
Substance Abuse-“Charming” The Nation’s Youth An Overview of Indian Scenario

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ABSTRACT:

Abuse substances notoriously and their changing pattern of usages cause serious health issues and act as an evidence for the changing scenario of our nation which definitely shows the vulnerable condition of the younger generation of our society. National level and regional level prevalence are quite evident that both licit and illicit substance use among children, adolescents, youths are increasing due to progress of time and are particularly associated with their changing lifestyles, improper parenting, and exclusion from the society, economic disparity and fears of deportation. Preliminary research suggests that both psychological and neurobiological are responsible for this kind of outcome from the younger sections of our society and emphasize should be given to form a comprehensive policy and have to address the range of problems associated with the substance use.

KEYWORDS: *Alcohol, Substance use, India, Illicit drugs, Youth and teen*

INTRODUCTION:

Substance abuse is an extreme desire to obtain and use increasing amounts of one or more substances. Drug abuse is a generic term for the abuse of any drug including alcohol and cigarettes. Drug abuse is not the same thing as drug dependence or drug addiction. Drug dependence or addiction indicates a psychological or physical dependence on the drug to function. Drug dependence requires the symptoms of withdrawal if the drug is discontinued whereas drug abuse does not. According to WHO’s definition substance abuse refers to the harmful or hazardous use of psychotic substances including alcohol and illicit drugs. Substance abuse indicates that all ethnicities, ages, social groups and genders can have abusive problems. It’s not a character flaw but rather a medical condition that has developed over time.

The National Institution on Drug Abuse indicates the following risk factors for developing drug abuse problems (mostly seen in adolescence).

- Unstable home environment often due to drug abuse or mental illness of the parent.
- Poor relationship with parents.
- Inadequate supervision over adolescent’s activities.
- Use of drugs by friends or peers.
- Permissive attitude towards their own drug use and the drug use of the adolescent.
- Behavioral problems combined with poor parenting.
- Poor achievement in school.
- Apparent ambivalence or approval of drug use in the school, peer group or community.
- Availability of drugs in the community peer group or house.

LITERATURE REVIEW (GLOBAL):

Substance abuse is a social problem, not in India alone, but the entire world. The use of drugs has its own culture and history, which varies from country to country. The problem of substance abuse is growing at an explosive rate and in just little over a decade it has spread its malevolent tentacles to almost every part of the globe surmounting almost all barriers of race, caste, creed, religion, sex educational rather economic strata etc. During the past 20 years there has been a substantial increase rate for North America, Europe, Asia, the West Pacific, Africa and South America. There has been a complex array of factors like youth alienation the changing role of women the increasing sophistication of criminal networks. A global perspective indicates that the use of drugs with liability for abuse is widespread and associated with public health and social problems of great magnitude. The major set with primary pattern drugs such as alcohol, nicotine, cannabis and the opioids. It is an enormous public health problem with far ranging effects throughout society. It can take on one's physical health it is considered an important factor in a wide variety of social problems, affecting rates of crime, domestic violence, sexual transmitted diseases (including HIV/AIDS) unemployment homelessness, teen pregnancy etc.

INDIAN SCENERIO:

Over the past two decades India has seen a rise in industrialization and urbanization, which has caused large migrations to its cities. This is causing their traditional culture and way of life to slow down. Previously Alcohol, Opium and Cannabis have been the traditional drugs used in India with moderate consumption being ritualized in social gatherings. Associated major health or social problems are not obvious since several informal social controls against abuse are in place.

MAJOR TRAFFICKING TRENDS IN INDIA



Source: Drug Abuse Report, 2015

But Indians and their new way of life is causing them to be very vulnerable to the stresses and strains of the modern way of life. These stresses and strains may cause the person to turn to drugs to calm their thoughts and deal with everyday life. The correct substance abuse problem in India needs to be examined against this back drops. Several researches documented drug abuse among various sections of the society, including school, college students, nonstudents youth, psychiatric patients and the general population. Though no single factor was found social scientists viewed drug abuse as sign of breakdown of traditional family values and social (Cohesion Sharma 1995).

