

A Sociolegal Study of Non-Medical use of Narcotic Drugs at Educational Institutions

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INTRODUCTION

DEFINITION OF DRUGS AND ITS CLASSIFICATION

In English, the noun "drug" is thought to originate from Old French "drogue", possibly deriving later into "droge-vate" from Middle Dutch meaning "dry barrels", referring to medicinal plants preserved in them. The transitive verb "to drug" (meaning intentionally administer a substance to someone, often without their knowledge) arose later and invokes the psychoactive rather than medicinal properties of a substance.

Alcoholism and drug addiction may be conceptualized as crime without victim i.e. addict himself is the victim who becomes a prey of its misuse.

A drug is any substance (other than food that provides nutritional support) that, when inhaled, injected, smoked, consumed, absorbed via a patch on the skin, or dissolved under the tongue causes a temporary physiological (and often psychological) change in the body. In pharmacology, a pharmaceutical drug, also called a medication or medicine, is a chemical substance used to treat, cure, prevent, or diagnose a disease or to promote well-being. Traditionally drugs were obtained through extraction from medicinal plants, but more recently also by organic synthesis. Pharmaceutical drugs may be used for a limited duration, or on a regular basis for chronic disorders.³

Drugs, substances used in medicine either externally or internally for curing, alleviating, or preventing a disease or deficiency. At the turn of the century only a few medically effective substances were widely used scientifically, among them ether, morphine, digitalis, diphtheria antitoxin, smallpox vaccine, iron, quinine, iodine, alcohol, and mercury. Since then, and particularly since World War II, many important new drugs have been developed, making chemotherapy an important part of medical practice. Such drugs include the antibiotics, which act against bacteria and fungi; quinacrine and other synthetics that act against malaria and other parasitic infections; cardiovascular drugs, including beta-blockers and ACE inhibitors; diuretics, which increase the rate of urine flow; whole blood, plasma, and blood derivatives; anticoagulants such as heparin and coumarin; various smooth-muscle relaxants such as papaverine, used in heart and vascular diseases; smooth-muscle stimulants; immunologic agents, which protect against many diseases and allergenic substances; hormones such as thyroxine, insulin, and estrogen and other sex hormones; psychotherapeutics such as anti-anxiety drugs and antidepressant drugs; cortisone and synthetic corticosteroid drugs used in treating inflammatory diseases such as arthritis; vitamins and dietary minerals; antidotes for poisons; and various drugs that act as stimulants or depressants on all or various parts of the nervous system, including analgesics, narcotics, amphetamines, and barbiturates.⁴

CLASSIFICATION OF DRUGS

The International Convention on Drugs to which India is a signatory has classified drugs under two categories⁵: - (a) Narcotics Drugs; and (b) Psychotropic substances.

(a) Narcotics Drugs:- the main drugs covered under this head are the following:-

- (i) Opium and its derivatives like brown sugar, heroin and codeine,
- (ii) Coco leaf, cocaine;
- (iii) Cannabis, cannabis resin, extracts and tinctures;
- (iv) Methane, pethidine, hebaïne.

(b) Psychotropic Substances include Valium, diazepam, tidijesic, morphine etc.

There are also seven different drug types, and each has its own set of effects and risks:⁶

Stimulants: Stimulants (or “uppers”) impact the body’s central nervous system (CNS), causing the user to feel as if they are “speeding up.” These drugs increase the user’s level of alertness, pumping up heart rate, blood pressure, breathing and blood glucose levels. Doctors primarily prescribe stimulants for ADHD, narcolepsy and asthma (because the drugs can open up breathing passages). The drugs can also help aid weight loss, as they can decrease appetite in users. Stimulant abuse occurs in high school when teens wish to enhance performance in school or sports. Stimulants often come in pill form but are also consumed via snorting or even as food and drink. For example, caffeine is found in many beverages, and cocaine is a powder that is snorted.

Depressants: Like stimulants, depressants also impact the body’s CNS, but with the opposite effect, making users feel as if things are “slowing down.” Thus, they are often called “downers” on the street. Doctors prescribe some depressants for anxiety, insomnia, obsessive-compulsive disorder and other medical issues that prevent the sufferer from fully relaxing. These drugs often offer a sedative experience to users, making them a tempting choice for teens who wish to escape everyday stresses.

