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(SEWA)

SKILL ENHANCEMENT  
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JAGAT GURU NANAK DEV

PUNJAB STATE OPEN UNIVERSITY, PATIALA

(Established by Act No. 19 of 2019 of the Legislature of State of Punjab)

BACHELOR OF ARTS (LIBERAL ARTS)

SEMESTER-III

DABB32310T

DRUG ABUSE: MANAGEMENT AND PREVENTION

Head Quarter: C/28, The Lower Mall, Patiala-147001

Website: [www.psou.ac.in](http://www.psou.ac.in)

SELF-INSTRUCTIONAL STUDY MATERIAL FOR JGND PSOU

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## **JAGAT GURU NANAK DEV PUNJAB STATE OPEN UNIVERSITY, PATIALA**

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### **PREFACE**

Jagat Guru Nanak Dev Punjab State Open University, Patiala was established in December 2019 by Act 19 of the Legislature of State of Punjab. It is the first and only Open University of the State, entrusted with the responsibility of making higher education accessible to all, especially to those sections of society who do not have the means, time or opportunity to pursue regular education.

In keeping with the nature of an Open University, this University provides a flexible education system to suit every need. The time given to complete a programme is double the duration of a regular mode programme. Well-designed study material has been prepared in consultation with experts in their respective fields.

The University offers programmes which have been designed to provide relevant, skill-based and employability-enhancing education. The study material provided in this booklet is self-instructional, with self-assessment exercises, and recommendations for further readings. The syllabus has been divided in sections, and provided as units for simplification.

The University has a network of 10 Learner Support Centres/Study Centres, to enable students to make use of reading facilities, and for curriculum-based counselling and practicals. We, at the University, welcome you to be a part of this institution of knowledge.

Prof. GS Batra

Dean Academic Affairs

**BACHELOR OF ARTS (LIBERAL ARTS)**

**DRUG ABUSE: MANAGEMENT AND PREVENTION**

**SEMESTER-III**

**(DABB32310T) (COMPULSORY NON-CREDIT COURSE)**

MAX MARKS:100

EXTERNAL:70

INTERNAL:30

PASS:40%

**Objective**

The objective of the course is to spread awareness amongst learners regarding social, psychological and physical effects of drug abuse, and familiarize them with the policies and treatment services available.

**INSTRUCTIONS FOR THE CANDIDATES:**

Candidates are required to attempt any two questions each from the sections A, and B of the question paper, and any ten short answer questions from Section C. They have to attempt questions only at one place and only once. Second or subsequent attempts, unless the earlier ones have been crossed out, shall not be evaluated.

**Section- A**

**Unit I- Introduction to the Problem:** Concept (what constitutes drug abuse); Nature (vulnerable age groups, signs and symptoms); Causes (physiological, psychological, sociological); Consequences (for individuals, families, society and nations)

**Unit II- Management of Drug Abuse:** Medical Management (Medication for treatment and to reduce withdrawal effects, Drug De-addiction clinics, Relapse management); Psycho-Social Management (Counselling, family and group therapy, behavioral and cognitive therapy, Environmental Intervention).

**Section- B**

**Unit III- Social Efforts for Prevention of Drug Abuse:** Role of Family and Social Institutions (Parent-child relationship, Family support, Supervision, Shaping values, Active Scrutiny; School Counselling, Teacher as role model. Parent-Teacher-Health Professional Coordination,

Random testing on students; Media: Restraint on advertisements of drugs, advertisements on bad effects of drugs, Publicity and media, Campaigns against drug abuse, Educational and awareness program

**Unit IV- Political Efforts for Prevention of Drug Abuse:** NDPS Act, Statutory warnings, Policing of Borders, Checking Supply/Smuggling of Drugs, Strict enforcement of laws, Time bound trials.

**Suggested Readings:**

1. Inciardi, J.A. 1981. The Drug Crime Connection. Beverly Hills: Sage Publications.
2. Modi, Ishwar and Modi, Shalini (1997) Drugs: Addiction and Prevention, Jaipur: Rawat Publication.
3. Sain, Bhim 1991, Drug Addiction Alcoholism, Smoking obscenity New Delhi: Mittal Publications.
4. Sandhu, Ranvinder Singh, 2009, Drug Addiction in Punjab: A Sociological Study. Amritsar: Guru Nanak Dev University.
5. Singh, Chandra Paul 2000. Alcohol and Dependence among Industrial Workers: Delhi: Shipra.
6. World Drug Report 2011, United Nations office of Drug and Crime. 8. World Drug Report 2010, United Nations office of Drug and Crime.
7. The Narcotic Drug and Psychotropic Substances Act, 1985, Universal, Delhi, 2012.



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**BACHELOR OF ARTS (LIBERAL ARTS)**

**DRUG ABUSE: MANAGEMENT AND PREVENTION**

**SEMESTER-III**

**(DABB32310T) (COMPULSORY NON-CREDIT COURSE)**

**COURSE COORDINATOR AND EDITOR: DR. PINKY**

**SECTION A**

<b>UNIT NO.</b>	<b>UNIT NAME</b>
UNIT 1	INTRODUCTION TO THE PROBLEM
UNIT 2	MANAGEMENT OF DRUG ABUSE

**SECTION B**

<b>UNIT NO.</b>	<b>UNIT NAME</b>
UNIT 1	SOCIAL EFFORTS FOR PREVENTION OF DRUG ABUSE
UNIT 2	POLITICAL EFFORT FOR PREVENTION OF DRUG ABUSE

**BACHELOR OF ARTS (LIBERAL ARTS)**

**SEMESTER III**

**DRUG ABUSE: MANAGEMENT AND PREVENTION**

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**UNIT- I: INTRODUCTION TO THE PROBLEM**

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**STRUCTURE**

**1.0 Introduction**

**1.1 Objectives**

**1.2 What is addiction?**

**1.2.1 The process of addiction**

**1.2.2 Drug abuse**

**1.2.3 What constitutes drug abuse**

**1.3 Vulnerable age groups**

**1.4 Signs and symptoms of drug abuse**

**1.5 Causes of drug abuse**

**1.6 Consequences**

**1.7 Conclusion**

**1.8 Keywords**

**1.9 Self-check exercise**

**1.10 Model Answers**

**1.11 References**

**1.0 INTRODUCTION**

Addiction is defined by a person's increased and habitual need for a substance. Substance misuse has been a widespread problem across the globe over the last two decades, affecting people from all walks of life. The use of alcohol, tobacco, and numerous substances is a common occurrence among teenagers. The usage of psychoactive drugs by children and



adolescents is a national concern. Concerns have been raised about the physiological and behavioral effects of substance addiction on youths, as well as the public health risks.

Young people are increasingly becoming the most vulnerable victims of the threat of substance abuse, and their vulnerability is growing. Identification of vulnerable age groups, signs and symptoms of drug dependence along with its causes and consequences are discussed in this chapter.

### **1.1 OBJECTIVES**

- To help the reader understand the concept of drug abuse.
- To explain the nature of drug abuse.
- To help the reader understand the various signs and symptoms of drug intoxication.
- To give an insight into various causes and consequences of drug abuse.

### **1.2 WHAT IS ADDICTION?**

Addiction is a compulsive, chronic, physiological or psychological condition; in which a person engages in the use of a substance, behavior, or activity. The rewarding effect of addiction compels an individual to repeatedly pursue the behaviour despite adverse consequences. It has harmful physical, psychological, or social effects and typically causes well-defined symptoms (such as anxiety, irritability, tremors, or nausea) upon withdrawal or abstinence. It may involve behaviors such as gambling or the use of drugs such as alcohol, inhalants, opioids, cocaine, nicotine, and others. In the present chapter addiction of abusing drugs will be explained in detail.

#### **1.2.1 The Stages of Drug Addiction**

The progression of an addiction reflects a continuum, ranging from no use to dependency. People may move back and forth within this continuum, but generally the advance from no use, to use, misuse, abuse, and finally to dependency. Once a person is dependent, they may have to stay abstinent from all substances to get their health back.

##### **1. No Use**

In this stage there is no use of alcohol or other drugs. People have their own reasons not to be involved, including religious beliefs, their age, etc.

##### **2. Use**

People begin to experiment with alcohol or other drugs to see what it is like, or to fit in with friends and peers. They may use a substance to enhance an already pleasurable experience. Some people argue that social use is not merely used in social situations. Rather, it is using responsibly. There are few if any negative consequences to social use. Social use does not include youth who drink alcohol or anyone who uses illegal drugs. Using under those circumstances can result in negative legal or parental consequences.

### **3. Misuse**

A person begins to experience problems associated with their use of alcohol or other drugs. They may get hangovers, get in trouble at home or school because they were drunk or high or do something they regret while under the influence of alcohol or another drug. All these problems, although they may seem small at the time, can escalate into a much larger problem.

### **4. Abuse**

Problems become much more regular. The person uses drugs more frequently and it begins to interfere with major areas of their life such as family, parents, school, legal issues, money, friends, and leisure. The person may become obsessive about when and where they are going to get drugs.

### **5. Dependency**

The person at this stage has lost the ability to choose to use or not use. Using substances has become a way of life. They continue despite the negative consequences and those consequences are occurring more and more frequently. The person may experience physical or psychological withdrawal, cravings, and decreased physical and emotional health.

**Fig. 1: Pictorial Representation of Stages of Addiction**



Source: [navicare.in](http://navicare.in)

In the following section, the concept of drug abuse will be explained in detail

## **1.2.2 Drug abuse**

Drug abuse, also known as substance abuse, refers to the use of certain chemicals to create pleasurable effects on the brain. While abusing drugs the user consumes the substance in amounts or with methods that are harmful to themselves or others.

Substance use includes the use of licit substances such as alcohol, and tobacco, diversion of prescription drugs, as well as illicit substances.

### **1.2.2.1 What constitutes drug abuse?**

On the basis of the chemical nature of the substance drugs can be classified as follows:

#### **Alcohol**

In most parts of the world, including India, alcohol is the most often abused substance. Alcohol affects many physiological systems and has a variety of consequences on the user. Alcohol produces euphoria and lowers inhibitions, but it also impairs judgement, perception, and reaction times substantially. Alcohol is a depressant of the central nervous system (CNS), and adversely put an impact on liver in the long-term.

#### **Opioids**

Opioids, often known as Opiates, are produced from the narcotic Opium or its compounds. Opioids work by interacting with brain receptors and, in certain cases, they mimic the effects of neurotransmitters. This allows Opioids to be effective pain relievers, but it also allows them to create addiction. Opioids are among the most addictive of all known substances, as well as among the most lethal.

#### **Benzodiazepines**

Benzodiazepines, sometimes known as Benzos, are a class of medicines that interact with the neurotransmitter gamma-aminobutyric acid-A. (GABA-A). Because each Benzo interacts with GABA-A differently, each Benzo has a particular effect on the body and mind. Benzos are used to treat a wide range of psychiatric and sleep disorders, but they are also widely misused. When not used properly, benzos are highly addictive and can lead to a variety of medical and mental issues.

#### **Cannabinoids**

Cannabinoids are a class of medications that are chemically related to the active ingredient in

marijuana, tetrahydrocannabinol (THC). Cannabinoids provide euphoria, or a high, but they can have deleterious effects on mental and physical performance. After alcohol, cannabinoids are the most often abused narcotics.

### **Barbiturates**

Barbiturates work by slowing down the central nervous system's function. Barbiturates are chemical derivatives of barbituric acid. Barbiturates were once widely used to treat psychiatric and sleep disorders, and they are still used for anesthesia and the treatment of epilepsy and headaches. Barbiturates are very addictive, and they also pose a high danger of overdose since they shut down many physiological processes.

All the above-mentioned drugs affect the abuser differently. Based on effect drugs can be classified as follows:

### **Depressants**

Depressants produce sensations of fatigue and relaxation. While many have valid uses in the treatment of mental illness and sleep deprivation, they are frequently abused because they can induce euphoria. Depressants are not only among the most addictive medications, but they are also among the most deadly and prone to result in overdose.

### **Stimulants**

Stimulants, also known as "uppers," are used to boost energy, concentration, and wakefulness. A "rush" is supposed to be provided by stimulants. Stimulants are thought to boost productivity and performance in the short term while also providing a pleasurable high. Stimulants are extremely addicting and have a high potential for abuse in the long run.

### **Hallucinogens**

Hallucinogens are also known as dissociatives because they alter the user's perspective of reality. This frequently results in auditory and visual hallucinations, which is referred to as "tripping." Even though hallucinogens are less addictive than other drug classes, their initial effects are often more intense and deadly.

### **Inhalants**

Inhalants are a broad category of substances that are consumed largely through breathing or puffing. The majority of inhalants are routinely used products that are not intended for human consumption. While inhalants come in a wide range of flavours, they all generate a high.

### **1.3 VULNERABLE AGE GROUPS**

Like other diseases, the imposition of addiction on a person will vary. There is no rule of thumb to determine who will abuse drugs, or how quickly its cycle will take to spark. Drug addiction affects all age groups across the spectrum, but adolescents are more vulnerable to developing drug addiction. Adolescence is the period when young people undergo physical and psychological development (including brain development); substance use may affect that development. A recent BBS report on men who inject drugs found that the median age of initiation into any form of drug use was 19. One tenth of the male users began injecting drugs between the ages 15-17 years. Cigarettes, alcohol, and [marijuana](#) are the most commonly abused substances in this age group. Adolescents are particularly susceptible to social cues, with peer groups and families having a significant influence throughout this period. One of the factors linked to the likelihood of substance misuse in adolescents is the use of drugs by a family member. Peer pressure plays a big part in substance usage, and having a troubled connection with your parents makes you more vulnerable to abuse drugs.

Although adolescents are most vulnerable age group for substance abuse; young adults are also prone to addiction. It is important to have a sound understanding of the patterns of substance use as well as the personal social and environmental influences that may result in substance use and substance use disorders among young people. The tendency for substance abuse in young adults is associated with trying to cope with the increasing challenges and responsibilities that come with adulthood. These challenges include leaving home for work or education and establishing new social relationships. Young adults are also prone to be exposed to alcohol and other substances through their social environment.

