT

1. Problem of drug abuse

Meaning and concept; types of drugs often misused; antibiotics, steroids and their misuse with suitable examples; habit forming drugs and their effects; drug addiction; drug tolerance and withdrawal symptoms; various signs and symptoms of drug abuse; vulnerable groups (age, gender and socio-economic status)

2. Prevention and management of drug abuse

Medical treatment through deaddiction center, support of family, media and school education; government policies, programs and laws to prevent drug abuse.

Instructions to the examiners

1. Unit 4 of the paper dealing with drug abuse would be of 20 marks comprising of twenty multiple choice questions carrying one mark each having four options a, b, c, d with one correct and three incorrect alternatives.

C/O+10+2

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• Meaning and concept	1
• Types of drugs often misused; antibiotics, steroids and their misuse with suitable examples	2
• Habit forming drugs and their effects	4
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- person might get used to a particular drug through medications prescribed for a certain health problem and becomes so dependent on that specific drug that he continues using the same even after the expiry of the prescribed period. Some people come across drugs through medications suggested by friends or relatives. These suggestions can come either through word of mouth or self-medication for getting relief from a malady.

Types of Drug Misuse

The drugs may be classified on the basis of chemical structure, pharmacological effects or perceived medical value (risks) involved as shown below.

(Semi) Rational Classification

- Alcohol is a central nervous system depressant and is most widely used, but it causes the most severe long-term damage to the liver.

- Also called as opiates, are either derived from the drug opium or chemicals designed to mimic it. Opioids work by interacting with neurotransmitters in the brain and blocking the signals that they are sending, serve as powerful pain killers, but can also cause feelings of intense pleasure. Examples include heroin, fentanyl, oxycodone

- These function by interacting with the neurotransmitter gamma-aminobutyric acid (GABA). Benzodiazepines are highly addictive, and can cause numerous medical and psychiatric problems when not used as intended, e.g. - Valium, Xanax.

- These are chemically similar to tetrahydrocannabinol (THC), the active agent in marijuana. Examples include marijuana, hashish

Pharmacological Classification

These agents are more commonly stated as Downers, and create feelings of relaxation and tiredness. These are drugs that slow down the central nervous system and subsequently results in slowing down the messages between the brain and the body. This leads to diminishing concentration and reduced ability to respond. The word depressant might be misunderstood as leading to a person becoming depressed, however it is not the case. These are very commonly abused because they may also create feelings of euphoria. Depressants are not only some of the most highly addictive drugs, but they are also some of the most highly dangerous chemicals likely to cause overdose. Examples of depressants include alcohol, opioids (opium or synthetic drugs drawn from opium like heroin) and barbiturates.

Also identified as Uppers, the primary use of stimulants is to increase energy, concentration, and wakefulness. Contrary to depressants, stimulants are the drugs that speed up the central nervous system. They result in fast travel of messages between brain and body. They are also known as psychostimulants. They result in increased energy levels, heart rate and appetite and said to provide a Rush. In the short term, stimulants are believed to increase productivity and performance, while producing an excited high of pleasure. In the long term, stimulants are incredibly addictive and have a very high potential for abuse. Examples of stimulants include nicotine, caffeine, amphetamine, cocaine, methamphetamine.

Hallucinogens are sometimes referred as dissociatives. They change the way one sees the world, alter the user's perception of reality, often resulting in auditory and visual hallucinations, a process known as tripping. Additionally, these drugs can change the way a person tastes, smells, hears and feels the different things and can also cause one to see or feel things which are not there at all. Although hallucinogens are generally less addictive than other drug classifications, their immediate impacts are generally more severe and dangerous. Examples of hallucinogens include Lysergic acid diethylamide (LSD), Psilocybin Mushrooms and phencyclidine (PCP), mescaline, Ketamine etc.

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Inhalants are a vast range of chemicals that are ingested primarily by breathing them in, or huffing. Most inhalants are commonly used materials that are in no way designed to be ingested by humans. While there is incredible variety between inhalants, most produce feelings of a high. Inhalants are less studied than most other drugs. While they tend to be less

The following are some of the side effects of steroid misuse!

