



DRUG ADDICTION IN INDIA: ISSUES AND CHALLENGES

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Abstract

Drug abuse may be perceived both as aberrant behavior and as a social problem where drug refers to any chemical substance which affects bodily function, mood, perception or consciousness which has potential for misuse and which may be harmful to the individual and society. The study is carried on by secondary sources of census and world drug reports. The study depicts the facts about the wider prevalence drug abuse. It focuses on the various causes and consequences implications in Indian context in particular and society across the globe in general. The problems of failure of the treatment are seen to be the major cause for the growing abusers. The problem of drug addiction has been an important one in this country for several decades and has proved to be a difficult one to handle from a theoretical as well as from a therapeutic standpoint.

Keywords: *Drug Abuse, significant symbol, therapeutic community.*



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Introduction

Drug addiction is a state whereby the body requires continued administration of the drug in order to function. It is an overpowering desire or need to continue taking the drug and to obtain it by any means. There is a tendency to increase the dose. It is a psychological and generally a physical dependence on the effects of the drugs and an effect detrimental to the individual and to the society. The addiction to drug is a growing menace. It has negative effect on the mental and physical health of the individual. Addiction begins when the person suffering from withdrawal symptoms realizes that a dose of the drug will dissipate all his discomfort and misery. If he then tries it out and actually feels the almost magical relief that is afforded, he is on the way to confirmed addiction. The desire for the drug, and the impression that it is necessary, apparently become fixed with almost incredible rapidity once this process of using the drug to avoid the abstinence symptoms has begun. The initial dose causes one to feel other than normal, whereas in the case of the addict the usual dose causes him to feel normal when he would feel below normal without it (Lindesmith, 1938). The drug

addict is not looked upon with respect in society, which becomes an important matter of concern to do research upon.

The use of drugs in any form or style is considered as illegal. The drug is used without proper medical advice and supervision. The use of drugs in this context leads to loss of control over the user's behaviour. People addicted have been found to be selling out everything to fulfill their urge. No inhibitions and no restraints can stop the addict. They lose money and health. Drug problem is the leading cause for the increase of violence in the society. If one person gets addicted to a drug he finds it difficult to withdraw. He will need medical attention as his normal physical and mental conditions determined. Therefore, institutions are needed to rehabilitate drug addicts and which is essential to regulate and control the spread of drug addiction. So far, the problem of drug addiction has been considered by medical practitioners and psychologists. Few attempts have been made to study from a societal perspective about the spread of addiction for which the concept of drug addiction in India gains attention from researchers.

Objectives and Methodology

The present study attempts to highlight the issue of drug addiction and its challenges in Indian context. It is carried out by secondary sources through census data and annual reports, reports from drug and crime bureau, newspapers, journals etc. The study shows the causes and implication of drug addiction in India. It shows its wide prevalence as a social problem. A state with highly visible drug markets or with escalating drug-related crime is more likely to perceive the need to address its drug policies. A state where marijuana is the only available illicit drug will see less need to act. There is a sincere requirement from government to take initiative to control substance abuse. As visible drug use increases in a state, that state will be more likely to pass strong drug control policies and more likely to support aggressive implementation of those policies. It is seen that the State governments face bureaucratic pressures from two sources. First, law enforcement agencies can be expected to press for stronger laws and more aggressive enforcement. Second, state governments also face bureaucratic pressures from the federal drug enforcement agencies (Kenneth J. Meier, 1992).

Historians have documented the racial biases in drug control policies (Helmer 1975). The first drug laws, aimed at prohibiting opium smoking (but not consumption by other means), were passed after an influx of Chinese immigrants in the 19th century (Morgan 1978; Hamowy 1987: 13). Restrictive state marijuana laws during the 1930s were given by contentions that marijuana-intoxicated blacks and Mexicans were responsible for the bulk of

violent crime (Musto 1987). Harsh federal penalties were adopted during the 1950s after federal law enforcement officials argued that drug use by blacks and Puerto Ricans increased dramatically (King 1972). When drug use by white, middle- class young people became common in the late 1960s and early 1970s, the federal government and many state governments relaxed their drug laws (Rosenthal 1977) In the implementation process they must interpret policy objectives, adapt the policy to changing circumstances in the real world, and integrate the policy with other policies delegated to the agency. During implementation agencies can use their political support, expertise, vitality, and leadership skills to remake public policy (Rourke 1984; Mladenka 1981).