Although previously considered as an age group with lower substance abuse rates, recent studies suggest an increase in the rate of substance abuse in the elderly. Alcohol abuse is the most common form of abuse in this group. The use of prescription drugs has also grown in the elderly, prolonged use of these drugs may lead to dependency. Commonly abused prescription drugs among this population include opioid painkillers and sedatives like benzodiazepines.

### **1.4 SIGNS AND SYMPTOMS**

#### 1.4.1 Warning signs of substance abuse

**Physical:** fatigue, sleep problems, repeated health complaints, red and glazed eyes, and a lasting cough.

**Emotional:** Personality change, sudden mood changes, irritability, irresponsible behaviour, low self-esteem, poor judgement, depression, withdrawal, and a general lack of interest.

**Family:** Starting arguments, negative attitude, breaking rules, or withdrawing from the family.

**School:** Decreased interest, negative attitude, drop in grades, many absences, truancy, and discipline problems.

**Social/Behavioral:** Peer group involved with drugs and alcohol, problems with the law, dramatic change in dress and appearance.

There are many factors at the personal, micro (family, schools and peers) and macro (socioeconomic and physical environment) levels, the interplay of which may render young people more vulnerable to substance use.

### **1.4.2 Symptoms**

The individual must show symptoms and signs of intoxication that are of sufficient severity' to produce significant disturbance in the level of consciousness, cognition, perception, affect or behavior.

Symptoms of acute intoxication related to different drugs are given below:

#### **Alcohol**

The individual must show dysfunctional behavior such as dis-inhibition; argumentativeness; aggression; lability of mood; impaired attention; impaired judgment; interference with personal functioning; unsteady gait; difficulty in standing; slurred speech; nystagmus; decreased level of consciousness; flushed face etc.

#### **Opioids**

Apathy and sedation; psychomotor retardation; impaired in attention; impaired judgment; interference with personal functioning; drowsiness; slurred speech; decreased level of consciousness; etc.

#### **Cannabis**

The individual must show dysfunctional behavior such as---dis-inhibition; euphoria; anxiety; agitation; suspiciousness; paranoid ideation; a sense that time is passing by slowly; impaired attention; impaired judgment; impaired reaction time; auditory, visual or tactile illusions; hallucinations with preserved orientation; depersonalization; derealization, interference with personal functioning; increased appetite; dry mouth etc.

## **Sedatives and hypnotics**

The individual must show dysfunctional behavior such as---dis-inhibition; euphoria; apathy; sedation; abusiveness; aggression; lability of mood; impaired attention; anterograde amnesia; impaired psychomotor performance; interference with personal functioning; unsteady gait; difficulty in standing; slurred speech; nystagmus; decreased level of consciousness skinlesions or blisters.

## **Cocaine**

The individual must show dysfunctional behavior such as – euphoria; increased sensation of energy; hypervigilance; grandiose beliefs or actions; abusiveness or aggression; argumentativeness; lability of mood; repetitive stereotyped behaviors; auditory, visual or tactile illusions; hallucinations usually with intact orientation; paranoid ideations; interference with personal functioning; hypertension or hypotension; sweating and chills; nausea and vomiting; weight loss; psychomotor agitation; muscular weakness; chest pain; convulsions etc.

## **Caffeine**

The individual must show dysfunctional behavior such as – euphoria; increased sensation of energy; hypervigilance; grandiose beliefs or actions; abusiveness or aggression; argumentativeness; lability of mood; repetitive stereotyped behaviors; auditory, visual or tactile illusions; hallucinations usually with intact orientation; paranoid ideations; interference with personal functioning; hypertension or hypotension; sweating and chills; nausea and vomiting; weight loss; psychomotor agitation; muscular weakness; chest pain; convulsions etc.

## **Hallucinogens**

The individual must show dysfunctional behavior such – anxiety; fearfulness; auditory,visual, tactile, illusions or hallucinations in a state of full wakefulness or alertness; depersonalization; derealization; paranoid ideation; ideas of reference; lability of mood; hyperactivity; impulsive acts; impaired attention; interference with personal functioning; palpitations; sweating and chills; tremors; blurring of vision; papillary dilation; inco- ordination etc.

## **Nicotine**

The individual must show dysfunctional behaviour such as--insomnia; bizarre dreams: the abilityof mood; derealization; interference with personal functioning; nausea; vomiting; sweating; etc.

### **1.4.3 Symptoms of substance dependence**

- Continued need of the substance, despite harmful consequences and significant substance-related problems.
- Presence of repeated administration of substance; increased tolerance and sometimes a physical withdrawal state.
- Individuals may show a marked increase in amounts of substance to achieve intoxication or the desired effect and may show a markedly diminished effect with continued use of the same amount of substance.
- Individuals may exhibit a strong desire to take the drug and may find it difficult to control its use.
- The individual may continue to use the substance despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- Individual may give a higher priority to drug use than to any other activity or obligation. His important social, occupational or recreational activities are given up or reduced because of substance use.
- The individual may do anything that he or she can to obtain the drug.
- The individual may spend a great deal of time in activities necessary to obtain the substance; or use the drug; or recover from its effects.

In addition to dependence, abuse, intoxication and withdrawal, certain psychoactive drugs or substances can induce other organic or psychiatric mental disorders known as substance induced disorders. For example, substance intoxication, substance withdrawal, substance induced withdrawal delirium, substance induced intoxication delirium, substance-induced persistent dementia, substance induced psychotic disorder, substance induced sexual dysfunction, substance induced persistent mood disorder, substance induced persistent amnesic disorder and substance induced sleep disorder.

## **1.5 CAUSES OF ADDICTION**

Numerous causes make a person more prone to drug dependence. Some of the causes of drug addiction are described in the following section:

### **1.5.1 Physiological Causes of Addiction**

Biological causes emphasize the importance of genetics and the biological forces of nature in



drug abuse. Some people would be at greater risk of developing an addiction because of their genetic vulnerability.

### **Individual biology**

Determine how the effects of a given drug are perceived and the degree to which repeated drug use produces changes in the central nervous system (CNS). Addiction is seen as a brain disease, as there is enough evidence available that there are certain changes that take place in the structure and neurochemistry of the brain of the drug user which play a significant role in transforming voluntary drug- using behaviour to compulsive drug use.

### **Homeostasis**

Addiction disrupts the brain's biological balance, known as homeostasis. Chronic overstimulation of the brain, such as that seen in drug addiction, obstructs the preservation of this equilibrium (homeostasis) and produces a new balanced set point. It is difficult to quit an addictive drug or activity due to the new set point of the brain's balance since the brain requires the addictive substance to sustain this new homeostatic balance.

### **Brain Communication**

Addiction alters the communication pathways in the brain. Information is sent over a huge network of interconnected neurons by the communication system. The neurons are dynamic cells that adapt to changing situations on a regular basis. A path becomes faster, easier, and more familiar the more we walk it. As addiction progresses, new brain pathways are developed. This is because addiction changed the way the brain communicated chemically.

### **1.5.2 Psychological Causes of Addiction**

Adaptive behaviours are those that increase people's well-being and life satisfaction, according to psychologists. Maladaptive behaviours are those that impair people's ability to function and reduce their life happiness. Because addiction is a detrimental, maladaptive behaviour, psychological models can help people understand why they engage in this harmful behaviour.

### **Personality Characteristics**

Psychological testing has been utilised to look at some of the typical personality traits observed in drug addicts. Impulsivity, presence of anti-social personality disorder, inability to manage painful affect such as guilt anger and anxiety and sensation seeking are known to play a key role in influencing drug use behaviour.

## **Modelling**

A causal model of drug abuse has been developed based on observational learning theory. Many drug addicts claim that getting high by abusing drugs relieves worry and gives a sense of well-being. Since people are drawn toward it, addictive behaviour is reinforced and gradually become learned behavior.

## **Classical Conditioning and Addiction**

A specific stimulus elicits a specific reaction, according to classical conditioning. Particular signals including sights, odours, settings, persons, and so on (also known as relapse triggers) are linked to addiction. Because the brain connects the cues to the addiction, these cues can produce a relapse. Take, for example, someone who always smokes tobacco in bathroom; the bathroom and tobacco together make a symbiotic relationship. As a result, the entrance to the bathroom announces the arrival of tobacco. The bathroom can now stimulate severe cravings if it has become a conditioned stimulus (a cue).

## **Operant conditioning and addiction**

Addiction is a learned behaviour, as the initial pleasure or happiness is rewarding. According to the operant conditioning principle, when we instantly reward a behaviour, people learn it faster. This also explains why the addicted drug tends replace other, healthier sources of satisfaction. Other sorts of incentives are routinely postponed (such as the return of good health). Due to the addiction, the availability of natural, healthy pleasures (rewards) decreases as the addiction progresses. Friendships, beloved ones, jobs or interests that are meaningful are lost or abandoned. As a result, addicts become increasingly reliant on their addiction as their primary source of reward. This sets in motion an unfavourable yet powerful addictive cycle.

### **1.5.3 Social Causes of addiction**

Multiple factors determines the affect of initiation and maintenance of drug abuse among addicts. The social factors influencing substance abuse addiction vary across countries, regions and cultures. Some of the social factors of drug abuse are discussed below:

#### **Drug Availability**

Is one of the major determinants of initial experimentation with a drug. The more easily a drug is available the lesser its cost; and the absence of strict licensing laws increase the likelihood of compulsive drug use. They also determine the amount in which drug is consumed. Currently illegal opioids and cocaine are more available in the inner cities of largeurban areas than in

other parts of the country. Such availability influences not only initial and continued drug uses but also affect the relapse rates after treatment of those who live in high availability areas.

### **Social Acceptability**

It influences the initial experimentation with a drug. In some social situations, the use of the drug may result in special status or the approval of friends which is socially reinforcing. In general the use of less socially approved substances (alcohol, tobacco and cannabis) precedes the use of opioids and cocaine, and these antecedent substances are sometimes referred to as gateway drugs.

### **Influence of Parents**

Parents have a huge influence on their children, and children of drug addict parents are at a higher risk of becoming addicts themselves. When a parent disapproves of a substance, an adolescent is less likely to start using it. Children who are reared in a home where both parents smoke are exposed to tobacco smoke. Parents who are drug addicts are more likely to provide easy access to cigarettes to their children and are less likely to resist their children's smoking.

### **Influence of peers**

Young smokers are most influenced by their friends. Tobacco smokers are usually introduced to the habit by a friend who is also a smoker. Smoking is a shared behaviour with strong socialization implications as a result adolescents with a best friend who is a smoker are more likely to start smoking. Peer smoking also indicates that young people who have already started smoking will continue to do so.

### **Publicity and Promotion**

Advertising is a powerful tool for influencing young people's decisions to start abusing drugs. Advertising prohibitions have been shown to be particularly efficient in reducing the prevalence of cigarette smoking among teenagers. An Act passed by the Indian government prohibits the promotion of cigarettes and other tobacco products.

### **Factors of a Socioeconomic Nature**

Lower-income populations have higher incidence of drug misuse. Adolescents from disadvantaged socioeconomic backgrounds are more likely than their middle-class counterparts to become smokers. This disparity in smoking habits could be due to socioeconomic differences in attitudes toward tobacco usage. Adolescents in India are more likely to smoke due to its simple availability, low cost, and ease of use. Adolescents from low-

income homes are also more likely to use inhalants. Drug abuse is a life threatening disease and has various adverse consequences.

## **1.6 CONSEQUENCES**

Substance misuse has a variety of negative health impacts, both short and long term, direct and indirect. Various repercussions of substance usage will be described in the next section. The effects of substance addiction vary widely depending on the drug taken, the individual's health, and other circumstances. Substance misuse impairs the immune system and makes a person more susceptible to illness in general. Academic challenges, health-related problems (including mental health issues), bad peer connections, and engagement with the juvenile justice system are all common among young people who take substances on a regular basis.

### 1.6.1 Consequences of abusing drugs to an individual

#### **Damage to the organs**

Some substances, such as heroin, inhalants, and steroids (appearance- and performance-enhancing medications), can cause serious liver damage if used regularly. When these medicines are mixed with alcohol or other substances, the damage might be even severe. Even the most harmless and widely used drug, alcohol, can cause substantial harm to the body if misused. Alcohol disrupts the brain's internal communication networks, producing mood and behaviour abnormalities as well as making it difficult to focus and concentrate. Korsakoff's syndrome is a brain ailment that develops when the chemical makeup of the brain is so radically altered by long-term alcohol misuse that the addict loses control of their motor system, has difficulties walking, and has eyesight impairments.

#### **Unbalanced hormones**

Drugs interfere with the body's regular hormone production, resulting in both reversible and irreversible alterations. Infertility and testicular shrinkage in men, as well as body hair growth and male-pattern baldness in women, are examples of these alterations. All drugs, including nicotine, cocaine, and marijuana, alter the brain's "reward" system, which controls instinct and mood. Drugs work by flooding the brain with huge levels of dopamine, a brain chemical that helps control emotions and feelings of pleasure. This influx of dopamine is what generates the drug's "high pleasure" and increased demand time after time.

#### **Severe health complications**

Among drug abusers, cigarette smoking is the biggest avoidable cause of cancer. Cigarette

smoking has been related to mouth, throat, stomach, and lung cancer. Nonsmokers who are exposed to secondhand cigarette smoke are more likely to acquire lung cancer, as well as other health concerns. Young adult males who have used marijuana since youth are at risk of developing an aggressive form of testicular cancer. Cocaine abuse can result in stomach pain, intestinal tissue deterioration, and severe constipation, while opioid abuse can result in abdominal pain, acid reflux, and severe constipation.

### **Depression**

Substance misuse and depression, as well as other mood disorders, have a well-established link. This link might be due to pre-existing depression that led to drug abuse, or it could be due to alterations in the brain created by substance abuse that exacerbated depressed symptoms. Some people use drugs to self-medicate their depression symptoms, however this only works while the person is high. When the user is going through withdrawal, it may potentially exacerbate depression symptoms. Many drugs cause sadness or other emotional disorders during withdrawal, which can make recovery more difficult.