In men common physical effects are acne, balding, and reduced sexual desire atrophy of the testes and a related decline in sperm count and enlargement of the breasts. Women may experience pronounced masculinizing effects from steroid use, and many of these effects are irreversible. They include growth of facial and chest hair, baldness, deepening of the voice, breast shrinkage, clitoral enlargement, and menstrual irregularities. Risks of heart disease, damage to liver, premature bone fusion causing stunted growth, and brain cancer are other effects.

5A#IT 40! MIN. D! U. S

Prescription drug abuse

! / xycodone, codeine, fentanyl, meperidine
CO2 depressants! ; enAodiaAepines lalpraAolam (Banax) clonaAepam
(clonopin), ' iaAepam (&alium)M
! - mphetamine (-dderall), Methylphenidate (Ritalin)

! Metandienone ('ianabol), danaAol, methyltestosterone
(android), nandrolone (durabolin), oxandrolone (oxandrin),

Over the counter drug abuse

Over the counter (OTC) drugs are those which can be purchased from a medical or drug store without a prescription. OTC drugs are typically safe if used at recommended doses, however like illegal and prescription drugs, they can also be abused. Although less potent than other substances, OTC drugs still pose a risk for developing an addiction.

38/ emotional disturbances

- person suffering from some emotional setback) might go for a drug as a quick fix to get immediate satisfaction and escape from misery. It is said that alcohol makes one forget his worries. ; but overtime the brain of the individual adjusts to the continuous consumption of alcohol which results in to anxiety and irritability. That is the stage when a person starts drinking alcohol to feel normal instead of drinking to feel good.

981a'; alternative reasons

The lack of non-drug alternatives to escape miseries might be another reason for a person to keep using drugs. For example, a person living in poor neighbourhood and deprived of options to get pleasure or escape from maladies, has a great chance of indulging in drug use which eventually becomes abuse.

- 8 Impaired insight

Lack of awareness about the problems associated with use of drugs could be another reason for people to continue taking drugs.

=8 Overvaluation of immediate reward

- person using drugs sees much more benefit in the immediate pleasure or relaxation the drug is producing as compared to the long term effects.

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World health organization (WHO) report "(16 reveals an estimated around "51 million people (which constitutes 8.8 % of world population) aged 18 to 49 years used illicit drugs at least once in a particular year "(15 and the number is increasing day by day. The harmful use of alcohol results in , , , million deaths each year. Approximately , 1 million people have drug use disorders. Almost 11 million people inject drugs, of which 1.9 million are living with HIV, 8.4 million with hepatitis C, and 1 million with both HIV and hepatitis C. The report also estimates the number of opioid users at 8, million, up 84 per cent from previous estimates. About 58 % of deaths associated with drug abuse are caused by the use of opioids, i. e. the opium related drugs like heroin.

Indian Scenario

In India about 1.4 crore people use opioids and more than 40 lakh people suffer from opioid related disorders. Approximately 1.1 crore people use inhalants and sedatives out of which about 1.4 lakh children and 11 lakh

adults have disorders related to these. About 1.8 (lakh) people inject drugs and 50 of them have admitted that they shared their needles with other drug users which puts them at risk of contracting diseases like 3%. About 11.4 (Crore) of the total population of India is known to use alcohol and about 4 Crore people suffer from harmful effects of alcohol. Indian states like Uttar Pradesh, Punjab, Jharkhand, Chhattisgarh, Madhya Pradesh, Rajasthan, Maharashtra contribute significantly to these figures.

DU. ADDICTION

What is drug addiction?

