
Substance Use and Abuse in India – A Comparative Study with Other Countries

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ABSTRACT:

*In India, survey revealed some startling facts of Substance Abuse. Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. **63.6 percent** of patients coming in for treatment were introduced to drugs at a young age below 15 years. According to another report **13.1 percent** of the people involved in drug and substance abuse in India, are below 20 years. Heroin, Opium, Alcohol, Cannabis and Propoxyphene are the five most common drugs being abused by children in India.*

*A survey shows that of all alcohol, cannabis and opium users **21 percent, 3 percent and 0.1 percent** are below the age of eighteen. An emerging trend about child drug abusers is the use of a cocktail of drugs through injection, and often sharing the same needle, which increases their risk of HIV infection. Overall **0.4 percent** and **4.6 percent** of total treatment seekers in various states were children. The epidemic of substance abuse in young generation has assumed alarming dimensions in India.*

Key words: pharmaceutical drugs, Heroin, Opium, Alcohol, Cannabis, children, youth.

INTRODUCTION

Substance abuse is a 'harmful use of any substance' for mood-altering purposes. Medline's medical encyclopedia defines drug abuse as "the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed." But the broad range of substance abuse in today's society is not that simple. The terminology has changed frequently leading to a great deal of confusion. The World Health Organization (WHO) defined substance abuse as "the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs".¹ It is persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice.

The epidemic of substance abuse in young generation has assumed alarming dimensions in India. Today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. Millions of drug addicts, all over the world, are leading miserable lives, between life and death. India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day.

But for many substances, the line between use and abuse is not clear. Are having a couple of drinks every day after work to unwind - is use or abuse? Is drinking two pots of coffee in the morning to get your day started use or abuse? Generally in these situations, only the individual himself can determine where use ends and abuse begins.

When most people talk about substance abuse, they are referring to the use of illegal drugs. Most professionals in the field of drug abuse prevention argue that any use of illegal drugs is by definition 'abuse'. Substance abuse can thus be defined as any use of a substance, non-medical or medical, which causes physical or social harm. Substances can be legal, like alcohol and tobacco, or illegal, like cannabis and cocaine. Prescription and over-the-counter drugs can also be misused. The division between legal and illegal shifts when legally available pharmaceuticals are diverted to illegal markets.

The most abused of all drugs are 'psychotropic drugs', those that change the way a person thinks, feels or acts. Many such drugs are prescribed to relieve pain, to calm nervousness, or to aid sleep. Some, like alcohol and nicotine, are available in various forms for purchase without prescription. Others, including cannabis and cocaine, are prohibited under criminal law and can only be obtained illegally.ⁱⁱ Most of the countries have designed legislation to criminalize certain types of drug use. Hence from the legal view point, these drugs are often called 'illegal drugs' because of unlicensed production, distribution, and possession. They are often referred as 'controlled substances'. Even for simple possession, legal punishment can be quite severe. But, from the medical view point, those drugs got to be illegal because they are potentially addictive or can cause severe negative health effects; therefore, any use of illegal substances is dangerous and abusive. Identified as a disease in 1956 by the World Health Organisation(WHO) and the American Psychiatric Association, "drug abuse is the illicit consumption of any naturally occurring or pharmaceutical substance for the purpose of changing the way, in which a person feels, thinks or behaves, without understanding or taking into consideration the damaging physical and mental side-effects that are caused."ⁱⁱⁱ

Illegal drugs are not the only substances that can be abused. Alcohol, prescription and over-the-counter medications, inhalants and solvents, and even coffee and cigarettes, can all be used to harmful excess. Theoretically, almost any substance can be abused.

1. Substance use and abuse in India:

The history of drug abuse in India provides an important example of a developing country's problems and responses. There are certain features which are different from those of the developed western countries, because all the principal drugs of abuse and dependence, including opium, cannabis and alcohol have been used historically (Chopra & Chopra, 1965). Another distinctive feature of drug use in India is its association with social rituals, religious beliefs and socio-economic conditions (Expert Committee on Drug Abuse in India, 1977). The third feature is the rapid change in patterns and trends of drug use with socioeconomic and lifestyle changes in both rural and urban India, through the process of westernization' (Mohan, 1980).^{iv}

A. Drug Trafficking

India has also braced itself to face the menace of drug trafficking both at the national and international levels. India is strategically located between Southwest Asia (the Golden Crescent) and Southeast Asia (the Golden Triangle), the two main sources of illicit opium and other narcotic drugs. The country's geographic location makes it an attractive transshipment area for heroin bound for Europe, Africa, Southeast Asia and North America. In addition, India is

authorized by the international community to produce licit opium for pharmaceutical uses. Licit opium is grown, and harvested using the poppy incising method, in the states of Uttar Pradesh, Madhya Pradesh, and Rajasthan. Some percentage of this licitly produced opium is diverted to illicit uses. Illicit opium production also occurs in northern India in the states of Arunachal Pradesh and Himachal Pradesh. India has a large chemical industry, estimated to be the third-largest worldwide, and produces all of the major chemical precursors for illegal drugs such as acetic anhydride (AA), ephedrine, and pseudoephedrine, and is also an emerging manufacturer of licit opiate-based psychotropic pharmaceuticals (LOPPS) and synthetics. These items are destined for licit sales in such markets as the Middle East, Pakistan, Bangladesh, and Afghanistan, but are vulnerable to diversion through such methods as internet sales. Licit and illicit manufactured opiate psychotropic pharmaceuticals are often diverted in small quantities to the U.S. as illegal 'personal use' shipments. India is a party to the 1988 UN Drug Convention.^v

B. Drug Usage

According to 'India Today', 'the drug abuse has in India undergone a demographic and social shift during the last decade which could result in a public health disaster'. According to a UN report, One million heroin addicts are registered in India, and unofficially there are as many as five million. What started off as casual use among a minuscule population of high-income group youth in the metro has permeated to all sections of society. Inhalation of heroin alone has given way to intravenous drug use, that too in combination with other sedatives and painkillers. This has increased the intensity of the effect, hastened the process of addiction and complicated the process of recovery.

