

Drug Addiction: Causes, Consequences and Rehabilitation Policy

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Abstract

This paper presents a comprehensive examination of Causes, Consequences, increasing trend of alcoholism & drug addiction and Policies to curb the drug Menace in India. It is also try to discuss the nature of drug, drug use & abuse, Drug addiction & dependence and other related concepts. As we know, India is not merely a transit route for synthetic drugs produced in 'Golden Triangle' and 'Golden Crescent' areas, but it is also fast becoming a potential market of consumers. The researcher also highlights the contributory casual factors and its consequences on physical, psychological, social and economic life of individual, family and the whole society. In the last phase of the paper the researcher also highlights the initiatives taken by government of India time to time, to curb the menace of alcoholism and drug addiction in India.

Keywords: *Drug, Drug Use & Abuse, Drug Addiction & Dependence and other related concepts*

Introduction

The menace of drug addiction is a worldwide problem which has terrorized almost all the nations both developed and developing. This problem is age old and is present since the evolution of human civilization. But its severe attack on the community is of recent origin probably due to the

emergence of a complex urban and technological society which has created unique stresses, increased leisure and affluence (Martin 1977).

India in the Drug Conduit:

India is a vast country with land borders extending over more than 5,000 kms and a coast line of over 7,000 kms and is flanked on the east and the west by two regions which are internationally acknowledged as major sources of illicit opiates. Due to this, it becomes sandwiched between two largest Opium producing regions of the world that is the Golden triangle on one side and the Golden crescent on other. The golden triangle area comprises Thailand, Myanmar, Vietnam and Laos. The golden crescent area includes Pakistan, Afghanistan and Iran. India is one of the world's single largest opiate markets in terms of users and would likely be vulnerable to increased supply. This is because of the intensification of trafficking in opiates originating in Afghanistan may be taking place eastwards, in addition to southwards and westwards along the traditional Balkan route. According to World Drug Report 2022, India has the fourth largest quantity of opium seized in 2020 at 5.2 tons and the third-highest amount of morphine was also seized in the same year at 0.7 tons. According to the World Drug Report 2021, prescription drugs and their ingredients or 'precursors' are being increasingly diverted for recreational use in India--the largest manufacturer of generic drugs in the world. Today it is not merely a transit route for synthetic drugs produced in 'Golden Triangle' and 'Golden Crescent' areas, but it is also fast becoming a potential market of consumers.

The present trend:

The statistics available with different agencies like police, law enforcement and voluntary drug de-addiction centres show a rising trend and proliferation of drug abuse among the younger generation. Increasing number of youth, irrespective of their socio-economic and cultural strata, is getting hooked into drug addiction.

The extent and pattern of substance use in each state and UT as per National survey, 2019, shows that a wide variations in the extent and prevalence of drug use across different states and between various substances. It is also found that the Alcohol is the most common psychoactive substance used by the Indians (among the substances included in this survey). About 14.6 percent (about 16 crore persons) of the Indian population (between 10 and 75 year of age) uses alcohol. The alcohol use is considerably higher among men (27.3 percent) as compared to women (1.6 percent). It is also found that for every one woman who consumes alcohol, there are 17 alcohol using men. Among alcohol users, country liquor or 'desi sharab' (about 30 percent) and spirits or Indian Made Foreign Liquor (about 30 percent) are the predominantly consumed beverages. The State wise highest prevalence of alcohol use are Chhattisgarh, Tripura, Punjab, Arunachal Pradesh and Goa. After Alcohol, Cannabis and Opioids are the next commonly used substances in India. About 2.8 percent of the population (3.1 crore individuals) reports having used any cannabis product within

the previous year. The use of cannabis was further differentiated between the legal form of cannabis (bhang) and other illegal cannabis products (ganja and charas). The use of cannabis products was observed about 2 percent (approximately 2.2 crore persons) for bhang and about 1.2 percent (approximately 1.3 crore persons) for illegal cannabis products. States with the highest prevalence of cannabis use are Uttar Pradesh, Punjab, Sikkim, Chhattisgarh and Delhi. About 2.1 percent of the country's population (2.26 crore individuals) uses opioids which include opium (or its variants like poppy husk known as doda/ phukki), heroin (or its impure form – smack or brown sugar) and a variety of pharmaceutical opioids. Nationally, the most common opioid used is heroin (1.14, percent) followed by pharmaceutical opioids (0.96 percent) and opium (0.52 percent). Sikkim, Arunachal Pradesh, Nagaland, Manipur and Mizoram have the highest prevalence of opioid use in the general population (more than 10 percent). The survey indicates that a sizeable number of individuals use sedatives and inhalants. About 1.08% of 10-75 year old Indians (approximately 1.18 crore people) are current users of sedatives (nonmedical, non-prescription use). States with the highest prevalence of current sedative use are Sikkim, Nagaland, Manipur and Mizoram. However, Uttar Pradesh, Maharashtra, Punjab, Andhra Pradesh and Gujarat are the top five states which house the largest populations of people using sedatives. Inhalants (overall prevalence 0.7 percent) are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17 percent) than adults (0.58 percent). Other categories of drugs such as Cocaine (0.10 percent), Amphetamine Type Stimulants (0.18 percent) and Hallucinogens (0.12 percent) are used by a small proportion of country's population.

Nature of Drug use and Abuse:

It is most important to understand the meaning of drug, drug use & abuse, drug addiction, drug dependence etc. The word drug has a variety of meanings which varies from society to society or culture to culture. But the simplest meaning of drug is which a doctor prescribes for the treatment of a disease or which one can buy for the same purpose from a drug store.

The word 'drug' has been defined by **WHO (1969)** as "any substance that, when taken into the living organism, may modify one or more of its functions". **National commission on Marijuana and Drug Abuse, USA (1973)** defined drug as "any substance other than food which by its chemical nature affects the structure or function of a living organism".

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.

Drug Use and Abuse:

Drug Use: When drugs are used to cure an illness, prevent a disease or improve the health condition, it is termed as drug use.

Drug abuse: Drug abuse is the improper or illegal use of a drug, taking it in excessive doses or where no medical reason exists. Therefore, we can say that when any one takes the drug without the advice of medical practitioner is drug abuse.

Drugs with medical uses can be abused in the following ways:

Too much: Taking an increased dosage without medical advice e.g., taking 10 mg. of Valium when only 2 mg. has been prescribed. **Too often:** Taking small doses frequently e.g. taking the drug during day-time when a bed time dosage alone has been prescribed. **Too long:** Taking the drug for an extended period of time longer than that prescribed e.g. continued use of the drug for months when the physician has advised usage only for a fortnight. **Wrong uses:** Taking a drug for reasons other than medical, for which it is intended, or taking a drug without medical advice e.g. taking gardinal (an anti-epileptic drug) for the sedative side effects it produces. **Wrong combination:** Taking a drug in combination with certain other drugs e.g. taking barbiturates (a depressant drug) with alcohol to enhance the effects.