Let us first differentiate between the terms 'drug abuse' and 'drug addiction'. Many people use these terms mutually, however drug abuse starts first, and then subsequently leads to the disease called drug addiction. People who abuse certain drugs still have control, but addiction to drugs becomes a disease. One of the worst consequences of drug abuse is that it leads to drug dependence or drug addiction. The word addiction comes from Latin word addictus which means enslaved by or bound to. Drug addiction can be described as a disease caused by excessive intake of alcohol or drugs. Drug addiction is also known as substance use disorder. It affects a person's brain and behaviour in such a way that he is unable to control the use of any drug or medication, be it legal or illegal. We may also say that this is a disease resulting from changes in brain chemistry due to compulsive use of drugs. Different drugs act on the brain in different ways, but they all cause release of the neurotransmitter dopamine in the brain's reward area, resulting in the pleasurable sensation, common idiom for which is known as 'high'. It is this sensation of 'high' which for

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8 Compulsive disorder. After losing self-control on use of drugs, it becomes a compulsion for him to use the same. He reaches a stage where he cannot think of living without the drugs.

8 Consequences. Most of the persons using drugs are aware of their adverse consequences on health, relations, finances etc, but when the use of

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Excessive use of drugs may result in to any or more of the following. - person addicted to drugs is likely to suffer depression, mental confusion, brain damage, Lung disease, problems with memory, attention and decision making, which make daily living more difficult. Global effects of drugs on the body, such as breast development in men and increases in body temperature, can lead to other health problems.

1. Health of the person using drugs get affected adversely over the long time use of drugs. The person starts feeling less energetic, may also stop feeling pain. At times the drugs affect the health so badly that it may result in loss of life.
2. - person using drugs may indulge in sharing the needles with other addicted persons for use of drugs. This may lead to some serious infections causing various types of health complications which may prove fatal.
3. Drugs are very expensive and regular use of the drugs over a long time requires a lot of money. This may lead to some serious financial problems as there could be a loss of job or business because of the person being involved with drugs.
4. One may land himself in some legal complications as most of the drugs are illegal and use or possession of these drugs is a punishable offence.

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Withdrawal can be described as the physical and mental effects a person experiences when he stops or reduces the intake of drugs abruptly. Withdrawal is also known as detoxification. It is a stage when one reduces or stops the use of drugs abruptly. It results in to abnormal physical and psychological behaviour in a person when he discontinues the use of drugs. The person going through withdrawal of drugs is likely to feel sleeplessness, fever, chills and sweat, running nose, nausea, vomiting, muscle aches and cramps. When a person has used a drug for a long time, he is likely to experience more severe withdrawal symptoms as the body will take a long time in coming to the pre drug use state. In some cases, these symptoms are so severe that they last for a long time and become more or less permanent. To avoid the above conditions, it is always better to withdraw from the drugs under medical supervision.

6it&dra<al symptoms

Withdrawal symptoms are often opposite to the effects of the substance. For example, alcohol is a depressant, so if one suddenly stops consuming

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alcohol, he might experience symptoms of overstimulation such as anxiety or restlessness. When a person is using drugs regularly his brain acts like a spring which has some weight put on it. When that person stops using the drugs, it takes that weight off the spring and the brain rebounds by

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To avoid the withdrawal effects, it is always better to withdraw from the drugs under medical supervision. Treatment for withdrawal includes support, care, and medications that can ease symptoms and prevent possible complications. With some substances, people are able to stop their use abruptly and manage their withdrawal symptoms on their own. For example, a person may be able to quit caffeine without assistance and cope with the unpleasant symptoms on his own. Quitting substances such as benAodiaAepines or alcohol can be potentially dangerous. So one must consult the doctor so that he can suggest a suitable detox plan. Medically assisted withdrawal can ensure that one is safe and it helps to minimize unpleasant withdrawal symptoms.

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In addition to seeking medical support, the following points should to be considered by a person to go through the withdrawal process smoothly.

As; for help whether one is handling withdrawal on his own or under the supervision of a doctor, it is important to have social support. One should tell a trusted friend or family member so that they can check in and support during the process.

Take proper diet One must focus on eating nutritious, well-balanced meals. Eating fried, fatty, or sugary foods may make one feel worse.

Exercise One should try to get some physical activity each day. Stretching, walking, swimming, or other activities may help boost the mood.

Drink plenty of water. It is important to stay hydrated while going through withdrawal, especially if there are flu-like symptoms such as nausea and vomiting.