Hallucinogens: Hallucinogens work by disrupting communication within the brain. Users report intense, rapidly shifting emotions and perceptions of things that aren’t really there.

For example, a hallucinogen user might believe that they see a person speaking to them — when that person does not even exist.

Dissociative: Dissociative distort the user’s perception of reality, and cause users to “dissociate,” or feel as if they are watching themselves from outside their own bodies. They

According to the “Collins English dictionary”, substance abuse means the practice of taking an excessive amount of drugs in a manner that is detrimental to health. Substance abuse, also known as drug abuse, is a patterned use of a drug in which the users consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder. Widely differing definitions of drug abuse are used in public health, medical and criminal justice contexts. In some cases criminal or anti-social behavior occurs when the person is under the influence of a drug, and long term personality changes in individuals may occur as well.⁷ In addition to possible physical, social, and psychological harm, use of some drugs may also lead to criminal penalties, although these vary widely depending on the local jurisdiction.

HISTORICAL PERSPECTIVE OF THE PROBLEM SUBSTANCE ABUSE

Humans have used drugs for thousands of years. Early civilization used wine from at least the time of the early Egyptians. The earliest recorded use of narcotics dates back to 4,000 B.C, with medicinal marijuana appearing in China around 2,737 B.C.

The extraction of active ingredients from psychoactive drugs did not occur until the 19th century. Thereafter, the emergence of unregulated and freely prescribed drugs, such as morphine, laudanum, and cocaine, laid the groundwork for modern addiction. People could buy these drugs in patented medicine bottles at local drugstores. During the American Civil War, wounded veterans returned home with their morphine kits. As a result, opium dens thrived. By the early 1900s, an estimated 250,000 morphine addicts lived in the United States.

Legislators began to take notice of the addiction epidemic over time. The first enacted legislation against drug abuse occurred in 1875, when opium dens became outlawed in San Francisco. The Pure Food and Drug Act of 1906, the first national drug law, mandated accurate labeling of patented medicines with opium and other drugs. In 1914, the Harrison Narcotic Act dictated that only licensed medical professionals and pharmacies could sell substantial doses of opiates or cocaine. The banning of heroin soon followed. The United States Supreme Court made it illegal for doctors and pharmacies to prescribe narcotics to addicts, even as part of an addiction treatment plan. As a result, the use of narcotics diminished by the 1920s. The prohibition of alcohol occurred in 1919, but was later repealed in 1933.

In the 1930s, most states required anti-drug education in public schools; however, fears of experimentation caused it to be abandoned. After the repeal of Prohibition, the United States Federal Bureau of Narcotics began a campaign to portray marijuana as an entry-level drug to other powerful narcotics. In the 1950s, use of marijuana increased in conjunction with amphetamines and tranquilizers. The social revolution of the 1960s brought with it a drastic increase in drug use, including hallucinogenic narcotics. By the early 1970s, some states and local jurisdictions had decriminalized marijuana and lowered the legal age to drink alcohol. A decline in the use of most drugs occurred during the 1980s, with the exception of cocaine

and crack. The military became involved in border patrols, which led to the Panamanian invasion and capture of Manuel Noriega.

The public's perception of the dangers of specific substances changed over time. The surgeon general's warning about the addictive nature of nicotine-based products prompted people to think twice before lighting a cigarette. By 1995, the Food and Drug Administration (FDA) considered regulating tobacco use. Subsequently, the FDA labelled alcohol products with warnings of fatal alcohol syndrome. Other efforts to warn the public materialized, especially in regards to prescription drugs.

Federal and state law enforcement have tried to keep up with the changing perceptions and dangers of substance abuse. By 1970, federal drug laws and state enforcement carried steep penalties for those who violated them, especially for those who committed drug-related crimes. The Comprehensive Drug Abuse Prevention and Control Act of 1970 made it possible for legislators and law enforcement agencies to gain control over the drug abuse epidemic. While possession of illicit drugs was made punishable, the manufacture and distribution of narcotics carried the severest penalties. The Anti-Drug Abuse Acts of 1986 and 1988 made it possible for addicts to seek treatment and rehabilitation.