### **Paranoia**

Some substances, such as cocaine and marijuana, can create paranoia, which can be exacerbated by long-term consumption. Furthermore, persons who are battling with addiction may feel compelled to conceal or lie about their substance use, showing a fear of being discovered.

### **Loss of memory**

When consumed in moderation, alcohol has the impact of impairing short-term memory, or recollection for events that occurred within the last 30 seconds. Because of their acute tolerance to alcohol, persons are more likely to experience short-term memory impairment when their blood alcohol level rises than when it falls. Korsakoff's syndrome is a condition related with limbic system memory function that is generally seen in severe alcoholics who have various nutritional deficits. Patients with this condition may develop a confused state as well as serious new learning and motor impairments throughout time.

### **1.6.2 Consequences for family**

The following are some of the most serious ways in which substance abuse affects the family.

#### **Loss of Trust**

Addicts do not follow through their promises or agreements; which strain in their relationships.

However, most addicts wanted to honor their commitments but the effects of drug make them unable to do so. Due to the addict's inability to meet their obligations, they loss trust of their significant others.

### **Increased Stress**

The addicts are most likely to leave all the responsibilities to their partner such as taking care of bills, making decisions and raising the kids etc.,. This exposes partner of an addict to high risk of contracting stress-induced conditions such as high blood pressure and anxiety.

### **Financial Hardships**

Addicts often lose their job due to poor performance or attendance. After that happens, they'll turn to their savings to quench their addiction. Consequently, the family will begin having problems paying for basic things such as food, clothing, utilities, and rent or mortgage.

### **Impact on Children**

Children of addicts are at risk of becoming abusers themselves. This may scar children and lead them to drink or take drugs, like their relative did. Abuse and addiction can spiral out of control, and treatment is the only way to break the cycle. Children will become more reserved so as not to risk upsetting the individual. The end result is a culture of fear and confusion which ensures that the household rarely has joy.

### **Affect on Parents**

Parents of an addicted child have a unique set of difficulties. They feel responsible for the wrong path their child chose. They're constantly plagued by worry about their safety and wellbeing. It's painful to be a parent and feel powerless as you watch your child suffer.

### **1.6.3 Consequences for society and nation**

The consequences of drug abuse are not limited to the user or his family but often extend to the society. Drug abuse affects society in the following ways:

#### **Corruption and crime**

Drugs and crime are linked in a number of ways. In most nations, illicit drug creation, manufacture, distribution, possession, and consumption (with certain exceptions) are all criminal offences. Many types of criminal behaviour are made more likely by the use of drugs. Trafficking-related activities, such as violent confrontations between trafficking gangs seeking for increased market share, are the most common types of drug-related crime. It is also the

outcome of drug users' need to fund their addictions through thievery and prostitution.

### **Delinquency**

Delinquency, particularly engagement in property crimes, comes before substance misuse. There is little doubt that once addiction sets in, this form of criminality becomes even more prevalent. According to a review of the relevant literature, drug addicts are more likely to be involved in criminal activities than non-drug users, with daily drug users having a much greater risk of crime than non-drug users among adolescents.

### **Burden of Government**

The consequences of drug abuse are far-reaching and staggering. For instance, a greater amount of substance abuse-related crimes means a community has to fund more police officers, and jails have to increase personnel staffing because of an increase in the number of inmates. Courts can become overburdened with too many drug cases, and victims (for example, a robbed or burglarized business) may incur costs as well. If a community suffers a surge in drug-related crime, it may develop a reputation for having “bad” neighbourhoods, resulting in a loss of property values and sales tax revenue as people leave or avoid visiting or living there. Public funds spent on health care and criminal justice as a result of illegal drug trafficking can be otherwise use for other policy initiatives. The economic consequences of drug abuse severely burden federal, state, and local government resources and, ultimately, the taxpayer.

### **Impact on Productivity**

The economic impact of drug abuse on businesses whose employees abuse drugs can be significant. While many drug abusers are unable to attain or hold full-time employment, those who do work put others at risk, particularly when employed in positions where even a minor degree of impairment could be catastrophic; airline pilots, air traffic controllers, train operators, and bus drivers are just a few examples. Moreover, absenteeism, lost productivity, and increased use of medical and insurance benefits by employees who abuse drugs affect a business financially. Finally, there is productivity lost to drug-related unemployment and drug-related absenteeism.

### **Impact on the Environment**

**The environmental impact of illicit drugs is largely the result of outdoor cannabis cultivation and methamphetamine production. Many of the chemicals used to manufacture methamphetamine are typically discarded improperly in fields, streams,**

**forests, and sewer systems, causing extensive environmental damage. These toxic chemicals enter and contaminate ground water, pollute watersheds, kill fish and other wildlife, and eventually enter residential water supplies. Outdoor cannabis cultivation, particularly on public lands, is wreaking havoc on the environment.**

## **1.7 CONCLUSION**

Drug abuse has become a large phenomenon of concern affecting all segments of society across the globe. Drug abuse is increasing at an alarming rate and affecting use adolescents the most. Substance abuse is a serious threat to every nation due to its adverse consequences. Drug abuse not only deteriorate addict's health but also hampers nation's productivity and impedes the overall progress of societies. Identifying the risk factors for drug abuse among masses is essential to successful prevention and early intervention efforts.

## **1.8 KEYWORDS**

### **1. Addiction**

Addiction is a compulsive, chronic, physiological or psychological condition; in which a person engages in the use of a substance, behavior, or activity. The rewarding affect of addiction compels an individual to repeatedly pursue the behaviour despite adverse consequences. It has harmful physical, psychological, or social effects and typically causes well-defined symptoms (such as anxiety, irritability, tremors, or nausea) upon withdrawal or abstinence.

### **2. Drug dependency**

The person at this stage has lost the ability to choose to use or not use. Using substances has become a way of life. They continue despite the negative consequences and those consequences are occurring more and more frequently. The person may experience physical or psychological withdrawal, cravings, and decreased physical and emotional health.

### **3. Inhalants**

Inhalants are a broad category of substances that are consumed largely through breathing or puffing. The majority of inhalants are routinely used products that are not intended for human consumption. While inhalants come in a wide range of flavours, they all generate a high.

### **4. Homeostasis**

Is the state of steady internal, physical, and chemical conditions maintained by living systems. This is the condition of optimal functioning for the organism and includes many variables,



such as body temperature and fluid balance, being kept within certain pre-setlimits.

## **5. Peer pressure**

It is the influence wielded by people within the same social group. It is also the term used to describe the effect this influence has on a person to conform in order to be accepted by the group.

### **1.9 SELF CHECK EXERCISE**

Self check exercise

1. How abusing drugs impact an individual?
2. Describe the process of addiction.
3. \_\_\_\_\_are known as uppers.
4. The drugs that cause hallucinations are known as\_\_\_\_\_.
5. In the addiction process \_\_\_\_\_leads to drug abuse.

### **1.10 MODEL ANSWERS**

#### **1. Answer 1:**

Consequences of abusing drugs to an individual

#### **Damage to the organs**

Some substances, such as heroin, inhalants, and steroids (appearance- and performance-enhancing medications), can cause serious liver damage if used regularly. When these medicines are mixed with alcohol or other substances, the damage might be even severe. Even the most harmless and widely used drug, alcohol, can cause substantial harm to the body if misused. Alcohol disrupts the brain's internal communication networks, producing mood and behaviour abnormalities as well as making it difficult to focus and concentrate. Korsakoff's syndrome is a brain ailment that develops when the chemical makeup of the brain is so radically altered by long-term alcohol misuse that the addict loses control of their motor system, has difficulties walking, and has eyesight impairments.

#### **Unbalanced hormones**

Drugs interfere with the body's regular hormone production, resulting in both reversible and irreversible alterations. Infertility and testicular shrinkage in men, as well as body hair growth and male-pattern baldness in women, are examples of these alterations. All drugs, including nicotine, cocaine, and marijuana, alter the brain's "reward" system, which controls instinct

and mood. Drugs work by flooding the brain with huge levels of dopamine, a brain chemical that helps control emotions and feelings of pleasure. This influx of dopamine is what generates the drug's "high pleasure" and increased demand time after time.

### **Severe health complications**

Among drug abusers, cigarette smoking is the biggest avoidable cause of cancer. Cigarette smoking has been related to mouth, throat, stomach, and lung cancer. Nonsmokers who are exposed to secondhand cigarette smoke are more likely to acquire lung cancer, as well as other health concerns. Young adult males who have used marijuana since youth are at risk of developing an aggressive form of testicular cancer. Cocaine abuse can result in stomach pain, intestinal tissue deterioration, and severe constipation, while opioid abuse can result in abdominal pain, acid reflux, and severe constipation.

### **Depression**

Substance misuse and depression, as well as other mood disorders, have a well-established link. This link might be due to pre-existing depression that led to drug abuse, or it could be due to alterations in the brain created by substance abuse that exacerbated depressed symptoms. Some people use drugs to self-medicate their depression symptoms, however this only works while the person is high. When the user is going through withdrawal, it may potentially exacerbate depression symptoms. Many drugs cause sadness or other emotional disorders during withdrawal, which can make recovery more difficult.

### **Answer 2:**

- No Use

In this stage there is no use of alcohol or other drugs. People have their own reasons not to be involved, including religious beliefs, their age, etc.

- Use

People begin to experiment with alcohol or other drugs to see what it is like, or to fit in with friends and peers. They may use a substance to enhance an already pleasurable experience. Some people argue that social use is not merely using in social situations. Rather, it is using in a responsible way. There are few if any negative consequences to social use. Social use does not include youth who drink alcohol or anyone who uses illegal drugs. Using under those circumstances can result in negative legal or parental consequences.

- Misuse

A person begins to experience problems associated with their use of alcohol or other drugs. They may get hangovers, get in trouble at home or school because they were drunk or high or do something they regret while under the influence of alcohol or another drug. All these problems, although they may seem small at the time, can escalate into a much larger problem.

- Abuse

Problems become much more regular. The person uses drug more frequently and it begins to interfere with major areas of their life such as family, parents, school, legal issues, money friends, and leisure. The person may become obsessive about when and where they are going to get drugs.

- Dependency

The person at this stage has lost the ability to choose to use or not use. Using substances has become a way of life. They continue despite the negative consequences and those consequences are occurring more and more frequently. The person may experience physical or psychological withdrawal, cravings, and decreased physical and emotional health.

### **Answer 3. Stimulants**

### **Answer 4. Hallucinogens**

### **Answer 5. Misuse**

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**BACHELOR OF ARTS (LIBRAL ARTS)**

**SEMESTER III**

**COURSE: DRUG ABUSE MANAGEMENT AND PREVENTION**

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**UNIT-2: MANAGEMENT OF DRUG ABUSE**

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**STRUCTURE**

**2.0 Introduction to Drug Abuse**

**2.1 Objective**

**2.2 Meaning of Management of Drug Abuse**

**2.3 Importance of Managing Drug Abuse**

**2.4 Methods of Drug Abuse Management**

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**2.4.1.3 Prescribed Medicine for Opioids/ Heroin**

**2.4.2 Drug De-addiction Clinic**

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**2.6 Psycho-social Management**

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## **2.0 INTRODUCTION TO DRUG ABUSE**

Drug abuse is a chronic disease characterized by intense and uncontrollable drug craving followed by compulsive drug use that leads to devastating consequences. Drug abuse disorders range in severity, duration, and complexity from mild to severe. Intensive drug seeking and use can lead to harmful consequences and long-lasting changes in the brain. Drug abuse starts with the voluntary act of taking drugs, eventually compromising the person's ability to choose not to do so, resulting in compulsive drug seeking also known as drug abuse. It can be a result of effects of long-term drug exposure or brain function, making the person addicted to drugs. It can further affect parts of the brains involved in learning and memory, behavioural controls, and reward and motivation. Good news is that drug abuse can be managed through some effective treatment procedures. To enhance the knowledge regarding various drug abuse this unit will help in explaining the role of management of drug abuse.

### **2.1 OBJECTIVE**

- To help readers understand the concept and severity of drug abuse
- To study the relevance of therapy and medical management of drug abuse
- To explain the role of different methods of drug abuse management

## **2.2 MEANING OF MANAGEMENT OF DRUG ABUSE**

Drug abuse management refers to the effective strategies and services available to identify, treat and manage substance abuse problems and disorders. According to the research the most effective way to treat someone suffering from drug abuse is by intervening at an early stage (Schechter, 2013). However, it is not always possible. Patients often come too far before realising that they need help. Therefore, drug abuse treatment can be a long-term process involving regular monitoring and multiple interventions for many people.

## **2.3 IMPORTANCE OF MANAGING DRUG ABUSE**

As mentioned before, people start using drugs or consuming alcohol voluntarily which gradually gets out of control followed by intense cravings and compulsive consumption leading to long-lasting mind altering effects. People often try to overcome drug abuse issues by abstaining from drinking or consuming drugs. However, they don't realize that addiction is much more than just abstaining. As long as the patient is not aware of the core problem, they can relapse at any given moment. Therefore, to gain positive drug de-addiction, an effective drug abuse management strategy aims for abstinence, relapse prevention, and rehabilitation. Abstinence is choosing to stop the consumption of drugs or alcohol through detoxification treatment for reduced withdrawal effects. While relapse prevention helps patients from falling off the wagon by constantly abstaining from consumption. Lastly, rehabilitation helps patients grow out of the addiction and return to their 'normal' lifestyle. Drug abuse management is important to combat the core issues related to drug consumptions and eliminate the individual's chemical dependency.

## **2.4 METHODS OF DRUG ABUSE MANAGEMENT**

No single treatment is appropriate for everyone. Treatments can vary depending on the type of drug and characteristics of patients and treatment should be given accordingly. Matching treatment settings can be proven effective. Drug abuse management should help an individual stop using drugs, stay drug-free and offer ultimate success in returning the individual to productive functioning in the society, workplace, and family.