Relieve symptoms with over the counter (OTC) medications. Use appropriate OTC medications at the recommended dosages in case of symptoms such as headache, upset stomach, or diarrhoea.

Sleep While withdrawal can sometimes lead to sleeping difficulties, one should try to get an adequate amount of rest.

Yoga and meditation. Stress management activities such as yoga and meditation are also helpful in coping with withdrawal experience.

INITIATIV/S 04 . OVT IN INDIA

- Under the Oational ' rugs and Psychotropic Substances Act (O' P2 -ct) the Government can take action against a person for cultivation, production, possession, sale, purchase, trade, import, export, use and consumption of narcotic drugs and psychotropic substances except for medical and scientific purposes in accordance with the law.

- " . O' P2 -ct also supports treatment of people using drugs.
- , . - national fund for control of drug abuse was established in India. This fund can receive contributions from central government, individuals and proceeds from sale of property belonging to drug traffickers.
- N. O' P2 and state departments can apply to this fund for getting provisions for activities related to drug control which may include treatment and spreading awareness against drugs.
- 8. O' P2 -ct also provides for setting up of drug de-addiction centres. These centres are set up by Central and state governments and also by voluntary organisations.

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PREVENTION AND MANAGEMENT OF DRUG ABUSE OR DRUG ADDICTION. DRUG ADDICTION TREATMENTS ARE COMMONLY USED AMONG THOSE PATIENTS WHO ARE BEING ARRESTED, LOCKED UP, UNABLE TO WITHDRAW FROM DRUGS FOR SEVERAL

Prevention and Management of drug abuse or drug addiction! Drug addiction treatments are commonly used among those patients who are being arrested, locked up, unable to withdraw from drugs for several

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interference of drug-seeking and drug-using behaviors. Social skills training

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monitor their internal state, and react using mindful awareness, thereby making positive choices.

D! U. ADDITION (/NT! /

History and genesis! The Constitution of India, under Article 15, envisions that the state shall endeavor to bring about prohibition of the consumption of

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iii) Inpatient treatment : Patients who require inpatient treatment should be admitted in a dedicated ward which is exclusively meant for this purpose. Thus, each hospital with a government deaddiction center should have an exclusive, 1-bedded deaddiction ward. While the duration of the inpatient treatment may vary as per the individual needs of the patients, all efforts must be made to provide the inpatient treatment for an adequate length of time. During the inpatient stay, the following services should be made available to the patient.

- o Assessment by the doctor(s). -t least once per day during the morning rounds.
- o - ailability of nursing care. round the clock)
- o - ailability of emergency care (on-call doctor). round the clock)
- o Psychosocial interventions
- o Medicines for the treatment of withdrawal symptoms and for the management of associated conditions
- o Food
- o Facility to meet visitors during the specified visiting hours
- o Access to facilities for recreation. newspapers, television (if available), indoor games

Since most patients admitted in the deaddiction ward would be suffering from withdrawal symptoms, all efforts must be made to ma

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aided. 2/3s for ensuring regular procurement, storage, and dispensing of medications must be in place.

Emergency Services In those de-addiction centers which are a part of the general hospital, emergency de-addiction services may be provided by the emergency department of the hospital. While most such emergency setups have a provision of doctors, nurses and necessary supplies, these should be geared towards providing emergency services related to substance use

iii) Referral & Consultation Facilities While a comprehensive treatment program should address the multiple needs of the patient, no single de-addiction center alone can provide all the services a patient requires. Consequently, the centers must establish and maintain referral and consultation linkages with other facilities and services. The important ones are.