Findings and Discussion

Drug addiction is considered a complex phenomenon which has various social, cultural, biological, geographical, historical and economic aspects. Drug use, misuse or abuse is also primarily due to the nature of drug abused, the personality of the individual and the addict's immediate environment. The introduction of synthetic drugs and intravenous drug use leading to HIV/AIDS has added a new dimension to the problem, especially in North East states of the country. Drug abuse has led to increase in crime rate. Substance abuse can be addressed at the individual level, local level and at the cross national level. At the individual level, there has to be a synthesis of biological understanding with the exploration of background socio-cultural factors. At the national and cross national level there has to be a concerted effort of all the countries in managing the issue of substance abuse, taking into account the local socio-cultural and political scenarios.

The magnitude of the problem of drug addiction in India is best indicated by the fact that whereas in most of the countries in Europe and America the addiction rate of the population is from 0.1 to 0.2 percent or less, in many provinces in India the rate is 1 to 3 percent. India has witnessed a five time (455 percent) increase in drug hauls over three years as data revealed by Government. It is seen that 105,173 tonnes of illegal drugs over the period of three years been seen where a reminder of a growing Indian problem on the International day against drug abuse and illicit trafficking observed on June 26 by United Nations. The global view on drug addiction reveals that in the United States the addicts number between 100,000 and 120,000 according to various estimates. In Canada there has been an increasing use of codeine and of marihuana or cannabis which has been introduced from states, apart from Mexico where marihuana is the commonest form of addiction. In Great Britain only about 250 addicts are known to exist from official records. In France drug addiction is rare except among certain groups, such as artist. In Spain addiction is prevalent

in certain districts where illicit dealings with morphine and cocaine give trouble to the authorities. In Germany drug addiction greatly increased in the decade following the war. Both in Switzerland and Soviet Russia alcoholism is real problem, in India opium addiction is not so prevalent as is generally supposed, but cocainism and morphinism are on the increase. In China there has been of late an increased consumption of morphine, heroin and cocaine.

The national survey says that 7.21 crore people in India are affected due to drugs in 2016. A total of 29,247 cases under Narcotic Drugs and Psychotropic Substance Act, 1985 were registered in 2015 showing an increase of 13.4 percent compared to the previous year. The crime bureau reports 13 kinds of different drugs being smuggled to international market starting from Rs 1.5lakh to Rs 2.5 crore per kg. The lowest number of cases being reported from Sikkim, Andaman and Nicobar Island, Puducherry and Lakshadweep. The World Drug Report 2016 says with nearly 18 percent of World's population in the 15-64 age group, India is a prime market for illicit opiates originating in both South East Asia and South West Asia. Mizoram, Punjab and Manipur are among the states where people are most vulnerable to drug abuse. Punjab accounted for almost half of all cases registered in India under Narcotic Drugs and Psychotropic Substance Act 2015 where 67 percent of rural houses were addicted. Studies reveal 12 percent of drug addicts are below the age group of 15 as are 31 percent in the age group of 16-25 years and 56 percent in the age group of 25-35 years. Nepalese are most arrested foreign nationals followed by Nigerians and Burmese in 2014.

Regional variance in India in substance use shows that Tobacco is more consumed in Meghalaya followed by Nagaland. Alcohol is found to be more from Karnataka followed by Andhra Pradesh. Uttarakhand stands first in Cannabis followed by Haryana. Inhalants are highest in Tripura followed by Madhya Pradesh and Maharashtra, Heroin in Meghalaya followed by Punjab and Jharkhand. Inject able use more in Mizoram followed by Meghalaya and Rajasthan as reported by AIIMS, New Delhi 2013. Cannabis remains the World's most widely used drug with an estimated 183 million people having used the drug in 2014 and amphetamines remain the second most widely used drug. With an estimated 33 million users, the use of opiates may not be as widespread as Cannabis but opioids remain major drugs of potential harm and health consequences. World Drug Report 2016 shows that men are considered to be three times more likely than women to use cannabis , cocaine or amphetamines whereas, women are more likely than men to engage in opioids and tranquilizers.