The most commonly abused drugs (apart from alcohol and Tobacco) in India appear to be cannabis, opiates, and sedatives and tranquilizers. There are also indications of significant abuse of drugs such as cocaine and hallucinogens among the upper classes of society . Use of cocaine and heroin is declining globally, and use of alcohol, opium, and cannabis- the traditional drugs in India- are giving way to synthetic drugs such as Amphetamine Type Stimulants (ATS) and prescription drugs, which are easily attainable and can be both bought and sold over the counter, via the Internet, and transported via courier. Cannabis products, often called as charas, bhang, or ganja, are abused throughout the country because it has attained some amount of religious sanctity because of its association with some Hindu deities. The International Narcotics Control Board in its 2002 report released in Vienna pointed out that in India persons addicted to opiates are shifting their drug of choice from opium to heroin. The pharmaceutical products containing narcotic drugs are also increasingly being abused. The intravenous injections of analgesics like dextropropoxyphene etc are also reported from many states, as it is easily available at 1/10th the cost of heroin. The codeine-based cough syrups continue to be diverted from the domestic market for abuse.^{vi}

C. Statistical Reality of India

The emerging drug abusers in India are young, affluent professionals, beneficiaries of India's recent rapid economic growth, using chemicals to stay awake longer or feel relaxed. With seventy percent of India's population below 35 years of age, the potential number of substance abusers is very large.^{vii} It has been found that a large number of drug addicts (about 44 percent) are young. Of the total addicts in the country the data reveals that *4.54 percent belong to 12 -17*

years age group, 13.86 percent to 18-23 years age group, 30 percent to 24-30 years age group, 35 percent to 31- 45 years of age group, 13.1 percent to 46 -60 years of age group and 3.50 percent are more than 60 years of age.^{viii}

Drug abuse and addiction lead to a complex set of social, medical and economic problems with serious implications. According to experts, it is widely prevalent, cutting across age, class and gender. Yet, it is difficult to estimate the number of drug abusers or formulate a comprehensive approach to deal with the issue primarily because it involves a 'hidden population' that does not seek treatment and hence remains under-reported. This makes it difficult to assess the problem, estimate costs, both social and economic, and design intervention strategies.

How widespread are the use of drugs and the misuse of legal drugs in our country? A survey conducted in the late 1980s by the Department of Applied Psychology and sponsored by the State Relief and Welfare Department described Calcutta, a city of eleven million people, as having the highest concentration of drug addicts in the country. It put the number of addicts at 68,518. But some experts (like H.G.Hunt) believe that since drug addiction is a vicious chain, there must be around seven lakh addicts in Calcutta city today.

Kolkata may top the list but the chain is lengthening fast throughout the country. In January 1989, the Union Welfare Ministry sponsored a study on 'Assessment of Drug Abuse, Drug Users and Drug Prevention Services' in 33 cities and towns excluding **Kolkata**. This study gave the idea of the damage done by drugs.

In **Mumbai**, demographically the second largest metro, the number of addicts according to the research stood at 1, 54,880 at the end of 1988. In Amritsar, with the population of 7.8 lakh, the number of addicts was estimated to be 1,584 per one lakh population. In **Delhi**, with the population of eight million, the number of addicts (in 1988) to be 5,500. In Dimapur (North East Hill Region) which lies in the proximity of the Golden Triangle Area (Myanmar, Thailand and Laos) 10 percent of the population is described as addicted to drugs like heroin, ganja, charas, bhang and phensedyle. Guwahati and Imphal are described as worse. The drug addicts comprise between 10 percent and 30 percent of the population.

Puri, the seat of Lord Jagannath and with the population of over one lakh, is steeped in drug abuse culture since time immemorial because charas, bhang, opium and ganja have enjoyed traditional importance while the use of heroin and brown sugar began in the early seventies. As mentioned earlier religious sentiment have played a major part. The traditional culture of free distribution and use of bhang during the worship of 'Trinath' coupled with the advent of foreigners transformed this into drug abuse, Narcotics became easily available. Today, Puri is a drug paradise. About 30 percent of the adult males in this city are estimated to be drug addicts.

In **Bhubaneswar**, with the population of 2-3 lakh, the number of addicts is estimated to be 20 percent. In coal town of **Dhanbad** in Jharkhand the hard drug has gradually penetrated into the lives of addicts. In Jodhpur, which produces opium, the extent of drug addiction is between 2 to 10 percent which means 10,000 to 50,000 persons. **Kanpur** is fast emerging as drug city. In **Goa** and **Bangalore** cannabis is used in abundance. While in **Madras**, ganja and brown sugar are the hot favorites with the addicts.