CAUSES AND IMPACT OF THE ALCOHOLISM AND DRUG ADDICTS ON CRIMINALITY AND SOCIETY

Main Causes Of Drug Addiction

Alcoholics and drug addicts take to drinking or use of drugs for a variety of reasons.⁹ The factors mainly responsible for the spread of this evil are as follows -

1. Rapid Industrialization and Urbanization.
2. The lack of parental care and control partly due to work situation of both spouses and disintegration of joint family system.
3. The recent developments in pharmaceutical and medical sciences have provided scope for production of a variety of toxic synthetic substances.
4. People often take drugs for relief from painful illness and ultimately get addicted to it.
5. Frustration and emotional stress due to failures, sorrows or miseries of life, diverts people to join the company of addicts. For them drugs or alcohol is a medicine - a blessings in disguise.¹⁰
6. Hippie culture also detracts youngsters to drug addiction and they starts it as a fun or enjoyment.
7. The lack of knowledge of child psychology and communication-gap between parents and young addicts.
8. Social disorganization is also a contributing factor for the menace of drug abuse or misuse.

There are also various reasons of alcoholism and drug addicts. While every addiction is different, and the intensity can vary from substance to substance, there are some common reasons people may become addicted to a substance. The causes are as follows:¹¹

- a) **Legality:** Nicotine and Alcohol are legal and loosely regulated to prevent addiction. An estimated 88,000 people die from Alcohol-related causes annually, making alcohol the third leading preventable cause of death in the United States. Those who tend to abuse these substances use them to self-medicate for anxiety, trauma and stress.
- b) **Prescribed medication:** Some people think that because their doctor gives them a prescription, the medication they are taking is safe to consume without consequences. Unfortunately, Opiate-based prescriptions are extremely addictive and can act as a gateway to other drugs, like Heroin. 30% of emergency room admissions from prescription abuse involve Opiate-based substances.
- c) **Depression:** Many people who struggle with depression do not get proper treatment or diagnosis for this problem. Those struggling with depression tend to self-medicate to handle the symptoms of depression with Alcohol, Marijuana, Cocaine, and various other mind-altering substances.
- d) **Peer pressure:** This is most common reason among young adults and teenagers. They start to use drugs because they want to fit in. Being rebellious as a teenager or young adult is very common. In a lot of cases, young adults and teenagers don't fully understand the severity of drug use and addiction.
- e) **Experimenting:** Mind-altering substance, like Cocaine and Alcohol, promise to heighten experience and that experience is worth exploring. Unfortunately, there are drugs like Heroin, Ecstasy, and Meth that are so addictive that the person will begin a pattern of abuse, which can eventually lead to an addiction.

- f) Self-Medication: Self-medicating is the top reason people abuse drugs and Alcohol. Stress, anxiety, reoccurring pain, undiagnosed mental illnesses, severe depression, loneliness, trauma; these are all reasons why people would self-medicate with mind-altering substances to cope with what they are feeling or what they do not want to feel.

IMPACT OF THE PROBLEM ON CRIMINALITY AND SOCIETY

Substance addiction has a severe impact not only on the individual, but those closest to them, and society as a whole. A substance addiction deteriorates an individual's physical and mental wellbeing. Many times, an individual will lose their job and their family, resulting in sustaining support from society. Families of those caught in the downward spiral of addiction go through a lot. Oftentimes, they are subjected to domestic violence, abuse, and financial struggles. Children in this type of environment are at risk for begin removed from the home and placed into state custody. A large amount of crime can be attributed to substance addictions. This is because many addicts are trying to obtain money to purchase their substance of choice. When a purchase goes wrong they will need more money and violence normally occurs during these situations. Half of all the individuals arrested for a serious crime, such as, murder, robbery, and assault, were under the influence of an addictive, and usually illegal, substance. Society then must pick up the cost for the law enforcement, court, and incarceration.