Effective drug abuse management is not concerned about the drug use problem of the patient but also addresses all of the patient's needs. It is intended to help addicted individuals to stop the compulsive consumption of drugs. Various treatment methods can occur in a variety of settings, forms, and different length of time. For most of the drug abusers, treatment is a long-term process that includes constant monitoring and several interventions on various occasions

because drug abuse is typically a chronic disorder characterized by occasional relapses (Wendt, 2014). Therefore, a short-term, one-time treatment may not be effective for successful results.

### **2.4.1 Medical management**

Medications and devices are used to manage symptoms and for relapse prevention. These medications can suppress withdrawal symptoms during detoxification. Although detoxification is not considered a treatment itself, still it is the first step towards drug abuse management. Detoxification combined with medication can present positive outcomes for patients battling drug addiction. Alcohol has been consumed by Americans since colonial time. Consumption increased drastically by the end of the eighteenth and early nineteenth centuries. Benjamin Rush, a prominent physician and activist proposed ‘sober houses’ to treat alcoholics through medication and ‘religious and moral instructions’. Now, medical management of drug abuse is ubiquitous. It focuses on improved detoxification, anti-craving medicines, substitute treatment, antagonist medication, and other pharmacological approaches.

#### **2.4.1.1 Prescribed medicine for alcohol**

There are three medications approved by the FDA for treating alcohol addiction. The first one is Naltrexone which blocks opioid receptors involved in the rewarding effects of drinking and in the craving of alcohol. Moreover, it prevents people from relapsing but the effect of this drug may vary depending upon the genetic differences in certain patients. Second medication to treat alcohol abuse is Acamprosate (Campral®) which is known for effectively reducing the symptoms of long-lasting withdrawal including restlessness, anxiety, insomnia, dysphoria, and more. It even works on patients with severe addiction. Third medication for alcohol abuse is Disulfiram (Antabuse®) that interferes with the breakdown of alcohol. Patients may suffer unpleasant reactions like nausea, flushing, irregular heartbeat due to Acetaldehyde build-up in their body when they consume alcohol. This medication can be difficult to comply with but is helpful to patients that are determined to quit alcohol consumption. Apart from these three, fourth medication: Topiramate has also shown promising results in its clinical trials for treating alcohol addiction.

#### **2.4.1.2 Prescribed medicine for tobacco**

Patch, gum, lozenges, spray, etc, are some popular nicotine replacement therapies used. All these products are available over the counter. Two medications have been approved by the U.S. Food and Drug Administration (FDA): varenicline (Chantix®) and bupropion (Zyban®). They both work differently but help people trying to quit from relapsing, effectively. Professionals

recommend combining medication with behavioral treatments for effective outcomes.

#### **2.4.1.3 Prescribed medicine for opioids/ heroin**

To treat opioids Naltrexone ((Vivitrol®), buprenorphine (Subutex®, Probuphine®, Sublocade™, Suboxone®), and Methadone (Methadose®, Dolophine®) are used. While methadone, porphine, and buprenorphine act on the same targets in the brain as heroin and relieve cravings and suppress withdrawal symptoms. Naltrexone, on the other hand, blocks the effects of opioids at their receptor sites in the brain and should be used on patients that have been detoxified already. All these medications help patients in reducing the drug seeking and other drug relevant issues and make them more open to behavioural treatments. According to a study conducted by NIDA, after initiating the treatment both a buprenorphine/naloxone combination and an extended-release naltrexone formulation are similarly effective in treating opioid addiction.

#### **2.4.2 Drug de-addiction clinic**

Sometimes only pharmacological treatment may not work out for a severely addicted individual. In that case, a combination of pharmacological and socio-cultural treatment is often provided in drug de-addiction clinics. It is delivered with pharmacotherapy and other social interventions, depending on the frequency, intensity, and duration of the drug abuse, these interventions can be planned and set up. For an intense drug addiction, longer-term treatment programs are highly effective as they focus on abstinence from drug consumption and resuming function within social, professional, and family responsibilities. There are licensed residential facilities that offer 24-hour care programs along with a safe housing environment and necessary medication supply. They can be both public and private premises. While private clinics are often unaffordable for low-income patients, public clinics are funded by social services agencies and/or the government. Various types of facilities available are- **Short-term residential treatments:** These treatments mainly focus on detoxification and preparing the patient for a longer period by offering a therapeutic community through intensive counseling.

**Recovery housing:** As the name suggests, it provides a short-term, monitored stay in safe housing to help people take on responsibilities and adopt some behavioral changes to lead a more independent life while being drug-free. It includes handling finances and finding work to make a living and also networking the patient with community support services for the final stages of recovery.



**Therapeutic communities:** It is designed for patients battling severe drug addiction issues. They are offered safe residence for 6-12 months with on-site, well-equipped staff to help them with recovery.

#### **2.4.2.1 Treatment methods offered by clinics**

- Meditation and Yoga: Patients are encouraged to relax and find their ‘spiritual’ self.
- Art or music therapy: Some patients are more motivated by art and entertainment. Art and music therapy is a way of offering meditation in their
- Self-love therapy: A sense of belonging and self-worth is promoted within patients so they start respecting and living themselves. It significantly fast-tracks the recovery process.
- Beach and nature walks: Drug de-addiction facilities are often found in the outskirts where patients can reconnect with nature and overcome their substance addiction.
- Cognitive behavioral therapy: building new behavioral patterns to eliminate the old self-destructive and addiction patterns through therapy.

Based on the individual characteristics and requirements of patients, above mentioned treatment methods can be significantly useful to them in their recovery process.

### **2.5 WHAT IS RELAPSE?**

The definition of relapse is returning to alcohol or drug consumption after abstaining for a certain time interval. It is often viewed negatively as it ultimately means the patient has failed to keep up with the treatment and fell off the wagon. However, based on social-cognitive or behavioural theories, relapse is emphasized as a *transitional process* which unfolds over time. These concepts offer a broader conceptual framework in order to intervene in the relapse process to reduce or eliminate relapse episodes for overall improved treatment outcome. Patients often fail to realise that relapse happens gradually. It starts at least weeks or months before the patient consumes drugs or alcohol. The goal of the relapse management is to help the patient recognize the warning signs of relapse and develop effective coping skills for early prevention of relapse risks.

# Substance Abuse Relapse Rate

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**This is not an  
indication of failure**

but rather means treatment may need to  
be adjusted to better suit the individual.

American Addiction Centres.org

## **2.5.1 Relapse management strategies**

There are various Relapse Management strategies used by professionals to help their patients with relapse prevention. It is mainly designed as a maintenance program following the treatment of drug abuse. In short, it is a stand-alone, self-control therapist mediated psychosocial intervention program aimed at educating patients about substance use behaviour and how they can anticipate and cope with relapse problems. Relapse can be managed by following treatments or therapies-

### **2.5.1.1 Social support approach**

Social support is different from a support group. Instead, it is a structurally managed meeting aimed to increase one's sense of purpose, belonging, self-worth, and promote positive mental health. A social support network is created where people with varied and strong social supports live longer. For instance, talking to a non-using friend over coffee can help a struggling patient through hard times. This approach ensures that the patient has someone to encourage them through hard times and celebrate their success. Moreover, it acts as a deterrent between patient and drug abuse issues. Positive social support provides a high probability of reduced relapse. In addition, it is helpful in reducing relapse risks amongst those offering assistance as well. Lending assistance to others is a process of building one's support network while increasing your sense of personal value.

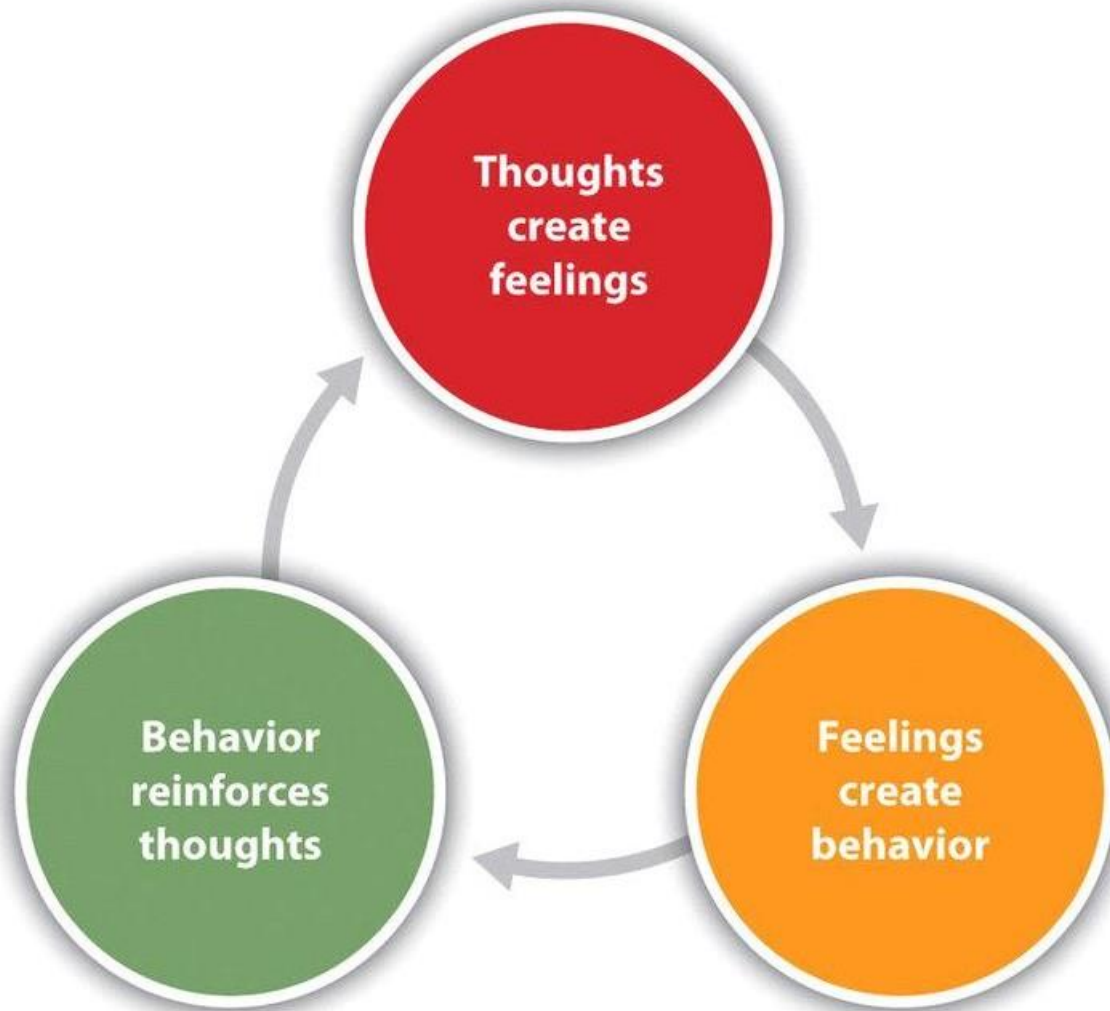
### **2.5.1.2 Lifestyle change approach**

A counselor can help their clients change behaviour especially addressing lifestyle modifications for relapse prevention or long-term drug addiction. The concepts of motivation and client noncompliance focuses on the patient's failure to comply with drug abuse management. Counselors are required to understand the readiness level of patients to make lifestyle changes, appreciating barriers to change and encouraging patients to anticipate relapse can enhance customer satisfaction and reduce the frustration level of counselors during the transition process. Not only this approach plays a vital role in influencing drug abuse behaviour, but will also shape the 'recovery' process for patients. However, there are several factors involved with the definition and interpretation of terms 'lifestyle' as well as 'recovery'. Most professionals agree that recovery is the process where patients successfully improve various aspects of their well-being. Therefore, recovery-oriented interventions can significantly improve the relapse management process. Positive and balanced lifestyle factors can promote and support recovery from drug abuse and relapse.

#### **2.5.1.3 Relapse prevention using cognitive-behavioral approach**

Cognitive-Behavioral Therapy states that drug consumption disorders develop in parts as a result of dysfunctional thoughts and maladaptive behaviour patterns. Therefore, CBT focuses on identifying and modifying such dysfunctional thoughts and behavioral patterns to improve coping skills. However, it is a short-term process typically lasting from 12 to 24 weekly sessions, depending upon individual characteristics of patients. This therapy approach explores the negative and positive consequences of substance use and then theory is used for self monitoring as a mechanism to identify cravings and other situations that may result in relapsing of the individual thus helping the patients develop coping strategies. Evidence-based studies suggest CBT as it also helps patients to develop self-monitoring and craving-

recognition skills. Furthermore, it is an effective treatment for individuals with co-occurring mental issues. Patients with drug abuse and co-occurring mental issues that received CBT have shown significantly improved outcomes as compared to those who did not seek CBT. Thus it



is an effective method to treat and manage drug abuse.

Cognitive Behavioral Therapy Los Angeles

## **2.6 PSYCHO-SOCIAL MANAGEMENT**

Apart from medical management, psychosocial management is also proven to be an effective way of drug abuse management. Psychosocial involves counselling and therapies for drug abuse management and offers long-term positive outcomes by getting to the core of the issue. Psycho-Social interventions for treatment of drug and alcohol consumption problems cover a wide array of treatment interventions in varied conceptualization backgrounds. Counselling and therapy are the most common types of treatment offered to the drug abusers. The main process of this treatment intervention is that a psychological counselling or therapy leads to

reduction of consumption, abstinence of consumption, leading to effective recovery from addiction in the long-term treatment process. Psycho-Social management can be provided in various treatment settings including stand-alone treatments or in combination with medications. They can be carried out with individual sessions as well as leading group sessions. They can be short-terms or long-term based on the brief or specialized psychological treatments required by the patient.

### **2.6.1 Counselling**

Counselling can be defined as an activity of listening, knowing, and being known. The concerned can talk about their problem to a certified counsellor about anything and everything. In short, counselling is an interdisciplinary activity that encapsulates various traditions of thoughts and spreads itself across the discourse of theory, research, and practice. So far this method has produced a rich and useful literature along with a wide array of powerful theories and research studies. Counselling can uncover the problems of an individual systematically that are often not visible to a lay man's eye. It offers much more than just suggestions, emotional support, and advice.