As such, it may be said that sandwiched between the Golden Crescent (**Pakistan, Afghanistan and Iran**) and the Golden triangle (**Myanmar, Thailand and Laos**) countries, India which was once only a conduit of drugs to the west, has become a ravenous consumer as well.^{ix}

The Ministry of Social Justice and Empowerment and the United Nations Office(UNO) on Drugs and Crime made a comprehensive baseline studies in 2000-2001 referred as '*The Extent, Pattern and Trends of Drug Abuse in India: National Survey*' was published in 2004. According to the report, apart from alcohol (62.46 million users), cannabis (8.75 million users), opiates such as heroin, opium, buprenorphine and propoxyphene (2.04 million users), and sedatives (0.29 million users) were the drugs most abused. The new World Drug Report (WDR) 2010 of the United Nations Office on Drugs and Crime (UNODC) describes the growing abuse of amphetamine-type stimulants (ATS) along with prescription drugs in India. The abuse of these drugs during the 2000-01 national survey was too small to merit scrutiny.

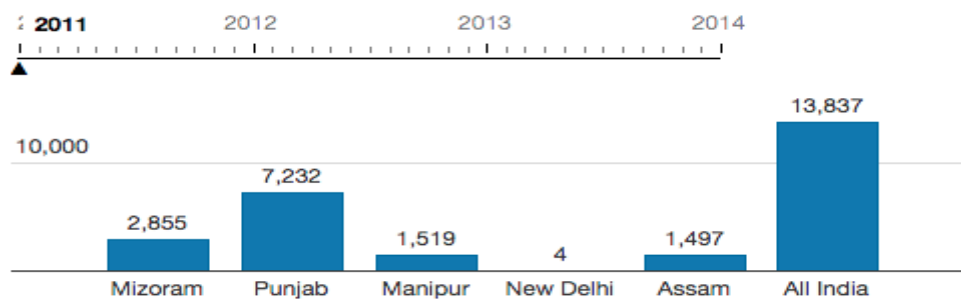
According to the *National Survey*, between 51 per cent and 76 per cent of drug users were from rural areas, and between 16 and 49 per cent were illiterate. The users were mostly male; the *Rapid Assessment Survey* found only 8 per cent of drug users to be women. By and large, young, under-employed males and marginalised populations were prone to drug abuse. At the lower end of the spectrum of those vulnerable are a rising number of educated unemployed graduates. Rural people, another vulnerable group, are dominant opium abusers. According to a study brought out by the Assocham Ladies League on "*Situational Analysis of Street Children in Metro Cities*," covering 2,000 kids has revealed children in metros are victims of one or other substance abuse, including inhalants (35 per cent), alcohol (12 per cent), cannabis (16 per cent), chewing tobacco and gutka (16 per cent) and smoking (21 per cent).

Between 17 per cent and 20 per cent of current drug users were classified as dependent users (addicts). Data from the thematic study on drug abuse and women carried out as part of the National Survey show those 30 out of 75 women drug abusers were 'Injecting Drug Users', which belies the myth that most women abuse only tranquillizers. Another study of the Survey reported that the burden on women due to drug abuse by a family member was significant, affecting their health apart from isolating them and their family from friends and society. Drug-related domestic violence was also quite common. The study also showed that women drug abusers often felt the lack of adequate treatment facilities and the need for separate treatment centers.^x Thus, Substance abuse touches millions of people worldwide each year. It is estimated that about 76.3 million people struggle with alcohol use disorders contributing to 1.8 million deaths per year. The United Nations reported that around 185million people globally over the age of 15 were consuming drugs by the end of the 20th century.^{xi}

The latest available data, from 2004, estimates that *10.7 million Indians – more than the population of Sweden – are drug users: 8.7 million consume cannabis and 2 million use opiates*, according to a National Survey Report by the UN Office on Drugs and Crime and the Indian Ministry of Social Justice & Empowerment.

Mizoram, Punjab and Manipur are among the states where people are most vulnerable to drug abuse. One reason could be their proximity to porous international borders and international drug-trafficking zones, such as the "Golden Triangle" (**Myanmar, Thailand and Laos**) and "Golden Crescent" (**Iran, Afghanistan and Pakistan**).

Top 5 States, Drugs Seized (In Tonnes)



Source: Lok Sabha; Figures for 2014 as on Dec 9, 2014; units in tonnes

Mizoram tops the list of states where drugs were seized: 48,209 tonnes over the past four years, followed by Punjab with seizures of 39,064 tonnes.

Some of the drugs seized include amphetamine, cannabis plant, cocaine, ephedrine, ganja, hashish, heroin, ketamine, lysergic acid diethylamide, acetic anhydride, methylenedioxy-N-methylamphetamine, methamphetamine, methaqualone (mandrax), morphine and opium.

