

## **3.1 EXTENT OF THE PROBLEM**

*Extent of Drug and Tobacco Addiction and Alcoholism in India, Myths Associated with Them, Health Hazards Associated with them and How they have become silent killers*

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### **3.1.0 Objectives**

Addiction to drugs and alcohol is today a worldwide crisis. The demand for and supply of pharmaceuticals made in laboratories and naturally are both rising. The number of addicts is rising and affecting nations all over the world, including India. As a result, the nation's productivity has decreased. The majority of the countries are now starting to take the issue seriously and acting to reduce it. The issue of alcoholism and drug addiction is covered in this unit. After studying this lesson, you will be able to:

- Give an overview of the situation of drug and alcohol abuse and addiction in India;
- Describe the types of drugs and the causes as well as process of addiction; and
- Discuss the relationship between drugs addiction and alcoholism with health hazards and crime

### **3.1.1 Introduction**

Alcoholism and drug addiction are a worldwide menace at present. This is widespread among adolescents, young adults and others. This substance abuse, like an epidemic, has taken thousands of lives and threatens millions of lives worldwide. Besides, this also leads to various biological and psychological problems for the individual indulging in their use. This worldwide phenomenon has affected several nations, including India. National production has suffered as a result all over the world. Most countries are now beginning to take the issue seriously and are taking action to lessen it.

The Report of United Nations Office on Drugs and Crimes find that around 275 million people were drug users worldwide in 2020, while over 36 million people suffered from drug use disorders. A recent report (2022) suggests that around 284 million people aged between 15-64 use drugs worldwide, which is a 26 per cent increase over the previous decade. The same report makes an observation that the rate of substance use is phenomenally high among the young aged between 18 and 25. In Africa and Latin America, people aged under 35 represent the majority of people being treated for drug use disorders. This substance abuse, like an epidemic, has taken thousands of lives and threatens millions of lives worldwide. Besides, this also leads to various biological and psychological problems for the individual indulging in substance abuse. This worldwide phenomenon has affected several nations, including India. As a result, national production has suffered all over the world. Women abusers in South Asian countries are on the increase. They account for 17 percent of lifetime abusers. Reports show that a substantial percentage of women drug addicts are divorced, separated, and widowed (India and Sri Lanka).

The drug market today is the most profitable market attracting an increasing number of customers. It is a supply-driven market that makes people, particularly the young, fall an easy prey to substance use. Unknowingly, thousands of teenagers, adolescents and youth are becoming victims of substance use today. Most countries are now beginning to take the issue seriously and taking action to resolve it.

### **3.1.2 Definition and Important Concepts**

In the following subsections, we will discuss the definitions of some of the important concepts related to alcoholism and drug addictions such as drug use and abuse, addiction, tolerance, dependence, alcoholism and so on.

#### **3.1.2.1 What is Drug?**

Drug is a chemical substance which is given to people in order to treat an illness or disease or to prevent illness or disease. Drugs are chemicals that, when ingested by humans, can alter both their physiological and cognitive functions. A doctor may recommend these chemicals as medicine to treat minor illnesses or difficulties, such as difficulty in sleeping, headaches, tension, etc. Most of the time, using these medicines is lawful. When drug are used for non-medical purposes, it is an abuse.

Drugs may occasionally have non-medical purposes. Their usage is prohibited, as with heroin and brown sugar. Alcohol use is permitted, although it might be dangerous if consumed frequently or in large amounts. Other substances that fall under the category of socially acceptable legal drugs include cigarettes, coffee, tea, and others. But they are not thought to be hazardous. Some drugs, including alcohol, brown sugar, etc., can be addictive and deadly. It is these drugs that will be discussed in the next subsection.

#### **3.1.2.2 Drug Abuse**

Drug "usage" can refer to the use of drugs to treat, prevent illness, or improve health. Drug abuse is defined as the use of drugs (medical or non-medical) in a quantity, strength, frequency, or way that impairs an individual's physical or mental functioning. This indicates that even using medications in excess, too frequently, over an extended period of time, for the incorrect reasons, or in the incorrect combination constitutes drug abuse.

In other words, 'Drug Abuse' is defined as self-administration of a drug for non-medical reasons, in quantities and frequencies, which may impair an individual's ability to function effectively and result in social, physical or emotional harm. Such drugs produce psychological

and physiological dependence. That is to say that the individual feels a false sense of well-being and cannot function mentally and physically when they take drugs.

#### **Do you know?**

**There are over 190 million drug users around the world. These users are now identified as drug abusers. Drug abuse is a mounting problem showing an alarming increase rate. This is a growing syndrome among young adults under 30. Drug abuse damages the body. Drug addicts often use needles to inject drugs. They risk contracting HIV and hepatitis B and C infections. Drugs of abuse are usually psychoactive drugs that are used by people for various reasons, which include:**

- **Curiosity and peer pressure, especially among school children and young adults**
- **The use of prescription drugs that were originally intended to cause pain relief often turns into recreational use.**
- **Addictive chemicals are taking the place of traditional alcohols and are used as part of religious practices or rituals for recreational purposes.**

#### **3.1.2.3 Alcoholism**

One of the first substances used by humans was alcohol. It has long been a staple of international cuisines and a common element of events ranging from weddings to funerals. However, there have always been some who could not control their alcohol consumption and as a result, experienced terrible repercussions. In layman's terms, these people are frequently referred to as "alcoholics." This is related to the term "alcoholism," which refers to a behavioral disease characterized by recurrent and unchecked excessive alcohol consumption. Alcoholism is best understood in relation to the concept of "addiction." The body of the drinker suffers functional and structural harm as a result of this addiction or habit. There are many types of alcohol. Only one can be consumed, viz. ethyl alcohol (which is used in beer, wine, *toddy*, whisky, brandy, rum and arrack or locally prepared liquor).

#### **3.1.2.4. Drug Addiction and facts related to Narcotic drugs**

Drug 'abuse' leads to addiction, i.e. inability to lead a regular life in the absence of the drug/alcohol. The term addiction usually conjures up images of alcoholics and other drug addicts

who manifest physical and/or psychological need for chemical substances. Such individuals rely on substances to function or feel good (psychological dependence). When their bodies reach a state of biological adjustment to the chronic presence of a chemical substance (physical dependence), they require increasing amounts to achieve the desired effect (tolerance). When denied access to their chemical elixirs, their bodies experience adverse effects (withdrawal), typically the opposite bodily effects as those sought.

Drugs first alter feelings, thoughts, or behavior as a result of chemical changes in the brain. In that regard, alcohol is similarly a drug. Drugs can be ingested, smoked, inhaled, sniffed, drank, or administered intravenously. Aside from alcohol, drugs can be categorized as stimulants- which increase brain activity, depressants- which decrease brain activity, hallucinogens- which alter perceptions of sight, sound, and touch; cannabis- which includes drugs like *ganja* and *bhong* made from hemp, and opiates- which are substances derived from opium or synthetic alternatives that have effects similar to those of opium. Three of the most common opiate kinds include morphine, heroin, and opium. The most harmful and widely used laboratory derivative of morphine is heroin. Heroin purest is pricey. As a result, its unprocessed form, often known as "brown sugar," "smack," etc. had gained a lot of popularity. It is currently the substance that is most abused in India.

### **3.1.3 The Process of Addiction**

It is generally recognized today that addiction is a disease and not simply a sign of moral weakness or of a lack of will power. In this section, the process of addiction to alcohol and drugs are examined separately, though the general path is similar.

#### **3.1.3.1. Addiction to Alcohol**

Alcoholism has been described as a disease by itself and not just a symptom of a psychological problem. The disease itself causes psychological and physical problems, which can be handled, only if the alcoholism itself is treated. It is a progressive disease, i.e. in the absence of treatment, it worsens.

As a progressive disease, it goes through three different phases. In the **Early Phase**, addict preoccupied with the drinks as well as needs for more alcohol for the same effects and prone to forgetting all that one did under the influence of alcohol.

In the **Middle Phase** alcohol addict experience loss of control over the quantity, time and place of consumption. Giving excuses for one's drinking to others and self. Behave aggressively

through words and action. Temporarily give up drink and change the type, the time/place of drinking, etc. At times, the alcoholic may seek help for alcoholism at this stage.

Finally, in the **Chronic Phase** the alcohol addict experience decreased tolerance i.e. now get 'drunk' even with a very small quantity, physical complaints, need continuous drinking for days together, shows criminal behavior to get alcohol and unable to live up to social values, experience paranoia or suspicious feelings that everybody is against him/her, encounter lack of motor coordination and hallucinations. If alcohol is discontinued, severe physical discomfort and pain follows. Either death or mental illness, mark the final stage.

### Do you Know?

- **Alcohol consumption contributes to 3 million deaths each year.**
- **While 28% of these deaths are due to injuries from traffic crashes, self-harm and violence, 21% are due to digestive disorders, 19% due to cardiovascular diseases .**
- **Overall, the harmful use of alcohol is responsible for 5.1% of the global burden of disease.**
- **Alcohol kills around 6,000 people every day across the world.**
- **Alcohol kills 2.6 lakh Indians every year either by causing liver cirrhosis, cancer, or leading to road accidents caused by drunk driving.**
- **Odisha has the dubious distinction of being the second Indian state for alcohol induced accident deaths. There were 735 and 900 accident deaths in 2017 and 2018 respectively due to drunk driving.**

### 3.1.3.2. Addiction to Drugs

Addiction to drugs is similar to alcohol addiction, in terms of its characteristics. The addiction to drugs is also identical and experienced by the addict in three phases. In the **Early Phase**, the addict increases the amount of drug and the number of times. The person begins to spend more time and money on drugs and less on other activities in life. Thoughts about drugs and the need to have them become important. In the **Middle Phase**, the person needs the drug in larger quantity than before to feel well; experiences loss of control over drug use in spite of repeated efforts and decisions to stop or reduce the taking of drug; begins to hide drug supplies.;

encounters problems in all areas of life, e.g. educational, work, family, neglect of personal hygiene, staying away from friends and earlier interests and change in personality, etc.

Finally, in the **Chronic Phase**, the addict experiences total loss of control over drug use and almost constantly remains under the influence of drugs needs help of other people to attend to own needs, e.g. eating and remains only with other drug taking persons. There is every possibility of early death of an addict. Drug addiction thus leads to changes and deteriorations in behavior, social life, and mental faculties like judgment, thinking and emotions.

### **3.1.4. Causes of Alcoholism and Drugs Addiction**

Research shows that the complex phenomena of addiction is more likely to result from a combination of causes than from a single one. Previously, it was thought that particular types of people—namely, deviants—were more susceptible to develop addictions. There is no one personality type that is predisposed to addiction. While others may make it more difficult to stop using, some elements may produce an environment conducive to addiction development. These are looked at in the following sub-sections.

#### **3.1.4.1. Physiological Causes**

It has been discovered that a child has a higher risk of getting addiction if both parents are addicts. While this does not imply that all addicts' offspring will develop addictions, it does raise the likelihood. The tendency for alcoholism in particular to run in families raises the possibility that being predisposed to addiction may be inherited. The amount and frequency of drug use, the route of intake (injected drugs are more addictive), the availability, access, and cost of the drug, as well as other environmental influences outside of the family, may all have an impact on the problem's growth. Other physiological elements, such as alcoholism, nutritional deficiencies, and dysfunction of various body systems, such as the endocrine system, are thought to play a role in the development of addiction. But none of these has received definite proof.

#### **3.1.4.2. Individual or Psychological Causes**

Addiction has long been considered a psychiatric disorder brought on by personal issues. According to studies, addicts are insecure people. Many addicts report experiencing minor to severe mental disturbances as their symptoms. However, it is unclear if addiction creates mental disorders or whether mental problems induce addiction. Whatever the connection, there is enough proof to show that addicts struggle with severe personality disorders, feelings of

inadequacy, dependency, powerlessness, isolation, and low self-respect. Addicts have been shown to have problems related to their childhood as well as current stresses prior to the onset of addiction. Addiction is seen to be the outcome of learning, as well. Initial drug use results in a pleasurable sensation or experience. This serves as a reward and could cause the intake to keep rising. Thus, even a positive initial encounter could result in addiction. But the widely accepted idea holds that certain personalities are more predisposed to addiction than others.

### **3.1.4.3. Sociocultural and Environmental Causes**

There are several views out there today that say addiction has social roots. People are more prone to consume drugs and/or alcohol heavily in communities where doing so is seen as acceptable and when drugs are readily and affordably available. Alcohol use is a feature of religious events and rituals in several indigenous tribes. Some people may develop an addiction as a result of such frequent intake. This does not imply that addiction is exclusively encouraged by availability and acceptability. Some persons who experience normlessness turn to drugs or alcohol in societies where this intake is not recognised. Teenagers frequently use drugs to rebel against the standards and ideals of adults. According to the cultural defiance theory, these emotional and social links to an unconventional group contribute to the development of drug addiction.

The fact that alcohol and other less-addictive drugs are socially acceptable in some spheres of society is another element that contributes to this. On some religious and social occasions, including as weddings, funerals, and festivities, custom in India has long permitted the use of wine, *bhang*, and marijuana. This is especially true among several sociocultural groups. In today's society, drinking is seen as a symbol of social standing and is increasingly consumed socially across all sociocultural groups. In several Western nations, drinking alcohol is considered socially acceptable, and taking medications to ease pain or enhance performance is a common practice.

Another crucial aspect of determining the prevalence of addiction is the substance's legal standing. It is also thought that the degree of addiction in a culture is closely tied to whether drug use is sanctioned or penalized in that society. Therefore, it is thought that legalization of drugs as well as cultural acceptance of them both raise the rate of addiction. The number of people addicted to "hard" drugs will decrease if milder types of narcotics are legalized. Such people believe that grouping all drugs into one broad category has hurt efforts to avoid addiction.



Since ability to tolerate alcohol is equated with one's manhood, boys often begin to consume alcohol and at times drugs at a young age, due to peer pressure. Persons in jobs that create stress-physical and/or mental are known to become addicted. Those prone to addiction thus include persons in conservancy jobs, morticians and morgue workers and rag pickers, etc. Even those performing excessively exhausting, monotonous, laborious work e.g. load-carriers and porters, drivers, etc. are prone to alcoholism. Young boys imitate if the family has an adult addict. Besides aggravating of stress by the family at periods of transition, e.g. adolescence, the absence of reasonable parental control, and a disunited and dysfunctional family.

Sociological theorists offer other explanations as well. The theory of strain holds that people turn to drugs and alcohol because social conditions in their environment do not provide them adequate opportunity for achievement. This is particularly so for lower socio-economic groups and other socially disadvantaged groups.

It is also believed that people, because of their consumption of alcohol and other drugs and life-style become labeled as "deviants", tend to become dependent on drugs and/or alcohol, as these become the most important aspects of their lives.

Therefore, it is evident that a number of sociocultural, psychological, and physical factors, including curiosity, stressful environments, early drinking, mental health issues, drinking while taking medication, genetic issues, a lack of family supervision, large and dysfunctional families, wealth and weakening of parent-child ties, disregard for social values and a common human goal, changing socio-cultural norms and values, lack of community control, absence of interpersonal relationships, and others, contribute to this epidemic.

### **3.1.5 Extent of Drug and Tobacco Addiction and Alcoholism in India**

In the above section we have deliberated upon various conceptual aspect of drug and alcohol additions. In the subsequent paragraphs we will discuss the extant of the drug and alcohol addiction in India at the present time.

Although the use of various psychoactive substances such as alcohol, cannabis and opioids has been observed in India for centuries, the current dimension of the extent and pattern of psychoactive substance use and the problems associated with their use are not well documented.

According to data on the global situation, the three most commonly misused substances are alcohol, opium, and cannabis. More men than women are addicted to them. Particularly in recent years, heroin addiction has seen a sharp increase. By injecting drugs, a person runs a significant danger of contracting additional diseases and health issues, such as AIDS (Acquired

Immune Deficiency Syndrome), as well as death from some of these issues and from taking an overdose.

Earlier, addiction was simply a problem for a select few people, but today's users come in all shapes and sizes. In reality, it is becoming more common to use multiple drugs at once, such as mixing alcohol and narcotics. Alcohol and other substances are being experimented with at younger ages than in the past. Due to rising prosperity, contemporary life's stressors, widening economic and social disparities, and a growing sense of discontentment with one's life, the issue is slowly getting worse in India, affecting both urban and rural communities.

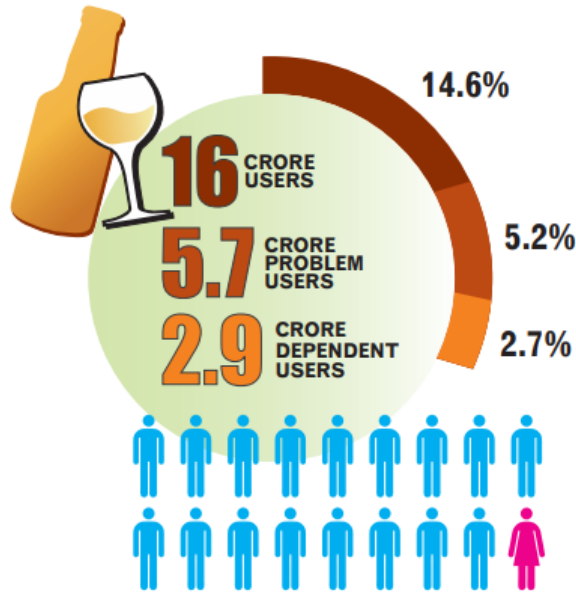
### **3.1.5.1. Extent of substance abuse in India**

Recently published report “*Magnitude of Substance Use in India 2019*” presents the major findings of the National Survey on Extent and Pattern of Substance Use in India commissioned by the Ministry of Social Justice and Empowerment, Government of India in collaboration with the National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences, (AIIMS), New Delhi, in terms of proportion of Indian population affected by substance use.

The survey finds that there is widespread substance use among all demographic categories in India, although adult men are disproportionately affected by substance use problems. This survey also shows that there are significant differences in the extent and prevalence of use across states and among different substances.

Indians most frequently use alcohol as a psychedelic substance (among those included in this survey). Between 10 and 75 years old, 14.6% of the population nationwide uses alcohol. In terms of absolute numbers, the country has roughly 16 crore alcohol consumers. Men use alcohol at a rate that is significantly greater than women (27.3%). (1.6 percent). There are 17 alcohol-using men for every woman who drinks alcohol. Spirits or Indian Made Foreign Liquor (approximately 30 percent) and country liquor, sometimes known as "desi sharab," are the most popular alcoholic beverages among drinkers. The states with the highest rates of alcohol use include Goa, Punjab, Arunachal Pradesh, Tripura, and Chhattisgarh.

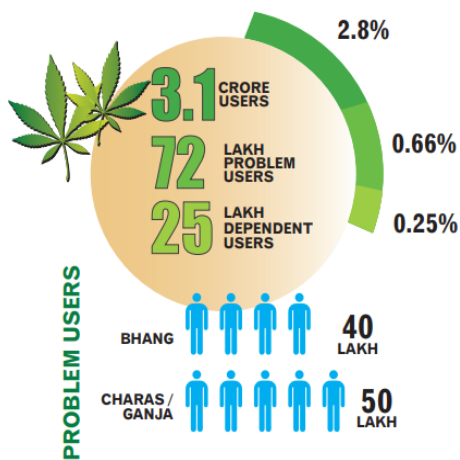
## Alcohol Use in India



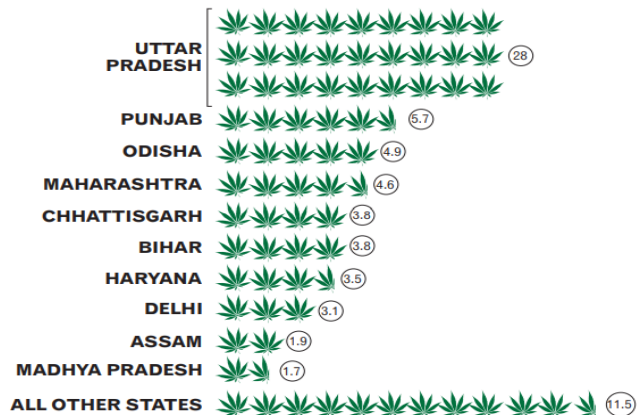
(Source: Ambekar A, et.al, Magnitude of Substance Use in India. New, 2019)

Cannabis and opioids are the second most popular drugs in India after alcohol. A total of 3.1 crore people, or about 2.8 percent of the population, report using cannabis products in the 12 months prior. The authorized form of cannabis (*bhang*) and other illicit cannabis products were further distinguished in terms of cannabis consumption (*ganja* and *charas*). About 2.2 crore people (or about 2 percent) were found to use *bhang*, and about 1.3 crore people (or about 1.2 percent) were found to use illegal cannabis products like *ganja* and *charas*. Uttar Pradesh, Punjab, Sikkim, Chhattisgarh, and Delhi are the states with the highest rates of cannabis consumption.