Drug addiction:

The drug abuse leads to drug addiction with the development of tolerance and dependence. **Mac Fariand (1987)**, pointed out that *"Addiction is the compulsive use of a substance with loss of control and continued use of that substance inspite of negative consequences."*

World health organisation expert committee on Drugs (WHO, 1950), Drug addiction as “a state of periodic or chronic intoxication detrimental to the individual and the society, produced by the repeated consumption of a drug natural or synthetic.

Cancrini and Others have (1995), define the term “Drug Addiction” in the following terminology: “It consists in a state of intoxication provoked by the repeated and voluntary use of natural or synthetic drugs.

This type of intoxication is characterized by the following features;

- The compulsive need (physical or psychological) to continue using the drug;
- The irresistible craving for the drug and consequent necessity to promote it all costs;
- A general loss of interest in other pursuits and other relationships;
- The Acceptance of social role of drug addict.

Drug Dependence:

The term drug abuse, addiction and drug dependence are seems same, but in practice point of view they are totally different.

World Health Organisation (WHO, 1965), defined drug dependence as “a state, psychic and sometimes physical, resulting from the interaction between living organism and a drug... characterized by a compulsion or periodic basis in order to experience its psychic effects and sometimes to avoid the discomfort of its absence.

The drug dependence is two types such as physical and psychological dependence.

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. In simple words, the body becomes so used to the drug that it functions normally only if the drug is present.

Psychological Dependence: Psychological dependence, is a condition characterized by an emotional or mental drive to continue taking a drug the effects of which the user feels, are necessary to maintain a sense of optimal well being. In simple words, when the drug becomes central to the user’s thoughts, emotions and activities.

Tolerance: The user needs more and more of the drugs to experience the same effects. Tolerance is the effect of prolonged use of habit forming chemical. When a drug is used for some time the body and the mind get used to the effect of the drug. Then 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.

Withdrawal symptoms: If the intake of drugs is suddenly stopped by the drug-dependent, the body becomes ‘confused’ and ‘protests’ against the absence of the drug which are called withdrawal symptoms. Features of drug – addiction or dependence

- An overpowering desire or need (Compulsion) to continue taking the drug and to obtain the substance by any means;
- A tendency to increase the dose after a regular period of time, and
- A psychic (Psychological) and sometimes a physical dependence on the effects of a drugs.

Signs or Symptoms can help in identifying a drug addict:

- Decline in interest in activities, like studies and sports and a sudden change in behaviour;
- Poor attendance at school/college;
- Deterioration in academic performance;
- Rapid deterioration in health and loss of appetite;
- Distortion in speech.

- Peevish nature, tendency of getting into unnecessary arguments and provocation without reason :
- Lack of sequence in expressed thoughts.
- Avoiding eye contacts while talking.
- Frequently changing position while standing.
- Sudden, explained temper tantrums;
- Preference for solitude – long hours to the bathroom.
- Appearance of needles or pricks on arms, figures and clothes;
- Presence of white powder, cigarettes etc. around a person.
- Refusal to accept that he/she is a drug addict in spite of being so;
- Sudden withdrawal.
- Erratic behaviour, confused thoughts;
- Emotional aggressiveness.
- Habit of telling lies and attempts to mislead and conceal their problems;
- Visibility of lethargy, drowsiness in a person;
- Isolation.
- Spending long hours in toilet and disappearance of articles and money from home.
- Changes in everyday behaviour such as getting easily excited or becoming violent.
- Starts crying or showing signs of emotional unbalance.
- Change in value system.
- Sudden change in company and friends etc.

The addicts face such kinds of physical and psychological problems: Nausea, Watering of eyes, Vomiting, Body pain, Drowsiness or sleeplessness, Loose-motion, Lethargy and passivity, Confusion – delusions- psychosis, Acute anxiety, Depression, Profuse sweating, Mood changes, Temper tantrums, Depersonalization and emotional detachment, Impaired memory and concentration, Preference for suicide etc.

Causes of Alcoholism & Drug Abuse;

There are so many factors which contribute to drug abuse and such factors vary from place to place, time to time and person to person. However, from the analysis of the various Research Studies and Theories of Causation, the following are identified as the main factors contributing to drug abuse and drug addiction.

1. Curiosity and Emptiness:

Curiosity is an instinct. It helps us to seek and understand things 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 as to what the drug can do to a person and thus want to experience it thinking it to be real. They first taste, and its effect on the user, greatly influence the user, irrespective of the fact that

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 it again.

Curiosity, emptiness, pressure, escapism, recreation and facilitation of social intercourse are the most common factors for drug abuse. It is also a fashionable thing in many individuals and groups to experiment with new drugs that appear on the scene.

2. Pursuit of Health:

People by and large have never claimed good health and in an attempt to improve health, people resort to one or another method. Some people also believe that one can not stay physically and mentally fit without putting a major effort on their part, which of course also includes taking of drugs. The people in order to improve their health take drugs, to which with the passage of time they become accustomed and become drug addicts. This type of behaviour has been commonly found among females.

3. Pain or Problem:

People in order to relieve themselves from some pain or tension take drugs to which they, with the continued use, cannot say goodbye and thereby become addicts. The use of a drug for every pain or problem, every frustration or disappointment, every social interaction/intercourse has become institutionalized in almost every society. It is now part of our culture for worse or better.

4. Easily Availability of Drugs:

Easy availability of the drugs is equally a vital contributor towards drug abuse. Here it may be mentioned that there not a dearth or substitute of these drugs which are easily available in chemist shops. Many chemists act unscrupulously for making money and sell these drugs to youth. It is second name of drug addiction.

5. Influence of Peer Groups :

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 are peer pressures. So influence of peer group pressure is another factor which usually motivates the individuals toward drug addiction. Researches shows that majority of the people, start taking drugs in order to become acceptable to their friends and peer groups who indulge in this exercise.

Thus, 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 within the accepted code of behaviour can also push an individual towards wrong Path. But in case of drug addicts as we know they are having poor self-esteem, seek approval for their

behaviour from their peer. So there are more chances to being influenced by their peer group to develop such kind of habits.

6. Influence of Family Members:

The unhappy parental relationships promote the tension, stress and strain to youths which finally disorganize them. The ordinary care exercised by the parents may keep youth away from the drugs but on the other hand their carelessness or involvement in drug abuse or alcoholism may also attract youth towards drugs... Yes, first towards soft drugs and then the hard drugs follow. Most young people use drugs because they perceive taking drugs as a new interesting or exciting experience to share with their friends and peers and as a way of belonging to, identifying with and being accepted by a particular group. For majority of the drug addicts, involvement in drug abuse voluntarily or involuntarily, willingly or un-willingly, consciously or unconsciously in drug abuse is a response to or an escape from such complex personal or family problems or conditions in their lives, which appear to them to be without any solution.

7. Influence of Broken Family:

Broken family and family problems also creates an atmosphere for youth to take drugs, as family is the primary institution for shaping attitudes and behaviours of its members particularly that of young persons and children. Broken family where one of the parents may be dead or alcoholic or quarrelsome or violent or arrogant, mounts pressure upon its members and consequently the children and youth remain under constant psychological strain. In order to escape from psychological strain children and youth take drugs and get themselves trapped in drug addiction.