General and specialized medical services for associated comorbidities. Since the de-addiction centers are a part of the general hospital, it is expected that many of the specialist medical services would be available. For any associated symptoms or medical condition, appropriate referral or consultation from the concerned specialty must be sought. This is especially important for conditions like HIV/AIDS (linkage with STD center), tuberculosis (linkage with TB center), and psychiatric conditions (linkage with the nearest psychiatric facility or District Mental Health

xiii) Drug Abuse Monitoring System (DAMS) proforma - In every instance of first registration in the de-addiction clinic, the doctor/counselor should fill up this proforma. Periodically, these proformas would be collected by a designated central/regional center and would be used to analyse the profile of patients seeking treatment.

xi) Medication dispensing records - These should be maintained very stringently since some of the medications used for treatment possess abuse

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- ii. +he low priority gi en to de!addiction ser ices by the state health departmentsFdistrictFci il hospital authorities
- iii. Oo dedicated staff a ailable
 - i . Cac) of support staff Q Ourse, social wor)er, counselor.
 - . Poor patient load and treatment non!see)ing
 - i. %rregular supply of medicines. Oo medicines are a ailable for long term use.
 - ii. Cac) of community!based acti ities and lin)age with O#/s
 - iii. %nade*uate record!)eeping or data management 6. Oo ser ices a ailable for women and adolescent substance users

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-ttachment theory postulated that at the time of an infant's birth, the primary relationship, usually with the mother but not al

maintenance as well as be included in the efforts necessary for successful ongoing treatment. The earlier the intervention, the better the outcomes for all family members.

Family involvement and support of parents, guardians, and other caregivers are critical in preventing youth substance abuse. Conversations are one of the most effective tools adults can use to connect with youth. The youth of parents who talk to their kids about the dangers of substances early and often are 80 percent less likely to use drugs than those who do not receive these critical messages at home. A child may be more or less likely to try drugs due to certain circumstances. Below are risk factors that may increase vulnerability to using drugs and protective factors that reduce those risks.

Risk factors	Protective factors
Lack of parental supervision Poor attachment with caregivers	Parental support and strong family bonds

- ii. **Television)** Television is one of the modes of mass communication that reaches and influences people significantly. Television has created both positive and negative images among the young generation. It is the fastest-growing medium of media. Now a day, every home and every person of all age groups watch television either news, movie, sports, etc.
- iii. **Radio)** Radio has still its influence and impact among the rural area where people are living in remote areas or below the poverty line. Several programs on TV are specially designed and telecast to deal with such problems among youth.
- i . **Print materials)** Print media includes newspapers, magazine, journal which frequently touches and deliberate on the issue of drug abuses. Therefore, print is also a powerful tool to create awareness in their native language among youth or population dense with abusive properties.
- . **Film and Documentaries)** Film and documentary have more impact than television or radio or print media. Film and documentary

- ii. **Role of media:** it is a powerful tool in rural or tribal areas where people understand their native language. Therefore, folk music is an effective medium to prevent drug abuse among rural and tribal areas.

98 School education: Child during school education is generally passing through different developmental stages such as elementary level, early (primary level), middle (secondary level), and late adolescence stage (senior secondary level). The primary developmental challenge in elementary school is to translate the self-regulation learned at home to the school environment and master academic and social situations. Middle childhood is marked by great advances in learning and understanding. During this developmental stage, the cognitive abilities of children increase rapidly. Children develop a clear understanding of right and wrong. Values and standards are primarily influenced by parents and teachers, as they are the primary source of reinforcement. In elementary school, drug abuse is rare, and expectancies about the effects of substances that are predominantly negative. Therefore, it is expected that substance use prevention in this developmental stage should not necessarily address the risks of substance use. Instead, it is expected that elementary school students will benefit most from programs teaching them basic skills helping them master their primary developmental challenges.

Early adolescents experience several biological, cognitive, and psychosocial changes that lead them to reappraise themselves and those around them. They have to adapt to their changing body, as they start to develop secondary sexual characteristics. At the same time, cognitive capacities develop dramatically. Early adolescents begin to develop the capacity to think abstractly, which allows them to think hypothetically and to evaluate multiple outcomes. Furthermore, the development of metacognitive abilities enables children to reflect on their thoughts and behaviors. They become increasingly concerned with peer relationships. Early adolescents believe that others are always watching and evaluating them. At the same time, early adolescents believe that they are unique and invulnerable. This phenomenon is known as personal fable. These feelings help the early adolescent to perceive the self separately from family ties, although parents remain an important source of reinforcement in this developmental stage. Besides, early adolescence is accompanied by profound environmental changes, as children make the transition to middle or secondary school. The new school environment is characterized by multiple classes and teachers, less individualized instructions, lower levels of teacher-student interactions, more stringent grading, and comparative performance evaluations. Early adolescents spend significantly more time with peers and, as a result of frequent class changes, are exposed to larger numbers of peers. The