D. Measures to combat Drug Trafficking, Treating Addicts and Preventing Drug Abuse.

GOVERNMENT POLICY AND MEASURES

A. Education and Prevention

In India, there have been many steps taken by various governmental and non-governmental agencies in the area of prevention of substance abuse. A major achievement has been the recent inclusion of information on substance abuse as an obligatory component of the school curriculum. On the demand side, the Ministry of Health and Family Welfare has established several de-addiction centers which are mostly based at the district hospital level: there are about 130 such centers spread across the country now. A Narcotic Drugs and Psychotropic Substances (NDPS) Act was passed in 1985 and amended in 1989.^{xii}

In response to the publication of UNODC's New World Drug Report 2010, which indicated increasing drug abuse in developing countries and the growing abuse of amphetamine-type stimulants (ATS), the MSJE has begun working on the first-ever national policy on prevention of substance abuse. The new policy will include more awareness training in medical colleges and schools, increased vigilance on social networking sites, periodic surveys on drug abuse, increased monitoring of pharmacists, drug demand reduction as a public health policy, a shift in treatment from detoxification and rehabilitation to longer-term substitution therapy, and more sensitive treatment of patients in de-addiction centers.

Comprehensive strategy involving specific programmes to bring about an overall reduction in use of drugs has been evolved by the various government agencies and NGOs and is further supplemented by measures like education, counseling, treatment and rehabilitation programmes. Substance abuse can be addressed at the individual level, at the local level (society, national,

etc.) 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.

Currently, the ministry supports 361 voluntary organisations (External website that opens in a new window) that maintain 376 De-addiction cum Rehabilitation Centres (External website that opens in a new window) and 68 Counselling and Awareness Centres (External website that opens in a new window) in different regions of the country. The government also runs 100 De addiction Centres (External website that opens in a new window) at its hospitals and Primary Health Centres for those who need long term rehabilitation.^{xiii}

B. Legislation

Several measures involving innovative changes in enforcement, legal and judicial systems have been brought into effect. The introduction of death penalty for drug-related offences has been a major deterrent. *The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985*, was enacted with stringent provisions to curb this menace. The Act envisages a minimum term of 10 years imprisonment expendable to 20 years and fine of Rs. one lakh expendable up to Rs. two lakhs for the offenders. The Act has been further amended by making provisions for the forfeiture of properties derived from illicit drugs trafficking. Further, children affected by substance abuse are considered as children in need of care and protection under *the Juvenile Justice Act, 2000*.^{xiv}

C. Bilateral agreement

Other than this, India has bilateral agreements on drug trafficking with 13 countries, including Pakistan and Burma. Prior to 1999, extradition between India and the United States occurred under the auspices of a 1931 treaty signed by the United States and the United Kingdom, which was made applicable to India in 1942. However, a new extradition treaty between India and the United States entered into force in July 1999. A 'Mutual Legal Assistance Treaty' was signed by India and the United States in October 2001. **India** also is signatory to the following treaties and conventions (Azad India foundation, 2010), 1961 U.N. Convention on Narcotic Drugs, 1971 U.N. Convention on Psychotropic Substances, 1988 U.N. Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and 2000 Transnational Crime Convention.

2. Drug abuse in Canada:

Canada has its own unique smuggling and trafficking trends that have much to do with the country's patterns of immigration. In **Canada**, family ties to **China** and **India** are involved in much of the movement of drugs into the country from foreign lands. Immigration figures between 2005 and 2007 show that Chinese and Indian immigrants into Canada outnumbered those of other nations by at least two to one. These two countries have led immigration figures at least since 1990. Family and business ties to their home countries facilitate the trafficking of precursor chemicals or drugs such as heroin into Canada and drugs such as marijuana and methamphetamine outbound. Currently, urban areas such as Montreal, Vancouver and Toronto are home to large immigrant populations.

A. Canada Has Become a Strong Drug-Production Source

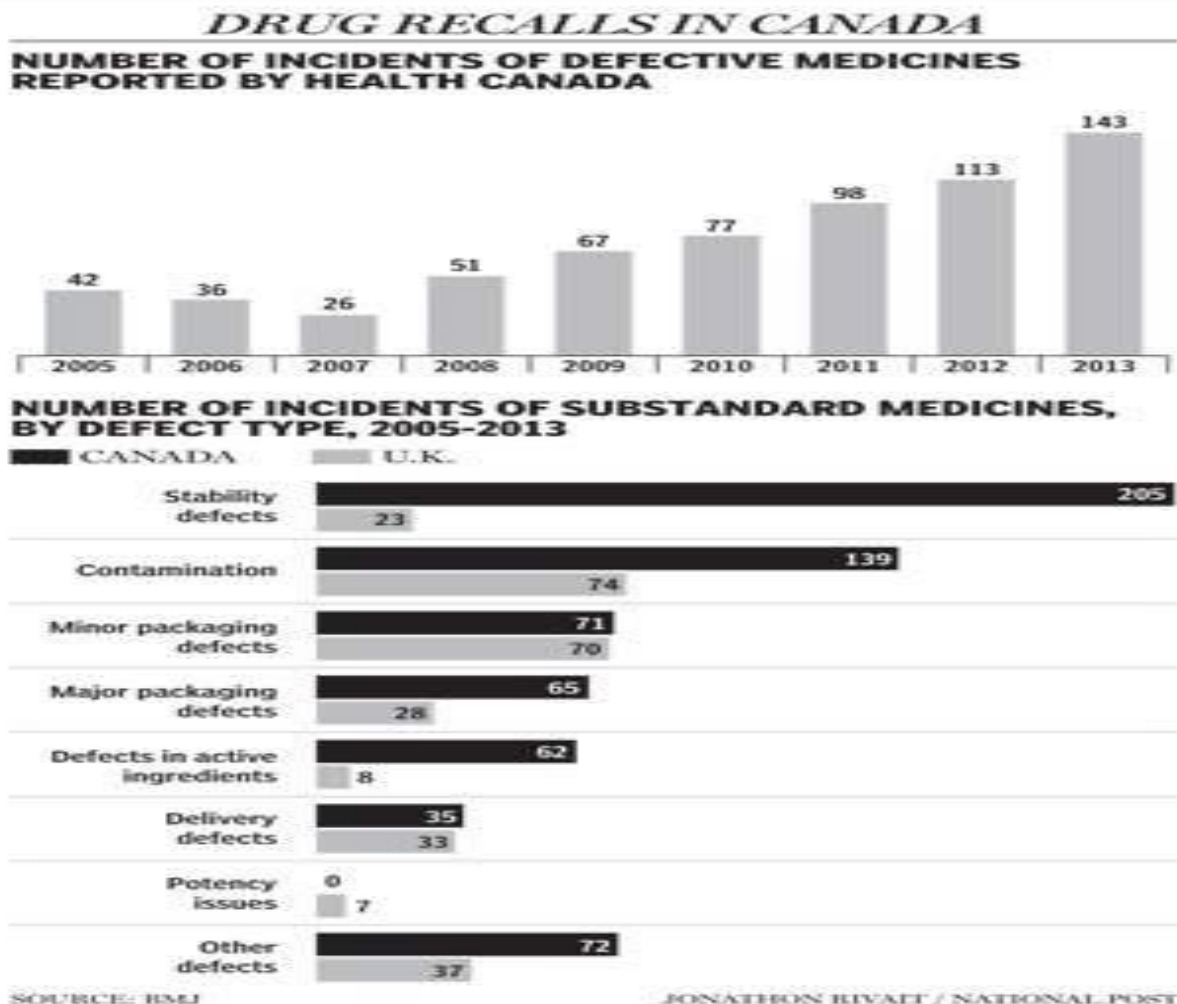
Canada has become a prominent manufacturing location for marijuana, methamphetamine and MDMA (Ecstasy). It produces more of these three drugs than there is enough domestic demand for.