COMMONLY USED DRUGS IN INDIA

DRUGS	SEIZURE/	200	2010	2011	2012	2013	2014	201
SEIZURE OF VARIOUS DRUGS IN KG. WITH NO. OF								
Opium	Seizure	1,732	1,829	2,348	3,625	2,333	1,766	1,687
	Cases	89	1,057	89	87	88	71	860
Morphine	Seizure	4	2	5	26	7	2	61
	Cases	35	19	14	14	9	13	92
Heroin	Seizure	1,047	76	52	1,033	1,450	1,371	1,416
	Cases	3,964	3,181	2,944	3,155	4,609	4,467	3,931
Ganja	Seizure	208,764	173,12	122,71	77,149	91,792	108,30	94,40
	Cases	9,423	7,631	4,174	4,468	4,592	5,510	8,130
Hashish	Seizure	3,549	4,300	3,872	3,385	4,407	2,280	3,349
	Cases	3,495	3,061	2,263	2,031	2,430	2,247	2,295
Cocaine	Seizure	1	2	1	4	4	1	113
	Cases	4	5	8	7	7	8	100
Methaqualone	Seizure	5	2	7	21	3,205	5	89
	Cases	1	1	5	1	3	1	22
Ephedrine	Seizure	1,244	2,207	7,208	4,393	6,655	1,330	827
	Cases	1	2	2	1	6	4	19
Acetic Anhydride	Seizure	65	7	6	36	24	5	4
	Cases	8	2	3	3	7	2	1
Amphetamine Type	Seizure	3	2	47	4	8	19	166
	Cases	3	8	4	1	2	4	21

Table no.1

Source: Drug Abuse Report, 2015

METHODOLOGY:

Basically the research is based on observational survey. But for the need and fulfillment of stated objectives secondary data is collected from various sources. Journal, Reports, Published Articles, National Reports which also are the major areas of gathering detail information.

DISCUSSION:

Global:

Now a days where international travel becomes more accessible and affordable, citizens from various countries have greater access to illicit substances from all corners of the globe.

According to United Nation tracking the countries mentioned most frequency or the source of illicit substances seized by law enforcement authorities. As the demand of drugs globally increasing the violence generated by trafficking in illicit drugs and psychoactive substances are also increasing at a greater rate. The most widely used forms of transportation are road and rail about 52% (UNODL 2015). The second most popular way to move drugs is by air (37%). Maritime traffic accounts for the 11% though advantages of maritime drug transportations for traffickers is high because traffickers are constantly on the lookout for new routes in wild and less traveled location.

Consumption and production trend for illegal drugs around the world:

The major categories are:

Opiates – Opium / Opioids – Asia and Africa since 2009

Heroin - Europe

Cocaine - Columbia, U.S

Amphetamines / type stimulants – Oceania / North America

Cannabis – Worldwide used mostly

Source: UNODC (United Nations office on Drugs and Crime)

Regional : Various studies have been conducted to analyze abuse of substances among various sections of the society including school and college student, non student, youth, psychiatric patients and the general population. Even according to RASDTAC various studies have been conducted in nine urban sites namely Bangaluru, Chennai, Imphal, Jodhpur ,Kolkata ,Lucknow, Mumbai, Patna, Pune but no single factor was found. Social scientists viewed drug abuse as a sign of breakdown of traditional family values and social cohesion especially country like India.