In this context, the forms of drug abuse can be categorized as alcohol; sedatives or depressants like barbiturates and tranquilizers; stimulants like amphetamines; narcotics like

opium, marijuana, heroin, cocaine and cannabis; Hallucinogens like mescaline and Nicotine like tobacco. There is no evidence for refuting the proposition that the cause of drug addiction is psychological. The other implications is that the social problems, social disorganization and deprivation of legitimate means for achieving socially acceptable goals leading to drug addiction. Apart from the psychological terms of indication of personality breakdown due to love failure, broken home, death of closed one, homosexuality, religious cultural reasons, drug use for "kicks", peer group influence, feeling of alienation, lack of motivation, challenging social values etc. There is no simple cure for drug dependence. Once drug dependence has developed, it can persist as a chronic condition, and relapse is often the rule. Biological, sociocultural, economic, and psychological factors all contribute to drug abuse. The treatment of drug abuse is thus not a simple medical issue but involves a wide spectrum of social considerations. Complications of treating abusers of a primary drug type include alcohol abuse, polydrug use, psychiatric disorders, criminal involvement, and social adversities such as unemployment and homelessness. The majority of clients in most treatment programs have traditionally been opiate abusers (Anglin and Yih-Ing Hser, 1990). Cocaine abuse has, however, become one of the nation's major drug problems and receives increasing public and research attention (Adams et al,1987).

A number of further implications of the point of view presented seem to have important bearings on certain theories of social psychology and of sociology. Thus students of the writings of George H. Mead will notice that the hypothesis follows the lines of his theory of the "significant symbol" and its role in human life. According to the view presented, the physiological effects of the drug do not become effective in influencing the psychic and social life of the person until he has applied to them the "significant symbols" (or, perhaps, in Durkheimian language, "collective representations") which are employed by the group to describe the nature of these effects. Addiction, in other words, appears as a process which goes on, on the level of "significant symbols"-it is, in other words, peculiar to man living in organized society in communication with his fellows (Lindesmith, 1938).

The labeling perspective given by Howard Becker shows that as once a person is labeled as deviant, he is channeled into this behavior because of societal reaction. He loses his companion, job and family. He is compelled to look for the company of the people who are drug addicts and channeled to drug addict subculture. The physiological theory says people take drugs because of physiological aberrations and deficiencies or owing to bodily adaptation to chemical properties of the drug. The psychological theory dwells upon the idea of Reinforcement Theory of pleasurable sensation produced by drugs and distinctive

personality traits of drug dependence upon the Personality Theory. Power Theory and Fear theory focusing on unsecured conditions of modern life. The sociological theories are Differential Association Theory principally says about the behavior is learned by small intimate groups. Strain Theory and Sub cultural Theory says about the deviation from internalized norms and socialization of different groups respectively. The Cognitive-Affective Pharmacogenic (CAP) Control Theory focuses on individual moves from drug experimentation to drug abuse. Existential Theory of Drug Dependence shows individual is motivated primarily to satisfy the basic needs of existence and aspiration. Such theories are relevant with regard to the implications found in the society.

The spread of drug addiction among schoolchildren and adults has been a major problem in our society in the last few years. Normally, drug addiction ranges from the consumption of beverages containing alcohol to the dependency on illicit drugs such as heroin and marihuana. Once a person gets addicted to a drug he finds it difficult to withdraw. Moreover, he will need medical attention as his normal physical and mental conditions deteriorate (Billard and Dayanada, 1988). Therefore institutions are needed to rehabilitate drug addicts and their costs are considerable. It is thus essential to regulate and control the spread of drug addiction. It is difficult to give the number of drug addicts. Some studies have attempted to estimate the number of drug users (Newmayer and Johnson, 1976) by using data on emergency room visits and overdose deaths, particularly for heroin users. There are various implications of drug addiction as it is indicative of some personality maladjustment also. Personality maladjustment leads to frustration, disappointment and depression.

Continual usage over a period leads to habitual use and in the long run one becomes physiological dependent upon the drug in the sense that one becomes physically ill by stopping the use of it. The addicts commit crime in order to get the accessibility of drug. Moral degradation begins and complex problems arise for drug addict which deteriorate the progress in all fields of life. University and college students make up one of the largest group of drug abusers nationwide. The temptation is so strong because college students find that alcohol makes socializing easier. The high rate of drug abuse among college students can be attributed to a number of factors including stress, curiosity and peer pressure. Alcohol makes up the vast majority of substance related problems on college students. As legislation tips in favour of marijuana non legalization, more college students are turning to pot as their drug of choice. The National Institute on Alcohol Abuse and Alcoholism finds “Binge Drinking” common to many college students.