MAGNITUDE OF THE PROBLEM SUBSTANCE ABUSE OR DRUG ABUSE

Drug abuse is a major public health problem that impacts society on multiple levels. Directly or indirectly, every community is affected by drug abuse and addiction, as is every family. Drugs take a tremendous toll on our society at many levels. About 190 million people all over the world consume one drug or the other. It is the third largest business in the world next to petroleum and arms trade. Today, there is no part in the world that is free from the curse of drug trafficking and drug addiction. According to a UN report, one million heroin addicts are registered in India and unofficially there are as many as five million.

Drug abuse is not only a national problem but it has transgressed the national boundaries and has become an international problem. Over about the last three decades, the use of illegal drugs has spread at an unprecedented rate and reached every part of the globe, creating devastating problems in practically most of the nations, arising out of drug abuse. The world community has over these years demonstrated serious concern over the problem for the insidious long term effect of chronic drug use and its impact on the user, the family, the community and the society. All nations, including India have viewed drug abuse as a threat to the survival of human beings. The advances made in science and technologies have resulted in a disproportionate emphasis on the materialistic growth causing severe stress and strain to participants. Drug and Substance abuse culture is a serious problem acquiring an epidemic form and proportion engulfing the younger generation all over the world due to various psychological, social, cultural, economic and political factors. Drug Abuse is a Major Public Health Problem and its addiction affects everyone. Drug abuse impacts the individual, family, and community.

ILLICIT DRUG TRAFFICKING

Drug trafficking also referred to as illegal drug trade, is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to the drug prohibition laws. UNODC is continuously monitoring and researching global illicit drug markets in order to gain a more comprehensive understanding of their dynamics. Illicit drug trafficking is so complex in nature that it involves a variety of drugs from many sources throughout the world. It not only violates national drug laws and international conventions but also involved several other allied activities such as conspiracy, bribery, racketeering, tax-evasion, illegal money transactions, violation of import and export laws, crimes of violence and terrorism. Making the situation worse is the growing linkage between arms, drugs and insurgency that gets inculcated due to their dependence on each other. Insurgents source funds from drug trafficking in order to procure the weapons. Considering the ever increasing demand and consumption of liquor, opium, heroine etc and huge profit in their illicit trafficking, the legislative control measures have not been able to countenance the menace, particularly because drug syndicates having international linkage are involved in this illegal trade.

Some of the reasons of drug trafficking are – greed, poor upbringing, unemployment, indiscipline, deceit, corruption etc. Drug trafficking also has a direct bearing on political process as drug cartels subvert, penetrate and further corrupt state institutions to control the illegal drug trade. The nexus between drug traffickers, criminal networks and terrorist are another potent threat. Exploitation of trafficking routes by terrorist with the help of well-entrenched criminal networks to infiltrate with arms and explosives adds a critical dimension to the security of the borders. The two way illegal movement of narcotics and drugs pose a significant threat to the national security. Pharmaceutical preparations containing

Dextropropoxyphene and Codeine are trafficked to the neighboring countries especially to Nepal, Bhutan, Bangladesh and Myanmar. Ketamine is yet another medicinal preparation which is smuggled out of India to various South-east Asian countries. Apart from narcotics, India has been experiencing a significant rise in the use of psychotropic substances among addicts since 1990. Stringent narcotics and drug laws, rising price of heroin and easy availability of synthetic drugs have propelled this shift in the consumption pattern and hence their trafficking.

In the Indian context, the geographical location of this country is most suited to the unabated flow of drugs and illicit drug products by sea and land routes from all sides. Iran, Afghanistan, Pakistan which are the largest producers of opium, manufacture heroine from it and the same is smuggled into India. So, is the case with North-East neighboring countries namely, Burma, Thailand and Laos. Quite a large quantity of cannabis and opium are being illicitly cultivated within India itself, besides the licensed cultivation for medical purposes. All these factors cumulatively provide a fertile ground for illicit drug trafficking both within and outside the country.¹⁵

NATIONAL AND INTERNATIONAL FRAMEWORK TO DEAL WITH THE ISSUE OF SUBSTANCE ABUSE

Substance abuse, also known as drug abuse, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance related disorder. The smuggling of narcotic drugs and psychotropic substances into India, and illegal trafficking in such drugs and substances has led to drug addiction.