STATEWISE DISTRIBUTION OF DRUG ABUSE CASES IN INDIA

STATE		ACETI C ANHY D RIDE	AMPH E TAMIN E	COC AIN E	EPHE DRIN E	GANJ A	HASHI S H	HEROI N	METH AMPH E TAMIN E	METH AQUALON E (MANDRAx)	MOR P HINE	OPIU M	PSEUDO EPHEDRIN E
ANDAMAN & NICOBAR	Qty	0.00	0.00	0.00	0.00	26.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cases	0	0	0	0	9	0	0	0	0	0	0	0
	Arrest	0	0	0	0	29	0	0	0	0	0	0	0
ANDHRA PRADES	Qty	0.00	0.00	0.79	20.00	0.00	0.00	1.06	0.00	0.00	0.00	0.00	0.00
	Cases	0	0	1	1	0	0	1	0	0	0	0	0
	Arrest	0	0	1	1	0	0	1	0	0	0	0	0
ARUNACHA L PRADESH	Qty	0.00	0.00	0.00	0.00	894.24	0.00	1.23	0.00	0.00	0.00	8.78	0.00
	Cases	0	0	0	0	19	0	41	0	0	0	29	0
	Arrest	0	0	0	0	36	0	66	0	0	0	59	0
ASSAM	Qty	0.00	0.00	0.00	0.00	1085.3	0.00	7.38	0.00	0.00	6.44	21.27	0.00
	Cases	0	0	0	0	36	0	34	0	0	4	8	0
	Arrest	0	0	0	0	56	0	56	0	0	6	12	0
BIHAR	Qty	0.00	0.00	0.00	0.00	14.37	0.00	1.12	0.00	0.00	0.00	1.97	0.00
	Cases	0	0	0	0	2	0	2	0	0	0	1	0
	Arrest	0	0	0	0	1	0	3	0	0	0	4	0
CHANDIGARH	Qty	0.00	0.00	0.00	0.00	53.40	10.76	0.80	0.00	0.00	0.00	39.10	0.00
	Cases	0	0	0	0	46	26	85	0	0	0	7	0
	Arrest	0	0	0	0	46	27	82	0	0	0	10	0
CHHATTISGARH	Qty	0.00	0.00	0.00	0.00	6074.9	0.00	2.52	0.00	0.00	0.00	12.21	0.00
	Cases	0	0	0	0	356	0	25	0	0	0	1	0
	Arrest	0	0	0	0	457	0	28	0	0	0	1	0
DADAR &	Qty	0.00	0.00	0.00	0.00	18.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cases	0	0	0	0	3	0	0	0	0	0	0	0
	Arrest	0	0	0	0	3	0	0	0	0	0	0	0
GOA	Qty	0.00	0.07	0.24	0.00	107.12	293.79	87.00	0.00	0.00	0.00	0.00	0.00
	Cases	0	2	9	0	10	14	1	0	0	0	0	0
	Arrest	0	2	10	0	16	16	1	0	0	0	0	0
GUJARAT	Qty	0.00	0.00	0.00	0.00	1867.4	13.89	0.00	0.00	0.00	0.00	2.75	0.00
	Cases	0	0	0	0	42	5	0	0	0	0	3	0

Table no.2.i

Source: Drug Abuse Report, 2015

STATEWISE DISTRIBUTION OF DRUG ABUSE CASES IN INDIA

STATE		ACETI C ANHY D RIDE	AMPH E TAMI NE	CO C AIN E	EPH E DRIN E	GANJA	HASHIS H	HEROIN	METH AMPH E TAMI NE	METH AQUALO NE (MANDR Ax)	MOR P HINE	OPIUM	PSEUD OE PHEDRI NE
	Arrests	0	0	0	0	44	8	0	0	0	0	4	0
HARYANA	Qty	0.00	0.00	0.23	0.00	473.11	727.98	155.92	0.00	0.00	0.00	184.85	0.00
	Cases	0	0	0	0	245	267	199	0	0	0	130	0
	Arrests	0	0	0	0	281	283	243	0	0	0	139	0
HIMMAC HAL	Qty	0.00	0.00	0.01	0.00	0.84	406.27	0.64	0.00	0.00	0.00	4.12	0.00
	Cases	0	0	2	0	1	576	57	0	0	0	11	0
	Arrests	0	0	2	0	1	704	63	0	0	0	18	0
JAMM U &	Qty	0.00	0.00	1.44	0.00	114.03	155.45	72.07	0.00	0.00	0.00	2.11	0.00
	Cases	0	0	2	0	19	119	40	0	0	0	1	0
	Arrests	0	0	3	0	27	168	68	0	0	0	1	0
JHARKHAND	Qty	0.00	0.00	0.00	0.00	1203.53	0.00	3.63	0.00	0.00	0.00	46.60	0.00
	Cases	0	0	0	0	62	0	7	0	0	0	13	0
	Arrests	0	0	0	0	91	0	14	0	0	0	15	0
KARNATAKA	Qty	0.00	0.00	7.19	0.00	2472.75	15.19	3.22	0.00	0.00	0.00	8.55	0.00
	Cases	0	0	8	0	273	4	6	0	0	0	6	0
	Arrests	0	0	10	0	491	7	19	0	0	0	11	0
KERALA	Qty	0.00	0.00	0.01	0.00	810.55	96.80	3.20	0.00	0.00	0.00	0.01	0.00
	Cases	0	0	1	0	3839	7	22	0	0	0	1	0
	Arrests	0	0	1	0	4564	10	28	0	0	0	1	0
MADH AYA	Qty	0.00	0.00	0.00	24.84	5373.94	5.21	8.56	0.00	0.00	0.00	85.65	0.00
	Cases	0	0	0	1	312	5	129	0	0	0	26	0
	Arrests	0	0	0	0	436	7	168	0	0	0	41	0
MAHARASHT	Qty	0.00	6.09	62.01	1.99	4147.08	31.78	235.61	0.22	2.68	0.00	271.75	0.00
	Cases	0	2	37	1	265	34	45	3	11	0	3	0
	Arrests	0	0	47	1	428	38	54	4	12	0	3	0
MANIPUR	Qty	0.00	0.01	0.00	0.00	4745.23	0.00	4.18	0.00	0.00	46.20	39.10	0.00
	Cases	0	1	0	0	21	0	32	0	0	2	11	0
	Arrests	0	1	0	0	34	0	39	0	0	2	18	0
MEGHALAYA	Qty	0.00	0.00	0.00	0.00	3.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cases	0	0	0	0	1	0	1	0	0	0	0	0
	Arrests	0	0	0	0	1	0	1	0	0	0	0	0
MIZORAM	Qty	0.00	5.00	0.00	0.00	525.42	0.00	5.59	9.95	0.00	0.00	0.35	266.00
	Cases	0	1	0	0	43	0	276	3	0	0	1	6
	Arrests	0	4	0	0	53	0	361	7	0	0	1	9