### **2.6.2 Drug de-addiction counsellor**

People experiencing issues with intensive alcohol and drug consumption can seek counselling. A drug de-addiction counselor helps individuals to identify patterns and problems associated with their addiction. Counselling is possible in an individual setting but is often carried out in a group setting on a daily or weekly basis to enforce a sense of self-worth and purpose amongst those struggling with drug abuse. Drug de-addiction counseling is a demanding form of community outreach that requires compassion, empathy, patience, and a keen desire to help those in crisis. They will work with clients on their addiction to things like alcohol, opiates, marijuana, tobacco, methamphetamine, or any other substance. Drug de-addiction counselors are also known as Chemical dependency counselors for addictions counselors. They have a bachelor's degree or above in a related social services field such as counselling, psychology, or social work, and work closely with patients suffering from drug abuse or dependence. Depending upon the laws of practice in various countries, a drug de-addiction counselor may be required to have certification or license.

Most of the time patients struggling with drug abuse need help in various aspects of their life as the root cause for their addiction lies in underlying issues. For an effective treatment, it is necessary to identify and resolve the root cause. In order to do that, the counselor may have to

guide addicts through group sessions, individual sessions or intensive care management. Thus a large part of the job of a drug de-addiction counselor is crisis intervention. It means they are trying to seek your help when they are actively addicted to drug or alcohol consumption. They can be homeless, unemployed, going through a break-up/ divorce, or criminal case. Therefore, they may need counselor's assistance outside the drug addiction area as well. Sometimes, drug de-addiction counselors may encounter some patients that may not want their assistance. They may be directed by the court, or a social services agency, or by the pleas of their loved ones to seek drug de addiction counselling. In that case, counsellors have to be prepared to lead the case just as they would for any other patient. Moreover, a de-addiction counselor may have to work with the family members of the addict. Therefore, they must be capable of recognizing the effects of addiction suffered by not only the addict but their loved ones too.

### **2.6.3 How is counseling different from therapy?**

People often confuse 'counselling' for 'therapy' or vice a versa. However, there is a significant difference between psychotherapy and psychological counseling. While counselling focuses mainly on the specific issues and is designed to help individuals with a certain problem, such as drug addiction. Therapy, on the other hand, is a long-term treatment that focuses on a broader range of issues. Some of the common differences are-

- Counselling is focused on developing a certain coping mechanism for the issue in question. Therapy is usually concerned with an individual's thinking pattern and behaviour that affects the way a person reacts and changes it for positive outcomes.
- Counselling is mostly concerned, but not limited, with the abstaining of the problem. Therapy is a process to identify and mitigate the underlying issues to eliminate the problematic behaviour altogether in the long-run.

#### **2.6.3.1 Behavioural therapy**

Behavioural therapy can be provided in various settings including individual, group, and/or family sessions. They are basically structured therapies that help patients to recognize the impact of their behaviour including patients dealing with stress or interpersonal relationship interactions. These therapies have the potential to teach and motivate patients to change their behaviour to control their substance use disorders. However, patients must seek these therapies from qualified and trained providers. Even certified counselors and therapists working with general group counseling may be equipped to provide substance use disorder treatment programs. Behavioral therapy is extensively studied to and is well-supported by evidence

indicating its effectiveness in drug abuse management across all ages, sexes, racial, and ethnic groups. It is-

- The situational, rather than mental events that ultimately control an individual's behavior
- An individual's behavior can be observed, monitored, and altered.
- Human beings are largely passive, inactive beings, and
- Human beings are both the producer and the product of the environment
- Both adaptive and maladaptive behaviors are learned.
- Learning principles can be used to modify maladaptive behaviors

The therapy involves continued assessment to ascertain the extent to which the goals have been met. In behavior therapy assessment and treatment occurs together. The method of treatment is usually adapted to the client's problems. It focuses on the current problems faced by the client and avoids dwelling deeply on the presumed causes underlying the maladaptive behavior. It tends to concentrate on the challenges currently faced by the client and is less concerned with his or her childhood history. Behavior therapists lay a lot of emphasis on obtaining empirical support for their various techniques. The different techniques that are usually employed by the behavioral therapists in the management of the client's problems are as follows:

- **Reinforcements:** This type of therapy is used for increasing the occurrence of a certain behavior that results in the expected outcomes. For instance, a positive reinforcement can help the receptor acquire new behaviour patterns while negative can lead to elimination of a stimulus.
- **Extinction:** It involves the removal of a reinforcer so that the reinforced behavior stops occurring. The removal of a reinforcer may be followed by a sudden increase in the frequency, duration, or intensity of the behavior before it decreases and ultimately stops. This phenomenon is known as extinction burst. During extinction burst novel behaviors, emotional responses and aggressive behavior may occur. Extinction is resistant to intermittent reinforcement, i.e., when a behavior is continuously reinforced, it decreases rapidly once the reinforcement is terminated, but when a behavior is intermittently reinforced, it often decreases more gradually once the reinforcement is terminated.
- **Punishment:** It aims to decrease the occurrence of a particular behavior in future when that behavior is consistently followed by consequences (also known as punisher). It can be of two types- positive punishment and negative punishment. In positive reinforcement it is the

presentation of an aversive stimulus that weakens a behavior, Whereas, in negative reinforcement it is the removal of a reinforcing stimulus that weakens a behavior. For punishment to be effective, it should be presented immediately and consistently; it should have sufficient intensity, it should appear punishing to the individual and should be seen as justified by the individual.

- **Shaping:** It is a procedure which is used in the acquisition of a new behavior. It involves reinforcing every successive approximation of a target behavior and non- reinforcement of all other behaviors until the person exhibits the target behavior.

### 2.6.3.2 Cognitive therapy

The works of Aaron Beck pioneered cognitive therapy refers to the application of any techniques that aims to modify faulty patterns of thinking and to replace them with more adaptive and healthy patterns of thinking. The emergence of cognitive therapy can be seen both as a reaction to the dissatisfaction with the mechanistic, psychoanalytical approach with its excessive emphasis on childhood histories, sexuality, unconscious processes, development of insight and the need for long term therapy and as a development within behavior therapy. The acceptance of the role of cognitive variables in behavior theory and therapy has been quite slow and grudgingly given as cognitive variables were not amenable to direct observation, measurement and manipulation. It was the works of Bandura on vicarious learning, the concept of self-efficacy and Mischel's work on delay of gratification which emphasized the role of cognitive variables and led to their inclusion behavioral theory and therapy.

It is an active, directive, time limited, problem focused, collaborative therapy which is based on

the following assumptions:

- Cognition, feelings and behavior affect each other
- Cognition, feeling and behavior share a reciprocal cause-and-effect relationship
- Individuals have both innate and acquired tendencies to think, feel and behave both rationally and irrationally.
- Individuals are self-talking, self-evaluating and self-sustaining being who develop
- behavioral and emotional difficulties when they mistake simple preferences for dire needs.
- Individuals have strong tendencies to escalate their desires and preferences into diagnostic



'shoulds', 'musts' and 'oughts' which create dysfunctional and disruptive behaviors and feelings.

- Desired changes in one's feelings and behavior can be achieved by bring changes in the cognition

Cognitive therapy is based on the Beck's theory which states that negative beliefs and logical errors in thinking acquired during the developmental period become the substance of schemata that predispose individuals to experience emotional problems. Hence, the way an individual structures his reality determines the way he or she is likely to feel.

### **2.6.3.3 Community reinforcement approach**

Community Reinforcement Approach (CRA) is another intensive 24-week outpatient program that encourages individuals to quit drug abuse by rewarding them upon reaching a set milestone. Patients are required to attend initial counseling sessions (one or two) each week focused on emphasizing the overall improvement of the occurrence of a particular behavior in future when that behavior (known as the operant behavior) is consistently followed by consequences (also known as reinforcer), it can be of two types --- positive reinforcement and negative reinforcement. In positive reinforcement it is the addition of a stimulus or an increase in the intensity of a stimulus that strengthens a behavior. Whereas in negative reinforcement it is the removal of a stimulus or a decrease in the intensity of a stimulus that strengthens a behavior. For reinforcement to be more effective, the target behavior should be reinforced immediately and consistently, the reinforcer should have sufficient intensity and should appear reinforcing to the individual.

### **2.6.3.4 Family and group therapy**

Family and group therapy aims at modifying dys-functional family patterns to more functional family patterns; dealing with codependency; resolving family grief; and accepting that drug dependence is an illness or drug abuse. In addition, in a variation on family therapy, sometimes called network therapy, family members and close friends of the client are enlisted and they act as allies of the therapist to provide social support and reinforcement of drug-abstaining behaviors. The people selected to fulfill this role function as part of a treatment team rather than as patients. Recovery is known to be powerfully influenced by the support of family and friends. Many people report that hope, faith, formal religious affiliation, or the sustaining love of some significant person are more important to their recovery than any specific treatment. In short, certain treatments or interventions may be more effective for one substance category

than another and that, even among people using the same substances, different treatments may be indicated. Family and group therapy is especially found effective in treating and eliminating relapse within drug abusers.

## **2.7 ENVIRONMENTAL INTERVENTION**

Addiction is often influenced by various factors including genetics, socialism and environmental. While a huge fraction of substance abusers shares almost identical stories, their spiral into addiction is unique revolving around their unique circumstances. Therefore, it is often difficult to know how to support and understand an addict during and after their recovery. The recovery is not limited to rehabilitation and medication. Actual recovery begins when the individual is drug-free, out of rehabilitation, and trying to build their life up outside of professional help. Various environmental factors can result in severe risks for an addict.

**Family:** Family is the closest and most influential environmental factor for any patient. They can help them put their life back on track with their positive influence. However, if an individual grew up in a conflicted family, the chances of them turning to drug abuse rise significantly. Moreover, when an individual grows up in a household where drug or alcohol use is prevalent, they are at higher risk of becoming an addict later on.

**Peers:** An individual accompanied by people who frequently engage in drug abuse is more likely to develop addiction to substance use. Moreover, this one is considered the biggest environmental factor risk when it comes to drug abuse. It doesn't have to be a close friend, instead a neighbor, friend circle, school's peer group, etc can determine the general attitude of an individual towards drug abuse.

**Community:** If a person belongs to a community that regularly engages in drug use -- and abuse -- they are potentially falling to drug addiction pattern. Moreover, the media also play a vital role in influencing this kind of behavior. Teens or adolescents who watch and idolize celebrities that consume drugs are more likely to develop this behavior, unfortunately, drug consumption is often glorified as a fun or easy way but the consequences are often concealed.

**Trauma or mental illness:** There is a proven link between adult addiction and childhood trauma like sexual abuse (Freisthler, Wolf, Wiegmann & Kepple, 2017). Similarly, individuals battling mental disorders like anxiety or depression often engage in alcohol and other substance use. People facing these conditions don't take long to spiral out of control before the addiction takes over.

Early environmental intervention can help patients overcome their addiction. After the completion of a rehabilitation program, an individual is on their own to rebuild their life. Therefore, the risk of relapse is significantly higher. Thus, the individual needs to build coping mechanisms that can contribute to their stress. During their treatment, professionals diagnose the unique triggers for individuals and prepare them to avoid the ‘major triggers’. They are needed to trust people which is only possible when they are surrounded with people who care about them. Recovering patients are always recommended to surround them with people who will encourage and celebrate their success instead of people who will tempt them to fall back into their troublesome behavior patterns. It means leaving toxic family members, peers, friends, etc. behind and avoiding places that trigger you (Mokadem et al., 2021).

## **2.8 CONCLUSION**

This chapter discusses the various pharmacological and psychotherapies that can help individuals break-free from drug abusing behaviours. In the 21st century, drug abuse is a severe issue that requires immediate attention. Since a large fraction of youth is unemployed and homeless because of substance abuse, it is worrisome on an international level. A combination of medication and therapy can offer expected outcomes. Moreover, research evidence highlights the importance of early intervention in the successful recovery and relapse management (Wendt, 2014). However, one of the major challenges patients face is after they have ‘recovered’ from the drug de-addiction clinic and are back to their ‘normal’ lifestyle. There can be many environmental risks and triggers that can set back their progress. Therefore, it is essential that the patients recognize and develop effective coping mechanisms to avoid relapse.

## **2.9 Keywords**

- 1. Cognitive therapy:** Cognitive therapy was pioneered by the works of Aaron Beck refers to the application of any techniques that aims to modify faulty patterns of thinking and to replace them with more adaptive and healthy patterns of thinking.
- 2. Shaping:** It is a procedure which is used in the acquisition of a new behavior. It involves reinforcing every successive approximation of a target behavior and non-reinforcement of all other behaviors until the person exhibits the target behavior.
- 3. Reinforcements:** This type of therapy is used for increasing the occurrence of a certain behavior that results in the expected outcomes. For instance, a positive reinforcement can help the receptor acquire new behaviour patterns while negative can lead to elimination of

a stimulus.

4. **Recovery housing:** As the name suggests, it provides a short-term, monitored stay in a safe housing to help people take on responsibilities and adapt some behavioral changes to lead a more independent life while being drug-free. It includes handling finances and finding work to make a living and also networking of the patient with community support services for the final stages of recovery.

## **2.10 SELF CHECK EXERCISE**

1. \_\_\_\_\_ can be defined as an activity of listening, knowing, and being known.
2. \_\_\_\_\_ involves the removal of a reinforcer so that the reinforced behavior stops.
3. Aaron Beck developed \_\_\_\_\_ therapy.
4. \_\_\_\_\_ is a 24-week outpatient program that encourages individuals to quit drug.