Prof. Manu Bansal and Prof. Anil Kumar, Punjab University, Chandigarh transition from childhood and elementary school to adolescence and secondary school is linked to shifting expectancies about the effects of substances from negative to more positive. It is generally assumed that the most effective method to prevent substance use in this stage is the social influence approach. The main emphasis of this approach is to make students aware of the various social pressures to use substances to be psychologically prepared to resist these influences.

Middle adolescence is the beginning of the separation and individuation from the family, with concurrent strivings for autonomy and independence. The relationships with parents change. Increased involvement with the peer group leads to a re-evaluation of parental values. Middle adolescents are increasingly capable of abstract thinking and organizing complex thoughts about other people. Consequently, they develop a greater understanding of others' feelings and perspectives. Besides, there are marked changes in the way middle adolescents value and weigh the relative costs and benefits of potentially risky behaviors. They become increasingly aware of the potential benefits of substance use and become less concerned of costs and risks. During adolescence, the brain undergoes considerable maturation. These changes are assumed to be responsible for great and rapid fluctuations in emotional states and increased sensitivity to rewarding outcomes. It is expected that substance use prevention is extremely difficult in this developmental stage, as middle adolescents are generally not open to adults' views. Peers are the primary source of reinforcement. Therefore, it is expected that the best results will be achieved through peer education.

Late adolescence includes the formation of identity, planning the future, and acquisition of the necessary skills to make a successful transition into adulthood. Late adolescents experience fundamental changes in their self-definition and identity. In late adolescence, relationships with parents usually improve, and the values of parents regain importance. Despite the diminished vulnerability to peer pressure and improvement of self-

use. It is advisable to strengthen the development of these protective factors with attractive, specific programs that provide the educator with an instrument (work) tool to reinforce their preventive role. Flexibility and ease of application are essential requirements for the viability of such models. The inclusion of the family is a core aspect of prevention. Close ties between family and school encourage awareness of and involvement in the development of children. Strengthening of personal and social skills, leading to the adoption of an active and responsible attitude.

• **DRUG ABUSE AND PREVENTION: AIMS AND OBJECTIVES**

Drug abuse becomes a big problem in our country especially in these states Manipur, Mizoram, Nagaland, Jharkhand Pradesh, Punjab, Jharkhand, and Western Rajasthan. Punjab and Manipur are at the top of this list. At present, drug abuse is being seen as a complex problem because it is internally linked with other serious crimes such as organized crimes, human trafficking, and money laundering. In the last three decades (following the inception of the Ministry), the Ministry of Social Justice and Empowerment has conducted two nationwide drug surveys, published in 1998 and 2006. Drug addicts are using a substance that is easily available like cough syrups, pain killer ointments, glue, colophony, paints, gasoline, and cleaning fluids.

A government scheme for prevention of alcoholism and drug abuse. The government believes in addressing the problem of substance abuse in its totality. This includes creating awareness, early identification, treatment and rehabilitation, and sustained follow-up care. Further, the government is of the view that substance abuse is a psychosocial medical problem that can be best addressed through community-based interventions. Hence, special emphasis has been given for involving and mobilizing the community. Under the scheme for Prevention of Alcoholism and Substance Abuse, implemented by the Ministry of Social Justice and Empowerment, the non-governmental organizations have been entrusted with the responsibility for delivery of services and the Ministry bears substantial financial responsibility (60% of the prescribed grant amount).

The aim and objectives of the scheme for Prevention of Alcoholism and Substance Abuse are.

e) Strengthening the rehabilitation of the addicts.