Table no 2.ii

Source Drug Abuse Report, 2015

WHO ARE THE THRIVERS ?

Public health practitioners have given emphasis from a broader perspective than the individual, the role of society, culture and availability. As a result immigrant and refugees are often under great stress; physical trauma and depression and anxiety due to separation from loved ones often characterize the pre-migration and transit phases, followed by ‘cultural dissonance’, language

barriers, racism, discrimination, overcrowding, social isolation, loss of status, fear of deportation are common.

- Refugees are mainly concern about the health, safety of loved ones left behind and uncertainty regarding the possibility of returning to their natives. For this, substance abuse functions as a coping mechanism to attempt to deal with these stresses.
- But the common sufferers or pain strikers are mostly between the age - group of 12 to 28 years. Among them mostly are -

Street children: Found in many developing nations are at high risk in particularly solvent abuse finding hardships dealing with life on streets - but also can provide a link to the support of their family.

Musicians: In order to deliver high quality performances cocaine and cigarettes are commonly used by the musicians because of its neurological effects.

Impulsivity among people: It is characterized by actions based on sudden desires, whims or inclinations rather than careful thoughts,. An individual who use multiple drugs tend to be more impulsive. The neuro development and hormonal changes that happen during adolescence may modulate impulsive control.

WHY DO INDIAN TEENS AND YOUNGSTERS ARE PRONE TO SUBSTANCE ABUSE?

“If current trends continue, 250 million children alive today will be killed by tobacco.” – W.H.O.

- The incidence of drug abuse among children and adolescents is higher than the general population in India because of their experimental stage and with the introduce of cannabis, Amphetamine - type stimulants (ATS)
- In India 63.6% patients coming for treatment were introduced to drugs at a young age below 15 years.
- Heroin, Opium, Alcohol, Cannabis, Propoxyphene are the five most common drugs being abused by children in India and 13.1% are below 20 years.
- Mainly the problems are no sensitization programme about drug abuse in schools or any substance abuse policy.

There are two convincing theories are present for the explanation of youth drug addiction problem.

(a) Technical Approach – (Scientific Explanation):

According to this approach the brain - cell activity of adults and adolescents as each group performed “reward driven tasks”. The electrode recordings of the adolescent brains reacted with far greater intensity to rewards than the adult’s did.

B) Practical Approach - (peer pressure and curiosity):

In India usually it starts off innocently. With the age the parent’s influence diminishes and as part of life’s natural progression, youngsters are influenced by peer groups and become hooked on drugs after friends introduced to them.

It is found in India that the use of certain drugs such as whitener, alcohol, tobacco hard and soft drugs are especially wide spread among street children, trafficked children.

**NOBEL LAUREATE KAILASH SATYARTHI’S PETITION CITED REPORT :
PERCENTAGE OF SUBSTANCE ABUSE BY YOUTH AND CHILDREN IN INDIA**

Substances	State	Percentage of Youth and Children
Alcohol	Karnataka	88
	Andhra Pradesh	84.7
	Chandigarh Haryana	80
	Delhi	23
	Tripura	35
Tobacco	Meghalaya	96.4
	Nagaland	95.8
	Sikkim	93.1
	Uttaranchal	90
	Goa	36.7
	Delhi	69.7
Heroin	Meghalaya	27.3
	Punjab	19.3
	Jharkhand, Jammu and Kashmir, Odisha	>15
	Delhi, U.P., W.B.	9-10
Inject- able Drugs	Mizoram	88.6
	Meghalaya & Rajasthan	25
	Maharashtra	23.5
	Punjab	13
	Arunachal Pradesh, Manipur, Madhya Pradesh	11
	Pradesh	>11
	Others	>11

Table No. 3

Source : National Survey on Drug Use and Health(NSDUH)

This study is commissioned by the National Commission for Protection of Child Rights (NCPCR) and conducted in 29 states by the National Drugs Department Treatment Centre of the All India Institute of Medical Sciences (AIIMS).