## Cannabis Use in India

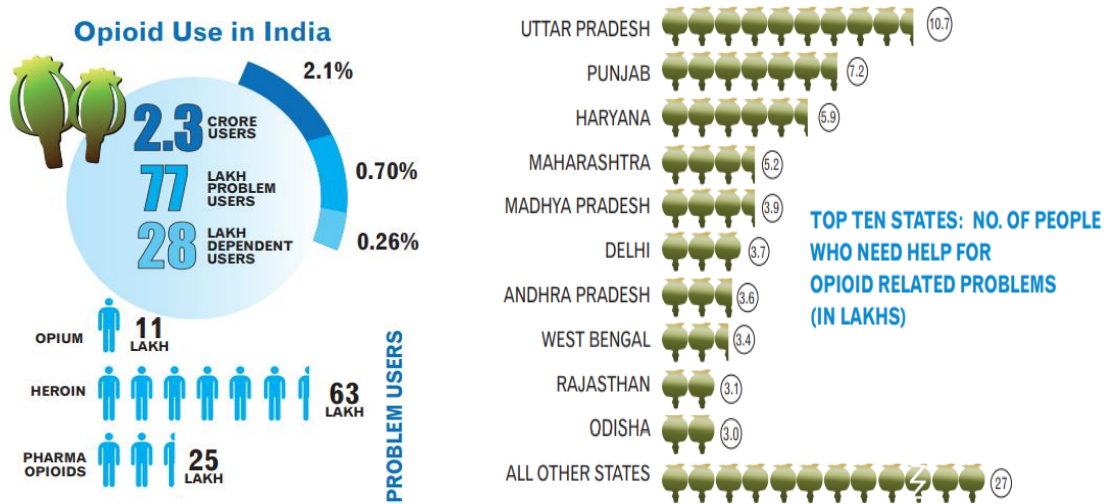


## TOP TEN STATES: NUMBER OF PEOPLE WHO NEED HELP FOR CANNABIS RELATED PROBLEMS (2018) (IN LAKHS)



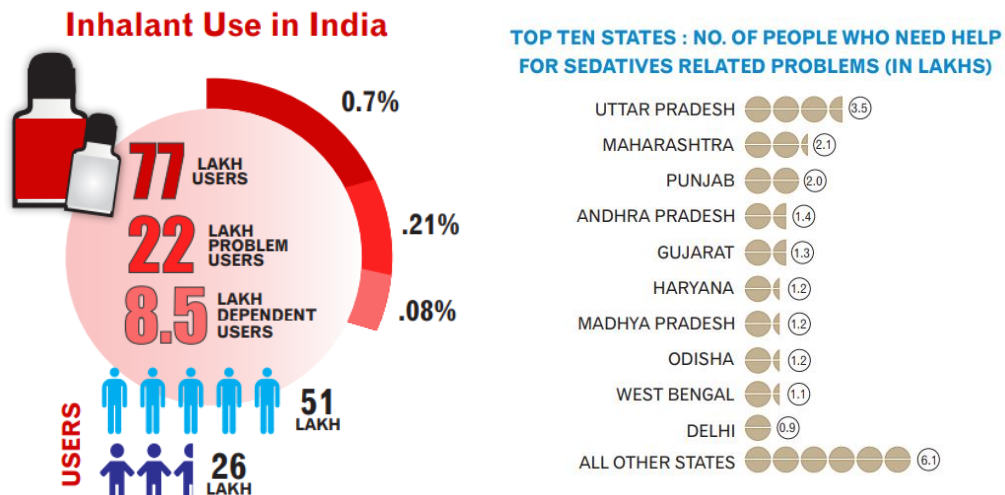
(Source: Ambekar A, et.al, *Magnitude of Substance Use in India. New, 2019*)

Opioids, such as Opium (or its derivatives such as poppy husk known as doda/phukki), Heroin (or its impure form, smack or brown sugar), and a range of pharmaceutical opioids, are used by about 2.1 percent of the population of the country (2.26 crore people). Heroin (1.14%), prescription opioids (0.96%), and opium are the most often used opioids in the country (0.52 percent). With regard to overall opioid use, Sikkim, Arunachal Pradesh, Nagaland, Manipur, and Mizoram have the highest rates (more than 10 percent).



(Source: Ambekar A, et.al, *Magnitude of Substance Use in India. New, 2019*)

According to the report, a sizable percentage of people take sedatives and inhalants. Approximately 1.18 crore Indians aged 10 to 75 (or 1.08 percent) currently take sedatives (non-medical, non-prescription use). The highest rates of contemporary sedative use are seen in the states of Sikkim, Nagaland, Manipur, and Mizoram. However, the top five states with the highest sedative use rates are Uttar Pradesh, Maharashtra, Punjab, Andhra Pradesh, and Gujarat.



*(Source: Ambekar A, et.al, Magnitude of Substance Use in India. New, 2019)*

Inhalants (overall prevalence 0.7%) are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17%) than adults (0.58%). Other categories of drugs such as, Cocaine (0.10%) Amphetamine Type Stimulants (0.18%) and Hallucinogens (0.12%) are used by a small proportion of country's population.

*Every year on **June 26th**, the International Day Against Drug Misuse and Illicit Trafficking is commemorated with the goal of raising awareness about the problem of drug abuse and addiction, as well as its consequences, among individuals and communities.*

### **Drug Abuse Figures of India**

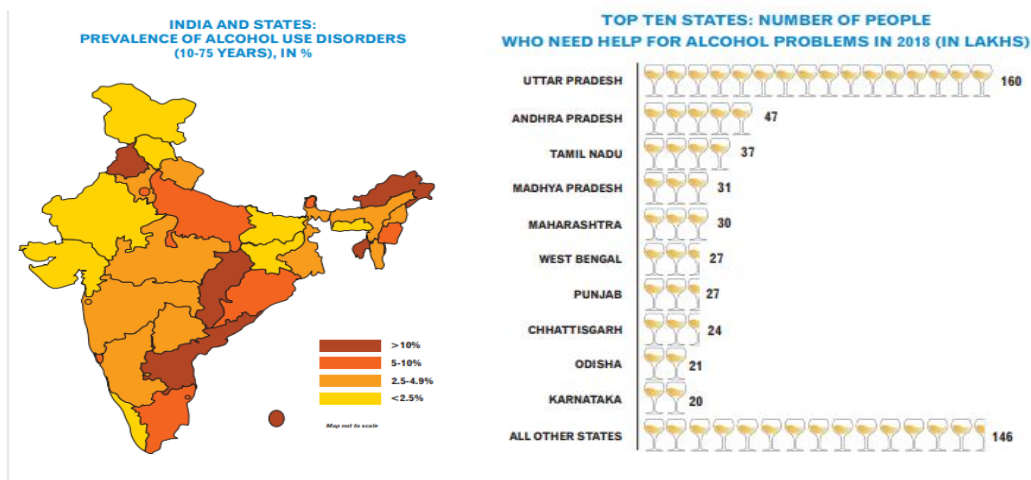
- In India, 19 metropolitan cities are at a high risk of drug abuse. Mumbai reported the highest number of cases under the Narcotic Drugs and Psychotropic Substances (NDPS) Act.
- Among states, Uttar Pradesh reports the highest number of drug addicts, the number being 10,852. Uttar Pradesh is followed by Punjab and Tamil Nadu in terms of the number of drug abusers, the cases being 6,909 and 5,403 respectively.
- Kerala reported 4,968 cases and took the fourth place while Maharashtra filed 4,714 cases and came in the fifth place.
- Mumbai reported 3,509 cases under the NDPS Act.
- Bengaluru records a total number of 2,766 cases and Indore, 998 cases.
- Punjab recorded 6,909 cases and Tamil Nadu, 5,403 cases.

### **3.1.5.2. Harmful and Dependent Use**

A small percentage of most drugs and substances users reach the threshold for "harmful use" and "dependence." But the percentage of risky or dependent users varied according on the substance (indicating the differential propensity of various substances to develop problem use). For the health and social welfare sectors, the total of the estimates of harmful and dependent use represents the "quantum of work" (i.e., the percentage of the population that requires assistance).

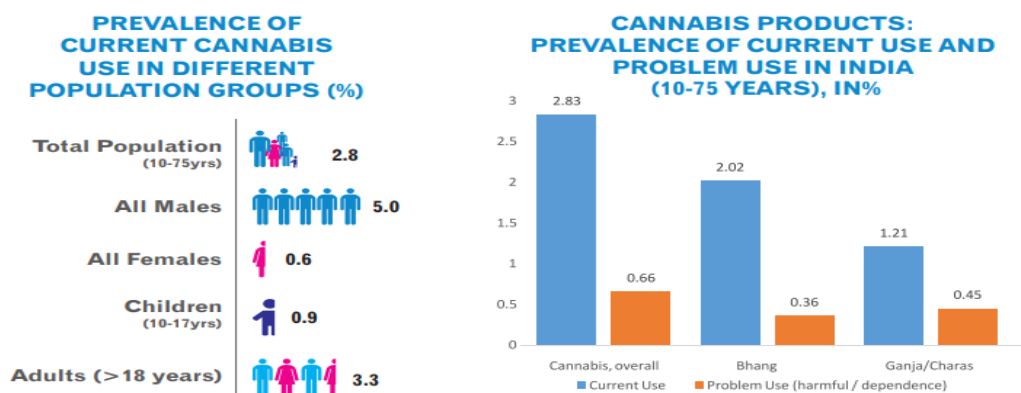
At the national level, as many as 19% of current users of alcohol consume alcohol in a dependent pattern. According to estimates, 2.7 percent, or 2.9 crore people, of the general population (10-75 years old), consume alcohol in a dependent manner. A further 2.7 crore people (or 2.5 percent of the population) in the nation engage in problematic alcohol use. In other words, more than 5.7 crore people, or around 5.2 percent of the population, are impacted by hazardous or dependent alcohol consumption and require assistance. One in five drinkers have alcohol dependence and require immediate treatment. The following states have high rates of

alcohol use disorders (greater than 10% prevalence): Tripura, Andhra Pradesh, Punjab, Chhattisgarh, and Arunachal Pradesh.



(Source: Ambekar A, et.al, *Magnitude of Substance Use in India. New, 2019*)

The percentage of people who use cannabis problematically (i.e., in a hazardous or dependent manner) is rather low. One in eleven cannabis users (or 0.25 percent) in the country has a cannabis dependence problem. But when it comes to dependent use, bhang and ganja/charas differ significantly. While just roughly one in sixteen bhang users were cannabis dependent, this number was one in seven for ganja/charas users.

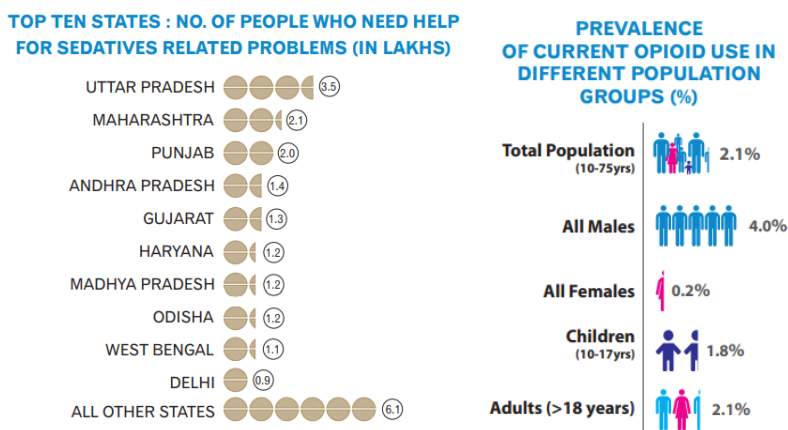


(Source: Ambekar A, et.al, *Magnitude of Substance Use in India. New, 2019*)

When compared to consumers of other opioids like opium and pharmaceutical opioids, heroin users are much more likely to be addicted to opioids. According to estimates, 77 lakh Indians, or around 0.70 percent of the population, struggle with opiate consumption. Only a few states—Uttar Pradesh, Punjab, Haryana, Delhi, Maharashtra, Rajasthan, Andhra Pradesh, and Gujarat—contribute more than half of the country's estimated 77 lakh individuals with opioid use disorders (harmful or dependent pattern). The top states in the nation, however, in terms of the

percentage of the population afflicted, are those in the north-east (Mizoram, Nagaland, Arunachal Pradesh, Sikkim, Manipur), along with Punjab, Haryana, and Delhi.

Numerous other drug users, including those who use sedatives and inhalants, also require support. About 0.20 percent of Indians in general need assistance with their sedative usage issues. According to estimates, 4.6 lakh children and 18 lakh adults in the country require assistance due to their dangerous usage or dependence of inhalants. The states with the highest percentage of kids seeking assistance for inhalant usage in terms of absolute numbers are Uttar Pradesh, Madhya Pradesh, Maharashtra, Delhi, and Haryana. Compared to the size of the country's population, the number of cocaine, stimulant, and hallucinogen users is incredibly low.



(Source: Ambekar A, et.al, *Magnitude of Substance Use in India. New, 2019*)

Around 8.5 lakh drug injectors are thought to be present nationwide. The opioid family of medicines is primarily injected by People Who Inject Drugs PWID (heroin – 46 percent and pharmaceutical opioids – 46 percent). Many PWID report using dangerous injection techniques. According to estimates, the states of Uttar Pradesh, Punjab, Delhi, Andhra Pradesh, Telangana, Haryana, Karnataka, Maharashtra, Manipur, and Nagaland have high PWID rates.

The majority of those suffering from substance use problems do not have access to treatment programmes. Only one in thirty-eight alcohol-dependent individuals report receiving any kind of treatment or assistance for their drinking issues. One in four people who use illegal substances and are addicted to them have ever sought therapy. Even fewer people with alcohol and drug issues seek hospitalization or inpatient treatment. About one in 180 people who struggle with alcoholism and one in 20 people who struggle with illicit drug addiction report receiving inpatient care.

The prevalence of alcohol usage appears to have remained consistent with previous studies of a similar nature, however a sizable percentage of Indians (more than 5%) experience

alcohol use disorders. While cannabis usage is less common than the global average, opioid use is three times more common in India than it is elsewhere, according to statistics on illegal drug use. Opium was the most common opioid used by men in India in 2004. According to this survey, not only is total opioid use higher than it was in 2004, but heroin use has surpassed opium use as the most popular opioid.

### **3.1.5.3 The Way Forward**

India requires significant investments to improve the treatment options due to the country's large treatment gap (difference between demand and availability of treatment services). This report referred above demonstrates that a significant portion of the Indian population suffers from substance use disorders and requires immediate assistance. The governmental programmes for the treatment of substance use disorders, however, fall woefully short in terms of their reach.

Protecting the youth of the nation is of paramount importance. Very often, drug use prevention is seen (erroneously) as synonymous with spreading awareness about dangers of drug use among young people. Evidence for effectiveness of awareness generations as the predominant preventive strategy, is very weak. Prevention programmes must address the risk and protective factors aimed at not just preventing substance use but ensuring that young people grow and stay healthy into adulthood, enabling them to realize their potential and become productive members of their community and society.

Findings indicate that despite the existence of strict drug control laws and a multitude of agencies working towards drug supply control, a wide variety of the controlled drugs are being used and a sizeable number of Indians suffer from addiction to these drugs. Results also indicate a shift in demand for psychoactive substances, from traditional, low-potency, plant-based products (e.g. opium) to more potent and processed products (e.g. heroin). Thus, there may be elements of drug supply control which influence the pattern of demand. The non-medical, recreational use of controlled pharmaceutical products remains a concern. There needs to be an efficient coordination between the drug supply control sector as well as the entities involved in drug demand reduction and harm reduction.

Besides, proper regulation for production and distribution control of drugs and alcohol is necessary in order to combat the issue. Along with regulations proper preventive education programmes, public awareness programmes by both governmental and non-governmental agencies for prevention of addiction is highly required. Alcohol continues to be a major income-earner for many countries. Alcoholism affects a larger section of society than drug addiction and



affects all socio-economic sections. Today there is a strong demand to view alcoholism as a serious social problem along with drug addiction.

### **3.1.6. Myths related to Drugs and Alcohol Usage**

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

***Only weak individuals become addicts:*** In actuality, the opposite is true: Addicts develop into frail people. Nobody uses drugs with the intention of becoming addicted. As we just observed, there are various reasons why people start abusing drugs. Even at that point, a drug addict has a strong will to obtain their drug supply. An addict will do anything to keep using drugs. Aside from that, motivation affects how strong a person's will is. Priority affects motivation. Chemicals are the addict's top priority since they offer him a quick fix for all of his issues. As a result, the addict selects to obtain the chemicals over any other form of gratification.

***Drugs give mental and physical strength:*** Drugs can alter a person's capacity for reasoning. As a result, he will be prepared to perform tasks that he was previously unable to complete because of drug use. Second, gaining strength is simply a temporary solution. Drugs can also make someone appear brave by assisting them in overcoming inhibitions and fears.

***Recreational use of drugs is not harmful:*** All illegal drugs are harmful. They cause physical and psychological changes in the user. Prolonged drug use leads to addiction. Besides all drugs are expensive. They make the user poor physically and financially. It also encourages drug trafficking.

***Everybody is taking drugs:*** The truth is that persons who take drugs often use this defence to justify their actions. Despite the fact that there are many drug users, the majority of individuals do not use drugs. It is challenging to deal with peer pressure, and it takes more fortitude and stamina to defend the moral high ground and to abstain from drugs. Drug use is not widespread.

***Drugs help to forget failures and painful events of life:*** The truth is that it merely aids in forgetting for the one to three hours that the chemical's effect lasts. It only functions in the short term. Burying issues alive is akin to a ghost that will one day return to haunt you.

***Drugs help to keep peer group status:*** The fact is that the peer group has no status all those who drink are drinking because they cannot stop drinking. They want to stop but cannot. The status the peer group pretends to have is unreal and unhealthy.

***Drugs improve your concentration:*** Drugs can improve mental function, but they can damage brain cells over time. Drugs are used by students and anyone who need longer periods to work or study. However, many people become addicted to drugs, and over time, they die early. Brilliant poet Byron passed away in his 20s due to alcoholism. As a result, it's important to respond carefully to any conversations that are had about using drugs.

***Consuming alcohol is normal, common, healthy and very responsible:*** Supporter of Alcohol presents "regular" drinkers as outgoing people at the center of a thriving social life. They claim that drinking alcohol is linked to good health, fortune, prosperity, tradition, and manners. Alcohol is almost usually associated with good health, sports, physical attractiveness, romance, friendships, and leisure activities in advertisements. Contrary to these myths, the reality is that regular drinkers contribute significantly to social costs of alcohol harm, consume more than the "recommended" number of units, and are linked to a variety of negative outcomes such as unemployment, productivity loss, violence, suicide, child abuse, NCDs, poverty, and other drug use.

***Darker drinks are healthier:*** There is a misconception that alcohol with deeper hues is healthier. However, the truth is that while dark alcoholic beverages like bourbon and whiskey may have more compounds that are healthy for the body, they also include more harmful substances that worsen hangovers. Since flavonoids have a strong anti-inflammatory effect on the body, dark beers actually contain more of them than light beer. Red wine contains higher polyphenols than white wine; these compounds function as blood antioxidants in preventing heart disease, cancer, and other potential ailments. However, darker liquids also contain larger concentrations of congeners, harmful substances produced by fermentation. Although they are not fatal, they might worsen a hangover, so you might feel like you're going to die. In fact, a study compared the reported symptoms of hangover in individuals who drank the same amounts of dark bourbon and vodka. Bourbon drinkers complained of more severe hangover symptoms.

***Drinking is a Good Way to Take the Edge Off Chronic Pain:*** Alcohol is occasionally used by people with long-term (chronic) pain to lessen their suffering. There are a number of reasons why this might not be the best option. Painkillers and alcohol should not be combined. The chance of developing liver issues, stomach bleeding, or other issues may rise when alcohol is consumed alongside painkillers. It makes alcoholism more likely to develop. Most people require more than a moderate amount of alcohol to feel better. Additionally, as one builds up a tolerance to alcohol, they will need to consume more to have the same level of pain alleviation. Drinking that much raises the possibility of developing alcohol use disorders. Chronic (long-

term) alcohol use can make pain worse. Alcoholics experiencing alcohol withdrawal symptoms may experience increased sensitivity to pain. Additionally, prolonged heavy drinking might really result in a specific sort of nerve discomfort.

***Alcohol Gives You Warmth:*** Alcohol can make you feel warm, but it doesn't actually warm your body up. Your blood vessels may widen as a result of drinking, boosting the blood flow. More blood starts to flow to your skin as a result, giving you the sensation of a warm hug. However, when you drink, your body actually loses heat more quickly, making you feel cooler. Alcohol is also a diuretic. As a result, your body will lose more water, which could make you feel dehydrated. Therefore, exercise caution when drinking outside in the cold and refrain from mistaking a glass of whisky for a warm blanket.

***Beer is good for your hair:*** Have you noticed the countless banners hawking beer shampoos and other hair care items that claim to have more alcohol than your drinks? Do you find it surprising that there is no proof, according to science, that beer makes hair better? While beer is a great beverage to enjoy with friends while sharing stories and conversations, it should not be used as a shampoo or self-care product. Applying or ingesting it has no clinical benefit for your skin and hair.

***God and sages used to drink so we can drink:*** Some people say in the Vedic times, gods used to drink Soma drink which was an intoxicating drink. Hence, there is no problem with drinking alcohol. It is a fact that there are references in ancient literature regarding consumption of liquor. But at the same time, they also speak against the alcohol consumption. Drinking the spirituous liquor called *Sura* is considered as a mortal sin (mahapataka)". There are many other scriptures like Brahmanas and Sutras that condemn the consumption of liquor as well as allow on some occasions. The Chandogya Upanishad clearly states that drinking alcohol is one of the five biggest sins. Therefore, we can say that consumption of alcohol is prohibited in Hinduism. Whatever it may be we are living in modern scientific age. We understand the medical problem associated with alcohol. Hence, it is necessary to debunk traditional myths and protect our own health.

As drug use has spread throughout the world, myths have grown and facts have been distorted and subjected to ridicule. Wrong information about drugs as well as alcohols and their effects is common among the public. Governments, scientists, experts, and others have only limited success communicating accurate information. Individuals often begin taking drugs as an experiment, with the belief that the substances are not dangerous. If the drug gives the effect that the individual is seeking then the user's lack of knowledge about the health consequences

permits continued use. By the time the dangers are fully realized, it is too late for that person to stop taking drugs or to reverse the damage.

### **3.1.7 Health Hazards Associated with them and how they have become silent killers**

Abusing substances harms a person's physical, psychological, and emotional health. His or her social connections deteriorate and their financial situation deteriorates. A individual starts using drugs to try to overcome his issues. They don't decrease; they just keep becoming bigger. Drugs harm the body's essential organs, including the liver, brain, heart, kidneys, etc. In this state, he cannot support himself and requires a large sum of money to keep getting narcotics. Addiction to drugs and alcohol has major health consequences in addition to social and economic risks.

#### **3.1.7.1 Health Consequences of Drug Abuse**

Alcohol and drug consumption has been identified as an important risk factor for illness, disability, and mortality. They are health damaging. The extent, degree and the type of health damage related to alcohol and drug use depend upon the drug type, period of use, route of use, amount of consumption, adulterants in street samples, and other high risk behaviors.

According to World Drug Report, 2021 published by the United Nation Office on Drugs and Crime (UNODC) in 2019 approximately half a million (5,00,000) deaths occur worldwide due to drug abuse. Further the report reveals that in 2019, 18 million healthy life were lost owing to drug use disorders. More than half of the deaths were due to liver cancer, cirrhosis and other chronic liver diseases resulting from hepatitis C, but the increase reflects, in part, the rise in overdose deaths attributed to use of opioids such as fentanyl. Deaths related to drug use disorders have nearly doubled over the past decade, far outstripping any increase in the number of users, suggesting that drug use has become more harmful. The official rates quoted are much lower. Most of the countries do not have adequate reporting facilities for reporting damages caused by drug abuse.