The officers, all over the country, working in the field of alcohol and drug demand reduction are expected to liaison with the National Centre of Drug Abuse Prevention, New Delhi, and the respective Regional Resource and Training Centre for required technical assistance and manpower development.

Statutory Provisions! There are various statutory provisions to prevent drug abuse. The main laws or acts enacted are

1. The Narcotic Drugs and Psychotropic Substances Act, 1988 (amended in 1988 and 1991)

2. Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1954.

3. Drugs and Cosmetics Act, 1968

4. Narcotic Drugs and Psychotropic Substances Act (NDPS) 1988! This is the main legislation (law) on narcotic drugs and psychotropic substances in India and in short, called as NDPS Act, 1988. NDPS Act repealed or cancels previous central acts namely, the Opium Act, 1958, the Opium Act, 1951, and the Dangerous Drugs Act, 1959, for the better enforcement of the law against drug abuse. The major deficiencies or drawbacks of these previous acts were either due to insufficient penalties deterrent to meet the challenge of well-organized gangs of smugglers or no provision to enable exercise of control over psychotropic substances. Therefore, a comprehensive law on narcotic drugs and psychotropic substances was enacted as the NDPS Act, 1988. The main objectives of the NDPS Act, 1988 are.

- i. To provide deterrent punishments to drug offenders.
- ii. To set central agencies with powers of investigation of drug offenses.
- iii. To take care of obligations arising under certain international conventions on drugs to which India is a party
- iv. To control psychotropic substances covered under the Convention on Psychotropic Substances

The NDPS Act, 1988 sets out the statutory framework for drug law enforcement in India. The main features of this act are as follows.

a) The cultivation, production, manufacture, possession, sale, purchase, transportation, warehousing, consumption, interstate movement, transshipment and import and export of narcotic drugs and psychotropic substances is prohibited except for medical or scientific purposes and under

the terms and conditions of any license, permit or authorisation given by the Government.

- b) Prohibition of certain activities relating to property derived from offenses. For example, conversion or transfer of property knowing that such property is derived from any offense under the Act; concealment of the true nature or source or location of such property knowingly acquire, possess or use any such property.
- c) The Central Government is empowered to regulate the cultivation, production, manufacture, import, export, sale, consumption, and use of narcotic drugs and psychotropic substances.
- d) State Governments are empowered to permit and regulate the possession and interstate movement of opium, poppy straw, the manufacture of medicinal opium, and the cultivation of cannabis excluding hashish.
- e) All persons in India are prohibited from engaging in or controlling any trade whereby narcotic drugs or psychotropic substances are obtained outside India and supplied to any person outside India except with the previous authorisation of the Central Government and subject to such conditions as may be imposed by the Central Government.
- f) The Central Government is empowered to declare any substance, based on an assessment of its likely use in the manufacture of narcotic drugs and psychotropic substances as a controlled substance.
- g) Assets derived from drug trafficking are liable to forfeiture and the sale proceeds to be credited to the National Fund for Control of Drug Abuse.
- h) Both the Central Government and State Governments are empowered to appoint officers for the Act.
- i) Offenses under the Act to be cognizable and non-bailable.

The MP2 Act is a comprehensive code not only for the control and regulation of narcotic drugs and psychotropic substances but also for the investigation and forfeiture of drug-related assets. Central Government, as well as State Government, have been empowered to enforce the provisions of the Act. The State enforcement agencies including the Police, Excise, and Drugs Control Department are also involved in the administration of the MP2 Act.

Offenses and Penalties: Punishment for offenses are essentially related to violations of the various prohibitions imposed under the act on the cultivation, production, manufacture, distribution, sale, import, and export of narcotic drugs and psychotropic substances. All these offenses are triable by Special Courts, and very stringent punishments are as follows!