Demand for Unique Drugs and illicit drug smuggling

Canada's unique mix of immigrant populations means that there is more demand for some illicit drugs that are not trafficked into the United States in great quantities. Hash, hash oil, opium and khat (a drug from **Eastern Africa** or **Arabia**) are shipped in by mail, airline luggage, and courier or cargo container.

Khat is mostly smuggled into areas with large Eastern African populations such as Quebec and Ontario. Recently though, more shipments of khat have been found that were destined for **Alberta** and **Manitoba**. Traffickers are usually found to be those who have ties to Eastern Africa or the Middle East.

Opium is mostly consumed by Middle Eastern males in **Vancouver** and **Toronto**. Most of the opium found in **Canada** originates in **Turkey** or **Iran**.



Source: http://news.nationalpost.com/health/prescription-drug-recalls-triple-in-less-than-10-years-this-is-a-threat-to-every-canadians-life?__lsa=5e88-dbbb

The annual volume of faulty medicines disclosed by Health Canada more than tripled to 143 last year from 42 in 2005, according to the research, just published in the journal *BMJ Open*. Prescription drug recalls triple in less than 10 years. This is a threat to every Canadian's life.

Cocaine Smuggling

Cocaine is the only drug that largely follows the drug conduits that feed U.S. addictions. Most cocaine in **Canada** originates in **Columbia** or **Peru** and comes to Canada by way of **Mexico**. For example, investigations to find the source of cocaine seized at the **Vancouver** airport in 2007 found that some Mexican airline baggage handlers were placing luggage loaded with drugs on flights to Vancouver so they could circumvent security searches.

In just the last few years, the main trafficking pattern has switched from shipping by air to moving the drug across land. Now, most seizures take place at the Ports of Entry in **British Columbia, Ontario** and **Quebec**. One of the more recent concealment measures has been to convert cocaine to a liquid and conceal it in bottles of health or hygiene products.

Cocaine tends to flow east from its delivery points: from British Columbia to the other western provinces and from Quebec and Ontario to the Maritimes. Groups with ties to Latin America dominate cocaine trafficking, while Indo-Canadian, Asia-Canadian and outlaw motorcycle gangs show up in this category less often.

Smaller Demand for Heroin

While America receives the bulk of its heroin by way of Mexican drug trafficking organizations, Canada's heroin largely originates in India and comes into the country mostly through Vancouver or Toronto international airports. Some Columbia/Latin American heroin is detected from time to time. The heroin trade in Canada is fairly modest, as many Canadians who are addicted to opiates are currently abusing synthetic opiates in the form of prescription drugs.

Prescription Drugs in ample supply

Prescriptions drugs intended for abuse come from a variety of sources. Codeine has been found that originated in India, steroids from China, diazepam (a benzodiazepine) from Thailand, oxycodone mailed from New Jersey. Drugs are also diverted from legitimate supplies within the country such as hospitals and pharmacies.^{xv}

B. The Effects of Drug Trafficking

It is important to note that substance abuse is a problem that affects us all differently, but that holds the same consequences of harm, withdrawal from the community, and even death for all the lives it touches. With the children, a change in the child's friends, withdrawn behavior, long unexplained periods away from home, lying, stealing, involvement with the law, problems with family relations, acting drunk or high (intoxicated), confused, impossible to understand, distinct changes in behavior and normal attitude and decreased school performance.^{xvi}

The harm may be of manifold starting from:

- (a) Injury, disease or death following accident, violence, overdose, HIV/AIDS, hepatitis C, and cancer;
- (b) Crime (theft and corruption, prostitution);
- (c) Community and family problems and finally the
- (d) Economic loss.