Drugs like heroin can cause death due to overdose. Alcohol overdose does not lead to death. Long-term period of drug use is a health hazard. Most of the addicts who use narcotics and stimulants die prematurely. Alcohol and cannabis users take a long time to get addicted, so health problems occur late in life. Drugs that are orally taken have less chance of leading to overdose. In case of an overdose, the person vomits, and thus the toxic reaction is slowed down. Adulteration of drugs has caused severe health problems. Often drugs are adulterated with very

poisonous substance to increase their quantity and potency. Rat poison, DDT and other poisonous ingredients are reported to be found in the drugs sold in the street.

Abuse of drugs encourages dangerous behavior. A person who uses hallucinogens may experience a misleading sense of time, space, and sound. The usage of hallucinogens results in a lot of accidents. It is a proven fact that drug usage lowers one's resistance to illness. The ability to fight infectious diseases, such as bacterial, viral, or parasite infections, can be lowered by drinking and medication usage. The following facts have been discovered after extensive study in the fields of immunity and drug abuse for many years: Drug misuse decreases the body's resistance to disease, decreases the creation of antibodies that fight disease, slows the immune system's response time, and decreases the body's capacity to successfully fight disease.

### **3.1.7.2. Health Hazards Related to Alcohol Consumption**

More than 30 conditions listed in the WHO's International Classification of Diseases, 10th Edition (ICD-10) (WHO 2007) include the term "alcohol" in their name or definition, indicating that alcohol consumption is a necessary cause underlying these conditions. This group's most important disease conditions are alcohol use disorders (AUDs), which include alcohol dependence and harmful use or alcohol abuse. Disease and injury conditions for which alcohol consumption is a component cause contribute more to the global burden of disease than do alcohol specific conditions. Overall, the following are the main disease and injury categories impacted by alcohol consumption (listed in the order of their ICD-10 codes).

**Infectious Diseases:** Alcohol consumption has a detrimental impact on key infectious diseases such as tuberculosis, infection with the human immune-deficiency virus (HIV) and pneumonia.

**Cancer:** The Monograph Working Group of the International Agency for Research on Cancer concluded that there was sufficient evidence for the alcoholic beverages as carcinogenic to humans. Now it an established fact chronic alcohol consumption is a strong risk factor for cancer in the oral cavity, pharynx, hypo pharynx, larynx and esophagus and is also a major etiological factor in hepato carcinogenesis. Alcohol also increases the risk for cancer of the colorectal and the breast.

**Diabetes:** Higher consumption of alcohol is associated with an increased risk of diabetes. Detrimental effect of diabetes has been found starting at about four standard drinks (50 to 60 grams of pure alcohol) per day.

**Neuropsychiatric Disorders:** With respect to neuropsychiatric disorders, alcohol consumption has by far the greatest impact on risk for alcohol dependence. However, alcohol also has been associated with basically all mental disorders. The relationship between alcohol and epilepsy is much clearer. There is substantial evidence that alcohol consumption can cause unprovoked seizures. Most of the relevant studies found that a high percentage of heavy alcohol users with epilepsy meet the criteria of alcohol dependence.

**Cardiovascular Disease:** The overall effect of alcohol consumption on the global cardiovascular disease burden is detrimental. The effects of alcohol on the cardiovascular system are well documented and range from the protective effects of light drinking for ischemic stroke and coronary disease through to the increased risk from heavy drinking for hemorrhagic stroke, cardiomyopathy, hypertension and cardiac arrhythmias. Alcohol consumption mainly has harmful effects on the risk for hemorrhagic stroke, which are mediated at least in part by alcohol's impact on hypertension.

**Diseases of the Liver and Pancreas:** Alcohol consumption has marked and specific effects on the liver and pancreas, as evidenced by the existence of disease categories such as alcoholic liver disease, alcoholic liver cirrhosis, and alcohol induced acute or chronic pancreatitis. Worldwide alcohol is one of the most important reasons for an end-stage liver disorder. Alcoholic fatty liver is generally asymptomatic and may produce no changes in liver function tests other than those related to the direct effect of the alcohol on liver function in the early stages. It may, however, present with right abdominal pain, nausea and vomiting, which resolve on abstinence. Alcoholic hepatitis and cirrhosis result from chronic alcohol abuse. Alcoholic hepatitis produces liver cell necrosis and inflammation. Cirrhosis involves a permanent loss of liver cells, which are replaced by fibrosis with loss of the normal liver architecture. The clinical presentation is with jaundice, pyrexia, right abdominal pain, ascites and possible encephalopathy. In patients with poor liver function and a prothrombin time prolonged to a degree which precludes liver biopsy, the prognosis is poor, with a third of patients dying in the acute episode. Acute and chronic pancreatitis and gastritis and peptic ulcer are other gastrointestinal consequences of alcohol abuse.

**Unintentional Injuries:** The link between alcohol and almost all kinds of unintentional injuries has long been established. The acute effects of alcohol consumption on injury risk are mediated by how regularly the individual drinks. People who drink less frequently are more likely to be injured or to injure others. There also is a clear link between alcohol consumption and aggression, including, but not limited to, homicides.

**Reproductive disorders:** In premenopausal female alcoholics, there is an increase in the frequency of menstrual disturbances, abortions and miscarriages and infertility. Regular consumption of alcohol during pregnancy may affect the foetus. The abnormalities range from growth retardation to Fetal Alcohol Syndrome (FAS). Children with FAS have reduced body weight and height, are hyperactive and have subnormal intelligence. Their faces may be recognized by short palpebral fissures, short upturned noses, mid facial hypoplasia, low nasal bridge and a thin upper lip. Studies of male alcoholics have reported that alcohol consumption may affect spermatogenesis and spermatogenesis and cause reduced sperm counts.

### 3.1.7.3. Alcohol, Drug Use and HIV/AIDS

Alcohol dependency is a common phenomenon. In India we do not have reliable statistics about the relationship between drug abuse and HIV/ AIDS. Yet the injecting drug users report that drug and alcohol use precipitates risk behavior that leads to HIV transmission. It is true that alcohol and drug use do not cause infection with HIV. Mood altering drugs may, however, be co-factor. The biggest concerns that relate alcohol and drug use to HIV infection and the development of AIDS are listed below:

1) People drunk or taking drugs are likely to engage in risky behavior that leads to HIV infection.

2) Persons with lowered immunity due to their previous alcohol and drug use may be more likely to become infected with HIV when exposed.

3) Persons already infected with HIV may continue to destroy their immune system through drug and alcohol use.

4) Persons using alcohol or drugs may be more likely to participate in unsafe sexual behavior, increasing the risk that they will be exposed to HIV-or if they are already exposed, that they will increase the risk of transmitting HIV to others or becoming re-infected themselves.

Drug users share needles to push drugs. If one of the persons in the group is infected the others in the group are sure to be infected by the needle they share. Some of the drug users are likely to experiment with risky sexual behaviors with the same sex as well as the opposite sex. This increases the risk of infection.

*Addiction is the only disease that tells you that you don't have a disease." Jason Z. W. Powers*

Alcohol and drugs are silent killer. Their consumption slowly damages internal organs of human body without any apparent major signs or symptoms for early detection. Drugs and

alcohol can affect every organ of the human body; however, some organs such as liver, heart, pancreas and brain are more prone to severe damage. Hence, it is important not to ignore the warning signs of alcoholism and drug abuse before it is too late to reverse the health condition.

Even when the ill-effects of alcoholism and consumption of deadly tobacco products are very well evident in our society, citizens continue to reel under the menace of these silent killers. Commercialism, it seems, has overtaken health interests. The lackadaisical attitude of the people and the society in particular leaves no doubt that we are not serious about this menace which will hit us in the long run if steps are not taken now. We are seeing more of the young addicted to alcohol, drugs and tobacco. Usually, tobacco use is combined with alcoholism or recreational drug abuse. Prevention is better than cure.” The need of the hour is to see that all the concerned people should work together and be determined to get rid of these social evils, forever.

### **3.1.8. Let us sum up**

This unit began with definitions and explanations of different concepts related to alcoholism and drug abuse, such as the meaning of the term’s drugs, alcohol, drug abuse, and the concept and causes of alcoholism and addiction. Then a brief description of the extant of the menace of alcoholism and drugs abuse in India has been presented. Some myths favoring drugs abuse and alcohol consumption as prevailing in the society are dealt with and debunked. The unit ended with a discussion on health hazards associated with drugs and alcoholism and how they are becoming a silent killer in human society. We have learnt that alcoholism and drug abuse are complex social problems. It is a problem of society, family and the individual, and, therefore, it requires joint efforts of the government institutions, which includes health education and social welfare, voluntary organizations, legislative and political bodies, community at large, and the affected families to find solutions to this problem.

### **3.1.9. Key Words**

**Addiction:** Inability to lead a regular life in the absence to use of the chemical substance; is defined as a disease.

**Alcohol :** A drug that is addictive and affects the way the body and mind works.

**Alcoholism :** A chronic illness involving excessive and repeated drinking beyond customary use, such that it interferes with work, family, social and economic life of person.

**Cannabis :** Drugs produced from different parts of hemp plant.



**Dependence** : The body cannot perform its normal functions without taking the drug (physical).  
One constantly thinks about the drug, its use, how to get the drug and one is unable to emotionally lead a normal life without taking the drug (psychological)

**Depressants** : Drugs that slow down the activity of the brain.

**Drug** : Any chemical substance which when put into the body affects the way the body works and the mind thinks due to chemical reactions in the brain.

**Drug Abuse**: The use of chemical substances (medicinal and non-medicinal) in an amount, strength, frequency or manner that damage the physical or mental functioning.

**Hallucinogens**: Drugs that change the way we see, hear and feel.

**Opiates** : Drugs obtained from opium or artificial substitutes that have opium-like effects.

**Stimulants** : Drugs that give a feeling of excitement as they increase the activity of the brain.

**Tolerance** : The need for more quantity of the drug and frequent use of the drug to produce the same effect from the drug, as earlier.

**Withdrawal Symptoms** : Painful physical reactions ranging from physical discomfort to severe vomiting and cramps, when the drug consumption is suddenly stopped, in the case of an addict.

### 3.1.10. Check Your Learning

#### Q.1. Definitional Type

- a) Addiction
- b) Drug Abuse
- c) Alcoholism
- d) Drug Trafficking
- e) Depressants
- f) Drugs Tolerance
- g) Tolerance

#### Q.2. Analytical Type

- a) Define drug addiction as a disease.
- b) What are the different types of drugs? Discuss with example.
- c) What is denial? How does it promote addiction?
- d) Discuss the socio-cultural and environmental causes responsible for addictions.
- e) In what way Individual or Psychological Causes leads to addiction?

#### Q.3. Essay type

- a) Discuss the different stages of drugs addiction and alcoholism.
- b) Define drug addiction and alcoholism. Discuss the causes responsible for addiction of drugs and alcohol.
- c) Examine and debunked the myths associated with drug addiction and alcoholism in India.
- d) Discuss the health consequences of drugs and alcohols on human body and mind.
- e) “Addiction is the only disease that tells you that you don’t have a disease” elaborate the phrase with the idea that addiction of drugs and alcohol as a silent killer in human society.

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## **3.2. Socio-Economic Impact of Drug Abuse**

### **3.2 Objective**

#### **3.2.1 Introduction**

#### **3.2.2 Definition and important concepts**

**3.2.2.1 What is Socio-economic impact of drug?**

**3.2.2.2 What is Tobacco Addiction?**

**3.2.2.3 What is alcoholism?**

#### **3.2.3 Social Impact of drug**

**3.2.3.1 Impact of drug on family and community**

**3.2.3.2 Impact of drug on health**

**3.2.3.3 Impact of drug on Education**

**3.2.3.4 Impact of drug on crime**

**3.2.3.5 Impact of drug on work**

**3.2.3.6 Impact of drug on environment**

#### **3.2.4 Economic Impact of Drug**

**3.2.4.1. Impact of drug on Public safety**

**3.2.4.2 Impact of drug on Governance**

#### **3.2.5 Impact of drug and tobacco addiction and alcoholism**

**3.2.5.1 Loss of physical and mental strength**

**3.2.5.2 Loss of character**

**3.2.5.3 Loss of family ties and relationship**

**3.2.5.4 Loss of earning and livelihood potential**

**3.2.5.5 Loss of societal respect and dignity**

#### **3.2.6. Let us Sum Up**

#### **3.2.7. Key words**

#### **3.2.8. Check Your Learning**

#### **3.2.9 Suggested Reading**

## **3.2 Objectives**

Drug abuse is one of the major socio-economic problems affecting the physical and mental life of individuals and society. Substance Abuse or Drug Abuse means an over indulgence in a drug or other chemical substances. Addiction and use of drugs is increasing in the society day by day. This leads to a disease prone society and affects all aspects of human life. So, one has to understand how drugs are affecting the social harmony of the nation, society, individual and the world at large. This chapter will make you

- Understand about the socio-economic impact of drug abuse
- Appreciate how drug addiction affects the social and individual life
- Enable you to identify the economic loss due to drug abuse

### **3.2.1 Introduction**

Drug abuse is a major social issue. Today there is no part of the world which is free from drug abuse. India is also caught in this vicious problem of drug abuse. Drug addiction causes a huge cost on human resources as well as it promotes illegal production and distribution of drugs. Drug abuse has a direct impact on social and economic aspect of the nation. The impact of drug is realized in workplace, family and the society. It results in violence at home and gang wars in cities, increase crimes and even stresses the public health system and we find young mass addicted to drugs. It leads to unsafe life. Drug addiction not only breaks the family harmony but also puts high economic burden on the society. The economic impact due to Drug abuse is immeasurable. The use, production and marketing of drugs, emergence of a class of drug consumers is a huge challenge for mankind. It ultimately leads to unemployment, weak human resources, weak brain power, unhealthy society and increasing crime at large. The socio-economic impact is associated with the expenditure incurred. We need to design a policy to prevent drug abuse. We must develop a prevention strategy and we need to educate the youth and protect the human resources. The impact is felt in various domains of life such as: family, industries, workplace and economy of the country.

According to UNDCP report, the economic effects of drug abuse can be measured in two forms, i.e. cost of government drug enforcement polices and the lost human productivity such as lost wages and decreased production that results from illness and premature deaths related to drug abuse. There are many hidden costs relating to disturbance in social life, wastage of young energy and increased crimes.

**Here are five facts about drug abuse in India:**

1) When the Punjab state government commissioned a [drug abuse study in 2015](#), it found that 230,000 people in the state were drug users. That translated to 836 drug users per 100,000 people in the state. The All India number is 250 per 100,000 (for 2012), according to the Ministry of Social Justice and Empowerment. Even the figure of 250 drug abusers per 100,000 is very high when compared to [other countries](#).

2) In India, cannabis, heroin and opium are the most commonly used drugs. But there is an increasing prevalence of methamphetamine too. The number of users who inject drugs has also gone up substantially. There are [one million heroin users](#) registered in India according to a UN report. But unofficial estimates suggest 5 million is a truer figure.

3) According to the [National Survey on Extent and Pattern of Substance Use in India](#) in 2019, about 2.1% 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, and pharmaceutical opioids.

4) The [national survey of 2019](#) also showed that about 2.8% of Indians aged 10-75 years (3.1 crore individuals) were using cannabis as bhang, ganja and charas.

5) But what is alarming is the number of suicides due to drug abuse and alcohol addiction has more than doubled in the last decade in India. In the year 2010, [3,343 cases of suicides](#) were reported, and the number increased to 7,860 suicides in 2019.

## **Major findings of Survey by AIIMS at National and State level:**

### **A. Alcohol :**

- i. At the national level, about 14.6% of people (among 10-75 year old) are current users of alcohol, i.e. about 16 Crore people. Prevalence is 17 times higher among men than women.
- ii. Among people consuming alcohol in India, Country liquor ('desi') (about 30%) and spirits (IMFL – Indian Made Foreign Liquor) (about 30%) are the predominantly consumed beverages.
- iii. About 5.2% of Indians (more than 5.7 crore people) are estimated to be affected by harmful or dependent alcohol use. In other words, every third alcohol user in India needs help for alcohol related problems.
- iv. States with the high prevalence of alcohol use are Chhattisgarh, Tripura, Punjab, Arunachal Pradesh and Goa.
- v. States with high prevalence (more than 10%) of alcohol use disorders are: Tripura, Andhra Pradesh, Punjab, Chhattisgarh, and Arunachal Pradesh.

### **(b) Cannabis :**

- i. About 2.8% of Indians (3.1 Crore individuals) report having used any cannabis product within past 12 months (Bhang – 2% or 2.2 crore people; Ganja/Charas – 1.2% or 1.3 Crore people).
- ii. About 0.66% of Indian (or approximately 72 lakh individuals) need help for their cannabis use problems.
- iii. Though bhang use is more common than ganja/charas, prevalence of harmful/dependent use is proportionately higher for ganja/charas users.
- iv. States with the higher than national prevalence of cannabis use are Uttar Pradesh, Punjab, Sikkim, Chhattisgarh and Delhi.
- v. In some states the prevalence of cannabis use disorders is considerably higher (more than thrice) than the national average (e.g. Sikkim, Punjab).

**(c) Opioids :**

- i. At the national level, the most common opioid used is Heroin, (current use 1.14%) followed by Pharmaceutical opioids (current use 0.96%) and then Opium (current use 0.52%).
- ii. Prevalence of current use of opioids, overall is 2.06% and about 0.55% of Indians are estimated to need help for their opioid use problems (harmful use and dependence). More people are dependent upon Heroin than Opium and Pharmaceutical Opioids.
- iii. Of the total estimated approximately 60 lakh people with opioid use disorders (harmful or dependent pattern) in the country, more than half are contributed by just a few states: Uttar Pradesh, Punjab, Haryana, Delhi, Maharashtra, Rajasthan, Andhra Pradesh and Gujarat.
- iv. In terms of percentage of population affected, the top states in the country are those in the north east (Mizoram, Nagaland, Arunachal Pradesh, Sikkim, Manipur) along with Punjab, Haryana and Delhi.

**(d) Sedatives and Inhalants :**

- i. About 1.08% of 10-75 year old Indians (approximately 1.18 crore people) are current users of sedatives (non-medical, non-prescription use).
- ii. 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.
- iii. Inhalants are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17%) than adults (0.58%).
- iv. At the national level, an estimated 4.6 lakh children and 18 lakh adults need help for their inhalant use (harmful use / dependence).
- v. In terms of absolute numbers, states with high population of children needing help for inhalant use are: Uttar Pradesh, Madhya Pradesh, Maharashtra, Delhi and Haryana.

**(e)** Cocaine (0.10%) Amphetamine Type Stimulants (0.18%) and Hallucinogens (0.12%) are the categories with lowest prevalence of current use in India.

**(f)** Nationally, it is estimated that there are about 8.5 Lakh People Who Inject Drugs (PWID). High numbers of PWID are estimated in Uttar Pradesh, Punjab, Delhi, Andhra Pradesh, Telangana, Haryana, Karnataka, Maharashtra, Manipur and Nagaland. Opioid group of drugs are predominantly injected by PWID (heroin – 46% and pharmaceutical opioids – 46%). A substantial proportion of PWID report risky injecting practices.

**Access to treatment Services:** In general, access to treatment services for people affected by substance use disorders is grossly inadequate. Just about one in 38 people with alcohol dependence report getting *any* treatment. Only about one in 180 people with alcohol dependence report getting inpatient treatment / hospitalization for help with alcohol problems. Among people suffering from dependence on illicit drugs, one among 20 people has ever received inpatient treatment/ hospitalization for help with drug problems.

### **Key Take home Facts**

- **No single factor can be identified as a contributor to substance use in society.**
- **Multipliable factors interplay with each other to bring substance use among individuals.**
- **Adolescents are more prone to substance use.**
- **Genetic factors, mental health issues, and environmental issues contribute significantly to making one prey to substance use.**
- **Family discords, community acceptance, failures in life and academics, peer pressure, and ganging are some of the prime reasons which propel individuals to resort to substance use.**
- **However, it needs to be kept in mind that substance use is a reflection of poor personality and strong willpower can enable an individual to get out of its grip.**
- **Adolescents need to realise that “It is not substances that can make them their servants, but it is individuals’ strong self-confidence and determination that can help them to fight against substances.**



## **3.2.2 Definition and important concepts**

### **3.2.2.1. What is Socio-economic impact of Drug?**

In simple terms socio-economic impact of drug abuse means undesirable or negative changes in the social fabric due to drug abuse; it also includes negative economic impact on individual, society and Government. It has many aspects. Use of drug by common people leads to many social consequences such as – Instability in family relationship, Domestic Violence, Crime prone life, Reduction of sense of belongingness to the family and the society. There is also lack of social harmony and happiness within the family. On the other hand, family plays an important role in the life of an individual. Family members have a strong bond with each other, they support each other, face crisis together and affect the behavior and attitude of each other. Once any member becomes a drug addict the entire family is negatively affected. The family can play a major role in preventing drug addiction within the family. Further even if unfortunately a member becomes a drug addict, de-addiction is impossible without the support of the family. Doctors alone cannot cure a drug addict without the support of the family. Use of drugs by any family member particularly the parents and the elders negatively affect the young ones. Weak family link also reduces its influence for preventing drug abuse. It has been found that use of drugs by elders leads to use by youngsters. Use of drugs by a family member creates a vicious circle of drug users and its leads to a drug prone society.

### **Definition of Social impact**

Social impact can be both positive and negative.

Social impact is defined as

- “Any significant or positive changes that solve or at least address social injustice and challenges”
- Social impacts have been continuously bringing changes in many parts of our lives
- Social impacts can be derived from many sources such as business, science and technology, politics and climate changes etc. Say, use of mobile phone has brought many social changes. *A student can write 500 words on impact of mobile phones on the society.*

Drug abuse directly affects the society and destroys the family life. Thus, young men should protect the family life by creating awareness and preventing drug addiction.

### **3.2.2.2 What is Tobacco Addiction?**

The term Tobacco addiction means when a tobacco consumer has been using it for a long period of time and cannot give up such use. Tobacco contains nicotine which is poisonous. Nicotine creates dependence. Nicotine produces pleasing effects in the brain. Though it is temporary in nature but an addicted person is tempted to consume it again for that pleasing effect. This addiction cannot be easily given up. In fact, it creates dependence.