## **2.11 MODEL ANSWERS**

1. Counselling
2. Extinction
3. Cognitive therapy
4. Cue Exposure Therapy (CRA)

## **2.12 REFERENCES**

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**BACHELOR OF ARTS (LIBERAL ARTS)**

**SEMESTER-III**

**COURSE: DRUG ABUSE MANAGEMENT AND PREVENTION**

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**UNIT 3: SOCIAL EFFORTS FOR PREVENTION OF DRUG ABUSE**

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**STRUCTURE**

**3.0 Objective**

**3.1 Introduction**

**3.2 Role of family and social institutions in the prevention of drug abuse**

**3.2.1 Role of family**

**3.2.2 Parent-child relationships**

**3.2.3 Family support and supervision**

**3.2.4 Shaping values**

**3.2.5 Active scrutiny**

**3.2.6 Role of school in the prevention of drug abuse**

**3.3 School counseling**

**3.3.1 Teacher as a role model**

**3.3.2 Parent-Teacher-Health Professional Coordination**

**3.3.3 Random student drug testing (RSDT)**

**3.4 Role of media in preventing drug abuse**

**3.4.1 Restraint on Advertisements of Drugs**

**3.4.2 Advertisement of Bad Effects of Drugs**

**3.4.3 Publicity and Media**

**3.4.4 Campaigns and Educational Programs**

**3.5 Exercise**

**3.5.1 Long answer questions**

**3.5.2 Short answer questions**

### **3.6. References**

### **3.0 OBJECTIVE**

The objective of this unit is to make the student aware about the problem of drug abuse which has become a global issue. In this unit, role of family, role teacher, school and role of media has also been explained which is the necessity of the day to curb the problem of drug abuse in youth.

### **3.1 INTRODUCTION**

Due to globalization, the whole world has shrunk to a point. Each and every thing is available at our door-steps with just a single click. Everything is available online which has made life easier. But, along with the luxury, some of the bad things are also available around us through different sources. The knowledge of technology which was used for the betterment of human life now-a-days is used to deteriorate the health of human.

Drug abuse is a big problem nowadays. Many people take different types of drugs to alter their mood and change their behaviour. Some people take drugs to reduce pain. Others just want to try something new. Drug abuse is crime. In the majority of countries drugs are illegal. One cannot go and purchase drugs in a store. Moreover, one cannot sell drugs openly whereas this product is banned. Drugs are prohibited because they influence our organism inadequately. Many people commit crimes under the influence of drugs.

Others just enjoy themselves but waste too much money on these harmful substances. Consequently, drugs influence our health and financial condition. Sad to say but many children become the victims of drug abuse at school. They want to seem cooler and mature when they smoke marijuana or use methamphetamine. Children are vulnerable to such things. It is easy to persuade a child to try drugs. If he enjoys them, he can become a returning customer. Therefore, dealers make money on students and cause harm to the younger generation. No wonder, there have been many attempts to stop the spread of drugs in schools. Students are tested on drugs from time to time to make sure the educational institution is healthy.

Due to availability of online movies, videos containing drugs and drug related contents attracts the youth for experimentation with the drugs. They become curious to know the effects of different drugs and to explore why people take drugs. Even they know that drugs are injurious to health but the curiosity to know about drugs and their effects lead the youth to

administer the drugs via different routes which could be oral ingestion, intra-venous and intra-muscular injections, sniffing and snorting, absorption or even sub-lingual. Effect of drug and their absorption in blood stream differs with the way the drugs are administered. Intravenous and nasal intake of drugs gets absorbed and enters blood stream quickly and gives instantaneous effect while absorption is slow in case where drugs are taken orally or by intra-muscular injections and their slow absorption into blood stream results into slow but prolonged effect of the same drug.

Though the government has taken some steps to control the availability of drugs and makes necessary amendments in different rules and Acts related to different drugs having the abusive effects but now it has become a global problem for the mankind. So it is not only the government who has to act against this problem of drug abuse but we all have to contribute and step forward to fight against this global problem. In this scenario, a human is not playing a single role in society. We are not just citizen of country but we are playing multiple roles in this society. We are playing a role of a parent, a teacher, a member of government or non-government organizer, media persons likewise our duty increase many fold to overcome this problem of drug abuse.

There are different factors such role of family, institutions and media which help in preventing the drug abuse and make a clean path for young generation.

So in the present unit, student will be able to understand:

- Role of family
- Parent-child relationships
- Family support and supervision
- Role of school in prevention of drug abuse

### **3.2            ROLE OF FAMILY AND SOCIAL INSTITUTIONS PREVENTION OF DRUG ABUSE**

Table: key risks and protective factors for drug abuse

<u>Categories</u>	<u>Risk factors</u>	<u>Protective factors</u>
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- - -



School	Academic failure Little commitment to school	<ul style="list-style-type: none"> <li>• Participation ___ in ___ school activities</li> </ul> School bonding
Family	Parental attitudes favorable to drug use Poor family management Family history of antisocial behaviour	Family sanction against use Positive parent relationships

### 3.2.1 Role of family in preventing drug abuse:

The family plays an important role in prevention and intervening with drug use and misuse. From birth to adulthood parental behaviour plays a key role. There should always be positive preventive outcomes from the birth to adulthood whose mother received parenting training during pregnancy. Training programs focused on parental skills are a Powerful tool, not only for population at risk but also in general population. In these all parents are trained how they communicate with their children and enforce rules and limits. Due to the reason in the upcoming stages their children and adolescents learn how to cope in social area and will become a good decision maker.

Since family environment plays a major role in determining how a child would behave in future so the parents must be very conscious:

1. Family planning
2. Time for the children
3. Awareness
4. Acceptance
5. Honesty
6. Try to be role model
7. Happiness
8. Rituals
9. School environment
10. Follow your children and their children

### **In preventing drug abuse parents must-**

- Communicate openly with their children
- Listen to their problems
- Teach them how to handle their problem
- Spend time with their children
- Be in touch with school authorities
- Consult with doctors to overcome drug addiction

### **3.2.2 Parent – child relationships:**

Every parent should have good friendly relationship with their children. Parents need to follow the basics six rules when they come to know that their children are suspected to take drugs at early stage. These six basic rules are as follows:

1. Gain the knowledge of the drug use and their major risk factors among the children.
2. Gain the knowledge of the ill consequences of drug use and tell your children that you seriously condemn the drug use.
3. Involve yourself with your children's life and give them proper love and affection.
4. Try to know about your kid's friend circle and their habits.
5. Children's stress should be minimized at home and at work place.
6. Try to know the signs of drug use in your children and respond politely.

### **3.2.3 Family support and supervision**

Sometimes a good family support results in good behaviour record against drugs. As parents are the first teachers of their children. Family support give the positive results if the family of the drug addict follows the following conditions as:

- If family provide guidance and clear rules about not using drugs
- Family members do not use tobacco and other drugs themselves
- Spend time with their children

### **3.2.4 Shaping values**

Children have a great power of learning. They learn by listening, watching, playing and even

while sitting dining with the family. So it is the family and the family members who have the responsibility to provide a healthy environment to inculcate the values to the children. Healthy family environment provides them a good platform to nourish their minds and shape their values. Elderly parents teach them to sit calmly while praying. They teach the children to concentrate while meditating. Environment of joint families help the children to get the habits of sharing and caring.

It is usually observed that the kids brought up in joint families are more caring and have healthy minds. They have the habits of sharing and caring. They also know how to respect their elders. On the other hand kids brought up in nuclear families are selfless, self-centered and like to live lonely. They have less power of interaction with their class mates. This habit of loneliness leads to number of problems that may concern the physical and mental health of kids.

Grandparents also have a great role in those families where both the parents are working and they are not able to give proper to their kids. In the absence of parents on working days, grandparents act as father and mother to their grand children. Under the affection and love of grandparents, children don't seek the company of outsiders and are prevented from bad company in the absence of their parents.

So the presence of grandparent not only shape the inner values of children, they also feed, educate and prevent their grand children from bad company and keeps them away from this social problem of drugs of abuse.

### **3.2.5 Active scrutiny**

It should be the primary duty of family members to keep regular check on their kids. If anyone is suspected of taking any substance or drug which is not good for their health, they must be actively scrutinized. The daily activities of kids must be watched and observed. If any deviation is suspected then their friends and class teacher must be consulted for the same to know the exact reason of deviation. If eyes are red, body is becoming weak, sleeps are irregular, mood swings are observed then the active scrutiny can be done on the bases of various parameters like health and physical parameters, education and classroom performance, performance in sports and extra-curriculum activities, psychology and mood swings. If someone found under the effect of drugs at initial stage, he or she can be prevented easily from reaching the stage of addiction by proper love, affection, guidance, counselling and medication, if required.

### **3.2.6 Role of school in preventing drug abuse:**

School play an very important role in preventing the drug abuse. Most of the students generally initiate using drugs in the age of 9-15. Students at the school level use different types of drugs such as cocaine, opium etc. And some students are involved in drug smuggling.

Education is the principle means of preventing drug abuse. Adolescence is a vulnerable age for drug abuse and they spend a lot of time in school so school environment provides a standard against the drugs and behaviour of the students. There should a good relationshipbetween teacher and student and teacher play an important role in the student's life. To prevent the drug addiction proper school counselling is needed for students at a different time interval. Administration of schools should be strict and good policy makers for students. A good policy can improve the behaviour of students among the society.

To prevent Drug abuse school and school administration should follow the points as follows:

- They must provide and coordinate services for students for students experiencing behavioural difficulties.
- The prevention programs should be implemented regularly.
- These programs should enhance protection and remove or reduce risk factors.
- These programs should strengthen the protective factors.
- The prevention programs for school students should increase academic and social competence with the following skills:
  1. Habits of good study
  2. Full academic support
  3. Good Communication skills
  4. Healthy peer relationships
  5. Assertiveness
  6. skills to resist drug
  7. Indulge in sports to get better health
  8. programs to "Say no to drugs"

The school administration also has some responsibilities which are important in drug prevention programs. The school administration should take the following steps as

- They should implement and regularly review, in consultation with the school community and governing council, a school code behaviour which is consistent with drug abuse policies.
- They should ensure parents have drug abuse information, support material and related documents.
- They promote structure at class level and school level to Support and enable parents and teachers to form good relationships within which student behaviour may be managed positively and increase students opportunities to experience intellectual, social and physical success. They should provide opportunities for staff training and development.
- Establish parent teacher Student association that report students, concerns advocate on students behalf's and promote peer education.

Self-assessment questions for current section

1. Define drugs of abuse. Give examples.
2. Give a brief note on cause of drug abuse.
3. Discuss the role of teacher in prevention of drugs of abuse.
4. How parent-child relation is helpful in preventing drugs abuse?
5. How the school environment keeps the student away from drugs?

### **3.3 SCHOOL COUNSELLING**

School should organize the such programs which increase awareness against drugs these programs include counselling, prevention programs, health care centres etc. These programs endures the students behaviour through procedure followed by these programs. In schools teachers play a very important role as role model in preventing the drug abuse and there should be proper testing among students for drug abuse.

Prevention and counseling programs of schools should increase the academic and social competence with the following skills

- Habit to devote good time to study
- Academic support
- Good communication
- Develop good peer relationships

- Attain self efficacy
- Assertiveness
- Skills to resist drugs and narcotics
- Reinforcement of attitude against drugs
- Strengthening the personal commitment against drugs
- Participation of students in games and extra curriculum activities

### **3.3.1 Teacher as a role model:**

Teachers are as a role model for their students who can support the students mentally against drugs. Students who take different types of drugs such as marijuana use, cigarettes smoking, drinking etc. Can be counselled by their teachers and teachers tell them the side effects or demerits of these drugs. Teachers can play a pivotal role in preventing drug abuse among their students. They should

- Create a positive relationships with their students
- Talk effectively with students.
- Develop the knowledge and skills needed to manage behaviour change of their students successfully
- Structure the teaching program to facilitate learning and encourage students to achieve their personal best
- Use a range of teaching methods to encourage learning skills of students
- Positive feedback should be taken from students about the learning concepts
- Supervise the poor school performance
- Organise counselling and student assistance programs
- Consultation with doctors by organising different health programs
- Make sure the counselling programs for the students
- Guide the students in selecting the career options and selection of goals
- Teachers encourages their students to discuss their problems related to any issues such money, family problem etc and help their students so that they can face strongly with

their problems.

- Teachers encourages their students to become volunteer in drug abuse programmes
- Student's interest should be taken care by the teachers and enhance their opportunities according their interest.
- Teachers have a such relation with their students so they can discuss the danger of drug abuse with their students
- Teachers can check the reasons behind their poor performance in studies and can evaluate
- Acknowledge positive learning and social behaviour

### **3.3.2 Parent-Teacher-Health Professional Coordination**

There should be a proper coordination between the three to prevent the young children from this global problem of drugs of abuse. A child spends his most of his day's time under the observation of parents and teachers who observe and know about the likes and dislikes of children, eating habits, likes and dislikes in sports and their strength in sports, education etc. So, if parents and teachers find any deviation in their behaviour they should share this information with each other so that the reason of deviation can be known at early stage. If reason like drug abuse or other health related issues are known they must be conveyed to the health professional like family doctors without any hesitation. If proper history of patient is not provided to the doctor, he can't prescribe his best methods and medicine to cure the children. So a healthy coordination is required in such cases between parents, teachers and health professional.

### **3.3.3 Random students drug testing (RSDT)**

Drug testing is good idea in the schools because there are smugglers in the schools as children want to buy drugs so they will steal money from home. Random students drug testing is a part drug prevention programs in middle and high schools. In the recent times, it is reported that students use illegal drugs during normal school hours.

There are 4 primary goals of random students testing program:

1. To check the use of illegal or legal drugs
2. To discourage all other prevention efforts
3. To identify that students who want to free from drugs and want to stay away from drugs

4. To encourage the students for rehabilitation center to

Random testing can be of two types

1. Mandatory and 2. Voluntary

- Mandatory: The students of designated age of group are eligible for drug testing, these includes athletes, participants in extracurricular activities and students etc.
- Voluntary: with the consent of parents students are selected for the drug testing program. It is followed by signing a consent form.
- Procedure for RSDT: If a student tested day before, he/she can is also eligible for random testing.
- From a class randomly students are called from the different classes for short period of time.
- The selected students the instructed by a medical officer that they are selected for random testing pun that day
- Random testing may include urine test, the students is asked to get a specimen cup and is offered to get the sample in private usually bathrooms of schools
- Then the test will be performed on the urine sample and the student sent back to the school.
- **After testing, if a student test positive**
- Then the following procedure should be followed
- The positive test reviewed by medical officer. That medical officer is a licensed physician who is responsible for reviewing lab drug test. And then evaluating the results again.
- The student who tests positive should be sent to a counselor.
- There should not the involvement in law enforcement agencies
- School should give drug education to that student. The student who tests positive do not suspended or dismissed from the school. School will give some time so that students become drug free.
- The testing procedure should be followed up again when the student become drug free and if he again tests positive then he will send for treatment to rehabilitation centre.