National Perspective

In view of the alarming increase in drug menace in India, the Parliament enacted the Narcotics Drugs and Psychotropic Substances Act, 1985 which was later amended and was called the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances (Amendment) Act, 1988 and came into force on July 4, 1988. The Act emphasizes on the preventive aspect of drug evil and covers a wide list of substances that are recognized as narcotic drugs. The main policy underlying the Act is to prohibit supply and distribution of prohibited drugs, for which minimum sentence of ten years, which may extend to twenty years, with a minimum fine of rupee one lakh, and a maximum up to two lakhs has been prescribed. The Act makes no difference between a drug addict and a drug trafficker in respect of punishment except under sections 27 and 64-A of the Act.

Section 27 of the Act provides that if a drug addict proves that he possessed drug of less than small quantity as notified by the Central Government and that it was for his own personal consumption and not for sale, he or she shall be liable to punishment which may extend to minimum one year.

Section 64-A provides immunity to a drug addict from criminal liability provided that he proves that the offence is committed for the first time and he or she voluntarily agrees to be treated for de-addiction in a recognized institution. Section 71 provides for the rehabilitative and reformatory measures for an addict whether he is an offender or not. The provision of this section seems to have been based on the principle that the purpose of reformatory penology is to destroy criminality in a human being without destroying humanity in a criminal. This is in tune with the Supreme Court's view that "right to life includes right to live with dignity". Thus the Act combines within it deterrence and reformatory techniques of punishment to tackle the problem of drug addiction and trafficking effectively.¹⁶ The Act is designed to fulfill India's treaty obligations under the Single Convention on Narcotics Drugs, Convention on Psychotropic Substances and United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The NDPS Act has provided for the establishment of special courts for expeditious trials of drug addicts and traffickers. The Act has been amended three times- 1988, 2001 and 2014. The 2014 amendment recognizes the need for pain relief as an important obligation of the government. It creates a class of medicines called Essential Narcotics Drugs (ENDs). Power for legislation on ENDs has been shifted from the state government to the central government so that the whole country can now have a uniform law covering these medicines which are needed for pain relief. Subsequently, NDPS rules which would be applicable to all the states and union territories has been announced by the government of India in May 2015.¹⁷

Article 47 of the Constitution of India contains a mandate relating to policy of prohibition. It casts a duty on the Union on the States to initiate adequate measures to implement this directive principle for improvement of public health. But in view of the laxity on the part of the State Governments to implement the policy of prohibition on liquor, it is desirable that a national policy on the subject be framed. The consumption of liquor at public places, functions, farewells and receptions etc must be totally banned and violation of liquor laws should be severely dealt with.

The entire gamut of legislation in India is directed against illicit trafficking in drugs and alcoholic substances. The machinery utilized for central level includes the Department of Customs, Central Excise Narcotics Commissioner, Central

bureau of Investigation, Border Security Force and the Drugs Controller. At State level the State Excise, Police and Drug control Authorities control the menace of drug addiction. In order to co-ordinate the activities of the various enforcement agencies involved in the anti-drug trafficking, a Central authority called the Narcotics Control Bureau which is the chief law enforcement and intelligence agency of India responsible for fighting drug trafficking and the abuse of illegal substances. It was created on March 17, 1986 to enable the full implementation of the Narcotics Drugs and Psychotropic Substances Act (1985) and fights its violation through the Prevention of Illicit Trafficking in Narcotics Drugs and Psychotropic Substances Act (1988). The main functions of the Bureau are- co-ordination of all enforcement actions by various central and state authorities, implementation of counter measures against illicit drug trafficking under international protocols, conventions and treaties, assistance to the concerned authorities in foreign countries.¹⁸

The National Committee on Drug Addiction was set up by the Government of India in 1976 to enquire into- the extent of addiction to drugs in the country, to determine motivation for drug addiction, to recommend the suitable de-addiction and suggest steps to prevent misuse. The committee in its report suggested establishment of a National Advisory Board on Drug Control.