- i. Ranging from 4 months minimum to 6 years imprisonment depending upon the nature of the offenses.
- ii. Imprisonment range from 1 year for first offenses to 18 years for any subsequent offenses together with fines up to 10000 rupees; provided that the court may have reasons to be recorded in the judgments, impose a fine exceeding 10000 rupees; and the punishment shall be based on the quantity involved.
- iii. The sentencing structure underwent a drastic change with the enactment of the Amendment Act, in 1988.
- iv. The Act introduced the concept of 'commercial quantity' about narcotic drugs or psychotropic substances.
- v. Under this rationalised sentencing structure, the punishment would vary

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fact that in certain areas which are highly vulnerable to the illicit traffic in narcotic drugs and psychotropic substances, such activities of considerable magnitude are clandestinely organised and carried on, the Parliament found it necessary for the effective prevention of such activities and to provide for the detention of persons concerned in any manner therewith.

With these objects, the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1954 was enacted. For this area highly

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8 Drug and Cosmetics Act, 1930, which was adopted in 1930 to regulate the manufacturing and sale of medicinal drugs including cannabis and opium. With the adoption of the Indian Constitution in 1950, Drug Laws got a completely new dimension under Article 53 which specifically states that the State must bring about prohibition of the consumption of drugs except for medicinal purposes. Hence under the Directive Principles of State Policy provisions for drug policies are justified. The Constitution also placed matters of Drugs and Poisons in the concurrent list, allowing both centers and states to legislate. The Drug and Cosmetics Act, 1930, continues to be in force in respect of formulations that contain narcotic drugs and psychotropic substances.

Government, is to exercise the powers and functions of the Central Government for taking measures concerning.

- i. Coordination of actions by various offices, State Governments, and other authorities under the O' P2 -ct, 1618.
- ii. Implementation of the obligation in respect of countermeasures against illicit traffic under the various international conventions and protocols that are in force at present or which may be ratified or acceded to by India in the future.
- iii. Assistance to concerned authorities in foreign countries and concerned international organisations to facilitate coordination and universal action for prevention and suppression of illicit traffic in narcotic drugs and psychotropic substances.
- i . Coordination of actions taken by the other concerned Ministries, Departments, and Organisations in respect of matters relating to drug abuse.
- . Identification, treatment, education, aftercare, rehabilitation and social reintegration of addicts

b) Central Bureau of Narcotics It is headed by the Narcotic Commissioner and the office is located in New Delhi. C; O is responsible for all aspects of the opium industry and preventing illicit precursor chemical trafficking. C; O has been primarily given the responsibility of licensing and supervising opium cultivation and thereafter, procuring opium from the cultivators including anti-narcotic operations all over the country to check the spread of the contraband as well as the cultivation of drugs. The responsibilities of C; O include

- i. Supervision of licit cultivation of opium poppy in India.
- ii. Investigation of cases under the O' P2 -ct, 1618, and filing of a complaint in the Court.
- iii. Action for tracing and freeing of illegally acquired property.
- i . Issue of licenses for the manufacture of synthetic narcotic drugs.
- . Issuance of Export Authorisations/Import Certificate for export/Import of Narcotic Drugs and Psychotropic Substances.
- i. Interaction with the International Narcotics Control Board, Vienna, and the Competent Authorities of other countries to verify the genuineness of the transaction before authorising the shipments.

' Other Agencies

- i. Directorate of Revenue Intelligence is a part of the Ministry of Finance and is responsible for information on the smuggling of goods, including drugs into, or out of, India. Other law enforcement agencies

with counter drug responsibilities are the Central Bureau of Investigation, the Customs Commission, and the Border Security Force. The Customs Commission has a wide variety of drug law enforcement tasks and falls under the Ministry of Finance's Central Board of Excise and Customs. The Border Security Force, under the Home Ministry, is a paramilitary force that controls India's land borders and frequently interdicts drug shipments.

- ii) Department of Revenue is the nodal department responsible for the administration of the Narcotic Drugs and Psychotropic Substances Act, 1988 and implementation of international conventions, treaties, bilateral agreements, and Multilateral Agreements. Narcotics Control Division in the Department of Revenue facilitates and coordinates the functioning of the Narcotics Control Bureau (NCB), Central Bureau of Narcotics (CBN), and the Chief Controller of Factories (CCF).

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