Self-assessment questions for current section.

1. How the school's environment helps keep the student away from drugs?
2. What is the benefit of Random Student Drug testing?
3. What should be done if a student is found positive in RSDT?

### **3.4 ROLE OF MEDIA IN PREVENTING DRUG ABUSE**

Media means mass communication which include the people and authorities. Mass communication is a very effective tool against crime. Media plays a vital role prevention of drug abuse. It can increase the awareness among people. Media such as social media and television media etc. Other sectors of media effects every person's lifestyle. Mass communication can organize different campaigns which are essentially attempts to inform every individual about drugs and the consequences of use or abuse. Media can play a vital role in following aspects such as

- Restraint on advertising the drugs
- Advertising the bad effects of drugs
- Publicity and media
- Campaigns against drug abuse
- Educational and awareness programs

#### **3.4.1 Restraint on Advertisements of Drugs:**

Media should understand its moral duty towards society and should have restrained advertisements on drugs. Such advertisements in print media and on television attract the youngster towards them and start by experimentation which becomes a severe problem for them and they become addicted to these drugs.

It is not enough to display few words like "Drinking alcohol is injurious to health" or "Tobacco consumption may lead to cancer" Advertisements related to drugs and psychotropic substance should be avoided in print media and on television.

#### **3.4.2 Advertisement of Bad Effects of Drugs**

Now-a-days media is broadcasting a number of short advertisements showing the bad effect of alcohol, tobacco and other drugs by taking real examples of person who are suffering from cancer and other health related problems due to consumption of various drugs. Such

advertisements are shown on television and even in theatre before starting the movies. People should take these advertisements seriously and avoid abusing the drugs.

### **3.4.3 Publicity and media**

In modern times media matters most. The strength of media grown day by day. All the gadgets such as television, mobile, radio, and printing presses contributed towards the advancement of media. The media enhanced the advancement in the lifestyle of man and his problem-solving methods. In the field of politics, the role and potential of media is amazing. In the area of health and sanitation, population explosion, non-conventional use of energy, environmental degradation, illiteracy, amelioration of poverty, unemployment etc. When we compare with media then we do not much have to write about. The vernacular media has assumed responsibility to highlight some of these problems and means of tackling them. Nowadays, media becomes a very good source of knowledge, study and education. In

recent times of Covid-19 situations media has played an important role in the field of education by increasing the demand of different educational Channels and give knowledge about different types of subjects of course related with drug abuse.

Drug abuse awareness programs can be initiated on media with a well-planned strategy which includes problems concerning drug abuse, drug dependence and de-addiction. So, these programs need to be spread through the news intelligently. The writer and reporters with in-depth knowledge should report such programs. Statistical data of the drug abuse problem in the state should be presented in front of the public through a press which may help to make public more aware of the problem of drug abuse. The combined efforts of mass media and print media can be put together to combat the problems of drug abuse.

- Media can publish the good and bad effects of some basic drugs which are generally taken by adults such as cocaine. There are so many advantages of media such as:
- Media very important in such countries where population is vast such as China and India.
- There are some theories which show that communication with the help of media becomes very effective
- Media coverage can be worldwide so the cost for coverage is very less
- Easy way of communication and message transferring
- By the different modes of media, the literates and illiterates can be very much influenced

- One counsellor and a motivational speaker can give his/her lecture at large level of population
- Some difficult subject becomes easily understandable

#### **3.4.4 Campaigns and Educational Programs**

A campaign may be an educational program or a cultural program where awareness about drug abuse can be given to different age groups. In a campaign can include different age groups. It is an educational activity undertaken for a brief period, focusing on concerned topics

. There are special campaigns which are organized by different youth clubs, school and colleges and general public can also be asked for the conduct campaigns related to drug abuse

. In different campaigns will take different slogans such as ' say no to drugs', symbols and different modes of communication are made to take attention of audiences.

Self-assessment questions for current section

1. Discuss the role of media in educating the society about the problem of drugs of abuse.
2. Give your views about the role of media: whether it is helping to control the problem of drugs of abuse or it is increasing the problem?
2. How campaigns and educational programs increase the awareness in society about the drugs of abuse?

### **3.5 EXERCISE**

#### **3.5.1 Long answer questions. 10 marks each**

1. What do you mean by drug abuse? How family and media play role in preventing the drug abuse.
2. How a teacher become the role model in prevention of drug abuse.

#### **3.5.2 Short answer questions (5 marks each)**

3. What is the full form of RSTD? How it is useful in prevention of drug abuse?
4. Explain the role of media in prevention of drug abuse.

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**BACHELOR OF ARTS (LIBERAL ARTS)**

**SEMESTER-III**

**COURSE: DRUG ABUSE: MANAGEMENT AND PREVENTION**

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**UNIT 4: POLITICAL EFFORTS FOR PREVENTION OF DRUG ABUSE**

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#### **4.0 OBJECTIVE**

The objective of this unit is to make the students awareness about the laws and legal provision related to narcotics and psychotropic substance. This unit will give a brief introduction to NDPS Act, 1985; statutory warnings, enforcement of laws and role of policing across the borders to prevent smuggling of drugs of abuse.

#### **4.1 INTRODUCTION**

Drugs and drug trafficking has become a great problem for the developing countries. Drugs do not only affect the economy of the state but also a major concern for the citizens of the state. Due to drug trafficking across the borders, drug consumption and addiction is increasing which is deteriorating the youth health and dragging them to hell. A number of efforts and preventive measures are taken control drug trafficking across the border and inside the state to protect the citizens from the problem of drugs of abuse involving political efforts, legal efforts, social awareness, deploying police to control the illegal drugs within the state etc.

In this unit, students will be able to learn the following:

- Political efforts for prevention of drug abuse like NDPS ACT and its Amendments  
Significant aspect of NDPS act
- Statutory warning
- Smuggling of drugs
- Checking supply of illicit drugs by Reagent testing and Fentanyl strips testing
- Policing of border
- Strict enforcement of laws like Anti-Drug laws
- Time bound trials of criminals and drug traffickers.

#### **4.2 POLITICAL EFFORTS FOR PREVENTION OF DRUG ABUSE**

Government is making multilevel efforts against the drug traffickers to stop the illegal smuggling of narcotics and psychotropic substances like marijuana, hashish, cocaine, LSD etc. and to punish the smugglers. For this purpose, NDPS Act came into existence to prohibit the procurement and consumption of various narcotics and psychotropic substances in the country.

##### **4.2.1 NDPS ACT**

The Preamble to NDPS states that it is,

***“An Act 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 [to provide for the forfeiture of property derived from, or used in, illicit traffic in narcotic drugs and psychotropic substances, to implement the provisions of the International Convention on Narcotic Drugs and Psychotropic Substances] and for matters connected therewith.”***

Narcotics and Psychotropic Substances Act 1985, came into force on 14 November, 1985. It mainly replaced the Opium Act, 1857; the Opium Act, 1878 and Dangerous Drug Act, 1930. Basically, NDPS Act gives information about prohibition, control and how to regulate the narcotic drugs and psychotropic substances in the country.

This act doesn't allow the cultivation, production and manufacture, use, sale and purchase, export and import of narcotic and psychotropic substance except for medical use and scientific analysis.

The elements of control regime are:

- The Act prohibits the following: cultivation, production, manufacture, possession, sale and purchase, ware housing, consumption, transportation and inter-state movement, trans-shipment and import- export of narcotic drugs and psychotropic substances except for medical or scientific purposes and only in accordance with the terms and conditions of license, permit or authorization given by the government.
- The central government regulates the cultivation, production, manufacture, import and export, sale, consumption and use etc. of narcotic drugs and psychotropic substances.
- State governments has rights to permit and regulate possession and interstate movement of opium, poppy straw and poppy husk, the manufacture of medicine from medicinal opium and the cultivation of cannabis excluding the hashish.
- The central government has power to declare any substances, based on assessment of chemical substances use in the manufacture of other narcotic drugs and psychotropic substances as a controlled substance.

Narcotic drugs include-

All the substance are not covered under NDPS Act, 1985. Only those substance or chemicals are covered under this act which has the potential to abuse. Chemical substances which don't have abuse potential are excluded from the list of substance covered under NDPS Act, 1985.

- Coca Plant- Leaf or other derivatives of coca plant including cocaine. It also includes any preparation which contains 0.1% or more concentration of cocaine.
- Opium- This category includes poppy straw, poppy husk, poppy plant, poppy juice, and any preparation having 0.2% or more concentration of morphine. Derivatives of opium include poppy husk, morphine, heroin etc.
- Cannabis- Resin (Charas and Hashish), plant, fruit tops and flowerings of the plant (Ganja), or any mixture of Ganja, Charas and Hashish are all included in this category. It is important to note that cannabis leaves i.e. bhang is excluded from this category and is regulated by the state laws.

Chapter IV (15 to 40) of the Act deals with prohibition of offences and penalties related to cultivation, production, transportation, selling, and purchasing of poppy straw, coca plant, coca leaves, prepared opium, opium poppy, opium, cannabis plant and cannabis.

All these offences are cognizable, non-bailable and triable by special courts and the punishments prescribed range from imprisonment from 10 to 20 years for first offences, and 15 to 30 years for any subsequent offences covered under NDPS Act, 1985 along with monetary fines. The imprisonment and fine varies with the quantity of drug recovered from the suspect. If quantity is less and for personal consumption, then the fine and imprisonment is less. But if commercial quantity is recovered then the fine and the imprisonment is more. If the offender is under trial for repetition of the same offence, then more rigorous and severe punishment is given to the offender for repeating the same offence.

#### **4.2.2 Amendments in NDPS Act.**

Time to time amendment and updations are required in rules, regulations and laws to overcome the previous flaws. So, amendments are done in laws to make them more effective and impartial. The following amendments were done in NDPS Act, 1985.

##### **Amendments in 1989**

First change in the NDPS Act was happened in the year 1989, more harsh punishments were introduced in this amendment such as mandatory minimum imprisonment of 10 year and a bar on suspension and restrictions on the bail also trials by special courts, death penalty in the case of repeated offences was made mandatory. Through this amendment people caught even with small amount of drug and many fines were also introduced which they have to pay if drugs were used as personal use without license.



### Amendments in 2001

In the year 2001, new amendments were introduced in 1989 amendment act, because of criticism faced by 1989 amendments due to its irregular sentencing policies. So in amendments 2001, the penal provisions and penalties were upgraded on the basis of quantity of drugs. That time three categories were made regarding the quantity of drugs which are small, commercial, and intermediate. The threshold was produced by central government notification in Oct, 2001.

### Amendments in 2014

The NDPS act was once again amended in the year 2014 and the following modifications were coming into force in May, 2014.

In this amendment, new categories of important narcotic drugs were created which the central government can regulate across Country. These categories of narcotics and chemicals were prepared according to the abuse potential of drugs. The main aim of the law was the encouragement of narcotic drugs and psychotropic substances for medicinal and scientific use only and to suppress the illegal use and trafficking of the narcotic substances. In this, terms like “management” of drug dependence, “recognition and approval” of treatment centers were also included which allows establishment of legally binding treatment protocols also. The main change happened that death penalty was made discretionary for repeated offences.

#### 4.2.3 Significant Aspects of NDPS Act:

1. **Quantity based punishment:** Under this act, the punishment will be given on the basis of the quantity of the illicit drug, even Indian government said that the quantity or weight of the seized product should be calculated and weight will be considered as prime factor rather than the pure drug content.
2. **Death penalty:** Under this act, the death sentence is given for the repeated offences. It was mandatory for the NDPS Act, 1989 amendment, but the range of offences reduced in the 2001 amendment, after the NDPS Act, 2014 amendment, the death punishment was made discretionary and it was replaced by the imprisonment of 30 years.
3. **Treatment for drug dependence:** The NDPS Act gives treatment to people who are using drug as an alternative or independent of criminal measures.

It includes following aspects:

- Sec 4(2) (d) and 7A state that treatment of drug addicts is one of the measures for which the Central Government should create funds.

- Sec 64A states that drug dependent people who are charged with an offense involving small quantities of drugs or consumption can go for treatment and will be exempted from prosecution.
- Sec 39 says that instead of awarding sentences, the courts can divert drug dependent people convicted for consumption or an offense involving a small quantity of drugs, to a recognized medical facility for detoxification.
- Sec 71, 76 (2) (f), and 78 (2) (b) contains provisions that the Central or the State government can set up and regulate centers for identification, care, and treatment of drug dependent people.

Self assessment questions related to this section

1. State the preamble of NDPS Act, 1985.
2. What is NDPS Act? Discuss its amendments.

### **4.3 STATUTORY WARNING**

FSSAI (Food Safety and Standards Authority of India) Regulation with respect to the statutory warnings on the liquors/tobacco products/drugs.

The Food Safety and Standard Authority of India is very much concerned about the food laws in the country which mainly focuses on the proper food safety regulations and policies in the food industry.

In year 2017, WHO declared that there should be statutory warnings on liquors/ drugs/tobacco products. Such statutory warnings mainly give the idea about the hazardous effects of products on the health of the person. So, the main aim of statutory warnings on the substance is to establish the better social understanding, so it is very important to state that health related issues in the form of headlines or signs or in the form of labels on the alcohol beverages / Tabaco products.

Even BMC released the report in the year of 2014, where they have concluded that "Cancer warning statement written on the *alcohol beverages* has increased the awareness among the people who are consuming it on daily basis."

Even there are some laws which deal with the safeguards and health measures for all the people of the country. One such law is Article 47 of Indian constitution which comes under Directive principles of state policy which basically says that state has a duty to raise the standard level

of nutrition, standard of living and improvement with respect to public health is the main aim of the state even it is also included in this law that state shall endeavor to bring restrictions on the consumption of drugs /beverages exception in the medical case of intoxication drugs/drinks which are mainly injurious to health of the person.