8. Influence of Mass Media:

The media can play both positive as well as negative role, depending upon as to what is being highlighted to appeal the people. The literature which highlights the brighter aspects of drug addiction or atleast of drug use, promotes the youth to try for it, atleast for experimental sake. Some books, magazines and leading news papers publish the brighter aspects of drugs which motivate the youth to use and subsequently abuse drugs. The movies today glamourise drinking. The hero resorts to drinks when he is depressed. The villain celebrates through drinks. The wamp drinks and everyday else who matters drinks. So what children may not see in the family, they see on the screen.... big or small.

The advertisements projecting the brighter side of drugs also motivate the people for drug use. The drug companies produce and the mass media advertise drugs for every conceivable occasion. This advertising is not generally false but it is usually misleading. Cold remedies don't cure the illness but they remove some of the symptoms. Tranquilisers don't solve the problems but they make

people less concerned about them. Sometimes, it is not a matter of what is said but what is left unsaid.

9. Influence of the Religion:

The historical perspective of the drug abuse makes it obvious that there is a strong association between drug abuse and some of the so called religious beliefs and rituals. Weissman and Others (1978) and Nahas (1981) have found the relationship between the two. Religion of course cannot, rather is not a direct cause of drug abuse, but some drugs are abused in and around religious places. For instance in India, we find among Muslims, the so called 'Faqirs' and among Hindus, the so called 'Sadhus', who abuse drugs. However, this is not based on reality. Infact, the religion does not encourage use of drugs, if the religion is followed in its true spirit, then there is every possibility that people will remain away from the drugs.

10. Desire to Overcome Fatigue, Depression, Tension And Loneliness etc. :-

In some cases, people become drug addicts in order to overcome boredom, fatigue, depression and frustration caused due to various reasons. The use of drugs is found as one of the easiest way to get rid of these psycho-physiological problems.

As we know, tension and loneliness gives rise to uncertainty in the life of youth and lead to stress on them to promote drug-addiction. Such youths fall upon drugs for instant relief from stress/strain which affect their mental as well as physical health. According to Schager, alcoholism/drug dependency is a conditioned response to anxiety. When the person finds that each time he takes alcohol it reduces his anxiety, stress and gives him relaxation, he is further reinforced to take it more and more until he becomes alcoholic.

11. Myths And Misperception Related To Drugs And Drug abuse :

Myths are what is popularly believed but in fact are false. The general public has not popularly understood drugs and their effects. Many people become addicts due to false notions related to drugs. Thus myths and false beliefs prevailing in the society like, drugs increase the working capacity increase the sexual energy (power), prolonge the sexual intercourse time and weak individuals become strong, etc, plays an important role in starting the taking of drugs at early age of life. If the drug gives the same effect that the individual is seeking then the users' lack of knowledge about the health consequences permits its continued use. By the time the dangers are fully realized, it is too late for the person to stop taking drugs. Bhardwaj Ramesh (2003), observed and experienced that majority of the landless agricultural labour start taking drugs, due to the misguidings of their land-owners, to do more and more hard work; for a longer period of time and automatically they become habitual for drugs due to their unawareness.

12. Low Self-Esteem:

Many individuals have poor opinion of themselves. This is particularly true of adolescents. Low self-esteem may lead young people to use drugs and alcohol in order to avoid feelings of inadequacy. In this way, use of drugs and alcohol becomes a coping mechanism.

13. Doctor's Prescription And Lack of Family Support:

In some of the cases, even doctors do not hesitate in prescribing mood elevating medicines to their patients in order to provide an instant relief to them. The extent to which these medicines are misused can be gauged from the fact that when there is non-availability of drugs like morphin, didisesle etc, the addicts in India in depression resort to the consumption of small bottles of vicks, pudeen hara and other substitutes.

Studies on drug addiction have also revealed that it is not easy for an addict to get rid of this problem unless constant medical supervision is provided to him with full family support. The Ministry of Social Justice and Empowerment, Government of India had started a counselling centre for drug-de-addicts and Drug- De-Addiction centers for the treatment of addicts, which provide counselling or open door treatment and counselling plus indoor medication facilities respectively. But they need constant medical supervision as well as full family support, as in the absence of this; the rate of relapse will increase day by day.

14. Ignorance about the Use of Sedatives:

The practice of administration of small dose of opium to the children by some tribals, quarry workers and women to make them asleep during their working hours, also contributes in promoting drug abuse. According to a study conducted by Bittoo 1990 in Rajasthan, 24 children were admitted to a hospital in Jodhpur on account of overdose of opium given to them with the above mentioned objective. These people are not aware of the addictive potential of the administration of opium to their children on account of their ignorance. As a result a large number of persons have become opium addicts in many parts of Orissa, Kerala, Tamil Nadu, Karnataka etc., due to this mal-practice.

15. Rapid Industrialization and Urbanization and Unemployment:

Rapid industrialization and urbanization have ushered in a new way of life with new values like individualism and permissiveness, due to advancement of industrialization and technological changes, which create problems for adjustment to the general people.

In India our country, as in many parts of the world, large number of people from villages come to the cities in search of jobs. Often, these people face a lot of problems.

Due to faster pace of present day life, the family bond is gradually loosening and the trend among the urban families is that the younger generation is often left alone. So, the young people often feel that they are not getting sufficient attention from their parents as well as there is no family check on youth, meeting all their financial and other requirements without enquiring as to what they do with their money and time and push them to take drugs.

16. Indebtedness /Economic Problems:

Indebtedness is also, one of the reasons to instigate the taking of drugs. Due to poverty, once a person takes debt, he remains in its grip and due to lack of financial resources they take easily resort to drugs. Bhardwaj Ramesh (2003) in his study found that more than 80 percent of the drug addicts are still leaving under the heavy burden of loan/debt.

17. Withdrawal Problems:

The weak ego and withdrawal problems are also one of the important causes that continue the drug taking habit. If the intake of drugs is abruptly stopped by the drug dependent, the body becomes 'confused' and 'protests' against the absence of the drug which are called withdrawal problems/symptoms. The problem of withdrawal is a more serious matter for the people to realise. It may range from mild discomfort to convulsion, depending on the type of drug abused. But the intensity of the withdrawal symptoms depend on the type of drug abused, the amount of drug intake and duration of drug abuse.

18. Lack of manpower and Recourses with Enforcement Agencies:

The Narcotics Drugs and Psychotropic Substances Act, 1985, has not been effectively implemented, and not properly coordinated with other agencies throughout the country and the enforcement functionaries are also not trained in new and updated methods to detect the newly devised drug-supply means and methods.

On the other another hand lack of manpower and resources with enforcement agencies is one of the major weaknesses, due to which the consumption of drugs has increased. And it is also important to note that controlling agencies like police and custom officials are not in a position to tackle this problem owing to lack of adequate resources with them. Therefore, people consume drugs without any fear.

19. Dearth of Drug-de-Addiction Centers:

There is a great dearth of organized de-addiction Centers in India and their number is very small. As a result of this many drug-addicts have to be lodged in jails which have become notorious for promoting drug abuse, due to the unholy nexus between drug-addicts, drug suppliers and the jail

authorities. The officers who try to break this nexus are transferred because of the strong support of powerful politicians and officers in collusion with the drug suppliers. It increases the consumption of drugs as well as the number of people who become addicts to drugs.