The Canadian Centre on Substance Abuse estimates that the cost of illicit drug abuse runs \$22.8 billion per year, or \$725 for every Canadian. Alcohol abuse and alcoholism accounts for \$14.6 billion of this cost and illicit drugs account for the remaining \$8.2 billion. The value of drugs seized in 2007 had a street value of more than \$2.6 billion, and that's just what was found. The illicit drug trade drains the pockets of Canadians and the economy of many more billions than that.^{xvii} The harms from substance use can be divided into those related to intoxication, such as car accidents due to drinking and driving, and those related to long-term use, such as lung cancer from lifetime smoking. Some harm are relatively minor, such as missing work due to a hangover, and some are very severe, such as contracting HIV from sharing dirty needles. Of course, the most tragic effect is the damage done to the lives of those who abuse drugs or alcohol and become dependent or addicted. In 2008, more than 1.7 million Canadians stated that they were drinking enough alcohol to harm themselves. More than 400,000 used cocaine or crack cocaine. And more than 700,000 people stated that they were experiencing harm due to their drug use.

C. The Young Suffer the Most -A look at patterns of use and risk

The following section describes various legal and illegal substances using data drawn primarily from the 1994, 1995, 1997 and 1999 versions of Canadian Profile: Alcohol, Tobacco and Other Drugs.

a. Alcohol

Alcohol consumption by youth under the legal drinking age is not easy to assess but estimates suggest that three in four students (75%) under drinking age have used alcohol.^{xviii} In the 2008 survey, the average age of first use of alcohol was 15.6 years of age. The young Canadians are the common victims of drug or alcohol abuse

b. Tobacco

In Canada, cannabis and tobacco are often the focus. In the 1999 Canadian Tobacco Use Monitoring Survey, 25 percent of people aged 15 years or older reported that they smoked. The 20-24 age groups had the highest prevalence of smoking, at 35 percent overall. Smoking prevalence is highest among Quebec teens aged 15 to 19 years at 36 percent.

c. Solvents

The 1993 *First Nations and Inuit Community Youth Solvent Abuse Survey* indicated that solvent users were most often males between 12 and 19 years of age. The majority of young people use solvents to experiment (42.3percent) or for social reasons (37.5percent).

d. Prescription Drugs

The 1996-1997 *National Population Health Survey* collected data on self-reported use of sleeping pills, tranquilizers, diet pills and stimulants, anti-depressants, and narcotic pain relievers. Overall, 11.6 percent of Canadians aged 15 years and older used at least one of the five categories. Regionally, sleeping pill and anti-depressant use was highest in British Columbia, tranquilizer use was highest in Quebec, and narcotic pain reliever use was highest in Alberta.

2. Illegal Substance:**a. Cannabis**

In 1994, 23 percent of the population over the age of 15 years reported use of cannabis more than once. Although in 1993 only 4.2 percent reported current use, in 1994 reported use increased to 7.4 percent. In 1994, the highest reported use during the past year was 25.4 percent among 15- to 17-year-olds, 23.0 percent among 18- to 19-year-olds, and 19.3 percent among the 20- to 24-year-olds. While 11.6 percent of the British Columbia population reported current use in 1994, the percentage of users in Newfoundland was 3.8. The 2004 statistics show the 14 percent used cannabis, 20 percent used tobacco, and 80 percent used alcohol.^{xix}

b. Marijuana

It was also found that younger Canadians are also heavier users of marijuana than those who are over 25. The prevalence of use in youth 15 to 24 was 33 percent, compared to 7 percent by the over-25 group. The average age that people began using marijuana was 15.5 years. Every year, psychoactive substances (alcohol, tobacco, illegal drugs, and certain prescription drugs) cost Canadians over \$40 billion. They are linked to more than 47,000 deaths and many thousands more injuries and disabilities.^{xx}

c. Cocaine

In 1994, less than 1 percent of the population reported being current cocaine or crack users. Lifetime users tended to be males in the 25 to 34 age group. Regionally, cocaine use was greatest in British Columbia at 8.1 percent.

d. Heroin:

The preferred mode of administration is injection. Tolerance develops rapidly with regular use. The risk of death from overdose is great, due to the varying quality of the drug. There is also a risk of transmittal of AIDS or hepatitis through shared needles.

e. The Costs of Substance Abuse:

There are several major categories of harms, including health harms to individuals, social harms to families, and economic harms to businesses (i.e., lost productivity due to absenteeism, disability or death). And there are even societal harms such as social costs related to providing health care and enforcing laws related to substance use. For example,

in its 1996 assessment of the costs associated with substance abuse, the *Canadian Centre on Substance Abuse (CCSA)* concluded that, in 1992 in Canada, substance abuse cost more than \$18.45 billion. This amounted to \$649 for every Canadian and was equivalent to 2.7 percent of

the Gross Domestic Product. Productivity losses from illness and premature death accounted for \$11.78 billion, or 64 percent of all costs. The cost to the health care system was more than \$4 billion and to law enforcement another \$1.76 billion. The Centre estimated that 40,930 deaths were attributable to substance abuse in 1992, representing 21 percent of the total mortality for that year. , in 2002 an estimated \$1.2 billion was spent treating people with substance use problems in Canada.^{xxi} The Canadians pay these costs through their taxes, so substance abuse are a form of social harm to society.