Tobacco is the common name for tobacco product from several plants. They are known as “Genus Nicotiana”. More than 70 species of tobacco are available in nature. The chief commercial crop is *N. tabacum*. It is generally used in dried form especially in cigarettes and cigars. There are many Indian variants like *bidi*, *sutta*, *nasa* or snuff etc. It contains highly addictive stimulant which makes the person to consume it time and again. Tobacco use is highly risky for human body. It directly damages lungs, heart, liver and also leads to cancer. Nicotine dependence affects our body. Which include:

- Lung cancer
- Variety of cancers
- Heart and circulatory problems
- Diabetics
- Eye problem
- Infertility and impotence
- Complications during pregnancy
- Cold, flu and other illness
- Infections
- Hearing loss
- Chronic respiratory problem
- Osteoporosis
- Dental problems
- Irregular periods of women

The tobacco smoker also negatively affects the health of other people. People living with the smokers are periodically exposed to them and are known as passive smokers. In fact, even though they are not smokers they are forced to inhale the toxic smoke and as such can suffer from all the above health problems. Smokers create group of smokers. They in fact create peer pressure on their friends and force them to smoke. Social smokers become addicts in course of time. Tobacco consumption leads to pre-mature death. The society has the sacred responsibility of promoting a tobacco free society.

In Odisha and many other parts in India people consume *paan*. It contains many harmful substances like tobacco and beetle nut. This is also quite harmful. In addition people spit out the liquid and negatively affect cleanliness. Other tobacco product includes *gutka* which is very dangerous.

### **3.2.2.3. What is alcoholism?**

The word “alcoholism” means addiction to the consumption of alcoholic drink. In other words, it is alcohol dependence. An addicted alcoholic is forced to drink by habit. Alcohol addiction has a direct impact over the society. Such a person starts stealing to pay for it. He becomes a habitual liar. He hides alcohol. He loses his sense and has no control over his behavior. He even has very little control over his motor action (say walking). He suffers from frequent irritation. He suffers from increased heart rate, nausea and vomiting. Alcoholism or alcohol addiction leads to many unhealthy behaviors and also health problems. There are physical, mental and social problems faced by the alcohol addicts. The following problems are faced by alcohol addicts.

- The inability to control alcohol intake
- Obsession with alcohol
- Their behavior is unacceptable to the society
- They socialize with other alcohol addict
- Getting drunk in workplace and home
- Having frequent blackouts
- Drinking daily
- Negative drunken behaviors
- Inability to imagine their life without alcohol
- Using alcohol as the reward of life

These are the common behavioral problems of the alcohol addicts. Therefore, one should seek professional help when trying to quit their drinking habit. Depression, anxiety, low self-esteem and enjoyment lead to drinking. None of these is justified. In fact, drinks will not help to reduce depression and low self-esteem. It does more harm than good. The enjoyment part is also not true. In fact, the so called enjoyment is only a kick for a short time. This outbalances the enjoyment. There are social smokers and drinkers. Who in course of time become habitual drinkers and smokers?

### **3.2.3. Social Impact of drug**

#### **3.2.3.1 Impact of drug on family and community**

Family is the basic unit of the society. The harmony of the family depends on the family members. When one member of family becomes drug abuser then he disturbs the entire family harmony. Every family member suffers due to a single drug abuser. It affects the life style, behavior, personality formation of the children and also financial condition of the family. The money spent on drugs can be put to better use. Amongst the poor the spending on drugs deprives others from food. The nation also pay heavy price in terms of workforce and from economic point of view relating to absenteeism, lack of performance and accidents at work place are the common problems created by the drug abusers. The drug abusers show criminal attitude in family. It ultimately breaks down the family bondage.

Parents of young drug abuser suffer a lot. Parents cannot face the child who is taking drugs and behaves abnormally. When the younger ones observe the elders using drugs, they wrongly assume that drug abuse is an accepted behavior. The family members ultimately accept this with anger, fear, shame and embarrassment. Drug abuser in family generally shows socially unacceptable behaviors, violence, aggression, irresponsibility and selfishness. Many addicts also indulge in gambling. Drug addicts in the family affect children negatively. They create fear amongst children. When the children grow up many of them take drugs. The negative attention of the society also spoils child's life. This vicious circle of parent children becoming drug addicts must be broken. The drug addicts and their children suffer from loss of identity, depression and low self-esteem. Only a healthy family creates a healthy society.

### **Domestic Violence**

- **Men who commit domestic violence also have problems with substance misuse**
- **Research indicates that up to 75% of individuals who suffer from substance use disorder are engaged in physical assault, mugging, using a weapon to attack their wives at home, and committing other violent crimes when prevented to take substances**
- **Alcohol caused approximately 90,000 domestic violence deaths worldwide**
- **Alcohol or drug use is involved in 40-60% of domestic abuse situations. More than 30 percent of men are drunk at the time they commit a domestic assault, and 90 percent abuse substances on the same day, with alcohol**
- **More than half of the individuals who abuse their elder parents (age 60 or older) are dependent on alcohol or drugs**
- **Each year, about 300,000 victims of violent assaults report that their attackers were under the influence of alcohol**

## **Substance abuse has serious impacts on a family**

- **Parent's substance abuse problem, affects child's development. This is especially serious in single-parent households where the children have no one else to turn to. Parents become divorced from their core responsibilities toward their children and the children's needs become unmet. Many children fail to enjoy their childhood rights with substance-using parents. They miss out on education, health care, and nutritional support due to financial misery and the lack of parental attention. This affects their mental and emotional development. Deprivation and disadvantages mar their future lives. There develops a strong correlation between addiction and an increased risk of child abuse. Research has revealed that children with substance disorder parents have a higher chance of getting into substance use and addiction later in life.**
- **Family lives on trust. When a substance abuser emerges in a family this trust is lost and this proves dysfunctional for the family. This brings broken marriages and broken and disordered family ties between parents and children, spouses and siblings.**
- **Family stress remains very high when there are substance users in a family. The focus is lost and the family fails to discharge its normal and vital functions for the individual inmates and the society at large.**
- **Substance abuse is responsible for bringing financial instability and challenges to families. Addiction drains out the resources from the family. Additionally, the substance abuse problem is likely going to cause the individual to lose their job due to poor performance or attendance. This brings a financial crunch for the families. The family fails to satisfy the basic needs of its members. Many times, they get into debt traps.**
- **Substance abusers are likely to put everyone around them on edge. They indulge in physical and emotional abuse. They become the perpetrators of abuse and they themselves become vulnerable to violence as victims. Child substance abusers get into criminal activities.**

### **Key Learning Outcomes**

**Substance use disorders have heavy consequences for communities.**

- **They affect community solidarity.**
- **They increase crimes which is a negation to community safety. Thus, substance uses on a mass and massive scale generates risky communities.**
- **Substance use leads to school dropouts and poor learning outcomes.**
- **They affect community health by having a repercussion on individual health.**
- **Heavy alcoholism and drug addiction bring violence against women.**
- **They create burdens on the community exchequer by demanding more police service with personnel and jails.**

**They bring issues** like unemployment, poverty, and hunger

### **3.2.3.2 Impact of Drug abuse on Health**

Health is an important indicator of healthy family and society. Health is wealth. It is wisely said that the closest friend of a person is his body. We require a body, a healthy body. Hence every one of us has to take care of our body and mind. Healthy body and healthy mind makes a person wealthy and wise. Drug abusers suffer from physical and mental illness. The drug abusers behavior and food habits are not acceptable. Their immunity condition or ability to fight diseases are low. The continuous use of any drug destroys brain cells and leads to other physical problems. The physical effect of drugs varies as per the chemical property. All types of drugs have side effects. In fact, drug abuse leads to ill health. The damage to health depends on the followings factors:

- Drug intake quantity
- Drug type
- Period of drug use
- Amount of drug consumption
- Channel of drug use
- Alternant use in drug
- High risk chemicals in the drug

The survey report by Fischer in 1994 revealed that every year approximately 2, 00,000 deaths occur all over the world as a result of drug abuse. Over dose and long use of drugs leads to risky and abnormal behavior. Adulteration and use of chemicals in drugs cause severe health problem. In fact, the body system weakened with the impact of drugs. Abstain from drug use, the drug abuser behaves madly and creates disturbances. So, it is evident that the drug has direct effect over the health and body system. The drug makes the person feel better, confident, free from anxiety, stress and worries. Subsequently after continuous use a stage will come it will not give any pleasure to the body and the drug abuser is not able to stop taking the drug rather addicted. The drug abuser requires it on regular basis. It directly affects the central nervous system of the body and results in weak cognitive functioning of the brain. It results in untimely death of the abuser.

### **3.2.3.3 Impact of Drug on Education**

Drug abusers are irregular in attending college and university. They lose concentration and learning ability. Drugs negatively affect their performance in examination. Yet education is the only medium through which the society can be developed and enriched. It is generally believed that education and awareness is an important tool of intervention for prevention of drug abuse. To prevent the negative impact of drug abuse, preventative education should be provided at every level of educational system. Preventative education is a slow process which will produce positive results. There is no shortcut solution to the problem.

Drug and alcohol abuse are important problems which affects the education of young mass. Many educators realized that drug and alcohol abuse amongst students are significant barriers to the achievement of educational objectives. The fact is that school and colleges don't have the power to stop smoking, alcohol drinking and sex or other abuse. They can only create awareness, educate the students about the prevention process and also try to control students' activities. One must think about the role of teachers, parents and mentors to prevent

drug addiction among the students or young mass. The young generation should be trained and motivated to lead a healthy life and create a healthy society, free from drug abuses.

The health problem of the drug abusers initially affects the individuals, himself, then it affect the family and finally the society in general. The cost of the drug is high and it involves a heavy price. Most of the times the user is not able to pay for it. And as such it becomes a strain on individual and family finances. De-addiction treatment will also involve a cost. Generally the addict develops other health issues discussed earlier which involves an expensive treatment. The public health system in India is already suffering from resource crunch. This additional cost is a strain on public health system. It is like a vicious circle. Needle sharing by drug users leads to AIDS and other diseases. The young mass who are addicts must understand the ill impact of drug on health and seek consultation with doctors to save their own life.

### **3.2.3.4 Impact of Drug on Crime**

Crime and drug are like two sides of a single coin and are related. Illegal production, distribution, possession, procurement and consumption of illicit drug result in criminal offences. Drug related crime includes trafficking of drugs, violent conflicts, murder, robbery and violent competition among rivals for manufacturing and marketing drugs. Data from 1975 to 1989 proves that drug related crimes are the fastest growing crimes. The drug abusers are generally involved in criminal activities. These are four kinds of crime related to drug abuse

- Crime committed by drug abuser to obtain drugs
- Crime committed by drug peddlers/suppliers
- Crime by drug business owners to protect their business
- Financial crimes like money laundering, robbery, and murder for money
- Crime is the illegal manufacture and trade of drugs

Drug and crimes go together. A total drug free nation can be thought off, if the young mass will create a movement of not touching drugs. There is a global concern to prevent drug consumption. Every nation has started working on this front. The process begins with educating the young and spreading awareness about the ill effect of drugs. Prohibition laws and rules are the legal tools to protect the society but this is not enough. Freedom from drug will be a dream until we create awareness and a movement against the drugs. The young must realize that their life is the most valuable gift of God and meant for good of the society, nation and mankind. Let us work together to prevent drugs and promote a crime free society.

### **3.2.3.5 Impact of Drug on Employment and Productivity**

Drug abuse has a tremendous impact on workforce. Young people normally pick up the bad habit of drug consumption between the age group of 15 to 35. Sometimes unemployment leads to drug abuse. Frustrated young and even older people who lose their job become addicts. The reverse is also true. Those who become drug addicts lose their job and remain unemployed. It is evident that there is a strong relation between unemployment and drug taking habits. As per British Crime Survey Report 1992 the life time prevalence of drug abuse among the unemployed was 60% higher than among the employed. The recent survey by International Labor Organization (ILO) and the Europeans Commission finds drug



and alcohol abuse in the workplace negatively affects productivity. The organizations were forced to dismiss the addicted employees. The effect of drug is also reflected in the performance of workforce. Drug abuses in the workforce impose heavy costs in different service sectors. They are reducing the competitiveness and performance of the organization. The drug abusers suffering from ill-health and being in disciplined have low performance. They are less productive and add to the cost of production. Unable to perform well they create additional pressure on their colleagues. In this process everyone suffers.

### **3.2.3.6. Impact of Drug on Environment**

Drug production impacts environment. The environmental damage found in any country will depend on the specific role of that country in producing illicit drugs. Opium poppy cultivation takes place in forest areas. The traditional slash and burn system is used by the hill tribes to cultivate poppy plants. This results in clearing of large forest areas. The reduction of forest area is a environmental threat. Production of opium and other drugs from these plant ingredients creates toxic waste. These wastes are not scientifically disposed. Mostly untreated toxic waste is released into the environment. The studies conducted by USA Government find that “Cocaine processors in the Andean region each year dump into the water, some 10 million liters of Sulfuric Acid, 16 million liters of Ethyl Ether, 8 million liters of Acetone and from 40 to 70 million liters of Kerosene. These chemical wastes lead to acute poisoning of water. These reduce the oxygen level in water and also reduce fertility of soil. The fishes and other aquatic animals become poisonous. Consumption of fish from such water causes health problems. The major concern is restoring forests and stopping the illicit drug cultivation and protection of water resources.

## Do you Know?

- The carbon emissions caused by growing a single ounce of cannabis indoors have the same environmental impact as burning 7 to 16 gallons of gas. They require powerful lights, temperature control, humidity control, and other energy-consuming care. Wherever greater temperature control is necessary, greenhouse gas emissions are higher. For instance, drastic temperature increases are necessary for growing cannabis in Alaska or the Midwest. Similarly, within a single year, approximately 15 million metric tons of carbon dioxide are emitted in the United States as the result of indoor cannabis production, equivalent to the annual emissions of 3 million cars.
- Water depletion due to heavy use is another major environmental impact of cannabis cultivation. Cannabis crops require a lot of water. It ranges between 8-10 gallons per plant, per day. This amount is almost double as much as a grape or tomato plant needs. In 2012, over three billion gallons of water were used to cultivate cannabis in California alone. When water stress is on the rise, the cultivation of such plants becomes detrimental to water resources and humanity.
- Drug traffickers clear the forest space necessary for drug plantations. They use them for coca and palm production. The greatest threat opium processing poses is illegal logging and widespread deforestation to clear the land required for the cultivation. And wherever a critical mass of forest gets removed, the surrounding areas become more susceptible to drought, erosion, landslides and flooding. In other words, the land becomes uninhabitable to humans and a wide variety of animals, too. They also go for deforestation for transporting, storing, and processing drugs. This becomes a strong contributor to climate change. Unregulated forest clearing for illicit substances is a major issue with long-term implications. In Colombia, coca growers clear remote sections of the nation's rainforest for plantations and the production of cocaine. It is estimated that per year, carbon emissions from forests cleared for coca could be as much as two million tons.
- Illegal drug production leads to the disposal of waste. The fertilizers, rodenticides, pesticides, and chemical compounds used by the producers to have a bumper crop This issue is commonly noted in South America, the Netherlands, and Belgium. The open disposal of the chemicals used in drug industries wreaks havoc on local wildlife.
- Finally, drug production has affected biodiversity in multiple ways in the countries where they are produced.

### **3.2.3. Economic Impact of Drug**

#### **3.2.4.1 Impact of Drug on Public Safety**

Drug abuse has direct effect on public health and safety. It hampers the peaceful development and smooth functioning of the society. The safety of the society is negatively affected as drug abuse leads to crimes (as explained earlier). Even road safety is compromised due to addiction. Most of the road accidents occur due to consumption of alcohol and drugs. Drug consumers as drivers are a threat on the roads. Pedestrian drug consumers are also victims of accidents. In work place (i.e. factories, offices and hospitals etc.) drug abuse leads to accidents and other unfortunate incidents. Even in home an intoxicated person may cause fire and their action leads to accidents. All these involve a high cost for the individual, family, society and the State.

The maintenance of safety measures costs heavily to the government. And understanding of the economic costs of drug abuse is required to develop policies, rules and regulations. An estimation of costs for implementation of policies to prevent drug supply to market, development of safety protocols and controlling the drug peddlers is highly essential. Lot of public resources are wasted in containing drug abuse. This money could be diverted to economic development provided there is no drug abuse. It is a challenge for everyone to ensure public safety and smooth functioning of the society by containing drug abuse.

#### **3.2.4.2. Impact of Drug on Governance**

All over the world the Governments find it difficult to implement the rules and laws relating to drug abuses. Corrupt officials at all levels of law enforcement throughout the world make it difficult to implement laws. Political patronage and muscle power of drug mafia hampers implementation of laws. In some countries the drug mafia are so strong even politicians are not able to govern the country. Illegal cultivation, drug trafficking and such other activities are not easily controlled by governments. The financial implication is a burden on the government. In nutshell the government incurs lot of expenditure on the following heads:

- Regulating the drug consumption
- Drug abusers treatment
- Rehabilitation centers
- Absenteeism at work place
- Poor and unhealthy work force
- Training centers for professionals
- Substance abuse data base preparation
- Protecting the public
- Deployment of human resources for the public safety
- Operating counseling centers

The economic impact of drug abuses can be reduced by the following steps:

- Increasing tax on drugs
- Preventative measures and strict policies
- Controlling the numbers of sale outlets in specific areas
- Time restriction on opening and closing of the shop

- Strict policy for the specific age group
- Accountability of the drug seller
- Provision for treatment of drug abusers
- Massive awareness programs among the students and in alcohol prone areas

These are the preventive steps which will reduce the cost of expenditure of the government.

### **Key Learning Outcomes**

#### **Substance use disorders have heavy consequences for the economy**

- **It entails the loss of productivity of the working population**
- **They become economically burdensome for the organisations they work**
- **It leads to suspension from jobs and unemployment and poverty rise become the necessary consequences of substance abuse**
- **It increases the dependency ratio in society**
- **Fighting against drug abuse is a burden on the state exchequer.**
- **The gain in income for the drug traffickers does not help the country's economy to grow**

### **3.2.5 Impact of Drug and Tobacco addiction and Alcoholism**

#### **3.2.5.1 Loss of Physical and mental strength**

Drug abusers generally face physical and mental problems. The effect of drugs on the body depends on the types of drug used, types of chemical compounds used in the drug and quantity consumed by the abuser. If the drug abuser uses the drug on everyday basis then it also affects the person's brain and body. The specific physical effects of drug use may vary from individual to individual. The physical effects are of two types: 1) Long term physical effect 2) Short term physical effect

1. The long term physical effect of drugs are
  - Changes in body part coordination
  - Blood pressure and heart rate changes
  - Heart stroke, liver disease and pancreatitis
  - Pain relief and relaxation
  - Feeling either sleepy or over excited
  - Changes in the appearance of a person's body
  - Drug dependency at a particular time
  - Weakened immune system
  - Various kinds of cancer
  - Digestive problem

2. The short term physical effects of drugs are

The drug use causes short term physical effects.

Consumption of alcohol	Consumption of methamphetamines	Consumption of Cocaine	Consumption of Tobacco and Nicotine	Consumption of Heroin
Lack of coordination of body movement	Increased body movement and physical activity	Increased body temperature	Increased blood pressure	Dry Mouth
High rate of heart beat	Decreased appetite	Increased heart rate	Increased breathing	Itching
Changes of the skin and face	Increased rate of breathing	Headache	Increased Heart Rate	Nausea
Dizziness	Irregular heart rate	Abdominal pain and nausea		Vomiting
Nausea and vomiting	Increased blood pressure	Erratic and Violent behavior		Slow breathing rate
Partial comma stage	Increased body temperature	Heart Attack and Stroke		
Lack of coordination of body movement	Increased body movement and physical activity			

These are the short term physical effect of drug on the body. If the consumption of the drugs continues by the drug abuser then the life of the consumer will be at risk and ultimately leading to death.

**Mental effects of drug abuse**

Alcohol, Cannabis and various stimulants are psychoactive drugs. They have direct impact on individual's brain function and structure. The effects on the mind of the drug abuser vary from person to person and depend on the type of drug used by the abuser and duration of use. Mental illness is the major disorder caused due to drug consumption.

The common mental illness due to drug consumption is:

- ✓ The short term mental effects of drugs are:
  1. Consumption of alcohol-
    - Anxiety
    - Irritability
  2. Consumption of Cannabis-
    - Feeling of relaxation
    - Anxiety
    - Irritability
  3. Consumption of Heroin-
    - Euphoria
    - Restlessness

- ✓ The Long term mental effects of drugs are:
1. Consumption of alcohol-
    - Depression
    - Anxiety
    - Learning and memory problem
    - Social problem
    - Abnormal behavior
    - Attitudinal change
  2. Consumption of methamphetamines-
    - Anxiety
    - Confusion
    - Insomnia
    - Mood swings
    - Violent behavior
    - Hallucinations
  3. Consumption of Tobacco and Nicotine-
    - Irritability , attention and sleep problems
    - Depression
  4. Consumption of Cannabis-
    - Mental health problems
    - Irritability
    - Lack of sleep
    - Anxiety

The body is affected by the drugs in different ways. It varies from person to person. The short term and long term effects of drug directly affects the body system and weakens the mental strength. Once the body gets addicted with any of the drug substance then the drug controls your mind, thought and actions. Drug dependence immediately affects the psychological and physical health. It is very important to note that there is no safe use of drug. It affects the body's central nervous system and it controls how you think, feel and behave etc. Subsequently the body is not at all in a condition to prevent any disease. So, the drug abusers will lose the mental and physical strength to fight any disease.

### **3.5.2.2 Loss of Character**

Every individual is identified and recognized for his behavior, personality, attitude and character. If the addiction affects his life then the person will lose his identity in the society. The addiction affects life in many ways. It damages health, professional and personal relationship, career and personal finances. Prolonged addiction destroys the image of the individual because during the addiction stage his mind and body will be under the control of drugs. Your valuable time will be spent only at drinking or using drugs. This will damage your social relationship, happiness of the family and slowly you will lose your identity as a person. You will only be identified as a drunkard or drug addict. People around you will never accept you and they will also remain away from you. In this way you are no more identified as a social person or an accepted person of the society.