Alcoholism & Drug Abuse and its Consequences:

A Japanese proverb says, "First the man takes the drink, then the drink takes the man."

As we know alcoholism and drug-dependence is a multifactorial disease that leads to physical, psychological and socio-economic problems. It damages an individual physically, psychologically and emotionally. His /Her economic conditions get worse and the social relationships diminish. Infact, person beings to use drugs to solve his problems. Instead of reducing them, they keep on increasing. But the excessive use of alcohol and drugs damages the vital organs of body like liver, brain, heart and kidney etc. which creates problems with respiratory system, cardio-vascular system, and sexual system etc. The frequent use of alcohol and drugs creates psychological problems. As majority of alcoholics and drug dependents sufferings are from anxiety, depression, manic depression psychosis, insomnia and stress and strain etc. Relationships are both personal as well as social. The impact of drug abuse is felt not just at the individual level, but also on the social level. And it creates problems with individual as well as societal level likewise, personality disintegration, individual disorganization, family disorganization, increase the divorce rate, increase the rate of accident and the rate of domestic violence, etc.

A. Drug Abuse and Physical Problems:

i. Health Consequences of Drug Abuse:

Drug abuse is health damaging. The extent, degree and the type of health damage related to drug use depend upon; Drug type, Period of drug use, Route of use, Amount of consumption, Adulterants in street samples and other high-risk behaviors.

ii. Problems with Respiratory System

Chronic alcoholic and drug dependents frequently suffer from respiratory ailments like pneumonia, bronchitis or even tuberculosis. Poor health condition, poor nutritional status combined with inhalation of drugs that are irritants to the respiratory system are responsible for this. The frequent use of cannabis reduces the white blood corpuscles of the blood, which reduces the immunity and makes the addict more susceptible to respiratory infection.

iii. Cardio-Vascular Problem

Intake of brown sugar leads to reduction in blood pressure and heart rate while cannabis lowers blood pressure and increases heart rate as much as 50 percent. The excessive use of drug also affects the brain system, liver, heart and endocrine system etc.

iv. Problem with Liver

Alcohol is a poisonous substance, and the liver is the only organ capable of neutralizing it. It does this by producing an enzyme called ADH (alcohol dehydrogenate), whose only function in life is to change alcohol to acetaldehyde (why only humans possess an enzyme whose only purpose is to attack alcohol is a puzzle). This acetaldehyde is, however, even more poisonous than alcohol, and is quickly changed to acetic acid—in other words vinegar. The vinegar then burns up into water and carbon dioxide and hence to the calories, which give us our day –to- day energy. One gram of alcohol, on burning, gives 7.2 calories of heat, which cannot be profitably utilized by the body.

Apart from this, many other complex chemical side effects of working the liver too hard can take place and thus, three main types of liver damage can result: alcoholic cirrhosis, alcoholic hepatitis and alcoholic fatty liver.

The first of these, alcoholic cirrhosis, is a very serious medical condition which kills about 10 percent of people who have been serious problem drinkers for ten years or more. Alcoholic hepatitis leads to cirrhosis in about 50 percent of cases, but is not as serious as cirrhosis. A fatty liver is generally reversible with a nutritious diet and abstinence from alcohol.

v. Problem with Heart:

As we have just noted, a very drinker tends to build up deposits of fat on the liver. The liver is, however a very sturdy organ which can “shake off “some of this fat into the bloodstream. Some of the extra fat in the blood may collect around the heart and increases the risk of heart disease.

Some of the researches have shown that light drinking is associated with a lower risk of certain types of diseases. Interestingly, only a few studies have found that this is due, in part, to the fact that some groups who stop drinking then show an increased risk of heart disease. Other groups who stop drinking – particularly those with low cholesterol- show very low rates of heart disease after they do so. It is all very confusing, but the fact remains that very heavy drinking leads to an increase in the risk of heart disease, while, moderate drinking may lead to a lowering of this risk among certain groups.

vi. Problems with Brain:

As we know, memory is the ability to recall past experiences or information stored in the brain. Excessive use of drugs can and does affect the memory (brain) by affecting the integration,

interpretation, storage and retrieval of information. There is undisputed evidence that cannabis use produces reversible dose-related changes in the brain waves as measured by electroencephalography. These changes are not markedly different from those caused by other psychoactive drugs. Irreversible organic brain damage alleged to lead to certain permanent behavior rural effects such as a ‘motivational syndrome’ has also been reported. There is a general agreement that marijuana dose produces such symptoms as short-term memory, loss and time distortion and these symptoms do disappear as the drug’s effects wear-off usually within hours. Medelson and Mello (1988) have found that psychoactive drugs cause profound changes in the chemistry of brain and other vital organs.

vii. Sexual Problems:

Sexual problems are common among chemical dependents. While sexual dysfunction, especially erectile problems (impotence) are one of the frequently noticed side effects of chemical dependency, there is a belief that alcohol consumption increases sexual drive. But in reality it decreases the male hormone production. Shakespeare noticed its pseudo-stimulating effect on sexual function in Macbeth. “It provokes the desire but takes away the performance”. Studies have shown that sex hormone level correspondingly decline with the increase of THC in blood.

viii. Problems with Immune Response System:

The excessive use of drugs causes reduction in immune response. It has been found that drugs abusers, particularly marijuana smokers would eventually lack an essential means of defense against infectious diseases by affecting the regulating process of the immune response.

ix. Complications with Intravenous Drug Use:

It is now an established fact that there is a significant relationship between drug abuse and AIDS. It has been found that AIDS is a major public health epidemic through out the world. Sharing of needles with HIV positive drug abusers can lead to infection those later on results in AIDS. Contaminated blood particles are found to remain inside the previously used needles and syringes thereby providing opportunities for the HIV virus to transmit to the subsequent users of the same needle and syringe. It is estimated that sharing of needles accounts for one fifth of all AIDS cases.

The hetero-sexual and perinatal spread of AIDS is also largely associated with intravenous drug abusers and such drug abusers have been identified as a major factor for the spread of the AIDS epidemic, as it is associated with intravenous drug abuse.

The greatest number of AIDS cases occurs among the homo-sexual and bi-sexual males with the intravenous drug abusers compose the second largest group that has contracted AIDS. The current concentration of AIDS among intravenous drug abusers appears to be a time related phenomenon.

Once introduced, the infection can be spread very rapidly. The infection has spread in almost all the developing and developed countries and the rate of infection is very in the metropolitan cities.