So, it's very necessary to provide statutory warnings on the substances that are very hazardous to the health of the person

Self-assessment questions related to this section

1. What is FSSAI? Give its full form.
2. What are statutory warnings? State their significance.

#### **4.4. SMUGGLING OF DRUGS**

India has been a traditional consumer of many cannabis derivatives such as marijuana, ganja, and hashish, and also of opium. These narcotics are mainly used for medicinal and social/religious ceremonies. Earlier, almost all the demands of drugs were accomplished locally, only a small quantity of hashish was smuggled into India from Pakistan and Nepal.

The global pattern of the flow of illegal drugs reveals that all the day's cocaine and heroin are smuggled at large distances. Drug trafficking facilitates other organized criminals to commit human and Arms smuggling. 70% of drugs are smuggled into India by making transportation at the country's borders. Different border display various trafficking patterns as follows:

- 1. India-Nepal Border:** Hashish and marijuana/ganja are two cannabis derivatives that are mainly smuggled through Nepal into India and the corresponding demand for codeine also increased in Nepal and Bhutan has resulted in two-way smuggling of narcotics and drugs through the India- -Nepal border.
- 2. India – Pakistan Border:** Mainly, smuggling of heroin and hashish occurs through this border.
- 3. India-Bangladesh Border:** This border has been susceptible to smuggling of various trends of drugs ranging from Hashish, heroin, ganja, cough syrup, etc.
- 4. India-Myanmar border:** Through this border heroin and other psychotropic drugs are smuggled into the country.

Protecting the border against violence by either smugglers or terrorists becomes critical. At the same time, the demand for drugs in the domestic market is also very important. Now India's

government is working on the approach of reducing supply as well as demand for narcotics and drugs.

In India, that's why the NDPS Act, of 1985 controls drug abuse and drug smuggling. Even NDPS Act also provides the forfeiture of property acquired through the illicit trafficking of drugs. The Indian government has also imposed prevention of illicit trafficking in NDPS in 1988 which allows the determination of suspected persons involved in the illicit smuggling of drugs.

Self-assessment questions related to this section

1. State the drugs and their routes to India across different borders.
2. Why smuggling of narcotics and psychotropic substances is more than medicinal drugs? Give your views.

#### **4.5 CHECKING SUPPLY OF ILLICIT DRUGS:**

Drug checking is also called pill testing or adulterant screening which allows us to identify the drugs/substances and therefore we can prevent the issues associated with consuming unknown substances. It is a common harm-reducing method utilized by nightlife, dance clubs, and also at the borders to give an idea about what type of drug/substance people are consuming.

There are two simple methods such as drug checking strips and reagent testing are used for the checking supply of drugs and these methods are used in the united States if these methods are applicable in India then we can control the supply of illicit drugs and we can save the nation.

In the united states, *Dance Safe* organization gives drug-checking services to music festivals and dance parties.

So, they are using the following measures:

##### **4.5.1 Reagent testing:**

It is also called calorimetry or spot test. In this test, liquid chemical drops are applied to a small quantity of suspected samples which give different colors according to the chemical substance present in the suspected sample. The color given by this test is compared and

matched with the standard color chart provided with the reagent testing kits to identify the suspected sample. We can identify the particular color which will be useful to identify the presence or absence of different substances including opiates, methamphetamines, MDMA, LSD etc. This test is very fast and effective which can give results in 30 seconds.

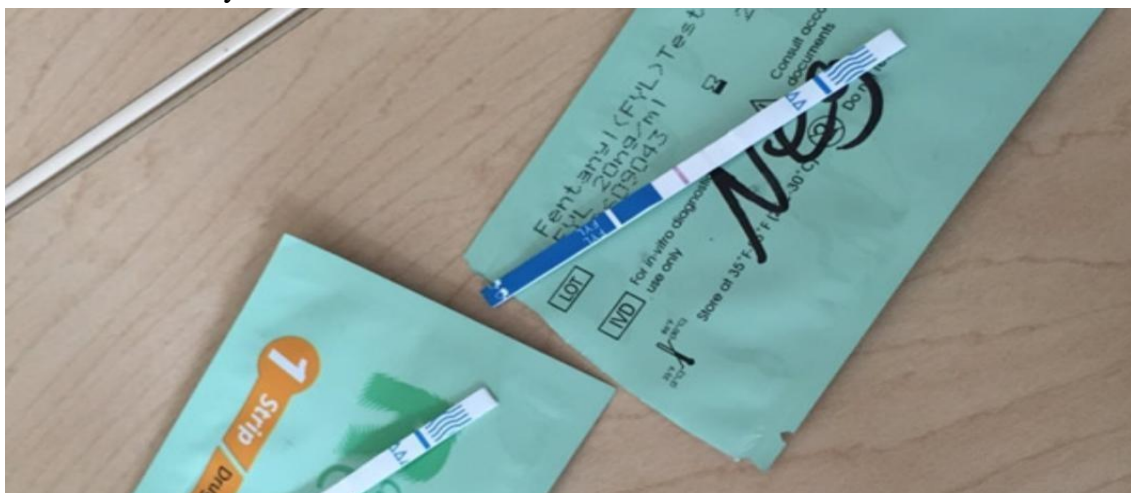
Advantages of reagent testing kits:

1. It is very easy to use. No or very little scientific knowledge is required to use these kits as such kits are provided with self-instruction manuals and colour charts to compare the results.
2. Results are fast and reliable.
3. It not only helps the police parties to test the chemical but also excludes the chemical substance covered under the NDPS Act. If "No Colour" means "No Narcotic substance" is present in the suspected material and the suspect can be released. If there is any color change on adding the reagent to the suspected material then color can be compared with the standard chart provided with the reagent testing kit to know the identity of the narcotic whether it is Opiate, Methamphetamine or LSD etc.
4. Such kits reduce the workloads of police parties, testing laboratories and courts by testing the narcotics on the spot. If the suspected sample is negative then there is no need of packaging the sample for testing, no arrest is required and no court trials are conducted.

#### **4.5.2 Fentanyl Testing:**

In this method, fentanyl checking strips are used which are mainly designed for urine drug test but they are now being used as off label to detect the presence or absence of fentanyl in the illegal drug supplies. In this method, strips are dissolved in small amount of sample and the indicator lines comes as result which tells about the presence or absence of fentanyl. These strips are basically of single use.

In Feb 2018, *John Hopkins University* study showed that these checking strips could detect the presence of fentanyl about 100 % of the time.



**Picture showing strips used to detect the presence of Fentanyl**

#### **4.6 POLICING OF BORDER**

◆ Exercising through control at the border.

- This helps to strengthen the cooperation between the country or organizations to gather information, share and actively promote combined investigation while at the same time put restrictions or tightening the border control system for illicit drugs at the regional ports and airports.
- To strengthen the control and surveillance for smuggling of drugs at the ports, harbors and airports by enhancing information gathering and examination capabilities through development of equipment's and materials for eg. Surveillance cameras, information database should be made and also by constructing high specification coast guard patrol aircraft and vessels.
- To inform and alert the public (including airports) about the laws, prevention and regulations for drug related offences in the foreign countries.
- To implement strict trade control on raw material for drugs by strengthening cooperation with the United nation International Narcotics control board(INCB) and other international organizations(Ministry of Trade and industry, labor and welfare, ministry of health, ministry of economy)
- To enhance an international information sharing system for information of distribution, analysis, harmful effects of drugs/substances that are not regulated by three narcotic connections (Ministry of Health, ministry of Labor and welfare, and Ministry of foreign affairs).
- To determine the source and raw material which is coming from other countries we can identify the raw material by making active use of techniques made through examination for components of drugs (signature analysis) also at the same time increasing the technology to examine the trends of drug abuse cases across the other countries.

#### **4.7. STRICT ENFORCEMENT OF LAWS:**

India's approach towards narcotic drugs and psychotropic substance is included in article 47 (1) of the constitution of India. It says to prohibit the use and consumption of toxic drinks and drug substances which are very harmful to the health of people. It also state that it's the duty of the state to improve public health.

4.7.1 Anti -drug laws:

The control over Narcotic drug in India is exercised through a number of enactments in the state and central.

*The opium Act, 1857; Opium Act 1878 and Dangerous Drug Act, 1930*

The Dangerous Act, 1930 provides imprisonment of 3 years with or without fine and 4 years imprisonment with or without a fine for repeated offenses.

Then the replacement of all these acts or laws one such NDPS Act 1985 was passed by the parliament of India, it provides long time period imprisonment and more fines for the offenders.

Then Drug and Cosmetics Act 2008 was also amended. In this act if a drug is deep to the adulterant or any other modifier added to it while the drug is used as treatment, or prevention of any injury so that time if creates harmful health issues to a person then the person who changed the drug or modified it shall be punishable with the charge of 10 lakh rupee fine and imprisonment of 10 years which can be extended upto life sentence.

In NDPS act 1985, its illegal to produce, manufacture, sell, cultivate, store, transport, or purchase any narcotic drug or psychotropic substances.

Under this act Narcotic Control Bureau also established which started working properly from 1986.

Under the Amendment of NDPS act 1985 a class of medicine essential narcotic drugs (ENDs) created

- That time power of legislation on ENDs has been transferred from state to central government so that whole nation can have uniform law.
- “Now NDPS rules are applicable to all states and union territories” this statement was announced by the government of India in 2015. In this they also added the 6 drug names fentanyl, methadone, codeine, morphine, and hydrocodone.
- Now according to these rules, now we have single agency -the state drug controller- who can look after the drug storage and dispensing of ENDs.
- This act extends to the whole country India and its applicable to all Indian people outside India and to all the person on aircraft or on ships registered in India.

#### **4.8. TIME BOUND TRIALS:**

In India, bail laws come under the CrPC, 1983 there are special laws related to the offences under narcotic and drugs.

Sec 37 of NDPS act 1985, provides that every offence under this act is cognizable offence and no person shall be released on the bail for the offence committed under 19, 24, 27A.

For the trial procedure first of all Fir is registered under the NDPS Act, 1985. According to the quantity of the drug or narcotic substance challan will be created against the accused, then within a time period of 90 days he/she has to show the presence in the court and has to pay the fine mentioned under the act according to the quantity, and trial can be increased unto 121 days depend upon the case scenario, if the charges is not paid by the accused that he /she wants to prove them innocent then the he or she can file a petition in high court and if court found that person is guilty then fine and imprisonment will be given to the offender according to the act otherwise accused will be declared innocent.

Legal provisions under Chapter-V of Narcotic Drugs and Psychotropic Substances Act, 1985  
Section 41:

1. Arrest warrant can be issued by any of the Metropolitan Magistrate/ a first class Magistrate or any Magistrate of second class empowered by the state for an individual who has a reason to believe to have committed any offence which is punishable under NDPS Act, 1985.
2. Any such officer of gazetted rank of central excise narcotics, customs, revenue, intelligence or any other department of central government including paramilitary forces or the armed forces can issue arrest warrant for an individual who has a reason to believe to have committed any offence which is punishable under NDPS Act, 1985.
3. Officers to whom a warrant under subsection (1) is addressed and the officer who authorized the arrest or search or the officer who is so authorized under subsection (2) shall have all the powers of an officer acting under section 42.
4. Section 50. Conditions under which search of persons shall be conducted;
  - When any officer duly authorised under section 42 is about to search any person under the provisions of section 41, section 42 or section 43, he shall, if such person so requires, take such person without unnecessary delay to the nearest Gazetted Officer of any of the departments mentioned in section 42 or to the nearest Magistrate.
  - If such requisition is made, the officer may detain the person until he can bring him before the Gazetted Officer or the Magistrate referred to in sub-section (1).
  - The Gazetted Officer or the Magistrate before whom any such person is brought shall, if



he sees no reasonable ground for search, forthwith discharge the person but otherwise shall direct that search be made.

- No female shall be searched by anyone except a female. 1[(5) When an officer duly authorised under section 42 has reason to believe that it is not possible to take the person to be searched to the nearest Gazetted Officer or Magistrate without the possibility of the person to be searched parting with possession of any narcotic drug or psychotropic substance, or controlled substance or article or document, he may, instead of taking such person to the nearest Gazetted Officer or Magistrate, proceed to search the person as provided under section 100 of the Code of Criminal Procedure, 1973 (2 of 1974).
- (6) After a search is conducted under sub-section (5), the officer shall record the reasons for such belief which necessitated such search and within seventy-two hours send a copy thereof to his immediate official superior.]

#### Section 57. Report of arrest and seizure

Whenever any person makes any arrest or seizure, under this Act, he shall, within forty-eight hours next after such arrest or seizure, make a full report of all the particulars of such arrest or seizure to his immediate official superior.

59. Failure of officer in duty or his connivance at the contravention of the provisions of this Act. —

- (a) Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraw himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine or with both. 1[(2) Any officer on whom any duty has been imposed by or under this Act or any person who has been given the custody of—any addict; or
  - (b) any other person who has been charged with an offence under this Act, and who willfully aids in, or connives at, the contravention of any provision of this Act or any rule or order made thereunder, shall be punishable with rigorous imprisonment for a term which shall not be less than ten years but which may extend to twenty years, and shall also be liable to fine which shall not be less than one lakh rupees but which may extend to two lakh rupees.
- Explanation. —For the purposes of this sub-section, the expression “officer” includes any person employed in a hospital or institution maintained or recognised by the Government

or a local authority under section 64A for providing de-addiction treatment.]

(3) No court shall take cognizance of any offence under sub-section (1) or sub-section (2) except on a complaint in writing made with the previous sanction of the Central Government, or as the case may be, the State Government.

#### **4.9 EXERCISE**

##### **4.9.1 Long answer questions**

1. Discuss NDPS Act, 1985 and give brief detail of its amendments till date?
2. Write a note on smuggling of narcotic drugs on border and preventive measures taken by the nation for drug trafficking?

##### **4.9.2 Short answer questions**

1. How the illegal supply of illicit drugs be controlled at the borders?
2. Discuss anti-drug laws in India.

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