### **3.2.5.3 Loss of Family ties and Relationship**

The drug abusers are slowly detached from their fellow members. Due to addiction the drunkard parents neglect their children and don't care for them. As a result the children feel emotionally and physically neglected and unsafe. Children also become mentally unstable and they lose their trust on their parents. They feel very guilty and ashamed of their parents behavior. The effects of drug are so harmful that it destroys the peaceful and loving relationship between the family members. Conflict becomes a regular issue. There will be no trust between the family members. It is assessed that one child out of five have one parent addicted to alcohol or some other drug. Children who grow up in such a family are likely to become drug addicts themselves. They also become afraid of their addicted parent. The bonding of the parents with children slowly breaks up. It also leads to an isolated life for the drug abuser. The addicted person becomes alone and there is no attachment with children, wife and other relatives of the family. Addiction results in broken relationship, conflict, isolated life and loneliness.

### **3.2.5.4 Loss of Earning and Livelihood Potentials**

The family depends on the earning of the head of the family. The income which comes in terms of salary, wage or remuneration is used to fulfill the needs of the family members. If the head of the family will be a drug addict then a major portion of income will be spent on the purchase of drugs. A drug abuser never thinks about the need of the children, future of the children, educational expenses, health expenses of the children and also never takes care of the spouse. He cannot even save the money for future requirement i.e. marriage of the children, settlement during retirement life etc. In this way he loses the livelihood earning ability. His potential for earning slowly decreases and he can't control his spending on alcohols/drugs. Ultimately he loses his earning and livelihood potential.

#### **Interesting Observation**

**A study, carried out by the international labour organisation (ILO) and the European Commission, on the effects of drug abuse and alcohol abuse in the workplace in European countries, found that performance impairments and absences from work are the common results of drug and alcohol abuse among employees. In approximately two out of five cases, organizations were forced to dismiss employees for drug and alcohol-related reasons.**

### **3.2.5.5 Loss of Societal Respect and Dignity**

Society is a platform where every individual leads a life with respect and dignity. He gets his identity and leads a life with self-esteem. Society doesn't give respect to drug abusers and drunkards. They are never welcome to a group and its activities. The drug abuser becomes alone and maintains a detached life. When there is no friend circle, no social interactions and no social gatherings the drug abuser becomes alone and he becomes friend of drugs or other drug abusers. In this way he loses his position in society. Nobody cares about his presence or respects him. Drug abuse affects the social life, physical, mental, financial and professional life as a whole.

### 3.2.6 Let us Sum up

- Objectives
  - Understand the socio-economic impact of drug abuse
  - Appreciate how drug addiction affects the social and individual life
  - Enable you to identify the economic loss due to drug abuse
- Drug abuse has become major social issue in India and the world. Drug abuse negatively impacts physical and mental health, economy and society. It affects individual , family, society , state and mankind
- Economic impact of drug abuse included
  - Loss of income and impoverishment of the individual and his failure to take care of his family
  - Heavy expenditure on the part of the Society, State for control of drug production and distribution. It also leads to spending on Public Health, Education and Awareness Program to contain the use of drugs
- Social impact of drug abuse is immeasurable. Drug abusers destroy family bond, social fabric and peace and prosperity of the society
- Drug abuse results in loss of wealth and health
- Drug abuse is directly and indirectly connected with physical and mental health. Illness connected with drug includes various kinds of cancer, respiratory problems, complexity in pregnancy. Loss of hearing, low fertility, osteoporosis and dental problems etc. Drugs reduces the immunity and abusers are easily infected.
- Drug abuse leads to problems of mental health like loss of concentration, increased anxiety, hyper activism, depression, hallucination, irritation, low self-esteem, psycho-social isolation, insomnia, mood swings and violent behavior
- Education alone can create awareness and promote a prevention strategy
- States and international bodies need to developed a drug free strategy. All country must come together to prevent illegal production and distribution of drugs, built a robust health care infrastructure to rehabilitate drug abusers, create and manage a strong police system to prevent drug related crime. States should also take affirmative action to prevent drug abuse
- The drug abuser loses social respect, dignity and ability to take care of his family. He loses his livelihood. The NGOs and social activism can tackle this problem.
- Drug production, distribution and abuse endanger life and property of citizens. Gang wars are common in mega cities for control of drug business. There are examples of drug mafia controlling cities and even countries. This can be tackled only by honest officers, judiciary and politicians.
- Drug production also pollutes the environment
  
- In a nutshell the following points are our concern
  - ✓ Impact of drugs on social life
  - ✓ Problems faced by family
  - ✓ Professional difficulties due to drug addiction
  - ✓ Conceptual knowledge on drug and tobacco addiction
  - ✓ Meaning of alcoholism
  - ✓ Types of effects due to drug consumption
  - ✓ Personal and professional loss due to drug addiction



- ✓ Economic impact of drugs in society and business
- ✓ Family suffering due to drug consumption

### 3.2.7 Key words

- Drug Abuser- The illegal use of drugs by a person
- Drug Addiction- It means a chronic disorder characterized by compulsive drug seeking
- Social Impact- As any significant or positive changes that solve or at least address social injustice and challenges
- Economic Impact- A financial effect that something happen due to new products, new changes in policy on any situation
- Tobacco- A preparation of the Nicotine – rich leaves of plants used for smoking and chewing.
- Socio – Economic Impact- It refers to the factors such as income, education, employment social support and community satisfy will significantly affect day to day life.
- Mental health- It refers to the emotional , psychological and social wellbeing

### 3.2.8 Check your learning

#### Q.1. Answer in two or three sentences

- a) Drug
- b) Drug addiction
- c) Socio economic impact
- d) Impact of drug on health
- e) Impact of drug on family
- f) Tobacco addiction
- g) Alcoholism
- h) Drug peddlers
- i) Impact of drug on profession
- j) Drug abuser

#### Q.2. Answer in 50 words

- a) What is drug addiction and how it affects the health?
- b) Differentiate between tobacco addiction and alcoholism.
- c) Outline the behavioral characteristics of drug abuser.
- d) Mention the physical difficulties due to drug addiction.
- e) What is the long term effect of drug on health?
- f) Explain the causes of drug addiction.
- g) What are the effects of cocaine on health?
- h) How drug addiction affects the workplace enrollment?

- i) Differentiate between social and economic impact of drug.
- j) What are symptoms of drug abuser?

**Q.3. Answer in 250 words**

- a) Define drug abuse and discussed the social impact of drug.
- b) What is tobacco addiction and how it impact on health?
- c) Explain about the economic impact of drug.
- d) What are the types of drug and discussed in impact on health?

**3.2.9 Suggested Reading**

- *“The social impact of drug abuse” UNDCP, a position paper for world summit for social development, Number 2, Copenhagen, 6-12 march , 1995*
- *“Drugs and Social Context” by Springer*
- *Anil Agarwal, Narcotic Drugs, National Book Trust, New Delhi, 1995*
- *UNDCP Regional office for South Asia, Drug Demand Reduction Report, New Delhi 1999*
- *Singh Gumeet, “ Alcoholism in India”, in Asia and D.A. Desouza(ed) Psychiatry in India, Bhalani Book Depot, Bombay, PP- 240-251,1984*

## **3.3 Laws to Address Substance Abuse**

### **3.3.0 Objective**

### **3.3.1 Introduction**

### **3.3.2 Convention held relating to substance use**

#### **3.3.2.1 Single Convention on Narcotic Drugs, 1961 Amended in 1972**

#### **3.3.2.2 The Convention on Psychotropic Substances of 1971**

#### **3.3.2.3 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988**

#### **3.3.2.4 The Framework Convention on Tobacco Control (FCTC)**

### **3.3.3. Indian Laws relating to Substance Use**

### **3.3.4 Salient Features of social legislation to NDPS Act, 1985**

### **3.3.5 Salient Features of Social legislation on COTPA, 2003**

#### **3. 3.5.1 National Tobacco Control Program (NTCP)**

### **3.3.6 Mechanism and Government Scheme**

#### **3. 3.6.1 Nasha Mukht Bharat Abhiyan**

#### **3.3.6.2 Rehabilitation Centres and their roles for De-addiction**

### **3.3.7 Let Us Sum Up**

### **3.3.8 Key words**

### **3.3.9 Check Your Learning**

### **3.3.10 Suggested Reading**

### **3.3.0 Objective**

After reading the unit you will be able to

- Know about features of NDPS Act, 1995 and COTPA Act, 2003 in details
- Become aware of various Govt. schemes for preparation, de-addiction and rehabilitation
- Help your friends to take professional help for becoming free from drugs and alcohol abuse
- Sensitize your immediate friend circle and community on issues of drug , tobacco and alcohol

### **3.3.1 Introduction**

Substance use has long been recognized as a social malady. Since then, efforts have been made by the international community to prevent its use. The attempt to control drug use dates back to the period of the Second World War. As early as the mid-1920s attempts in this direction started at the international level. The International Opium Convention and the International Convention pertaining to Dangerous Drugs (1925), set standard limits on addictive drugs like cocaine and opium and its derivatives. These Conventions were organized by the League of Nations prior to World War II. However, the lists of compounds were set down in the treaties' text. In order to keep up with advancements in chemistry, it became a requirement to periodically alter or replace the conventions by enacting new treaties. The United States Commissioner of Narcotics 1954 realized that state-by-state ratification of such proclamation may take many decades.

### **3.3.2 Convention held relating to substance use**

#### **3.3.2.1 Single Convention on Narcotic Drugs, 1961 Amended in 1972**

By the decision 689 J (XXVI) of 28 July 1958, the Economic and Social Council of the United Nations agreed to convene a convention in line with Article 62, paragraph 4, of the United Nations Charter and with the terms of the General Assembly resolution 366 (IV) of 3 to put a check on the use of narcotic drugs. In line with this decision, a meeting was held in December 1949 to adopt a single agreement on narcotics to replace the existing multilateral field treaties with a single instrument. This instrument was intended to control narcotics and to establish guidelines for the management of the production of raw materials for illicit drugs. This became the first all-embracing exhaustive proclamation relating to the control of substance use. There are three important conventions relating to drugs at the international level. They are:

- **Single Convention on Narcotic Drugs, 1961 Amended in 1972.**
- **The Convention on Psychotropic Substances of 1971.**
- **United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.**

The United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs met at United Nations Headquarters from 24 January to 25 March 1961 with seventy-three nations represented in the Conference including India. The provisions laid down by this Convention underwent an amendment in 1972.

### **3.3.2.2 The Convention on Psychotropic Substances of 1971**

The second major convention is named as “The Convention on Psychotropic Substances of 1971”. It is a United Nations treaty designed to control psychoactive drugs such as amphetamine-type stimulants, barbiturates, benzodiazepines, and psychedelics. This treaty was signed in Vienna, Austria on 21 February 1971. This treaty was signed by 34 original signatories to bring into the ambit of control many of the newly discovered psychotropics which were not covered by the Single Convention on Narcotic Drugs of 1961. It came into force on 16 August 1976.

#### **The Convention on Psychotropic Substances of 1971**

- **This Convention laid stress on the health and welfare of mankind.**
- **If a Party or the World Health Organization has information relating to a substance not yet under international control which in its opinion may require the addition of that substance to any of the Schedules of this Convention, it shall notify the Secretary-General and furnish him with the information in support of that notification.**
- **Prohibit all use of Psychotropic Substances, except for scientific and very limited medical purposes by duly authorized persons, in medical or scientific establishments which are directly under the control of their governments or specifically approved by them.**
- **The parties that need to manufacture, trade, and distribute such substances for medical use or for any other purposes need to get licenses under strict supervision and conditions.**

### **3.3.2.3 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988**

The landmark convention against drug trafficking was passed in 1988. It is popularly known as the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. This was the first international proclamation that took into consideration the ethical degradation that a society experiences due to substance abuse. The Convention was adopted by the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, held in Vienna from 25 November to 20 December 1988. The 1988 Convention was introduced following the socio-political developments in the 1970s and 1980s. The opening of the national borders with the process of deterritorialization following the call for globalization resulted in the free trade of illicit drugs and there was a drastic increase in the demand for cannabis, cocaine, and heroin. The countries' youth population became the drug marketers' easy targets. There started an internationalization of the drug trade giving birth to the world's multi-billionaires on the one hand and drug-related morbidity and mortality on the other. The parties to this convention expressed their concern on the magnitude of and rising trend in the illicit production of, demand for, and traffic in narcotic drugs and psychotropic substances, which pose a serious threat to the health and welfare of human beings and adversely affect the economic, cultural and political foundations of society.

### **3.3.2.4 The Framework Convention on Tobacco Control (FCTC)**

It is the first international agreement pertaining to public health in the modern era signed on 21 May 2003. It entered into force on 27 February 2005. It is also the first convention to be negotiated under the World Health Organization's supervision (WHO). More than 180 WHO member states have ratified the convention, which was originally signed by 168 of the 192 WHO members. The FCTC outlines specific steps for governments in order to address tobacco use and provides an internationally coordinated response to the tobacco epidemic. These steps include:

- Adopting tax and price measures to reduce tobacco consumption
- Banning tobacco advertising, promotion, and sponsorship
- Establishing smoke-free workplaces and public areas
- Prominently labeling tobacco products with health warnings

- Preventing the sale of tobacco goods illegally

### **3.3.3 Indian Laws relating to Substance Use**

In India, as we have discussed substance abuse is on rise among the youth. Particularly college students and school children are becoming vulnerable to substance use today. Drug abuse has emerged as a serious concern, adversely affecting the physical and socio-economic well-being of the future working population of the country. The epidemic of drug abuse in younger generation has assumed alarming dimensions in India. Studies establish that the share of the young population, basically the college students, is mounting day by day. Addiction to alcohol/drugs affects the young masses involved, ruins their families, and proves detrimental to society. From becoming productive human resources, they become parasitic human resources for society.

#### **Alarming Facts and Figures Relating to Substance Use Among Indian Students**

- **According to the United Nations Office on Drugs and Crime (UNODC) 2018 survey on drug use among the general population, the extent of drug use among youngsters remains higher than that of older people.**
- **Most researchers suggest that early (12-14 years old) to late (15-21years old) adolescence is a critical risk period for the initiation of substance use and that substance use may peak among young people aged 18-25 years.**
- **Nearly 18 lakh children need help with inhalant use.**
- **It is estimated that about 8.5 lakh people are injecting drugs (PWID – people who inject drugs) most of whom admit to having started the habit around the age of 17.**
- **5.2% of college students are addicted to alcohol.**

India is a signatory to all the international Conventions on Substance use. It has signed the Single Convention on Narcotic Drugs 1961, as amended by the 1972 Protocol, the Conventions on Psychotropic Substances, 1971 and the United Nations Single Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. As such the country has tried to enunciate its own domestic laws to fight against substance use. In the following lines details on Indian laws have been brought into discussion.

### **Do You Know?**

- **Indian drug policy has its roots in Article 47 of the Indian Constitution.**
- **Art. 47 states that the "State should endeavour to bring about prohibition of the consumption of intoxicating beverages and of narcotics which are harmful to health, except for therapeutic purposes."**
- **It also spells out that it is the responsibility of the state to ensure social security and justice to the citizens by enumerating duties of the state which are important for achieving the goal of a better society, and it includes better conditions of living, access to healthy and nutritious food and public health and hygiene.**
- **It is founded on Gandhian principles.**
- **Thus, the Constitution explicitly mandates that states need to take action to prevent or reduce or stop the consumption of injurious drinks or drugs.**

### **3.3.4 Salient Features of social legislation to NDPS Act, 1985**

The first ever Act against illicit drugs and Psychotropic Substances was enacted in India in 1985. It was named as the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS). Until this period Cannabis was legally sold and were commonly used in India for recreational purposes. As India was a signatory to the International Conventions on narcotic drugs and psychotropic substances of 1961 and 1971 respectively, it was mandated for the government to eliminate the ethnically deep-seated use of Cannabis. So, on 14 November 1985, the Narcotics Drugs and Psychotropic Substances Act was enacted which banned all narcotic drugs in India.

The NDPS Act prohibits cultivation, production, possession, sale, purchase, trade, import, export, use and consumption of narcotic drugs and psychotropic substances except for medical and scientific purposes.

This social legislation is trying to control the menace of drug abuse in the country. This Act intends to consolidate and amend the law relating to narcotic drugs, to make stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances.

This Act says that it extends to the whole of India and it applies also to,

- (a) All citizens of India outside India;
- (b) All persons on ships and aircrafts registered in India, (wherever they may be)



This Act defines an “addict” as a person who has a dependence on any narcotic drug or psychotropic substance.

This Act provides for committees at both the Central and State level.

The NDPS Act lays down the procedure for search, seizure, and arrest of persons in public and private places detected to have been involved in drug or substance production, marketing, and use. Under the Act, it is illicit for a person to produce or manufacture/cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or psychotropic substance. The Narcotics Control Bureau was set up under the NDPS Act with effect from March 1986. The Narcotics Control Bureau (NCB) is the chief law enforcement and intelligence agency of India vested with the responsibility to fight drug against trafficking and the abuse of illegal substances. It was created on 17 March 1986 to enable the full implementation of the NDPS Act and fight its infringement. In 1988, the NDPS Act was supplemented by the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act to provide for preventive detention of people suspected or accused of involvement in drug trafficking.

The Act also prescribes the constitution of The Narcotic Drugs and Psychotropic Substances Consultative Committee. The provisions laid down for such a committee are as follows.

- The Central Government may constitute, by notification in the Official Gazette, an advisory committee to be called “The Narcotic Drugs and Psychotropic Substances Consultative Committee” to advise the Central Government on such matters relating to the administration of this Act as are referred to it by the Government from time to time
- The Committee shall consist of a Chairman and such other members, not exceeding twenty, as may be appointed by the Central Government
- The Committee shall meet when required to do so by the Central Government and shall have power to regulate its own procedure
- The Committee may, if it deems it necessary for the efficient discharge of any of its functions, constitute one or more sub-committees and may appoint to any such sub-committee, whether generally or for the consideration of any particular matter, any person (including a non-official) who is not a member of the Committee
- The term of office the Chairman and other members may be decided by the Central Government. The manner of filling casual vacancies in the offices of and the allowances, if any, payable to, the Chairman and other members of the Committee, and the conditions and restrictions subject to which the Committee may appoint a

person who is not a member of the Committee as a member of any of its sub-committees, shall be such as may be prescribed by rules made by the Central Government.

There shall also be special officers appointed at the State level for the proper implementation of this Act.

### **3.3.5 Salient Features of social legislation on COTPA, 2003**

The Indian Parliament passed the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Bill in April 2003. This Bill became an Act on 18 May 2003 and this is popularly known as COTPA. COTPA has been enforced from 1 May 2004. The Act is applicable to all products containing tobacco in any form, and extends to the whole of India.

#### **The key provisions of COTPA -2003**

- Prohibition of smoking in public places (educational institutions, restaurants, malls, bus stops, workplaces etc.). This has been implemented from 2<sup>nd</sup> October 2008 in the whole of India.- **Section-4**
- Ban of all forms of direct and indirect advertisements of tobacco products- **Section-5**
- Prohibition of sales to minors (tobacco products cannot be sold to or by the children less than 18 years of age and cannot be sold within a radius of 100 yards of any educational institutions)- **Section-6**
- Regulation of health warning in tobacco products packs. English and one more Indian language are to be used for health warnings on tobacco packs. Pictorial health warnings are also to be included. **Section-7**
- Regulation and testing of tar and nicotine contents of tobacco products and declaring on tobacco products packages.

Smoking in public places was banned under COTPA, on 2<sup>nd</sup> October, Gandhi Jayanti, 2008.

These public places include cinemas, auditoriums, hospitals, public transport (aircraft, buses, trains, metros, taxis), and their related facilities, (Bus stands, railway stations and airports), restaurants, amusement centres, pubs, bars, offices (Government and private), libraries, courts, shopping malls, markets, refreshment rooms, post offices, banquet halls, coffee houses, educational institutions and parks. However, smoking in airports, restaurants, some enclosed work places, pubs and bars is allowed if they provide a separate designated place for smoking.

### **There is a penalty for smoking in public places**

First conviction- Will lead up to two years imprisonment or with fine which can extend to Rs.1000. Subsequent conviction is - Up to Five years imprisonment or with fine which can extend to Rs.5000.

### **The first International treaty on Tobacco Control**

Not only in India, use of Tobacco been a big killer all over the world. Unfortunately our young mass gets into this habit mostly which spoils their life, lifestyle and all future plans. The use of Tobacco and its innumerable adverse impacts on human civilisation has been one of the important concerns at the International level as well. WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international treaty negotiated under the auspices of World Health Organisation. There are currently 181 Parties to the Convention. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. It has since become one of the most rapidly and widely embraced treaties in United Nations history.

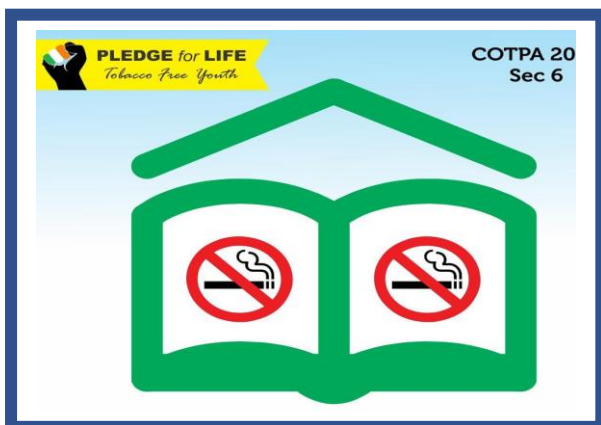
The WHO FCTC was developed by countries in response to the globalization of the tobacco epidemic. It aims to tackle some of the causes of that epidemic, including complex factors with cross -border effects, such as trade liberalization and direct foreign investment, tobacco advertising, promotion and sponsorship beyond national borders, and illicit trade in tobacco products. The preamble to the Convention shows how countries viewed the need to develop such an international legal instrument.

Government of India ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2004, the first ever international public health treaty focusing on the global public health issue of tobacco control. WHO-FCTC provides for various measures to reduce the demand as well as supply of tobacco. India played a leading role in FCTC negotiations to finalize its provisions and was the regional coordinator for the South- East Asian countries.

## The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, COTPA, 2003

This Act was enunciated in 2003. The Act repealed The Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975. The very purpose was to prohibit the advertisement of and regulate the trade and commerce in, and production, supply, and distribution of cigarettes and other tobacco products in India. The 39th Assembly held in 1986 urged the member states to implement measures to provide non-smokers protection from involuntary exposure to tobacco smoke. Consequent to this decision of the World Health Assembly, the Indian Parliament passed the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Bill in April 2003. This Bill became an Act on 18 May 2003 and this is popularly known as COTPA. COTPA has been enforced from 1 May 2004. The Act is applicable to all products containing tobacco in any form and extends to the whole of India.