B. Drug Abuse and Psychological Problems:

Drugs are used to feel better. At the initial stages drug makes the person to feel better. He is more confident and is free from anxiety, and worries. With continued use of drugs he reaches a stage where he has to use drugs to feel normal. At this stage drugs provide him no pleasure. At this point of time, the person takes drugs only to suppress pain. This is a stage which is most misunderstood by non-users. It looks as if the addict uses drugs to enjoy, but the truth is that he does not enjoy the drug at all, rather he uses it because he is unable to stop taking drugs, which creates psychological problems in the personality of the addict.

i. Anxiety:

Ross defines anxiety as a “series of symptoms which arise from faulty adaptation to the stresses and strains of life.” Neurotic anxiety is a reaction to unapproachable inner or subjective difficulties of which the individual has no idea. Anxiety states and panic attacks are more often associated with cannabis use than with other drugs. The drug- dependent (patient) complains of breathlessness, excessive sweating, palpitation and constricted feeling in the chest. In clinical practice it is common to find that excessive alcohol consumption is associated with chronic anxiety, a pervading sense of inferiority or self-indulgent tendencies. Alcohol misuse is commonly in various psychiatric disorders and sometimes appears to be secondary to them. The patients of panic disorder and social phobia are at high risk for alcoholism.

ii. Depression:

In neurotic depression reactions, the individual reaches to same distressing stress situation with more than the usual amount of sadness and dejection and often fails to return to normally after a reasonable period of time. Psychotic depression is expressed in three ways ---- emotionally, physically, and intellectually. The depressed patient feels discouraged, worthless and hopeless. His sadness continues even in funny situations. He finds it hard to become interested in his surroundings. Poor or excessive sleep and lethargy are also reported. Suicidal thoughts may be present.

iii. Manic Depression Psychosis:

Falret and Baillanger described mania and depression as two independent diseases in the same organism. Kahlbaum (1882) emphasized that the phase's mania and depression or melancholia are two separate types of mental disorders but as two stages occurring in the same disease. This disorder usually occurs in alternating episodes of depression and elation. Some patients suffer only

alternate of depression while others have only elated periods. Still others alternate between the two extremes. One to two percent drug abusers may have manic or depressive features. While most of these patients have only manic or depressive features, some go through swings from a depressive state to a manic state and revert back.

Restlessness, sleepiness, excessive\rapidity of speech, jumping from one topic to another, and grandiose talk, dressing in bright flashy colours are some of the manic indicators of the manic state. Schildkrant (1970) viewed that depression may be associated with a deficiency in neither brain nor-epinephrine and the manic behavior shows an neither excess of nor- epinephrine. In support of this, he argued that psychoactive drugs which increase mood tend to produce an increase in nor -epinephrine at synapses, but those which produce depressed mood cause a reduction of this biochemical. When the neurotransmitter substance is in an appropriate amount, it allows normal neural transmitting. But it exceeds the normal level; the nerves are excited too frequently leading to manic stage. On the contrary, when it is below the normal level, the neurons are unable to respond to the normal impulses resulting in depression and inactivity.

iv. Major Psychosis:

Paranoid features are most frequently seen. The symptoms may range in their severity from a single paranoid delusion to a full-blown paranoid schizophrenic state. Alcoholic hallucinosis is an alcohol-included organic psychosis that develops due to excessive use of alcohol. This is characterized by auditory hallucinations, usually voices uttering insults or threats, occurring in clear consciousness.

Delusions and hallucinations can also set in. Therefore, it is necessary and helpful for a psychiatric social worker to run a mental status examination on every patient admitted to the After Care Center. The main areas to check would be; personal hygiene, appetite, sleep, weight change, psycho-motor activity, thought, perception (hallucination), affect (subjective, objective), cognitive functions (memory, attention, concentration) and insight.

v. Stress and Strain:

No doubt, alcohol and other drugs act as a tranquillizer for people who are very anxious and reduces the stress. But once people drink above the recommended levels, (i.e. 21 units per week for men, 14 units per week for women) then alcohol can increase the stress.

Why is this? When the nervous system is “weighed down “by a drug -----tranquillizers, sleeping tablets, heroin, alcohol etc, -----then once the drug is removed, the nervous system “rebounds” like a coiled spring, which is released. Then the opposite effects to those of the drugs appear ---- tension, nervousness and restlessness may remain for hours, days or even weeks

vi. Insomnia (Sleeping Problem) :

As we know, alcohol and other depressant drugs have short-term positive effect. For instance, they reduce anxiety and depression. Exactly the same applies for sleep. Of course, a small nightcap is relatively harmless and is probably preferable to a long-term use of sleeping pills. However, large doses of alcohol get you off to sleep quickly, but tend to lead to poor sleep.

One reason for this is that alcohol, tranquilizers and sleeping pills suppress one particular type of sleep, known as REM sleep. REM stands for “rapid eye movement” and, in this stage of sleep, our eyes tend to flicker and move. This happens when we dream. Thus, alcohol reduces the “dream sleep” which is a necessary part of our nights’ rest and, if we are deprived of it, we tend to feel tired and unrested.

C. Drug Abuse and Social Problems:

As we know drug abuse also affects to addicts’ interpersonal relationships. The impact of drug abuse is felt not just at the individual level, but also on the social level. They also lead to family problems as well. Economic insecurity, violence in the family and outside in the society, and neglect of children are some of the major consequences of drug abuse.

i. Individual Disorganization:

The consumption of alcohol makes a man wayward in habits and whimsical in moods. He also loses all control over his will and his desire to grow and progress becomes feeble. He grows careless and indifferent and feels little difference between mortality and immortality. All this produces personality disintegration.

ii. Family Disorganization:

More homes are broken due to drinking than any other single cause. This is very easy to understand. As the moral sense of man is destroyed and his inhibitions are removed due to alcoholism, prostitution and adultery are the normal consequences. An alcoholic shows little respect his wife or children.

iii. Increase in the Divorce Cases:

Alcoholics and drug dependents are very much interlinked with family problems and rate of divorce. Estimates show that excessive use of alcohol is the third most frequent cause of divorce in the U. S. A. Persons who abuse alcohol are 7 times more likely to be divorced and separated than non – abusers.

iv. Incidents of Accidents and Death Rate:

Alcoholism and drug addiction is the foremost reason of industrial and road accidents.

Under the influence of alcohol and drugs, they are not in a proper position to drive the vehicles smoothly and automatically they met with accidents directly or indirectly.

v. Increase in the Rate of Crime:

The consumption of alcohol is also one of the major causes of crime in India. Drinking is more prevalent among those who have a low standard of life and it is also from among them that the greatest number of criminals is coming. There are large numbers of crimes committed under the influence of alcoholism and drug-dependency. Drinking affects not only the drinker and makes him a criminal but it also has a deteriorious influence on his entire family and inclines men, women and children towards crime. In this way drinking increases crime both directly as well as indirectly.

G.M. Scott (1944) reported, "Earlier or moderate stages of intoxication are ones usually associated with crime, since the latter and final stages of intoxication make performance of crime impossible. Sex offences are likely to be committed in the early stages of intoxication." Sheldon and Eleanor Glueck (1930) studied the background factors of prisoners (500) in Massachusetta. They found that 39.4 percent of the inmates were used to alcohol to such an extent that their drinking could interfere with their work. Miller. S. Makay noted that 35 percent of probationers were alcoholics.

vi. Increase in the Rate of Domestic Violence:

Researches also show that domestic violence is quite common in drugs abusers' family where children and women are particularly vulnerable. "Child abuse, wife battering, dowry deaths, martial violence, and desertion are common manifestations of domestic violence." (UNDCP, 1999). The UNDCP report of 1999 reveals that 60 percent of Sri Lankan women were subjected to domestic violence, 29 percent of the women who were battered reported that their children were subjected to violence by their husbands and 82 percent of them believed that alcohol was one of the reasons for this violence. The fatalistic attitude of women that they must endure hardships caused by sons, husbands, and brothers who use alcohol also contribute to the continuation of this habit. (Who, 1993). The National Council of Alcoholism estimated that as many as 63 percent of the alcoholic families now in treatment have experienced domestic violence. Rate of suicides among women also increase due to drug related violence.