D. Federal Policy on Drugs:

Education and Prevention

In Canada, education and prevention are primarily the responsibility of provincial and territorial governments. High-risk populations are the primary target of education and prevention programs at the federal level. There are many approaches to education and prevention at all levels of government, including: school programs; programs targeted specifically at high-risk populations (e.g., community-based programs); mass media awareness campaigns; alternative activities and youth groups (e.g., recreational activities); family-based approaches; policy approaches (e.g., school policies on substance use and possession on school property); health warning labels; and harm reduction approaches.

The current goals of federal education and prevention programs are to help people avoid the use of harmful substances, and, in the case of users, to enhance their ability to control their use and prevent the development of a substance use problem. To achieve these goals, education, motivation, and awareness-raising initiatives are used in concert with laws and regulations on criminal activities and taxation. This approach recognizes that different groups have different needs in relation to prevention of substance use and abuse.

The Canadian Centre on Substance Abuse, an important partner in Canada's Drug Strategy, plays a pivotal role in education and prevention through public awareness-raising activities, data collection, the distribution of information, and the provision of advice to policy makers.

Specific federal initiatives in the field of prevention include drug awareness programs delivered by the RCMP, such as Drug Abuse Resistance Education (DARE), Drugs and Sport, Delivering Education and Awareness for Life (DEAL), Drugs in the Workplace, the Aboriginal Shield Program, and so on. Other programs such as the National Crime Prevention Strategy and the National Native Alcohol and Drug Program also fund substance abuse prevention-related projects in communities across Canada.

In 1987, the Government of Canada launched a five-year, \$210-million strategy, the National Drug Strategy, to address concerns related to drug abuse in Canada. Recognizing that a balanced approach was needed, the strategy addressed both the supply and the demand sides of the drug problem. Six major areas were identified as strategic components: education and prevention; treatment and rehabilitation; enforcement and control; information and research; international cooperation; and a national focus (aimed at identifying drug demand reduction programs that could serve a national purpose).^{xxii}

In 1988, the Canadian Centre on Substance Abuse, an important partner in Canada's Drug Strategy, was created to increase public awareness through data gathering, information distribution and policy formulation. In the tobacco area, the National Clearinghouse on Tobacco and Health provides a comprehensive educational, social, fiscal and legislative approach to tobacco control information.

The Government of Canada announced in May 2003 that it was investing \$245 million over the next five years in the CDS. This announcement followed calls for a comprehensive renewed drug strategy with dedicated resources from the Auditor General of Canada (December 2001),^{xxiii} the Senate Special Committee on Illegal Drugs (September 2002) and the House of Commons Special Committee on Non-Medical Use of Drugs (December 2002).^{xxiv}

Treatment and Rehabilitation:

Canada has the same need for effective drug rehabilitation as every other country with citizens who become addicted. Although the provinces and local communities have the primary responsibility for the development and implementation of drug and alcohol treatment and rehabilitation programs, the federal government has a role in funding them. These programs, which usually address addiction to alcohol and drugs together, include detoxification, early identification and intervention and assessment and referral, basic counseling, therapeutic interventions, clinical follow-up and some workplace initiatives.

The federal government provides financial support to provincial and territorial efforts in the field of treatment and rehabilitation, both indirectly through the Canada Health Transfer and more directly through the CDS's Alcohol and Drug Treatment Rehabilitation Program.

According to Health Canada, "there are approximately 1,000 addiction treatment programs in Canada, with multiple levels of intervention and flexible, community-based activities which address the specific needs of individuals with substance use problems." Health Canada's First Nations and Inuit Health Branch also support a national network of 52 residential treatment centres in First Nations communities and organizations through the National Native Alcohol and Drug Abuse Program. Furthermore, the federal government is responsible for the delivery of treatment programs to individuals incarcerated in federal institutions, members of the RCMP, members of the Canadian Armed Forces, and persons who have not lived in a province or territory long enough to receive insured health services.

With respect to the treatment of opioid addiction, the Canadian Institutes of Health Research (CIHR), Canada's premier health research funding agency, has provided \$8.1 million to the NAOMI initiative to study heroin-maintenance therapy.

Health Canada ensures access to controlled substances for approved, legitimate purposes by providing exemptions allowing individuals to possess narcotics when it is deemed to be in the public interest or necessary for a medical or scientific purpose. There are also Narconon centers in Canada serving the needs of this country so rich in resources.

Finally, the Canadian Centre on Substance Abuse maintains a database of addiction organizations (including gambling) which, as of 6 February 2006, listed some "2,400 organizations involved in the addiction field in Canada. It includes federal, provincial and territorial government departments and agencies involved with addictions issues, national non-

government organizations, health care organizations, treatment providers and addictions researchers.^{xxv}

CONCLUSION:

Drug abuse is a complex problem thought to result from a combination of hereditary, psychological, and environmental factors. It affects people from the neonatal stage to old age. Infants of abusers may suffer from neglect or the effects of parental drug use. As they grow into childhood, they may demonstrate antisocial behavior, and signs of malnutrition, poor self-esteem, depression, or attention deficit disorder. This may lead an adolescent to use drugs, have unwanted pregnancies, and drop out of school. Identification of drug abuse is a difficult first step on the road to recovery because of the methods many abusers use to hide their addiction, the inability of family members to recognize or accept the problem, and the relatives' enabling behavior. It is therefore essential to create awareness among people about the consequences of drug addiction. Radio, TV, Newspapers, Cinema, theatre, Drama, Street plays, voluntary organizations' efforts etc. are the important means to create an awareness and consciousness of the prevention of drug abuse. Socio-cultural programmes including essay, debate, poster competitions, film shows, exhibitions etc. need to be promoted in education institutions. In conclusion, although the problem of drugs may seem impossible to eliminate yet we must continuously endeavour to weaken the hold of drugs on society. The danger from drugs is too great to ignore.