The Cigarettes (Regulation of Production, Supply, and Distribution) Act, enacted by the Government of India makes it mandatory to display a statutory health warning on all packages and advertisements of cigarettes since 1975. The following signs might have captured your observations. These are to be strictly followed.



## **The key provisions of COTPA -2003**

1. The Act prohibits smoking of tobacco in public places, except in special smoking zones in hotels, restaurants and airports and open spaces.
2. Advertisement of tobacco products including cigarettes is prohibited. No person shall participate in advertisement of tobacco product, or allow a medium of publication to be used for advertisement of tobacco products. No person shall sell video-film of such advertisement, distribute leaflets, documents, or give space for erection of advertisement of tobacco products. However, restricted advertisement is allowed on packages of tobacco products, entrances of places where tobacco products are sold. Surrogate advertisement is prohibited as well under the Act.
3. Tobacco products cannot be sold to persons below the age of 18 years, and in places within a 100 yards radius from the outer boundary of an institution of education, which includes schools, colleges, and institutions of higher learning.
4. Tobacco products must be sold, supplied or distributed in a package which shall contain an appropriate pictorial warning, clearly mentioning its nicotine and tar contents. Cigarette packets are needed to have pictorial warnings of a skull or scorpion or certain prescribed pictorial warnings along with the text SMOKING KILLS and TOBACCO CAUSES MOUTH CANCER in both Hindi and English.
5. The Act also gives power to any police officer, not below the rank of a sub-inspector or any officer of State Food or Drug Administration or any other officer, holding the equivalent rank being not below the rank of Sub-Inspector of Police for search and seizure of premises where tobacco products are produced, stored or sold if he suspects that the provision of the Act has been violated.
6. If any person manufactures tobacco products and fails to adhere to the norms related to warnings on packages, on first conviction he/she shall be punished with up to 2 years in imprisonment or with fine which can extend to Rs. 5000. In case of subsequent conviction the punishment shall be up to 5 years in imprisonment or with fine which can be extended to Rs. 10000.
7. For smoking in public places, a fine of up to Rs. 200 can be imposed. Selling tobacco products to minors (Persons below 18 years) and the sale of tobacco products within 100 yards of all educational institutions are banned (Ministry of Law and Justice, 2003).

8. For advertisement of Tobacco production, on the first conviction, the punishment shall be up to 2 years in imprisonment or with fine which can extend to Rs. 1000. In case of subsequent conviction, the punishment shall be increased up to 5 years in imprisonment or with fine which can extend to Rs. 5000.
9. The owner/manager/in charge of a public place must display a board containing the warning "No Smoking Area" or "Smoking here is an offense" in an appropriate manner at the entrance and inside the premises. A place where tobacco products are sold must display appropriate messages like **"Tobacco Causes Cancer" and "Sales of tobacco products to a person under the age of eighteen years is a punishable offense under the law"**.

### **What do We Need to Know?**

#### **The COPTA Act, 2003 prescribes for:**

- **Prohibition of smoking in public places (educational institutions, restaurants, malls, bus stops, workplaces etc) - Section-4**
- **Ban of all forms of direct and indirect advertisements of tobacco products- Section-5**
- **Prohibition of sales to minors (tobacco products cannot be sold to or by children less than 18 years of age and cannot be sold within a radius of 100 yards of any educational institutions)- Section-6**
- **Regulation of health warnings in tobacco product packs. English and one more Indian language are to be used for health warnings on tobacco packs. Pictorial health warnings are also to be included. Section-7**
- **For advertisement of Tobacco production, on the first conviction, the punishment shall be up to 2 years in imprisonment or with fine which can extend to Rs. 1000. In case of subsequent conviction, the punishment shall be increased up to 5 years in imprisonment or with fine which can extend to Rs. 5000.**
- **Smoking in public places was banned under COTPA, on 2<sup>nd</sup> October, i.e. Gandhi Jayanti, 2008.**

Government of India ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) In 2004, the first-ever international public health treaty focusing on the global public health issue of tobacco control. WHO-FCTC provides for various measures to reduce the demand as well as supply of tobacco. India played a leading role in FCTC negotiations to finalize its provisions and was the regional coordinator for the South- East Asian countries.

### **3. 3.5.1 National Tobacco Control Program (NTCP)**

The Ministry of Health and Family Welfare (MHFW), Government of India launched the National Tobacco Control Program (NTCP) in the year 2007-08 during the 11th Five-Year-Plan. This nationally sponsored scheme aims at sensitizing the people on harmful impacts of tobacco consumption. It also tries to reach the masses with the messages of tobacco control legislation named COTPA, 2003. So also, different stakeholders are sensitized for the effective implementation of COTPA, 2003 in the country. Under this program, the govt. tries to facilitate the implementation of strategies for prevention and control of tobacco advocated by the WHO Framework Convention of Tobacco Control.

The aims and objectives of NTCP are

- (i) To create awareness about the harmful effects of tobacco consumption
- (ii) To reduce the production and supply of tobacco products
- (iii) To ensure effective implementation of the provisions under “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Act, 2003” (COTPA)
- (iv) To help people quit tobacco use
- (v) To facilitate the implementation of strategies for prevention and control of tobacco advocated by the WHO Framework Convention of Tobacco Control

**The main thrust areas for the NTCP are as under:**

- Training of health and social workers, NGOs, school teachers, and enforcement officers;
- Information, education, and communication (IEC) activities;
- School programmes;
- Monitoring of tobacco control laws;
- Coordination with Panchayat Raj Institutions for village-level activities;
- Setting up and strengthening cessation facilities including the provision of pharmacological treatment facilities at the district level.

NTCP has resulted in the provision of dedicated funds and manpower for the implementation of the Programme. State/District Tobacco Control components viz. STCC and DTCC Plan have been subsumed in the Flexi-pool for Non- Communicable Disease (NCDs) under

National Health Mission (NHM) for effective implementation since 12th Five Year Plan. Currently, the Programme is being implemented in all States/Union Territories covering around 612 districts across the country.

Dedicated State Tobacco Control Cells for effective implementation and monitoring of tobacco control initiatives are being engaged. The Key activities include;

- State Level Advocacy Workshop
- Training of Trainers Program for staff appointed at DTCC under NTCP.
- Refresher training of the DTCC staff.
- Training on tobacco cessation for Health care providers.
- Law enforcers training/sensitization Program

### **Tobacco Surveillance**

The Global Tobacco Surveillance System (GTSS) aims to enhance country capacity to design, implement, and evaluate tobacco control interventions, and monitor key articles of the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) and components of the WHO MPOWER technical package. GTSS includes the collection of data through four surveys:

- Global Youth Tobacco Survey (GYTS);
- Global School Personnel Survey (GSPS);
- Global Health Professions Student Survey (GHPSS) and
- Global Adult Tobacco Survey (GATS).

GYTS focuses on youth aged 13-15 and collects information in schools. GSPS surveys teachers and administrators from the same schools that participate in the GYTS. GHPSS focuses on 3rd year students pursuing degrees in dentistry, medicine, nursing and pharmacy. GATS is a nationally representative household survey that monitors tobacco use among adults aged 15 years and older.

GATS India is conducted as a household survey of persons aged 15 years and above. The first round of GATS was conducted in 2009-10 and second round in 2016-17. GATS provides information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, second hand smoke exposure, economics, media, and knowledge,



attitudes and perceptions towards tobacco use. GATS enhances countries' capacity to design, implement and evaluate tobacco control policies and programs. It also assists countries to fulfil their obligations under the WHO FCTC to generate comparable data within and across countries.

The prevalence of any form of tobacco use (for persons aged 15 years and above) has decreased significantly by six percentage points from 34.6 percent (GATS-1, 2009-10) to 28.6 percent (GATS-2, 2016-17). The number of tobacco users has reduced by about 81 lakh (8.1 million).

### **3.3.6 Mechanism and Government Schemes**

#### **National Fund for Control of Drug Abuse**

The Act provides that, the Central Government may, by notification in the Official Gazette, constitute a Fund to be called the National Fund for Control of Drug Abuse. This Fund shall be credited

- (a) An amount which the Central Government may, after due appropriation made by Parliament by law in this behalf, provide
- (b) The sale proceeds of any property forfeited
- (c) Any grants that may be made by any person or institution
- (d) Any income from investment of the amounts credited to the Fund under the aforesaid provisions.

The Fund shall also be applied by the Central Government to meet the expenditure incurred in connection with the measures taken for

- (a) Combating illicit traffic in narcotic drugs, psychotropic substances or controlled substances
- (b) Controlling the abuse of narcotic drugs and psychotropic substances
- (c) Identifying, treating, rehabilitating addicts
- (d) Preventing drug abuse
- (e) Educating public against drug abuse
- (f) Supplying drugs to addicts where such supply is a medical necessity

One of the most important aspects of this Act is that the Act also provides for a fund for the control of Drug Abuse.

The Act also provides that the Central Government may constitute a Governing Body as it thinks fit to advise Government and to sanction money out of the said Fund subject to the limit notified by the Central Government in the Official Gazette. The Governing Body shall consist of a Chairman (not below the rank of an Additional Secretary to the Central Government) and such other members not exceeding six as the Central Government may appoint. The Governing Body shall have the power to regulate its own procedure.

**(1) The State Government may appoint such officers with such designations as it thinks fit for the purposes of this Act.**

**(2) The officers shall be subject to the general control and direction of the State Government, or, if so directed by that Government, also of any other authority or officer.**

Section 32B of the NDPS Act is very important to know. It lays down that the offense committed in an educational institution or social service facility or in the immediate vicinity of such institution or facility or in other places to which school children and students resort for educational, sports, and social activities as one of the aggravating factors which may be considered by the Court for imposing higher than the minimum penalty prescribed for the offense. The Act continues to inflict stricter punishments on drug abuser in India. The punishments pronounced by the act are as follows:

Offences	Punishment	Provisions
Cultivation of opium, cannabis etc. without a license	Rigorous imprisonment-up to 10 years plus fine up to Rs.1 lakh	Sec. 18(c), 20
Knowingly allowing one's premises to be used for committing an offence	Same as for the offence	Sec. 25
External dealings in NDPS- i.e. engaging in or restricting trade whereby drugs are procured from outside India and supplied to a person outside India	10 to 20 years + Rs. 1 to 2 lakhs fine (Regardless of the quantity)	Sec. 24
Violations pertaining to controlled substances (precursors)	10 years + fine Rs. 1 to 2 lakhs	Sec. 25A
Financing traffic and harbouring offenders	10 to 20 years + fine Rs. 1 to 2 lakhs	Sec. 27A
Punishment for violations not elsewhere specified	6 months or fine or both	Sec. 32



**Source: Finology legal**

The NDPS was supplemented with the Prevention of Illicit Traffic in NDPS (PITNDPS) Act in 1988. It was enacted to provide for detention in certain cases for the purpose of preventing illicit traffic in narcotic drugs and psychotropic substances. Simply speaking, the act has provisions for securing preventive detention of the major drug traffickers. As the drug traffickers deal in large volumes, and earn substantially through trafficking, efforts are made by the Government to identify, seize and freeze their properties and follow up the case vigorously till the properties are forfeited.

### **Landmark Judicial Verdicts on the Control of Substance Use**

- **The Indian Supreme Court in 2008 in the case of ‘E Michael Raj v Intelligence Bureau, Narcotics Control Bureau had given a verdict that punishment under the NDPS Act will depend on the quantity of offending drug present in a consignment seized by the police.**
- **As per the ruling, five grams of heroin would classify as a small quantity while 250 grams of the same contraband would be considered a commercial quantity attracting a punishment of up to 20 years of imprisonment.**
- **It was noted that in order to cheat the Controlling authorities, the drug peddlers started selling heroin mixed with caffeine, chalk powder, and zinc oxide.**
- **So, an immediate reversal of the 2008 verdict was needed by the Government.**
- **Reversing the 2008 decision of E Michael Raj, a three-judge bench of Justices Arun Mishra, Indira Banerjee and MR Shah in the case of Hira Singh vs. Union of India ,2017 gave the verdict that drug peddling is a crime of high order against society and it has to be dealt with an iron hand.**

### What do we need To Know Now?

**The NDPS Act, 1985 talks about:**

- **Composition of a special court**
- **Non-bailable offense**
- **Provision of the proper fund to deal with the Drug Abuse**
- **Fixation of responsibility with specially designated officials**

**All three organs of the Government are proactive to deal with substance use with iron hands and stringent punishment provisions are in place for the abusers. But this is not sufficient to secure society with the conscious efforts of its citizens. So, it is high time that young students need to come forward to fight against the deadly battle against substances and save society from myriad risks.**

Realising the seriousness of the multi-faceted implications of the incidence of substance abuse in the country and the young children being victims of it, the Ministry of Social Justice and Empowerment has been implementing the scheme of prevention of alcoholism and substance abuse through the National Action Plan on Drug Demand Reduction. It provides a host of services, including awareness generation, counselling, treatment, and rehabilitation of dependents (addicts). The programme emphasizes a community-based prevention approach through educational programmes and services for drug-dependent persons and their caregivers. But it is pertinent here that as students you need to know substance use may bring immediate pleasure, but long-term pain and misery. It is not a symbol of status, but a sign of the lack of moral standards and good values in an individual. Substance users create a risk culture for themselves and for society at large. Added to drugs is the use of nicotine in tobacco which also makes many individuals addicted and ultimately brings health hazards for them. The efforts may not directly benefit the current tobacco user and force them to quit the habit. In the following part, let us have a discussion on the prevailing legal provisions against the use of tobacco and other drugs in our country.

### 3.3.6.1 Nasha Mukht Bharat Abhiyan

Let the teacher project the three short videos before explaining the campaign.

<https://www.youtube.com/watch?v=96WaltOurJk>

[https://www.youtube.com/watch?v=jw\\_aiTBCZL4](https://www.youtube.com/watch?v=jw_aiTBCZL4)

<https://www.youtube.com/watch?v=Qvud8GxjyDM>

It is a nationwide campaign by the Ministry of Social Justice and Empowerment, Government of India with the objective of creating awareness on substance abuse prevention. For the year 2020-21 Ministry of Social Justice and Empowerment, Government of India has formulated an Annual Action Plan for 'Nasha Mukht Bharat' to be implemented in 272 districts. These districts are decided based on the highest usage of substances as reported by NCB and the findings of the comprehensive National survey done by the Ministry. Nasha Mukht Bharat Campaign 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 and treatment through Health Department.



The Action Plan has the following components:

- Awareness generation programmes
- Focus on higher educational Institution, university campuses, and schools
- Reaching out into the Community and identifying dependent populations,
- Focus on counselling and treatment facilities in hospitals and rehabilitation centres
- Capacity-building programmes for a service provider

The State Governments are also playing key roles in the effective implementation of this nationally run campaign. They are playing the role of a catalyst in reducing the demand and supply of the substances. The Government of Odisha has set up a special Department named Social Security and Empowerment of Persons with Disabilities Department (SSEPD) that works towards substance abuse prevention.

### **3.3.6.2 Rehabilitation Centres and their roles for De-addiction**

There are certain patients or dependent persons who need rehabilitation centres to get de-addicted. These rehabilitation centres help alcoholics or substance abusers to come out of their addictions through counselling and medication. State Level Coordinating Agency (SLCA) is established by the Ministry of Social Justice and Empowerment, Government of India to coordinate the rehabilitation centres across the state. These rehabilitation centres are providing free residential de-addiction services to the patients.

In Odisha, a voluntary organization named Association for Voluntary Action (AVA) is running SLCA. The following email Ids and contact numbers can be used for taking help for de-addiction.

#### **Informative Knowledge**

**In Odisha, a voluntary organization named Association for Voluntary Action (AVA) is running SLCA. The following email Ids and contact numbers can be used for taking help for de-addiction.**

[avaorg.puriorissa@rediffmail.com](mailto:avaorg.puriorissa@rediffmail.com)

[rrtcodisha.ava@rediffmail.com](mailto:rrtcodisha.ava@rediffmail.com)

**Drugs helpline No. 1800110031**

**National toll-free de-addiction Helpline is 14446**

### Key Take home Facts

**Conventions, legislation, institutions, and campaigns make provisions for penalties for substance use. But their preventive power is really limited. As a responsible child/ citizen of the nation, you must keep yourself away from all types of tobacco stuff and convince and help your friends if he/she uses tobacco stuff in any form. And the biggest appeal to minors in the country is to politely deny bringing or buying any tobacco stuff if they are asked for it.**

**You need to realise**

***“Prevention is better than cure “and “Early prevention is the real prevention”.***

### 3.3.7 Let Us Sum Up

- ✓ In the 20<sup>th</sup> and 21<sup>st</sup> century nations have addressed the issues of drug abuse through laws legislated by their parliaments
- ✓ In the last 100 years international cooperation to prevent drug abuse has increased
- ✓ The UN Conference for the adoption of a single convention on Narcotics Drugs in 1961 is a milestone. India was also a part of the conference. In 1972 this agreement was amended
- ✓ The second major convention on psychotropic substances was held by UNO in 1971. It was signed by 34 countries and became effective from 16<sup>th</sup> August 1976
- ✓ UN Convention against illicit traffic in Narcotics Drugs and Psychotropic substances was held in 1988
- ✓ W.H.O facilitated holding of the framework convention on tobacco control (FCTC). 168 countries became a part of the convention. This is a milestone for reducing tobacco consumption, health warning and smoke free work places and public places
- ✓ NDPS Act, 1985 is a pioneering Indian Law
- ✓ COTPA Act, 2003 is an improvement over NDPS, 1985 and further aimed at controlling Trade and Commerce relating to tobacco
- ✓ National Tobacco Control Program was launched in 2007-08 by the Govt. of India. It covers judicial process, laws and prescribed punishment etc. It also specifies affirmative action Govt. needs to take.



### 3.3.8 Key words

- **NDPS ACT, 1985:** Illicit drug and psychotropic substances act enacted in India in 1985
- **COTPA ACT, 2003:** The purpose of this Act to prohibit the advertisement and to regulate the trade and commerce of cigarette and tobacco product
- **NTCP:** The program aims at sensitizing the people on harmful impacts of tobacco Consumption
- **De-addiction of drugs:** Methods adopted to keep away from the dependency on a Particular drug or substance abuse
- **Re-habilitation Center:** Center where in habitant of the drug addicted individuals to Provide de-addiction services
- **NCB:** Narcotic Control Bureau deals with matter of drug law enforcement in India
- **Psychotropic Substances:** Designate chemical substances that act upon the mind that is on the conscious or unconscious mental life of an individual
- **Illicit traffic:** Manufacturing and trafficking the psychotropic chemicals
- **AVA:** In Odisha, a voluntary organization named Association for Voluntary Action (AVA) is running SLCA Action for de- addiction.

### 3.3.9 Check Your Learning

#### Questions (One mark each)

- a. What does NDPS stand for?
- b. When was NDPS Act enacted?
- c. When was COTPA enacted?
- d. During which plan NTPC was launched?
- e. What is the full form of NHM?
- f. What does GSPS stand for?

#### Questions (Two marks)

- a. What is the primary function of State Tobacco Control cells?
- b. Which is the first ever international public health treaty for tobacco control?
- c. Give examples of two public places where smoking is illegal.
- d. Which committee can advise the Central Government on administration of NDPS Act?

- e. What should be written on Cigarette packets to make the smokers aware about its adverse impacts on our health, according to COTPA?
- f. Which is the age group on which GYTS focuses?

**Questions (Five marks)**

1. How does NDPS Act define an 'addict'?
2. What is National Fund for control of Drug abuse?
3. What are the most important objective of NDPS Act, 1985?
4. What does Sec 5 of COTPA say?
5. What is the penalty for smoking in public places according to COTPA?
6. What is Global Tobacco Surveillance System?

**3.3.10 Suggested Reading**

1. *The Tobacco Epidemic, 2015, (ed) Loddenkemper R. , Kreuter M. , Karger Publishers*
2. *Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Commerce, Production, Supply and Distribution) Act, 2003 Along with Rules ( paperback, Professional)*
3. *Public Health, Tobacco, Trade in India , 2020, Dr Amit Yadav, Thomsen Reuters*
4. *Tobacco and Oral health, Tanushree Keswani, 2016, CBS Publishers*
5. *Quit Smoking Today, Paul McKenna, Bookish Santa*

## **3.4 ROLE OF STAKE HOLDERS**

*Provision of Tobacco Free Campus and Role of Students, Role Of Students In Their Family And Immediate Surroundings, Role Of NGOs and Other Agencies*

### **3.4.0. Objectives**

### **3.4.1. Introduction**

### **3.4.2. Provision of Tobacco Free Campus and Role of Students**

#### **3.4.2.1. Objective of these Guidelines**

#### **3.4.2.2. Guidelines for Tobacco Free Campus (Govt of India)**

### **3.4.3. Roles and Responsibilities of Students in Tobacco Free Campus**

#### **3.4.3.1. Preparing Students for Tobacco and Drug Campus**

#### **3.4.3.2. Role and Responsibilities of Students in Drug & Tobacco Free Campus**

### **3.4.4. Role of Students in Tobacco & Drug Prevention in Their Family and Society**

#### **3.4.4.1. Role of Students in Drug abuse in Family**

#### **3.4.4.2. Role of Students in Society and community against substance abuse**

#### **3.4.4.3. Value of youth participation in drug prevention program**

### **3.4.5. Role of NGOs in Prevention of Substance abuse**

### **3.4.6. Role of National bodies**

### **3.4.7. Let Us Sum Up**

### **3.4.8. Key Words**

### **3.4.9. Check Your Learning**

### **3.4.10. Suggested Readings**

### **3.4.0. Objectives**

In the earlier units, we covered substance misuse from a variety of perspectives. This chapter attempts to make you aware of the importance of taking action in the fight against addiction. Since substance misuse affects not just one person but also the entire world, a country, a society, and a family; it is crucial that all societal stakeholders get involved. There is a need for specialized organizations, NGOs, and individuals—such as students—to mount an effective defense against this evil. After finishing this unit, you will be aware of the part that various stakeholders, including you, can play in eliminating addiction from society. After studying this lesson, you will be able to:

- Know about the role of students in the fight against addictions of drugs.
- assess the duty of students for bringing awareness in school, family and surrounding for the eradication of substance abuse;
- give an overview of the role of NGOs and other specialized national and international agencies for eradication of drugs, tobacco and alcohol addiction in India.