D. Drug Abuse and Economic Consequences:

Widespread drug abuse imposes a heavy economic burden on the people and the nations of the world. The economic consequences of alcoholism and drug-dependents can be direct and indirect. The individual and the rest of the society also have to suffer the economic consequences.

i. Direct Consequences on the Individual:

As we know the consumption of drugs is very expensive. The daily cost of maintaining drug habit will depend on the kind, frequency and quantity of drug consumed by the individuals. It is experienced that the prevalence of drugs are found more in weaker sections of the society. Therefore it is impossible to compute accurately the cost in terms of money. Some of the addicts have their own source of income. Others depend on their family or relations. In all cases, a person will keep aside all other needs and meet the expenses related to his drug habit. There is an increased drug use among the unemployed. Drug use leads to low productivity and absenteeism, sickness and accidents. All these are related to poor economic performance. Due to drug habit an individual ceases to be a productive member of the society. Instead, he only adds to the consumption capacity.

ii. Indirect Consequences of Drug Abuse:

In spite of the direct consequence, there are more indirect consequences of drug use. The expenses incurred on treatment of addiction, and other health care becomes a huge burden on the family. Most of the addicts become victims of chronic illness, which needs constant medical care. The treatment of addiction itself can be a life long one.

(a) Addiction leads to many accidents:

This will be also seen as part of the healthcare expenses. Due to negligence and poor management of the family, the members of the addict's family will also be in need of medical attention. It is common to see that the parents and the spouse of the addict also become sick. Their treatment also becomes a heavy -economic burden to the family.

(b) Affects on work performance or lowering of efficiency:

Alcoholism and drug - dependence deteriorate their physical and mental health on the one hand and lowers the efficiency or work performance on the other hand. The Textbook of Medicine by Harrison, states that drug abuse is responsible for five percent of missed working time with twenty five percent decreases in work performance.

(c) Indebtedness;

In India, majority of the persons belonging to lower castes and class use drugs, in spite of their poverty. This increases their poverty though it may provide them temporary well being and euphoria. Due to their poor financial position, once they take debt for consumption of drugs they remain in its grip. '

(d) Drug abuse and crime:

When we consider this aspect of the problem the economic consequence of drug abuse becomes staggering. If we see it as an economic problem, the cost is beyond calculation.

Policy for Prevention and Treatment of Alcoholism and Drug Abuse:

Dr. Nils Bejerot (1983) viewed the problem of drugs like spread of malaria. He postulated that “malaria cannot be eradicated by hunting individual mosquitoes i.e. just the suppliers, drug problem cannot be treated just by ‘treatment’ alone. The requirement is ‘drainage of drugs marshes.’ For that purpose a healthy environment must be created where the problem occurs. The immunity of the individual has to be strengthened in addition to reduction in drug supply. If that happens, the demand will be automatically reduced. Hence, to create a drug-free environment, prevention programme from macro to micro level is necessary.

In order to tackle the problem of drug abuse, two prolonged strategies have been adopted by the Government of India, i.e., (a) supply control, (b) demand reduction. While supply control aspect is taken care of by the Narcotics Control Bureau and police, the demand reduction strategy is under the domain of social sector. The Ministry of Social Justice and Empowerment of India is responsible for the implementation of demand reduction strategy in the country.

The recent UN documents have also stated Demand Reduction as the pillar of drug control strategies and have stressed upon all the member states to take immediate steps so as to make significant achievements in controlling the demand for consumption of illicit drugs.

In this View, the Ministry of Social Justice and Empowerment has prepared a plan for drug demand reduction for the period of 2018-25.

- Building awareness and educating people about the ill effects of drug abuse.
- Dealing with the addicts through a well-rounded up programme of motivation, counseling, treatment, follow-up and social reintegration of cured drug addicts.
- To import drug abuse prevention\rehabilitation training to volunteers with a view to build up an educated cadre of service providers.

The basic objective of the entire strategy is to encounter the society and community to deal with the problem of drug abuse. Under this scheme, the government of India, Ministry of Social Justice and Empowerment is assisting 361 voluntary organizations for maintaining 376 De- addictions-cum- Rehabilitation centers and 68 counseling and awareness centers all over the country. The average annual allocation for this programme has been around US \$ 5 million. Grants-in-aid is provided to NGOs to give services to addicts including awareness generation, identification,

treatment and rehabilitation. The various schemes financially assisted by the Ministry are the following:

- 1) Awareness and Preventive Education
- 2) Drug Awareness and Counselling Centres
- 3) Treatment-cum-Rehabilitation Centres
- 4) Workplace Prevention Programmes
- 5) De-addiction Camps
- 6) NGO Forums for Drug Abuse Prevention
- 7) Innovative Interventions to Strengthen Community Based Rehabilitation
- 8) Technical Exchange and Man Power Development Programmes, and
- 9) Surveys, Studies, Evaluation and Research on the subjects covered under the scheme.

1. Awareness and Preventive Education :

The Counselling and Awareness Centres are engaged in a wide range of awareness generation programmes in community setting including village panchayats, schools, hospitals etc. Besides these centres, the Ministry of Govt. of India has been actively utilizing the various media channels, print as well audio-visual for educating the people on the ill effects of drug abuse and also disseminating information on the service delivery.

The overall approach is based on the need to comprehensively address the widespread ignorance and lack of information on the ill- effects of the drug abuse prevention\ rehabilitation services and to build up a climate of abstinence from drugs through sensitizing the community at large. In this perspective, the strategy for public awareness about the damage consequences of the drug abuse takes into account the culture- specific aspects of the problem.

Under this scheme four areas are covered:

- i. Production and dissemination of educative and publicity material: (a) posters/flash cards/flannel charts/flip charts (b) pamphlets/brochures/leaflets (c) hoardings/panels/banners (d) booklets/periodicals etc.
- ii. Community participation programmes: (a) corner meetings/ workshops/conferences (b) essays/debates/slogans/ dramas/ one act play competitions, (c) street plays/folk media etc.
- iii. Training Camps for Voluntary Workers.
- iv. Any other activity for awareness building programme against drugs/alcoholism.

2. Drug Awareness and Counselling Centres

These Centres will provide following services to the community:

- i. Identification/screening of drug-abusers/addicts
- ii. Open door treatment (Counselling + Medication)
- iii. Follow-up
- iv. Awareness Building
- v. Rehabilitation services

3. Treatment-cum-Rehabilitation Centres

Treatment-cum-Rehabilitation Centres will provide following services to the community:

- i. Preventive education and awareness generation
- ii. Identification of addicts
- iii. Motivational counseling
- iv. Detoxification
- v. Vocational rehabilitation
- vi. After care and reintegration into the social mainstream.