Drug problems have serious and often catastrophic consequences for the immediate families and communities of those who are most directly affected including extraordinary levels of crime and lawlessness, community disintegration and widespread social and emotional traumas. One of the main effects of constant drug dealing and policy activity in this drug war is community disintegration. The drug war contributes to the emergence of large number of unemployable youth whose lives have become link to drug crimes and who in turn becomes parents of yet another generation of children likely to be addicted to drugs and caught in cycle of poverty, criminality and addiction. Substance use in high school children is likely to have psychosocial and health related complications. Studies conducted by WHO shows for high school children the use of alcohol (70%), binge drinking (22%), cannabis (40%), inhalents (11.4%) and heroin (3%). The effects on them is very detrimental which may lead children getting into fight, risky sexual behaviour, other kinds of problems are truancy, academic decline, dropping out of school, interpersonal problem in family, shame and stigma, intellectual and memory problem, anti social activity and sudden death. Family and parental attitudes are favorable to substance use where domestic violence, physical abuse, family quarrels, parental separation, inadequate parent child attachment all play an important role.

The preventive and remedial measures taken by the government in a formal way by implementing laws or by informal ways through educational or community approach have been proved to be inadequate as could be seen from the statistics revealed of enhanced drug addiction syndrome. The drug policies focus only on the physiological and psychological effects as if these were the same across territories, social classes and generations, they lose a sense of this complexity. This approach does not take sufficient account of the local context. Social and community support assists recovery from drug dependence during treatment and after discharge (Hawkins and Catalano 1985). Self-help or mutual support organizations like Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous can be immensely helpful. Nearly all programs make a special effort to link clients to these groups. These services vary from program to program, even within the same modality, and currently their provision is at low levels because of insufficient treatment funding, overburdened programs, and inadequately trained staff. In reality it makes more to see drug problems as a collection of local drug that differ across space and time and require different policy responses and strategies. Such failure of control on drug addiction is more revealed where nevertheless, as over 29 million people use drugs are estimated to suffer from drug use disorder, and of those 12 million are people who inject drugs of whom 14.0% are living with HIV, the impact of

drug use in terms of its consequence on health continues to be devastating. A number of studies report high levels of drug use in prison, including the use of opiates and injecting drug use. It is estimated that 1 in 20 adults or a quarter of a billion people aged 15-64 years, used at least one drug in 2014. The extent of drug use among the world population has remained stable over the past four years.

Medical or psychiatric hospital programs provided the predominant forms of community-based drug treatment during the period from 1930 through much of the 1960s. Therapeutic communities for drug abusers emerged in the 1950s and were based on residential programs for psychiatric patients in which treatment and residential management were shared responsibilities of patients and staff. Therapeutic communities for addicts, however, evolved outside of existing service delivery systems, often with some antipathy toward them. Later, however, the often dramatic results for some therapeutic community residents caught the public interest, and by the mid-1980s therapeutic communities for drug abuse had evolved (Anglin and Yih-Ing Hser, 1990). Drug counseling is the primary support service provided to clients in most drug-treatment programs and is common across all modalities. Drug counseling focuses on assisting the client in practical problem solving for day-to-day living and is, of course, limited to the period of treatment duration (Hubbard et al. 1983). Drug education contributes to the client's understanding of the biological, familial, psychological, and social factors that contribute to drug dependence. Drug education provides general information on these matters and may demonstrate how they apply to personal circumstances and Pharmacotherapy interventions with serious drug dependence typically involve a period of detoxification for the purposes of medically managing drug withdrawal symptoms and providing adequate care during stabilization. Pharmacotherapy interventions with serious drug dependence typically involve a period of detoxification for the purposes of medically managing drug withdrawal symptoms and providing adequate care during stabilization (Anglin and Yih-Ing Hser, 1990).

As the coping strategies and counter mechanism have failed by the government and the issue would not be handled and the debate is on and the present seminar is relevant as it would address the understanding of trends of drug addiction as an immediate social problem, make resource allocation for eradication through project based approach, provide clinical care, to allocate resources to law enforcement agencies to combat the production, transport, marketing of illegal drugs, encourage and evaluate research in medical and social sciences for the purpose of reducing the growth of drug addiction in the community and help in the assessment of effects of policies and programs of intervention.

Conclusion

Drug abuse has become a growing social problem issue in India. It is seen that the drug dependence has been found to increase every year with a regional variance but a similar detrimental effect towards family and society of those addicts. It is seen that the drug treatment need to see the individual and social cost of drug abuse are attenuated by such treatment. The private costs such as health consequences and reduced life span and social costs publicly borne medical costs are affected. There is a need of appropriate strategy to upgrade the treatment system at all levels and policy of treatment of drug dependence is needed to enhanced so that the knowledge can be utilized to see the identified users to the individual characteristics.

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