International Perspective

With the rapid expansion of trade and commerce beyond national boundaries, the problem of drug addiction and trafficking has become a global phenomenon. The International Opium Convention called the Hague Convention on Narcotics was held in 1912 which was the first drug traffic control treaty at the international level. One of the most important conventions in this regard was the Single Convention on Narcotic Drugs, 1961(SCND) which codified all the existing multi-national treaties and merged the Permanent Central Board and Drug Supervisory Board into a Single International Narcotics Control Board(INCB) in 1961. It has been assigned the responsibility of ensuring the balance between supply and demand for narcotics purposes and make all out efforts to prevent illicit drug cultivation, manufacture, traffic and misuse. The Protocol of 1972 brought about a further improvement in SCND. It emphasized the need for treatment and rehabilitation of drug abusers as an alternative to their incarceration in prison.¹⁹

Another International Convention on prevention, abuse and illegal trafficking in Narcotics signed in 1971 stressed the need for prevention of abuse of psychotropic substances and early identification, treatment, education, after-care and social reintegration of persons involved.²⁰ The Convention sets up various procedures for the control of psychotropic substances. Manufacturing, trading in psychotropic substances must be licensed and the drugs may be dispensed by an authorized prescription.

Another effort of the United Nations in international drug control was the International Conference on Drug Abuse and Illicit Trafficking held from 17 to 26 June, 1987 in Vienna. The convention is primarily meant for controlling trafficking activities in narcotics at the international level. It provides for the identification, tracing, freezing seizure and forfeiture of drug related proceeds and properties gained illegally from drug trafficking and for a number of other measures designed to thwart trafficking and to ensure adequate punishment. It provides for the control of chemicals at international and national levels, which are frequently used in illicit manufacture of narcotic drugs and psychotropic substances. India being a party to the Convention, most of the provisions of the Convention have been implemented through the NDPS (Amendment) Act, 1989.

Since regional cooperation is as one of the possible ways to overcome the problem of drugs, the members of the South Asian Association of Regional Cooperation (SAARC) recognized that a regional convention would be a step forward in augmenting their efforts to eliminate drug trafficking. The net result was that on 23rd November 1990, SAARC Convention on Narcotic Drugs and Psychotropic Substances was adopted. The SAARC Convention requires each member state to establish certain activities as criminal offences under its domestic laws.²¹ The Convention provides for the mutual legal assistance in investigations, prosecutions, and judicial proceedings in relation to criminal offences established in accordance with Art 3(1) of the SAARC Convention.

The United Nations Commission on Narcotic Drugs and the International Narcotic Control Board are the international organizations which are seized with the problem of eradication of drug addiction. The main function of the international bodies is to provide machinery for giving full effect to the international conventions relating to narcotic drugs and to provide for continuous review and progress in the international control of these drugs.

JUDICIAL RESPONSE ON THE ISSUE SUBSTANCE ABUSE

The Supreme Court of India in *Dawood Lama's case*²² confirmed the conviction of the accused, a foreign national under the Narcotic Drugs and Psychotropic Substances Act, 1985 and sentenced him to ten years rigorous imprisonment and to pay a fine of Rs 100,000. The Court further ruled that under NDPS Act the police officer taking search is duty bound to inform the person arrested that if he so desired he shall be searched in the presence of a Gazetted Officer or a Magistrate.

In *Birendra Kumar Rai v Union of India*,²³ the Supreme Court further held that in the case falling under the Prevention of Illegal Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988, the accused should be sternly be dealt with under section 3 of the Act and the provision of the Article 22(5) of the Constitution of India are not attracted in such cases. Therefore the detention of the accused under the Act shall not be held arbitrary.

In *State of Maharashtra and others v Nagpur Distillers*,²⁴ a two judge Bench of the Supreme Court took a serious note of the liquor addiction among the younger generation and urged the Government to work towards gradually reducing the consumption of liquor. The Apex Court directed that the goal of prohibition of liquor as enshrined in Article 47 of the Constitution casts a duty on the State at least to reduce the consumption in the State gradually so that the objective of prohibition may be achieved during limited period of time.