4. Workplace Prevention Programme:

The working environment of an individual is the most important area of preventive intervention for a potential addict as he still enjoys economic security. The loss of a job further aggravates the addictive behavior. This aspect was not getting its due importance under the on- going programmes. But with the sincere efforts, a number of corporate institutions have also volunteered their involvement in the project. Therefore it is recognized that the primary responsibility in this regard rests with the managements and trade unions. In order to encourage these activities, financial assistance up to 25 per cent of the expenditure for the setting up of a 15-bedded or 30-bedded treatment-cum-rehabilitation centre shall be provided to the industry/enterprise. The balance of the expenditure according to the norms shall be borne by the industry/enterprise. Such centres will be located in an industrial establishment or a group of industrial establishments having strength of at least 500 workers or more in a particular area which will then be eligible for assistance.

5. De-addiction Campus: The treatment-cum-Rehabilitation Centres may organize drug-de-addiction camps in the areas prone to drug abuse especially in rural areas; slums with the objective to involve the local community members. The local leaders, religious leaders and mass- media, folk- media is also utilized to promote awareness and on the spot registration facility should be provided to the patient and medication should be provided free of cost. Staff members of the drug-de- addition centers and available community internal and external resources should be utilized

for this purpose. However, certain additional inputs shall be necessary, for which an additional grant may be sanctioned under this scheme.

6. NGO Forums for Drug Abuse Prevention: The NGO networking is required for the effective implementation of the prevention programme. The uniform delivery of services across the vast country with basic minimum standards is considered paramount in drug prevention programmes. FINGODAP (Federation for Indian NGOs in Drug Abuse Prevention) is a movement to facilitate networking among member NGO's (essentially those funded by the Government of India) so as to gain benefit from each other's experience and also to ensure self-restraint towards implementation of minimum standard of services. In this way, the main function of NGO forum will be to bring about an effective coordination among voluntary organizations engaged in this field, to establish linkages among the programmes being offered by them, and to ensure convergence of services in the area of their operation. All the organizations being supported under this scheme should be represented on the Forum, with one of their representatives being nominated as the chairperson on a rotational basis. The office of the forum may be located in the area being represented by the chairperson. All State/Regional forums will be affiliated to the National Federation.

7. Innovative Interventions to Strengthen Community Based Rehabilitation:

Those treatment-cum-rehabilitation centers, which would have the capacity to do so, would be encouraged to develop innovative interventions to strengthen the community based approach towards rehabilitation of recovering addicts, like half-way homes, drop-in centres etc. For this purpose an additional amount of 5 per cent of the total approved expenditure for the centre would be admissible to the organization.

8. Technical Exchange and Professional Man Power Development Programmes :

The sheer size of population and geographical expanse of the country with cultural diversity makes it a real challenge to ensure delivery of quality services across the country. The quality assurance has, however, been ensured by developing a Manual of Minimum Standards with adequate flexibility for adaptations to suit regional requirements, and by making institutional arrangements for professional training of service providers. Training facility should be provided to the manpower working in this area. The assurance of quality in delivery of the services being the benchmark, creation of infrastructure of professionally trained service providers has been in the centre stage of the Government agenda. National Centre for Drug Abuse Prevention (NCDAP) has come up as an apex institution with the mandate for training, research and development in the drug sector. Training requires regional and local variations. Further to ensure that training is imparted indigenously; eight non-government organizations have been established as Regional Resource and Training centres. These objectives have been realized under the collaborative projects of the Ministry of Social Justice and Empowerment, UNODC and ILO, popularly known as E40 and

E41. Thus, the De-addiction-cum-rehabilitation centre will be entitled to receive financial assistance under this scheme to meet expenditure on deputations of its regular members of staff to other reputed centres identified by the Ministry of Social Justice and Empowerment.

9. Surveys, Studies, Evaluation and Research on the Subjects Covered Under the Scheme:

Since drug demand prevention has to be addressed at the level of individuals, families and communities, India has adopted a holistic approach by way of convergence of advocacy, prevention and rehabilitation programmes of all relevant Government departments as also of other non- Government activities. This convergence has been concretized by way of dovetailing the drug issues in the curriculum of schools\ colleges, educational and informative programmes of media, activities of youth and sports oraganstions and health programmes. Therefore, financial assistance should be given to the Non- Governmental Organizations on the basis of the merit of the proposal, decided by the Ministry of Social Justice and Empowerment on top priority.

Government has also taken recently taken other Initiatives to curb the Drug Menace:

- **The Narcotic Drugs and Psychotropic Substances Act, (NDPS), 1985:**

The government has enacted various laws such as the Drugs and Cosmetics Act, 1940; the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985; and the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act (PITNDPS), 1988. It prohibits a person from producing, possessing, selling, purchasing, transporting, storing, and/or consuming any narcotic drug or psychotropic substance. The NDPS Act provides for stringent penalties for drug offenses.

Some of the achievements of the government in this regard are: According to the Narcotics Control Bureau (NCB), opium and cannabis cultivation in area the size of over 89,000 football fields has been destroyed in the past three years. The NCB said that in the past three years, 35,592 acres of poppy cultivation and 82,691 acres of cannabis cultivation have been destroyed across the country. The States where the crops were destroyed are Arunachal Pradesh, Assam, Manipur, Jharkhand, Madhya Pradesh, Himachal Pradesh, Jammu and Kashmir, Gujarat, Maharashtra, Odisha, Tripura, and Telangana. The NCB also said that it has seized over 6.7 lakh kilograms of drugs worth over Rs. 3,000 crore in the past three years. The seized drugs include heroin, opium, cannabis, cocaine, methamphetamine, MDMA (ecstasy), ketamine, etc.

- **Nasha Mukht Bharat Campaign :**

Nasha Mukht Bharat Abhiyaan (NMBA) was launched in 2020 to tackle the issue of Substance Abuse and a vision to make India Drug Free. It is a three-pronged attack

combining, The supply curb by Narcotics Control Bureau, Outreach and Awareness and Demand Reduction effort by Social Justice and Empowerment, Treatment through Health Department.

- **Initiatives of Indian Coast Guards:**

The Indian Coast Guard (ICG) has developed a good synergy with the security agencies and with the coast guards of Sri Lanka, Maldives and Bangladesh for seizure of such drugs. It seized 2,160 kgs of meth in two different instances recently near the Andaman and Nicobar Islands.

- **International Treaties and Conventions to Combat Drug Menace:**

India is signatory of the following international treaties and conventions: United Nations (UN) Convention on Narcotic Drugs (1961), UN Convention on Psychotropic Substances (1971), UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), UN Convention against Transnational Organized Crime (UNTOC), 2000.

In nutshell, we can say that the alcoholism and drug addiction is becoming a serious problem which creates a hurdle for the national development. The increasing trends is due to lack of adequate infrastructure, shortage of trained personnel, Proliferation of new psychoactive substances rise in India, which is very difficult for existing drug control laws & enforcement agencies to regulate them effectively on the one hand, And High demand for drug & poor awareness and education about the dangers of drug abuse and addiction on the other hand. Therefore, the initiative and appropriate support from the government, non-government organizations, judiciary, social workers, mass media, responsible citizens, students, police and public at large is required to join their hands, to raise hopes for creating mass movement for the prevention and awareness about the alcoholism and drug-de-addiction on the one hand and the strict enforcement of law on the other hand to minimize the trafficking of drugs. Thus, the coming generations may escape from the menace of the alcohol and drug addiction.