Cannabis products often called charas bhang or ganja are abused throughout the country because it has attained some amount of religious scanty because of its association with some Hindu deities. Recent study says in India persons are addicted to Opiates are shifting their drug of

choice from Opium to Heroin. The use of pharmaceutical products containing drugs are also increasing at an alarming rate. Intravenous injections of analgesics like dextropropoxphene are very common these days due to cheaper rate.

Survey says the thrives are between the age group of 18-35 years. Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behavior.

India has witnessed a five time increase in drug abuse from 2011 to 2016 according to data released by the govt. of Parliament with nearly 18% of the 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 (World Drug report 2016)

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

As per parliament Report (2015) Punjab tops the list with 21549 cares among registered 64737 cases under the Narcotic Drugs and Psychotropic Substances Act (NDPS) 67% of rural households and 70% of young men are additional to drugs and alcohol according to Government Survey Reports.

In Manipur there are an estimated 45000 - 65000 drug addicts of whom nearly half are injecting drug users.

Studies revealed 12% of drug addicts are below the age of 15, 31% in the age group of 16-25 years and 56% in the age group of 25 – 35years.

In terms of smuggling the India- Bangladesh border is most vulnerable with 1607 cases reported from 2011 till 2016 followed by India- Nepal(779), India-Myanmar (317), India- Pakistan (120).

CAUSES:

Recent statistics and report from various sources indicate the increase of drug abuse among young generations which has had detrimental effects on the society.

- Sheer pressure of studies an students, competitive and less flexibility in educational system, parental problems.
- Personal and family problems also lead to drug abuse among young stars who fail to cope up with the ever growing family and personal problems.
- Peer pressure in adolescence situation is often also the cause of such unproductive activities.

PREVENTION :

In India, there have been many steps taken by various governmental and non governmental agencies in the area of prevention of substance abuse.

- Promoting healthy lifestyles through various practices will discourage damaging one's own life.
- Creating healthy social environment will generate positive thoughts among young people.

- Generating positive approaches for culture and traditions will develop respect for culture.
- Community development through education, health, social services are important for preventing youth from drug abuse.

In India there have been many steps taken by various government and non governmental agencies in the area of prevention of drug abuse. Section 71 of the Narcotic Drugs & Psychotropic Substance Act, 1985 empowers to government for establishment of identification, treatment and rehabilitation centre for drug addiction. A Narcotic Drugs and Psychotropic Substances (NDPS) Act was passed 1999-2000. The Ministry of Social Justice & Empowerment as the nodal agency has been supporting Integrated Rehabilitation Centre for Addicts (IRCA) under the scheme of Prevention of Alcoholism and Substance abuse being run by voluntary organizations. As the threat is growing very fast it was decided then to give Bureau of Substance Abuse Prevention in the Institute a broader role by setting up a National Centre for Substance Abuse prevention (NC-DAP) in 1998. Through NC-DAP, the NISD has been able to expand its activities and has worked out strategies for tackling the issues of substance abuse.

There are certain preventive and remedial measures for dealing with the problem of drug abuse:

- Campaign against drug abuse
- Generating public awareness and educate the mass about the benefits of sending addictive people to the rehabilitation centers .
- Crime Bureau and police should be more active to check drug trafficking.
- The government and the NGOs should work together to propagate against the habit of drug abuse.

CONCLUSION:

Substance abuse is a condition which needs medical and psychological help as we know earlier. So it's the parent's responsibility to be considerate to children particularly during their transition from childhood to adolescence and adulthood, when many changes occur in their physique. Unless their environment, families schools and friends educate them about the negative usage of substances, they are likely to be trapped. As this sort of epidemic continues in our country like India's social and cultural aspects. Substantive abuse naturally trickles into our younger generation. Making 1/5 the of the population, 15-24 years old carry with them India's future. The youth of our nation will eventually determine the country's moral, political, social persuasions. India's potential rests delicately in youth's hand so before the epidemic continues to rage it should be checked at an alarming rate to thwart the success of India's future.

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