In *Bachpan Bachao Andolan v Union of India and Ors*,²⁵ the Supreme Court directed the Centre to formulate a National Action plan for children addicted to alcohol, tobacco, drugs and suffering from other substance abuse. It also includes recovery, counselling and their rehabilitation. The Court also asked the Centre to conduct a survey to study the extent of prevalence of substance abuse amongst the children. The Court also ordered the opening of de-addiction centre for children in every district and inclusion of awareness against alcoholism and substance abuse in the school curriculum. This included creation of a standard operating procedure to deter drug peddling and distribution of drugs in schools, child care institutions and on police action to be taken in these cases.

PREVENTIVE MEASURES FOR COMBATING THE PROBLEM OF DRUG ABUSE

Besides the legislative measures for combating this menace, some other remedial measures to help in preventing this evil are as follows-

- (1) There is a dire need to evolve an effective control mechanism to check unrestricted production of drugs and their sale in open markets. The present licensing system has proved inadequate in exercising proper control on the producer of drugs especially cannabis and alcohol.
- (2) There is a greater need to muster public support and co-operation through active publicity programmes.
- (3) The best remedy to control this evil is to educate people about the harmful effects of drug addiction and consumption of liquor. The voluntary social organizations in rehabilitating the drug addicts need hardly to be emphasized. The voluntary social organizations and mass-media can also usefully impart this education. Scientifically correct knowledge and education about evil effects of intoxication and drug addiction should in fact form a regular curriculum at the school level.
- (4) Early detection of drug addicts and their prompt treatment and resocialisation may help to prevent drug addiction to a large extent. The role of social organizations in rehabilitating the drug addicts need hardly to be emphasized. The Government of India is providing liberal grants to the State Governments to start the de-addiction centres. As the problem of drug abuse is very acute especially in North-Eastern region, the Government has decided to give 100 percent assistance to these states.
- (5) Prevention programmes involving entities such as families, schools and the immediate communities are important in this regard. Media –especially the entertainment segment also needs to understand its role in this context, glorification of drug use should completely stop. Role of NGO's is also important to fight the menace.

CONCLUSION AND SUGGESTION

Alcoholism and drug addiction may be conceptualized as crime without victim i.e. addict himself is the victim who becomes a prey of its misuse. This devastating melody is eroding the roots of social, economic and cultural fabric of the society. It gives rise to criminality and criminal behavior which eventually leads to social disorganization. They fall in the category of public order crimes or consensual crimes. Of late drug abuse seems to have become a fashion for fun to relieve

boredom, to get rid of tensions at home, and in society and to feel good and high, to revolt against establishment and so on. The recent developments in pharmaceuticals and medical sciences have provided scope for production of a variety of toxic synthetic substances. This has contributed substantially to drug-abuse and addiction.

Efforts to control alcoholism and drug addiction have been made by introducing stringent legislative measures to regulate the manufacture, transportation and sale of these products and ban on their possession or use for other than medical and scientific purposes. Apart from regulatory measures to control alcoholism and drug addiction, the system of licensing physicians to give drugs to addicts at a reasonable rate also helps in preventing their exploitation from the underworld peddlers and thus mitigating this crime. In fact there is need to re-define the twin problems of alcoholism and drug-addiction in a socio-medical perspective rather than considering it as a mere law enforcement problem.

SUGGESTIONS

- [1]. There are a number of community based prevention programs and classes that aim to educate children and families about the harms of substance abuse. Schools began introducing substance abuse oriented classes for the students at a young age would be helpful to break early behaviours that could be signs drug abuse in future.
- [2]. Preventive programs work at the community level with civic, religious, law enforcement and other government organizations to enhance anti-drug norms and pro- social behaviour.
- [3]. Along with the legislative framework to deal with the issue substance abuse various non-governmental organisations should work hand in hand with the government to curb the menace of drug abuse.
- [4]. Media especially the entertainment segment must understand its role and the gravity of the problem and as such the glorification of drug use should completely stop.