Bibliography:

- 1 Agrawal, Rashmi (1995), “Drug Abuse – Socio-psychological Perspectives and Intervention Strategies”, Shipra Publications, Delhi.
- 2 Baumrind, D. (1971). Current Pattern of Parental Authority. *Developmental Psychology*, 4(2), 111-123

- 3 Beddoe, L. (2019). Managing Identity in Host Setting: School Social Worker Strategy for Better Inter Professional Work in New Zealand School. *Qualitative Social Work*, 18(3), 422-436.
- 4 Bhardwaj Ramesh Kumar (2003), Alcohol and Drug Dependence Among Agricultural Labour, Saloni Publishing House, New Delhi,
- 5 Bhardwaj Ramesh Kumar (2010), Drug Addiction: Socio Legal Dimensions, Harsh Publications, Delhi,
- 6 Chatterjee. S.K. (1985), "Drugs and the Young: Some Legal Issues," *Bulletin on Narcotics* Vol. XXVII Nos. 2 & 3 (April-Sept.) 157-68.
- 7 Cheteni, P., Mah, G., and Yohane, Y. K. (2018). Drug Related Crime and Poverty in South Africa. *Cogent Economics & Finance*, 6(1).
- 8 Canton, H. (2021). United Nations Office on Drugs and Crime—UNODC. The Europa Directory of International Organizations 2021, 240-244. <https://doi.org/10.4324/9781003179900-33>
- 9 Chouvy, P. (2013). Drug trafficking in and out of the Golden Triangle. An Atlas of Trafficking in Southeast Asia. <https://doi.org/10.5040/9780755619153.ch-002>
- 10 Drug Abuse (1992): "Summaries of Research Studies" National Institute of Social Defence, Ministry of Welfare, Govt. of India, New Delhi.
- 11 Department of Social Development.(2016). Anti-Substances Abuse Programme of Actions. Pretoria: Department of Social Development.
- 12 Dhingra, V., & Thakur, B. K. (2021).The Global Drug Scenario: A Comparative Study. *Encyclopedia of the UN Sustainable Development Goals*, 87-97. https://doi.org/10.1007/978-3-319-95714-2_109
- 13 Fisher, F. and Harrison, T.C. (2013). Substance Abuse, Information for School Counsellor, Social Worker, therapist and Counsellor, Boston: Pearson.
- 14 Frevert, J., & Dressler, D. (2016). Clinical relevance of Immunoresistance to botulinum therapy. *Botulinum Toxin Therapy Manual for Dystonia and Spasticity*. <https://doi.org/10.5772/64566>
- 15 Gonzales, M. J., & Vargas, D. (2021). Psycho-Social Impact of Verbal and Non-Verbal Interaction of Adult Gangsters and Juvenile Prisoners in KP Jails..*SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.3807282>
- 16 Gupta, D. S. (2022). Status of drug addiction among HIV infected people: A cross-sectional prospective study in Jammu. *Journal of Medical Science And clinical Research*, 10(04). https://doi.org/10.18535/jmscr/v10i4.13_17
- 17 <https://www.justice.gov/archive/ndic/pubs11/18862/impact>.
- 18 <https://refocus.com.au/how-does-drug-abuse-affect-societ>
- 19 Hurst, T. (2019). World drug report. *The Encyclopedia of Women and Crime*, 1-2. <https://doi.org/10.1002/9781118929803.ewac0543>
- 20 Lovell, A. M. (2006). Addiction markets: Global 18 Pharmaceuticals,136-170. https://doi.org/10.2307/j.ctv11cw7qd.9_28. Lyttleton, C. (2004).
- 21 Madisha, R. (2019). Social Worker Preparedness, Experience and Challenge when Rendering Social Welfare Service to Adolescents Abusing Chemical Substance (PhD Thesis). Pretoria: University of South Africa.

- 22 Mazonde, G. (2017). Contextual Determinants of Risky Behaviour among Adolescents in South Africa.(PG level dissertation). Johannesburg: University of Witwatersrand.
- 23 Ministry of Social Justice & Empowerment. (2022). A survey was Conducted under Nasha Mukh Bharat Abhiyan, 62-87.
- 24 Morton, M., Hoefinger, H., Aikins, R., and Falkin, P. (2015). What are Youth Asking about Drugs. A Report of NIDA Drug Facts Chat Day. *Journal of Drug Education*, 45(3-4), 183-226.
- 25 Natarajan, M. (2010). Drug trafficking. *International Crime and Justice*, 109-117. <https://doi.org/10.1017/cbo9780511762116.020>
- 26 Neha, & Kumar, R. (2022). Child trafficking in India and procedures for prevention and protection of children's rights: An analysis. *Institutionalized Children Explorations and Beyond*, 10(1), 32-39. <https://doi.org/10.1177/23493003221110731>
- 27 National Drug Dependence Treatment Centre in India (NDDTC) of the All-India Institute of Medical Sciences (AIIMS), Report.<https://www.newindianexpress.com/nation/2022/nov/17/13-per-cent-of-drug-abuse-victims-in-india-below-20-years-says-unofficial-2519260.html>
- 28 Rathour, M., & Sharma, S. K. (2020). Women trafficking in India. *The Routledge Handbook of Exclusion, Inequality and Stigma in India*, 327-334. <https://doi.org/10.4324/9780429295706-37>
- 29 SiddharthSarkar, Bichitra Nanda Patra, 2015. Substance use disorder and the family: An Indian perspective. *Medical Journal of Dr. D.Y. Patil University*
- 30 Shah Mohammadi, M. N., Mat Basir, S., & Sobotian, E. (2016). Analysis of drug trafficking and insurgency correlation: Case study of economic cooperation organization (ECO) region. *Asian Social Science*, 12(10), 19-35. <https://doi.org/10.5539/ass.v12n10p35>
- 31 Shamsudeen, S. (2022). Human trafficking: Vulnerability, impact, and action. *Victimology*, 225-251. https://doi.org/10.1007/978-3-031-12930-8_11
- 32 Singh, N. K., & Nunes, W. (2013). Drug trafficking and narco-terrorism as security threats: A study of India's northeast. *India Quarterly: A Journal of International Affairs*, 69(1), 65-82. <https://doi.org/10.1177/0974928412472106>
- 33 Singh, S. K., & Peiro, A. B. (2002). Drug trafficking and drug barons in Pakistan. *India Quarterly: A Journal of International Affairs*, 58(1), 119-138. <https://doi.org/10.1177/097492840205800110>
- 34 The National Family Health Survey (NFHS-5) 2019- 21.
- 35 World drug report 2009. (2009). *World Drug Report*. <https://doi.org/10.18356/1d3bc170-en46>. Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science & Medicine*, 73(2), 327-335. <https://doi.org/10.1016/j.socscimed.2011.05.028>

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