ENDNOTES:

ⁱMahanta, Putul; '*Substance abuse and its medico-legal considerations*', Journal of Clinical Pathology and Forensic Medicine Vol. 2(2), pp. 7-12, February 2011, <http://www.academicjournals.org>

ⁱⁱChenier ,Nancy Miller; '*Substance Use and Public Policy*' ,Political and Social Affairs Division, Parliamentary Information and Research Service, <http://www.parl.gc.ca/Content/LOP/ResearchPublications/942-e.htm#B.%20Substance>

ⁱⁱⁱMahanta, Putul; '*Substance abuse and its medico-legal considerations*', Journal of Clinical Pathology and Forensic Medicine Vol. 2(2), pp. 7-12, February 2011, <http://www.academicjournals.org>

^{iv} Basu, Debasish & Mattoo, Surendra K.; '*Epidemiology of Substance Abuse in India: Methodological Issues and future perspective*', Indian Journal of Psychiatry, 1999, 41 (2), 145-153, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2962839/pdf/IJPsy-41-145.pdf>

^v2011 *International Narcotics Control Strategy Report* (INCSR), March 3, 2011 <http://www.state.gov/p/inl/rls/nrcrpt/2011/vol1/156361.htm>

^{vi}'*Substance Abuse in India*', Pravara Med Rev 2009; 4(4), <http://www.pravara.com/pmr/pmr-4-4-2>.

- ^{vii} **2011 International Narcotics Control Strategy Report** (INCSR), March 3, 2011, <http://www.state.gov/p/inl/rls/nrcrpt/2011/vol1/156361.htm>
- ^{viii} Ahuja, Ram; '**Drug abuse and drug addiction**', Social Problems in India', Rawat Publication, 2011, p396
- ^{ix} bid, pgs390-392.
- ^x Moddie, Mandira; '**Dealing with drug abuse**', Frontline, Volume 22 - Issue 17, Aug 13 - 26, 2005
- ^{xi} http://www.emedicinehealth.com/drug_dependence_and_abuse/article_em.htm
- ^{xii} Pal, Hem Raj; '**Prevention of substance abuse: the Indian experience**', World Psychiatry. 2005 February; 4(1): 35., <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414719/>
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- ^{xiv} <http://www.indg.in/primary-education/education-as-fundamental-human-right/child-rights-handbook/>
- ^{xv} Department of Drug Education, Prevention, and Information Narcon on International, <http://www.narconon.org/drug-information/canada-drug-abuse.html>
- ^{xvi} http://www.emedicinehealth.com/drug_dependence_and_abuse
- ^{xvii} Department of Drug Education, Prevention, and Information Narcon on International, <http://www.narconon.org/drug-information/canada-drug-abuse.html>
- ^{xviii} Chenier, Nancy Miller; '**Substance abuse and Public Policy**', Political and Social Affairs Division, Parliamentary Information and Research service, <http://www.parl.gc.ca/Content/LOP/ResearchPublications>.
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- ^{xx} '**Canadian Foundation for Drug Policy**', www.cfdp.ca/bchoc07.pdf
- ^{xxi} Rehm, J. Baliunas, S., Brochu, B. et al. (2006); '**The costs of substance abuse in Canada 2002. Ottawa: Canadian Centre on Substance Abuse**', <http://ccsa.ca/2003%20and%20earlier%20CCSA%20Documents/ccsa-coststudy-2002.zip>.
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- ^{xxiii} Office of the Auditor General of Canada - Report of the Auditor General of Canada, Chapter 11, '**Illicit Drugs – The Federal Government's Role**,' 2001.
- ^{xxiv} The work of these two special committees is discussed in Chantal Collin, '**Substance Abuse Issues and Public Policy in Canada: Parliamentary Action (1987-2005)**', PRB 06-05E, Parliamentary Information and Research Service, Library of Parliament, Ottawa, 13 April 2006.

^{xxv}Chantal Collin; '*Substance abuse issues and public policy in Canada*', Political and Social Affairs Division, 13th April, 2006, <http://www.parl.gc.ca/content/lop/researchpublications/prb0615-e.html>.

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LEGISLATIONS:

- i. Narcotic Drugs and Psychotropic Substances (NDPS) Act
- ii. The Food and Drug Act
- iii. The Controlled Drugs and Substances Act

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- ii. <http://www.parl.gc.ca/Content/SEN/Committee/>, Drugs and Drug Policy in Canada
- iii. http://news.nationalpost.com/health/prescription-drug-recalls-triple-in-less-than-10-years-this-is-a-threat-to-every-canadians-life?__lsa=5e88-dbbb
- iv. <http://heretohelp.bc.ca/publications/cannabis/bck>
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