### **3.4.1. Introduction**

The usage of drugs is an increasing concern across the world. No civilization or nation may assert immunity. The globe has understood that unless we mount a calculated defense and develop successful intervention tactics, this evil will consume the entire planet. Addiction to alcohol, drugs, and cigarettes is increasing among adolescents and college-bound teenagers as a result of a number of variables that have been explored in earlier units. This implies that the threat of addiction affects even schools and colleges. As a result, society's and humanity's futures are both in risk. Addiction is consuming both youths and adults alike outside of academic campuses, in the villages and urban areas. This is something that many of us have realized, and occasionally, at least some of us have believed that something concrete ought to be done in order to stop things from continuing in this way.

The government works to reduce both the supply and the demand for certain substances. However, the government cannot handle everything, particularly in a huge nation like India. Individuals, such as students and NGOs, have a moral obligation to support the government's efforts to end the drug epidemic. The function of students on the university, in the home, and in the neighborhood is discussed in this chapter. Because society contributes to substance misuse in various ways, it has to be made aware of its part in fostering addiction and given the tools to stop it from happening again. Various organs make up society. All of these organs must be involved in order to plan an efficient prevention and treatment strategy. We'll talk about how to attain this

balance. The individual, family, and community may not fully comprehend some aspects of prevention and treatment. For those area how the government agencies are working to control the threat of addiction will be also dealt here in the following paragraphs.

### **3.4.2. Provision of Tobacco Free Campus and Role of Students**

Tobacco use is the leading global contributor to preventable disease and premature mortality, killing half of its users before they reach reproductive maturity. Use of tobacco increases the chance of developing diseases such as cancer, cardiovascular disease (CVD), diabetes, chronic pulmonary disease, stroke, infertility, blindness, TB, oral cavities, etc. According to the Global Youth Cigarettes Survey (GYTS), 2009, 14.6% of Indian youths between the ages of 13 and 15 use tobacco. Many health issues, such as more frequent and severe asthma episodes, respiratory infections, ear infections, sudden infant death syndrome (SIDS), coronary heart disease, stroke, lung cancer, etc., are brought on by passive smoking or second-hand smoke exposure in newborns, youths, and adults.

Over 13.00 lakh people in India die from tobacco-related causes each year, or about 3500 people every day. Public health risks associated with spitting up tobacco and tobacco products include the spread of gastro-intestinal illnesses, pneumonia, and the swine flu, as well as the possibility of transmitting tuberculosis because the bacteria can survive in spit for up to a day.

Given the aforementioned information, governments all around the world, including India, have passed laws prohibiting smoking on school grounds. Colleges and institutions that have enacted laws banning the use of tobacco products at all indoor and outdoor campus sites are considered to have tobacco-free campuses. It is well established that tobacco use is bad for the environment, smokers, and bystanders. Colleges have been developing tobacco usage rules ever since this problem was first identified in an effort to raise health standards, create a more enjoyable campus environment, and lessen nicotine's harmful environmental effects.

In order to implement measures to reduce tobacco usage, the Government of India passed the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA 2003) in 2004.. Various laws prohibit smoking in public places, selling tobacco to and to minors, selling tobacco within 100 yards of educational institutions, and engaging in direct and indirect tobacco product advertising and promotion. **These have been discussed in the last sub units.** The NTCP is a comprehensive programme that emphasizes community involvement, school programmes, IEC,

and advocacy in addition to offering a strong foundation for the implementation of tobacco control laws and activities.

The Government of India released, launched, and prepared the "Guidelines for Tobacco Free Schools/Educational Institutions" in 2008 and the "Step by Step Guidelines for implementation of Section 6(b) of the Act and Rules" in 2017. This was done in response to the GYTS and GATS findings that there is significant tobacco use among adolescents and young adults, despite the fact that they are most susceptible to exposure to tobacco use. Since then, numerous further actions have been taken. These rules were created as a result of the GATS2 data, which also indicated that the earlier guidelines needed to be reviewed.

While some educational institutions only forbid smoking on their campuses, some universities and colleges have made it illegal to use any kind of tobacco, cannabis, or other substance. The intensity and rigor of each college's cigarette policy varies slightly. Colleges are attempting to reduce tobacco use in a variety of ways, not only by outright prohibiting it on campus. Many colleges provide students seeking to quit tobacco use cessation programmes and ongoing support.

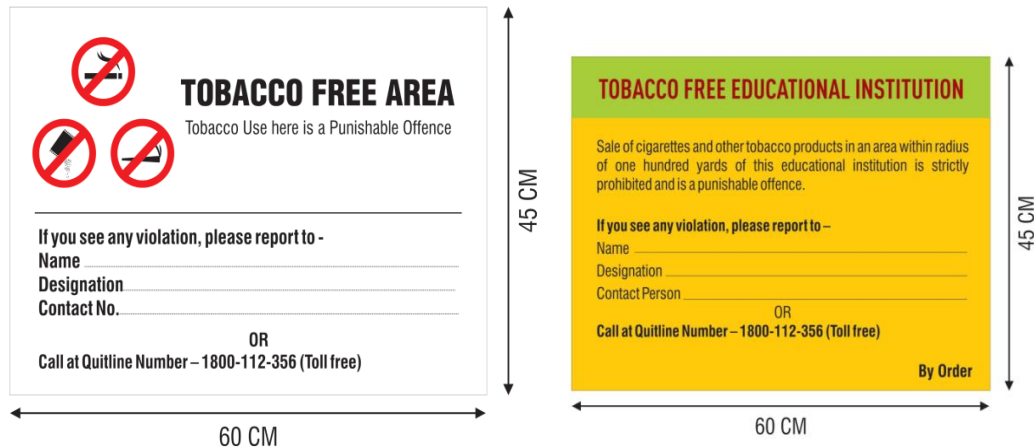
The Government of India has created Guidelines for "Tobacco-Free Educational Institutions (ToFEI)" under the NTCP, and all schools in the nation are required to abide by them. The Central Board of Secondary Education (CBSE) also adopted it for use in all of the schools that are associated with it. In reaction to the lax enforcement of the law in educational institutions, these principles were developed.

#### **3.4.2.1. Objective of these Guidelines**

The purpose of these guidelines is to provide tobacco control programmes for teenagers and young adults a new lease on life. Any educational institution, including schools at all levels, colleges for further or professional education, and universities, both in the public and private sectors, may implement these rules.

#### **3.4.2.2. Guidelines for Tobacco Free Campus (Govt of India)**

- An Educational Institution should display of "*Tobacco free School*" or "*Tobacco-free Institution*" board at a prominent place on the boundary wall outside the main entrance. The signage should be displayed in the language of instruction in the Educational Institution and also in the local language if it is so possible.



- A representative of the students, a teacher, or an official from the staff of the educational institution should be chosen to serve as the tobacco monitor(s) (the student from class IX onwards). Tobacco Monitors should be assigned as Health & Wellness Ambassadors. The placard should also include the name, title, and phone number of the tobacco monitor(s). It is possible to designate more than one tobacco monitor, and doing so might be a good idea. Smokers should be careful not to be identified as Tobacco Monitors.
- The administration of an educational institution should make sure that no tobacco products are sold there or within 100 yards of the building. Calling the National Quitline at 1800-11-2356 is the best way to report any violations. If at all possible, the management should work with the community, particularly parents, and local law enforcement to put a stop to such transactions. It should be noted that clause 6(b), which prohibits the sale of tobacco products within 100 yards of educational institutions, also allows the Head of the Institution to levy fines for violations. To ensure that no tobacco products are offered inside the defined area, educational institutions should also use the assistance of local authorities to mark such limits or areas that clearly define the 100 yards area.

ACT	Section	Offence	Penalties
COTPA	Section 4*	Smoking in Public Places	Fine upto Rs.200 under section 21
	Section 6a*	Sale of tobacco products to or by minors	Fine upto Rs.200 under section 24
	Section 6b*	Sale of tobacco products within 100 yards of any Educational Institute	Fine upto Rs.200 under section 24
	Section 5	Direct/indirect advertisement of tobacco products and scholarship/ sponsorship of any event by tobacco companies	Under Section 22- First Offence: Fine up to Rs. 1000/- or imprisonment up to two years or both Subsequent offence: Fine up to Rs. 5000/- or imprisonment up to five years or both
	Section 7	Mandatory display of specified health warnings on all tobacco product packs	Under Section 20 - First Offence for Producer or Manufacturer: Fine up to Rs 5,000/- or imprisonment up to two years or both. Subsequent Offence: Fine up to Rs 10,000/- and imprisonment up to five years Under Section 20 - First Offence for Seller or distributor: Fine up to Rs 1,000/- or imprisonment up to one year or both. Subsequent Offence: Fine up to Rs 3,000/- and imprisonment up to two years
Juvenile Justice Act	Section 77	Giving or causing to give any addictive substance including tobacco to minors	Upto 1 lakh fine and 7 years imprisonment
Indian Penal Code	Section 268	Creating Public nuisance which causes any common injury, danger or annoyance to the public	Fine upto Rs. 200/-
	Section 269	Negligent act likely to spread infection of disease dangerous to life	Imprisonment upto 6 Months or Fine or both
	Section 278	Making atmosphere noxious to health	Fine upto Rs. 500/-
Food Safety and Standards Act, 2006 (FSSA, 2006)	Regulation 2.3.4 of Food Safety and Standards (Prohibition and Restrictions on sales) Regulations, 2011	Use of Tobacco and nicotine as ingredients in any food products.	Penalty not exceeding Rs. 10.00 lakh under Section 57 (1) (ii) of FSSA, 2006

\* A list of authorized officers to enforce the provisions of COTPA, 2003 and Rules made thereunder is as under;

- The administration of a school must forbid the use of tobacco products on the school's property by anybody, including students, teachers, other staff members, drivers of school buses, and visitors. The Campus Code of Conduct should include the "No Tobacco Use" rule, and infractions should result in disciplinary action in accordance with their internal policy.
- Because all educational institutions' grounds are public spaces by definition, smoking on their property is against section 4 of the COTPA. According to the COTPA, 2003, the Head of all Educational Institutions is also permitted to levy and collect fines for such offences.
- Due to the 2011 Food Safety and Standards (Prohibition and Restrictions on Sales) Regulation's prohibition on the use of tobacco and nicotine as food additives, many States



have issued the required directives to make it illegal to purchase gutkha and pan masala (containing tobacco or nicotine). Despite being a standardized product under the Food Safety and Standards Act of 2006 and the Regulations enacted thereunder, Pan Masala without tobacco and/or nicotine should not be consumed because it is harmful to health.

- By encouraging them to use the Quitline and Cessation programmes, educational institutions may aid tobacco users and addicts in their efforts to stop using tobacco. The Quitline is a good source of details regarding these options.
- A tobacco-free educational institution is not allowed to take part in any event that is sponsored by a business that encourages the use of tobacco products or that manufactures or distributes them in any way. Additionally, EIs and students should not accept any award or scholarship established by such companies..
- The management of educational institutions and tobacco monitors must also be on the lookout for tobacco substitutes like e-cigarettes and similar devices, such as Heat-Not-Burn devices, Vape, e-Sheesha, and e-Nicotine Flavored Hookah. Even though they are not tobacco products, these products are nevertheless bad for your health. E-cigarettes come in a wide range of sizes and designs that resemble conventional cigarettes, cigars, pipes, pens, USB flash drives, and other items. They also have a slick, high-tech design and rechargeable batteries. These products are typically sold as safer substitutes for traditional cigarettes, but this safety claim is untrue. There is evidence that these products lead to nicotine addiction in young adults and adolescents. The Quitline can receive reports of any use of these products on campus.
- The institution may use the Self-Evaluation Scorecard for Tobacco Free Educational Institution recommended by the Ministry of Health and Family Welfare, (MoHFW) Government of India, to evaluate the state of implementation of the Tobacco Free Educational Institutions Guidelines in their institution on a semi-annual basis and to obtain a certificate to this effect for those EIs who score 90% or higher marks. The Educational Institutions might decide to take part in the Tobacco Free Educational Institutions Award Scheme after they are convinced that they have attained the benchmark score. If a Tobacco Free Educational Institution's score is verified to be equal to or higher than the benchmark score, the EI will get a Tobacco Free Educational Institution Certificate. The MoHFW will release specific information regarding the Tobacco Free Educational Institution Award Scheme separately.

Self-Evaluation Scorecard for Tobacco Free Educational Institution			
Name of the Educational Institution:-			
Name and Designation of Evaluator:-			
Date of Evaluation:-			
Final Score of the Educational Institute: .....			
Sl. No.	Criteria	Weightage Points	Scored points by the Institute
1	Display of 'Tobacco Free Area' Signage inside the premise of Educational Institute at all prominent place(s).	Mandatory (10)	
	The name/designation/contact number are mentioned / updated in the signage	Mandatory (10)	
2	Display of "Tobacco Free Education Institution" signage at entrance/ boundary wall of Educational Institute.	Mandatory (10)	
	The name/designation/contact number are mentioned / updated in the signage	Mandatory (10)	
3	No evidence of use of tobacco products inside the premise i.e. cigarette/beedi butts or discarded gutka/tobacco pouches, spitting spots.	Mandatory (10)	
4	Poster or other awareness materials on harms of tobacco displayed in the premise.	9	
5	Organisation of at least one tobacco control activity during last 6 months.	9	
6	Designation of Tobacco Monitors and their names, designations, and contact number are mentioned on the signages	9	
7	Inclusion of "No Tobacco Use" norm in the EI's code of conduct guidelines	9	
8	Marking of 100 yards area from the outer limit of boundary wall / fence of the EI.	7	
9	No shops selling tobacco products within 100 yards of the Educational Institute.	7	

- Tobacco Control activities: The Educational Institutions should undertake tobacco control activities from time to time. Some suggestive activities are as under –
  - There must be a "Tobacco Control Committee" in place. A science teacher, or any other instructor, a school counsellor (if available), at least two NSS/NCC/scout representatives, at least two parent representatives, a municipal councilor, a member of PRIs, and any other member may serve as its chairperson. The committee will keep an eye on the school's or institution's tobacco control efforts. The committee must meet every three months and submit a report to the district office.
  - Tobacco-free pledge gatherings; competitions for posters, slogans, essays, quizzes, and debates; and street plays, among other activities. Posters that have been created with information regarding the negative effects of tobacco use should be placed prominently around the educational facility.
  - Integration of tobacco control activities with ongoing School Health Programme of the State.
  - The Educational institution management should encourage tobacco control initiatives by students /teachers/ other staff and certificates of appreciation or awards may be given to those who take initiative and do good work in this regard.

- Educational institutions could ask local law enforcement officials, such as the State Nodal Officer for Tobacco Control in the State Health Directorate, to participate in school assemblies and give a speech on tobacco control. These officials may also be consulted for technical or other feedback. This will make it easier to lobby decision-makers on tobacco-related issues.
- Marking of 100 yards area from the outer limit of boundary wall / fence of the Educational Institution.

Besides the above suggestive list, the Educational Institutions team should explore other options as well to make their campus tobacco free.

### **3.4.3. Roles and Responsibilities of Students in Tobacco Free Campus**

Simply making policy for prevention of Tobacco usage in educational institutions will not going to achieve its objectives. It is necessary for the various stake holders to perform their responsibilities honestly. National Tobacco Control Cell, Ministry of Health and Family Welfare, Government of India, State/District Tobacco Control Cell and Civil Society Organizations should properly perform their role and responsibilities to make educational institution tobacco free. MoH&F, Government of India has laid down role and responsible of all the above-mentioned stake folders in its guidelines for Tobacco Free Educational Institutions. And all the aforesaid stake holders are doing their duties. Apart from the above stake holders, for making Educational Institutions tobacco free and drug free, active participation of students is of outmost necessity. In the following paragraphs responsibilities students for the mission of Tobacco Free Campus initiatives are discussed.

#### **An Exemplary Pledge for Students**

**I pledge that I will not use tobacco products, illegal drugs, or alcohol. I will do my best to educate my friends and family and neighborhood about the dangers of using such products and how they are life killers. I will always make the right decision by refusing to take any such product and resist their consumption and sale to the people of my surroundings.**

### **3.4.3.1. Preparing Students for Tobacco and Drug Campus**

Students are undeniably an integral part of society. They possess boundless energy and enthusiasm, and they often offer fresh perspectives on relevant issues. With their unique experiences, viewpoints and vitality, young people are capable of making extremely important contributions to society.

School and college going adolescent, young person's confront difficult choices with respect to drugs, alcohol, and tobacco and sometimes respond by experimenting or by rebelling against traditional sources of authority. These days, drug abuse has become more prominent among youth. Today, there is a clear need for effective drug prevention programs directed toward youth. And participation of youths in such prevention program is now an utmost necessity. Thus, in the case of tobacco free campus initiative participation of students is essential. But a question arises here, how can we make the students actively participate in the crusade against substance abuse? Is it necessary to train them? How and where to train them? And the answer to these questions is training in the school and colleges.

Schools and colleges are among the most common settings for substance use prevention efforts. It is here in the classroom that students are groomed by teachers. Thus, school should train the students appropriately before seeking their participation in fight against substance use. Some of the possible way to train the students in school are as follows:

- School should engage themselves in supporting the development of social, emotional and decision-making skills of students in early years and providing opportunities to practice these skills in the context of substance use-related issues; and helping youth understand and resist negative social influences.
- School should develop a positive school culture that encourages pro-social behaviors and the active participation of students in school life, and developing clear substance use norms and policies and supportive practices to address any possible incidents of substance use or mental health-related issues can contribute to substance use prevention.
- In tertiary education (comprising universities, colleges and vocational schools), addressing school policies and culture, altering the environment through social marketing campaigns and providing brief interventions can prevent substance use, and student participation in the planning, targeting, delivery and marketing of such interventions can also be valuable.
- Educational institutions should conduct prevention programmes. Because preventive programme provides a basis for teaching young people to develop healthy behavioral

patterns which do not include drug taking, and for instilling in them a sense of responsibility.

- Educational institutions should fully integrate the drug abuse education into school curricula, with emphasis on the destructive effects of drugs use, the encouragement of excellence in teaching, health and overall personal wellbeing. The contents of curriculum to impart drug prevention education should be clear and easy to understand. They should be appropriate for the target group's needs and interests. Preventive education programme should have the objectives such as to value and maintain sound personal health, to respect laws and rules prohibiting drug use, to resist peer pressures to 'abuse drugs, to promote student activities that are drug free and offer healthy avenues for student interests, and to promote religious and cultural values which strengthen drug free life styles.
- Besides the educational institutions should involve parents in their programme for training young mind to fight against substance abuse. They can establish a Students Assistance Programme to identify and assist students who are already having problems and helping them out. School should also help teachers to develop skills and knowledge to handle the education for drug resistance as well as for helping out those students who 'have already become addicts.

Through above framework and initiatives education institution both school and colleges as well as universities should train the students on prevention of tobacco and other drug usage.

### **3.4.3.2. Role and Responsibilities of Students in Drug & Tobacco Free Campus**

*“Young people are not problems to be solved, but problem solvers themselves.”*

Students are assets to the educational institutions and they can make positive and long-lasting contributions when the opportunity arises. School and college students are typically considered "Youth," which is a transitional stage between childhood and adulthood. It is the beginning of an era of growth and development. They start laying the groundwork for their behaviors as adults at this period of their lives. The development of talents, which could decide future triumphs or difficulties, is a precarious stage of life. Hence, engaging students in the tobacco and drugs free movement embodies a fundamental procedure of self-determination, as the policy uniquely affects this population. Student support is essential for implementing a 100%

smoke- and tobacco free campus. Thus, students should perform their role and responsibilities in making tobacco and drug free campus as mentioned below

- **Formation of Students Group/Association-** It is necessary for the students to form *The Tobacco Action Group* and *Student Health Consortium*, and work for a truly smoke-free campus. Such associations should create awareness among the fellow students in order to increase student involvement, organize student-centered activities to raise awareness such as collecting signatures, holding students' debates, and conducting opinion polls.
- **Conduct of Outreach Programme-** Student volunteers from different association and group should actively promote and provide outreach platforms for the campus cessation program such as Tobacco Talk. Reducing both secondhand smoke exposure and tobacco use/smoking should be considered equally important. Only a 100% smoke-free campus will protect vulnerable young people from becoming addicted, getting sick and dying prematurely from tobacco. A truly smoke-free campus will save many more lives than continuing to maintain designated smoking areas.
- **Conduct of debate/essay writing and Quiz competition:** Students association in collaboration with authority of educational institutions should conduct debate competition and essay writing competition among students regarding demerits of tobacco and drug usage. Quiz competition should be conducted for promotion of awareness among fellow students.
- **Conduct of Counselling Centre-**The students volunteers from the association should conduct counselling center for their fellow mates. They should call for expert counselor for counselling tobacco and drug addict on the benefits of staying away from substance and the way of getting rid of addiction.
- **Conduct of Street Play-** Students should perform street play inside the campus and near the campus on the theme related to risk of tobacco and drug use in order to make awareness among the fellow students and youth residing near the educational institution. To make the fellow students and peer group understand why people use drugs and alcohol. Make them understand the difference between drug abuse and drug addiction. Aware them to avoid temptations and peer pressure and inspire them to practice healthier living habits.
- **Conduct of slogan Writing & Poster making-** Slogan and placard should be called from the fellow students by the volunteers to spread awareness among the students regarding benefit of drug free and tobacco free campus.

- **Awareness through social media and Radio:** Students should use various media such as Radio to spread awareness among fellow students. They can also harness the social media platform such as WhatsApp group, campus YouTube channel, Instagram, telegram, short video etc. for spreading awareness among the fellow students regarding demerits of tobacco and other substance usage as well as rehabilitation and counselling activities among peer groups.

Thus, through self-awareness among the students, formation of association for drug preventions, arrangement of campus play, peer group consultation by students, conduct of debate competition, poster making competition, slogan writing competition, seminar, etc. by student association in consultation with teachers and authority are some of the roles and responsibilities of students in making tobacco free and drug free educational campus. The active involvement of youth as recipients is often an essential feature of effective programmes. Moreover, school attachment and active student participation are associated with positive development and a lesser risk of substance use; therefore, supporting positive bonding to school and active participation in school life is good prevention in itself.

#### **Key Learning**

**Educational institutions can play a unique role in preventing drug, alcohol, and tobacco use among the youth. What they can do?**

- **Forbid tobacco use by students, staff, and visitors on all school grounds and at all school-sponsored events.**
- **Provide comprehensive tobacco prevention education. At school and through students and teachers as extension activities.**
- **Involve parents and families in school efforts to prevent tobacco use.**
- **Adopt a firm school policy of not accepting any funding, curricula, or other materials from any tobacco company.**
- **Evaluate the school's tobacco-free programs at regular intervals.**
- **Help tobacco-using students and staff quit.**

#### **3.4.4. Role of Students in Tobacco & Drug Prevention in Their Family and Society**

When given the chance, students or young people can contribute positively and permanently to their community. Although society is starting to recognize and value their qualities, it is still cautious to embrace them as contributing members of society. But this acknowledgment will be realized through efficient consulting procedures.

The involvement of youth in drug and tobacco prevention programmes serves as a source of knowledge in and of itself. Young people can provide information about their evolving attitudes and needs, their perceptions of what makes for high-quality service delivery, and the obstacles to obtaining these services as both citizens and recipients. Young people can identify information access techniques that are helpful to others and those that could use better.

Young people are the best people to tap into today's fast evolving youth culture since they are constantly attempting to keep up with the most recent trends. They can inform the populace about anything, including music, fashion, and even illegal substances. They are professionals in their own right when it comes to pharmaceuticals. The link between individuals who deal with drugs and those who want to learn more is made up of young people, but sadly, their influence and viewpoints on prevention programmes are routinely ignored.

Youth can contribute programmes and special knowledge in the field of anti-drug initiatives to the larger community. Instead of letting confused kids think that drugs are their only option, they should offer alternatives that will appeal to their interests.

Young people earn respect for themselves, for adults, and for society at large when they are given the duties of developing, administering, and organizing drug prevention projects or programmes. Youth participation in drug prevention programmes is a part of a larger effort to value and respect young people's potential. Youth-led programmes put the emphasis on what matters rather than what doesn't. Because they are based on actual requirements rather than assumed ones, it lends validity to a programme. Additionally advantageous is the fact that it conserves resources, time, and energy. Making drug prevention programmes successful will ultimately encourage the creation of additional programmes and the active, participatory inclusion of youth.

#### **3.4.4.1. Role of Students in Drug abuse in Family**

Families represent one of the most powerful socialization agents across cultures, and thus serve as essential settings for prevention efforts. The disintegration of the old joint family system, absence of parental love and care in modern families where both parents are working, decline of old religious and moral values etc. lead to the rise in the number of drug addicts who take drugs to escape hard realities of life. Students can be involved in prevention programming in the context of families, for example, during the planning and adaptation phases. Students are involved in family skills prevention programmes. Besides students who are trained in awareness course in their school and colleges can help the family and immediate surrounding in the fight against drug prevention and tobacco use.



- The students need to spread awareness among the family members to avoid substance abuse and tobacco usage.
- Students should spread the legal aspects of using alcohol, tobacco and other drugs to the family members. It should be clear to the students that violation will invite certain sanctions.
- Various tobacco such as *Bhang*, *Gudakhu* are not considered harmful by old and illiterate people in families in rural areas, in that case it is necessary for the students to impart the family members the health risk and economic consequences of their usage to the family member.
- Addiction is still seen as a crime or a moral weakness. Due to this parent and relative of the addict hide it. There is a sense of shame and guilt on the part of the family members, which prevent them from seeking help on time. Besides the relapse rate of those who are treated is so high that often the addict and the relatives see no point in seeking help. In this case students can counsel their parents and family members to face the situation so that family can survive the onslaught of tobacco and drug abuse.
- Alienation is a kind of feeling a person can have as not being part of the group or the society where he lives or works. isolated and who have turned to drugs as an escape. In this case it is the duty of students to apply their knowledge and skill and create the atmosphere of belongingness and check other people of the family getting attracted to substance abuse.
- Family includes the parents, siblings, and close relations. We have explained earlier that addiction is a family disease. Family is an important agent in building up a drug free society. The strategy should have the following elements to make it effective in combating drug abuse:
  - Parents should be given accurate information about drugs like alcohol, cigarettes etc.
  - Parents should be helped do develop skills in building up healthy family relations.
  - Parents should be helped to implement drug prevention strategies at home by being role models, helping the child to have creative activities and, resist peer pressure

- Clear family norms should be established regarding the use of alcohol or tobacco by the elders in the family.

When own member of the family abuses drugs- be a parent, child or a relative, - it causes disruption and disharmony within the family and every member suffers. Drug abusers are often obsessed with the notion that everything is going on smoothly around them, including the needs and situation of family members. Their ignorance leads to a breakdown of the family functioning. Thus, it is necessary for the youths to act in time and prevent breakdown of the family.

#### **3.4.4.2. Role of Students in Society and community against substance abuse**

Beyond school and family, lies the society. Students or youth interact and spend their time in social setup. They encounter different social problem there in the society. Drug and tobacco abuse and alcoholism is a major social problem encountered by the youth. And they also noticed that most of those engulfed in these problems are their friends, relatives and peer groups. Hence, it is the responsibility of the youth to eradicate the menace of drug and alcoholism from the society. Youth are competent, determined, self-worthy and conscientious hence their participation in eradication of substance abuse from the society is essential.

- Young persons are, undoubtedly, the best experts on young people. Their behaviors, their style and even their language differ from adults. Thus, youth volunteers should properly counsel their counterpart as well as older people engulfed in addictions.
- Young volunteers should share their experiences and ideas on the dangers of drugs to their drugs ignorant counterpart. They should convey their perceptions concerning what makes a drug dangerous or how drugs can be avoided to the addicts.
- For many young people, taking part in a drug prevention programme gives them the chance to talk about personal drug addiction experiences that have either directly or indirectly impacted them. When they discuss their drug experiences with classmates or other community members, they serve as a prime illustration of the negative impacts and dangers of drugs. This is really beneficial for other young people because it helps them comprehend drugs from the perspective of someone their own age..
- Young people should ask and discuss issues with their peers. They feel comfortable confiding in others their own age. The peer group serves as a crucial source of support for many young people. It makes sense to involve youth in the planning and delivery of services since they are aware of the strategies that will best benefit them and their peers.

- Youth should impart the developmental skills and knowledge learned in their campus to the drug addicts in the community that will ensure a better future for the society.

When educated youth actively participate in community prevention programmes, they can make significant progress. Because kids develop the self-assurance and awareness to handle problems on their own, this also aids in the growth of their self-esteem with each opportunity. Their leadership responsibilities and roles, which give them the ability to become responsible citizens, increase this.

#### **3.4.4.3. Value of youth participation in drug prevention program**

Participation of youth in tobacco free campus activity, drug and alcohols prevention program are of significant value. Young people may persuade their peers to support any cause by acting as persuasive teachers, trustworthy messengers, and effective recruiters. Since they are the ones leading youthful lives, young people are informed about the attitudes and behaviors of youth. Youth are more appreciated as leaders, advisors, and active agents of change within preventative programmes when they are accorded this respect and consideration.

Youth are aware that drug prevention is a major problem that many young people are currently confronting. Young people make excellent information sources. They understand the significance of drug prevention since it is preferable to assist young people in avoiding drugs than to attempt to stop them after being addicted. Given that young people have historically been the target audience for notions of drug prevention, it is evident that they are able to distinguish between drug prevention strategies that work and those that don't appeal to them. Honesty of students provides insight about what works best for youth and, accordingly, better prevention programmes are created. Thus, in an ideal situation, youth participate in and receive prevention interventions that positively support their development in different settings and from different sources across the different periods of their development. Families, schools, recreational settings and online environments are all examples of optimal settings for youth to reach out to their peers with prevention interventions and messages.

## Why does Youth need to be Agents in Drug Prevention?

- **Ideas are sharp, are purpose driven and directed by commitments. Have easy solution.**

- **Common experience, common culture of their generation and connect better to bring solution and bring prevention.**

### 3.4.5. Role of NGOs in Prevention of Substance abuse

The government cannot tackle drug usage alone in a large nation like India, where there are over 140 crore people and poverty is the main issue. In this situation, non-governmental groups play a crucial role. Any NGO's primary responsibility is to assist the government in combating social ills and in its efforts to promote social upliftment. Below are some key roles that NGOs play in the fight against addiction.

- The NOGs in India have historically performed heroic work in implementing family planning and eliminating illiteracy. In a similar vein, NGOs must acknowledge the seriousness of the issue of chemical dependency and step up to assist the government in the fight against addiction.
- Women's organizations are essential since women are more likely than men to fall victim to substance misuse in India's male-dominated society. Addiction adds to the abuse and pain she experiences.
- NGOs can carry out awareness campaigns even in remote locations. Many NOGs used street theatre and folk art to communicate their message. Kerala Sastra Sahitya Parishad must be mentioned in this context. The NGOs can also identify problematic abusers, provide them with counselling, point them in the direction of care, and aid in rehabilitation.

- The private agencies and non-profitable or charitable organizations can run hospitals exclusively for treating addicts and this will be a good step in the fight against substance abuse. The services rendered by TTR foundation in Chennai is worth mentioning.
- It is also heartening to note that some hospitals have separate department to handle issues of substance abuse related cases. The services of St. John's Hospital, Bangalore in this regard are laudable.
- Do you know that Women's Organizations were responsible for creating awareness about drinking in various states of India? When a woman is oppressed on account of man's addiction, women's organizations should come to the rescue of the woman and also to the society at large.
- In the Western countries many NGOs have their advocacy programmes, counseling and, treatment centers, half-way homes, day care centers and rehabilitation centers. Instead of blaming substance abuse on the West, we have many lessons to learn from the NGOs in the West in our fight against substance abuse.
- Service Organizations like Rotary Club and Lions Club have their programmes on addiction. The Government, NGOs and Service Organizations together should put an efficient, effective and successful fight against substance abuse.
- The Ministry of Social Justice and Empowerment Welfare in India has urged NGOs to get involved in lowering drug demand. Along with treatment and rehabilitation, a number of initiatives, such as awareness-raising, prevention, and public awareness campaigns, have been carried out. Numerous cutting-edge initiatives are currently underway, such as the utilization of street theatre to raise awareness of drug misuse, drug abuse prevention, and street children's rehabilitation.
- One instance of cooperation between organizations engaged in supply reduction (police) and demand reduction efforts is the Navjyoti Rehabilitation Project. There has been work done to prevent drug abuse among criminal addicts. The UNDCP has provided help for each of these projects.
- Several other NGOs are conducting various activities such as therapeutic community in prison, buprenorphine maintenance in an urban slum of and prevention and control of drug abuse at the workplace.
- There are various NGOs which have done some good work in the field of substance abuse. It is not possible to give an exhaustive list but it is only in the fitness of things that we mention representative list: TRADA (Kottayam) Kerala, CAIM Foundation

(Bangalore) Karnataka, TT Ranganathan Clinical Research Foundation, (Chennai) Tamil Nadu Shanti Seva Sadan, (Bangalore) Karnataka, Helping Hands, (Bangalore) Karnataka, Turning Point (Chennai) Tamil Nadu, Shakti (Pune) Maharashtra, Sahara House, New Delhi, Kripa Foundations (Bombay) Maharashtra, ADIC (Thiruvananthapuram) Kerala. Nada India Foundation has been working with the National Association of professional Social Workers in India (NAPSWI) and NISD since 2016 for NCD capacity-building in Delhi (NCR), Punjab, H.P., Jammu, Kerala, Rajasthan, U.P., Chhattisgarh Uttarakhand, Puducherry and & Maharashtra. They are organizing workshops on Strengthening Leadership and Social work intervention for the Prevention and Control of NCDs and its cross cutting risk factors. Indian Institute of Youth & Development (IIYD), Phulbani, Odisha, KRIPA Foundation, Bombay, National Addiction Research Centre (NARC) (Bombay), Navchetna Drug De-Addiction-cum-Counseling Centre (Banaras), Navjyoti DPFCDR ( Delhi) are few NGOs who are working tirelessly for prevention of substance abuse in India.

- There are also numerous regional or international federations of NGOs. These organizations include the Asian Harm Reduction Network (AHRN) and the SAARC NGO Forum. These boxes serve as illustrative case studies that define their goals and activities.
- In 1990, a gathering in Dhaka, Bangladesh, led to the founding of the SAARC NGO Forum. The appointment of a 15-person committee. Various topics were covered, including networking, community mobilization, events, the need for training, and collaborations between GOs and NGOs.
- Another inter-country group for the region met in Colombo, Sri Lanka, in 1994. The deliberations and consensus statement on standards of service and training needs are available in the Forum Report (1994). The Colombo Plan Drug Advisory Programme and the SAARC Secretariat have both been very active in this regard.
- The NGOs play a vital role in prevention of substance abuse. An organization's relationship with its local constituents is stronger and its operations are more likely to be self-sustaining when it has a strong community support base. The crucial role played by NGOs was recognized in Article 71 of the United Nations Charter, which acknowledged their importance in lowering drug demand. The UNDCP and other UN organizations have increased their focus on working with NGOs in recent years. NGOs with

consultative status are allowed to observe CND sessions. Specialized NGOs are likely to be quite active in the future and influence national policy.

### **ALL INDIA STREET THEATRE WORKSHOP AGAINST DRUG ABUSE, STEP**

STEP, established in May 1993 has been actively working on creating awareness about various problems through theatre. Through this medium STEP has not only promoted creativity but also awareness about present day social issues. The objectives of the Society for Theatre Education for People are:

- to develop, refine and promote the concept of theatre education in India
- to integrate with other networks and institutions for attaining the objectives
- to provide informative and healthy entertainment to the masses
- to organize seminars, workshops, conferences, exchange visits, symposiums on meaningful theatre
- to promote the use of theatre for social awareness.

The main objective of the recent undertaking of STEP, “All India Street Theatre Workshop Against Drug Abuse”, was to use the medium of street theatre to build a national campaign against drug abuse. Specific objectives of the workshop were:

- To inculcate the following skills in participants for effective street theatre — body movements, puppetry, script writing, music appreciation, poster making, and other street theatre skills.
- To enable the participants to use these skills in creating awareness against drug abuse.
- To network with other NGOs working against drug abuse in different States of India.

### **DRUG ABUSE AWARENESS AND PREVENTIVE EDUCATION CENTRE FOR CRIMINAL ADDICTS IN CENTRAL JAIL**

The relationship between drug abuse and crime has been well established. The Indian Council of Education, an NGO with UN consultative status with ECOSOC (Economic and Social Council), has set up a de-addiction center for incarcerated addicts in the New Delhi prison. The supply of drugs in the prison is related to the consistent demand from criminal addicts, and could not be brought to a halt despite the strict administration of the prison authorities. It has been felt by the Council that a specialized comprehensive drug abuse preventive education programme is needed for the whole prison community.

This center functions from the premises of the prison. It provides information and knowledge to the inmates and the staff of the prison through audio-visual campaigns about the ill-effects of alcoholism and drug abuse on the individual, the family and society at large. The center also helps to identify and refer criminal addicts to the de-addiction center, provides follow-up programmes, and helps the prison authorities to finalize their rehabilitation programme with the active participation of the addicts and their families. The center covers 5000 inmates and 350 staff members of the prison. The overall objective of this DAPC (Drug Abuse Prevention Centre) project is to make the prison drug free in a year

### **3.4.6. Role of National bodies**

There are various national bodies operating under the Government of India that are involved in prevention, control, treatment and rehabilitation of the problem of abuse and addiction. Many national bodies are involved in intervention and curbing demand and supply.

The State shall endeavor to bring about the prohibition of the consumption of intoxicating beverages and substances which are harmful to health, except for medicinal purposes, according to our Constitution. In the majority of States, alcohol is considered a lawful drug. In our federal system, the Central Government has little influence over the repeal of prohibition. Ironically, alcohol distribution in India is frequently handled by the state governments. In many situations, the government owns its own distillery, go downs, wholesale depots, and even retail establishments.

Even so, there are rules governing the retail establishments, such as selling hours. These laws are more respected when they are broken than when they are followed, with liquor stores, advertisements, and other areas where they shouldn't be allowed. When the distribution system disregards the law, the State Government frequently stands by as an oblivious, powerless observer.

It must be acknowledged that the Indian government and the state governments are fighting illegal narcotics with tenacity. We have a Customs Department that works hard to stop international drug trafficking by being extremely watchful in airports and seaports. Because it serves as a hub for international drug trafficking, the Customs Department makes a conscious effort to stop the importation and exportation of dangerous substances. Our Excise Department, which oversees the license of the liquor business, is diligent in halting illegal distilling or brewing. We frequently read about counterfeit alcohol being seized. Special action forces are employed by many State Governments to address drug-related problems. When the Police Department and Forest Department are implicated in the cultivation of marijuana and poppies, the State Governments must take very harsh action against them. India has a very long coastline and a very long foreign boundary. As a result, international drug trafficking does not only occur at ports of entry. Our borders with India-Pak and India-Bangladesh, as well as our ports, are used for a large portion of worldwide drug trafficking. Numerous departments and agencies within our government work to combat trafficking.

Our military, border security force and coast guard provide excellent services. Most of our government hospitals lack the resources necessary to treat addicts or conduct follow-up procedures in terms of treatment. An addict is denied the chance to stop the habit since, in the



eyes of the law, he is considered the same as any other criminal. In the areas of treating, counseling, and rehabilitating addicts, NIMHANS (National Institute of Mental Health and Neurosciences), Bengaluru, excels. It is true that many medical schools and hospitals offer addiction treatment facilities where many people are receiving treatment.

- Government of India has established various specialized institutions such as the Narcotic Control Bureau etc. for conducting researches on usage of Narcotic drugs in India.
- In order to better execute the COTPA tobacco control rules and the WHO FCTC tobacco control policies, the Government of India piloted the National Tobacco Control Program (NTCP) in 2007–2008. Out of the 35 States and Union territories in the nation, the initiative is being implemented in 21 of them. 42 districts in all are currently covered by NTCP. For the first time, dedicated funds were made available to implement tobacco control policies at the central state and substate levels, marking a significant advancement for tobacco control activities across the nation.
- The nodal ministry for lowering drug demand in India is the Ministry of Social Justice and Empowerment. The Nasha Mukh Bharat Abhiyaan (NMBA) campaign has been launched by the ministry in honour of the 26 June 2021 International Day Against Drug Abuse and Illicit Trafficking. In 272 Districts throughout 32 State/Union Territories, which have been designated as the most susceptible to drug use in the nation, the Nasha Mukh Bharat Abhiyaan (NMBA) is in operation. Based on data from the Comprehensive National Survey and feedback from the Narcotics Control Bureau, these vulnerable areas were determined (NCB)..
- The Ministry of Social Justice and Empowerment supervises and oversees all efforts to prevent drug misuse, including determining the scope of the issue, taking preventive measures, treating and rehabilitating addicts, disseminating information, and educating the general public. Through nonprofit organizations, the Ministry offers community-based assistance for the detection, care, and recovery of addicts. The ministry established awards in 2016 for the most effective or outstanding services provided by individuals as well as institutions in the prevention of abuse of alcohol, narcotic drugs, psychotropic substances, and other addictive substances (other than tobacco and its products), such as cough syrups, correction fluid, and other substances. These awards are intended to recognize and encourage excellence in the prevention of alcoholism and substance abuse as well as the rehabilitation of its victims.

### 3.4.7. Let Us Sum Up

We discussed in this unit the role of stake holders in reduction and prevention of substance abuse. Substance abuse is a global problem, it is a national problem, it is a social problem, it is a family problem and it is a problem of individuals. Hence it is essential that there should be intervention with a view to achieve demand and supply reduction. We also discussed the policy of tobacco free campus as formulated by the Government of India and role of students in achieving it. We examined how beyond their academic campuses, in their family and community, youths are playing significant role for reducing and preventing abuse of different substances such as tobacco, alcohol and drugs. We also discussed the role played by several Government bodies - the Customs Department, Ministry of Health, Ministry of Welfare, Military, Navy, Border Security Force, Coast Guard etc. This made us realize that the NGOs in India have an inevitable role to play in the fight against substance abuse.

### 3.4.8. Key Words

**Alcohol :** A drug that is addictive and affects the way the body and mind works.

**Cannabis :** Drugs produced from different parts of hemp plant.

**Substance abuse:** The use of illegal drugs or the use of prescription or over-the-counter drugs or alcohol for purposes other than those for which they are meant to be used, or in excessive amounts..

**Drug Abuse:** The use of chemical substances (medicinal and non-medicinal) in an amount, strength, frequency or manner that damage the physical or mental functioning.

**Tobacco:** Tobacco is a plant grown for its leaves, which are dried and fermented before being put in tobacco products

**Beedi :** It is made by rolling a dried, rectangular piece of temburni leaf (*Diospyros melanoxylon*) with 0.15-0.25 g of sun-dried, flaked tobacco into a conical shape and securing the roll with a thread.

**Betel leaves:** Betel leaves are an indispensable part of *paan*. The betel vine is a creeper, and it is often grown next to areca-nut trees, which provide support, or on wooden scaffoldings.

**Bhang:** Indian hemp

**Crusade:** Fighting for a noble cause

**NIMHANS :** National Institute of Mental Health and Neurological Science (Bangalore).

**SAARC:** South Asian Association for Regional Cooperation.

### **3.4.9. Check Your Learning**

#### **Q.1. Definitional Type**

- a) Tobacco
- b) Betel Leaves
- c) Bhang
- d) Youth
- e) Tobacco Free Campus
- f) Street Play
- g) Preventions
- h) Narcotic Control Bureau

#### **Q.2. Analytical Type**

- a) Tobacco Free Campus Policy.
- b) What is role of School in achieving Tobacco Free campus?
- c) List out the stake holders in tobacco Free Camus Policy.
- d) Discuss the role of civil societies in making tobacco free campus.
- e) Discuss the benefit of Youth participation in drug prevention programme.

#### **Q.3. Essay type**

- a) Elaborate the Tobacco Free Institution Guidelines by ministry of Health and Family Welfare, Govt of India.
- b) Define Youth and discuss the role and responsibilities of Students in achieving tobacco free campus policy.
- c) Examine the role of students and youth in prevention of substance abuse in family and surroundings.
- d) Discuss the role of NGOs as a stake holder in fight against substance abuse.
- e) Discuss the role of National Bodies as stake holders in fight against substance abuse.

### **3.4.10. Suggested Readings**

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