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DRUG ABUSE: A COMPREHENSIVE ANALYSIS OF CAUSES, CONSEQUENCES, AND CONTROL MEASURES.

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ABSTRACT

Drug abuse, also known as Drug Addiction is defined as chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite its harmful consequences. The initial decision of drug taking is voluntary but repeated uses leads to its addiction. Addiction of any form is dangerous. What is even worse is that mostly young children and youth are hit by this storm. Most illicit use of drugs starts at the age of 16-17 years of age. It starts with merely smoking of cigarettes and gradually drowns the person into the trap of drug abuse. Stress, anxiety, peer pressure, poverty are some of the main causes of drug abuse. As it is well said- "it is never to late". Therefore, we all need to focus strictly on this important matter now. Government should set targets to reduce the drug-abuse levels. It should ensure that efficient preventive measures are been taken. At our individual level we should contribute effectively in eradicating this problem. Besides, it is a major responsibility on parents to talk to their children and shape up their minds positively. They should not pressurize them academically and socially so much that they fall into menace. Parental control including a healthy home environment is a must for controlling drug addiction. Parents, the guiding light must teach their children to feel empathy and compassion for others. Substance or drug abuse is a serious public health problem affecting usually adolescents and young adults. It affects both male and females and it is major sources of crimes in youth and health related problems in many communities. It even causes serious complications in nowadays pregnancies (as it causes miscarriage, stillbirth, preterm labor, birth defects, higher risk of sudden infant death syndrome). As indicated by the **Diagnostic and Statistical Manual Disorder, Fifth Edition, DSM-5**. Substances that are abused are many and include alcohol, tobacco/nicotine, caffeine, cannabis, inhalants, opioids, sedatives, anti-anxiety and hypnotics, psychostimulants like cocaine, amphetamine, and hallucinogens. Nowadays, a new drug or we say e-cigarette which is called as **VAPE** has been introduced.

KEYWORDS

Substance abuse, Drug abuse Addiction, DSM-5(Diagnostic and Statistical Manual Disorder), Vape, Pregnancy.

INTRODUCTION**1.1 BACKGROUND OF THE TOPIC**

The International Day against Drug Abuse and Illicit Trafficking is observed every year on 26th June to bolster cooperation and action in achieving a world free of drug abuse. The theme of this year's World Drug Day is 'The evidence is clear; invest in prevention'.

As we find ourselves in the beginning of a new millennium, we are faced with challenges to our survival as a human population. Some of the general threats to our survival are sweeping epidemics that affects millions of individuals worldwide. A drug is something that affects your body. Drugs pass through the body and interferes with brain's neurotransmitters. Drugs have been part of our culture since the middle of the last century. Pharmaceutical drugs e.g. Aspirin, Paracetamol, Xanax, Oxycodone, etc. Recreational drugs e.g. Alcohol, nicotine, and caffeine etc. Drug abuse is the non-permissive consumption of certain substance that may lead to physical and psychological dependence. Popularized in the 1960s by music and mass media, they invade all aspects of society. As estimated 208 million people internationally consume illegal drugs. According to the UNITED NATION 2008 WORLD DRUG REPORT, about 3.9% of the world's population between the ages 15 and 64 abuse Marijuana. Almost 150 tons of cocaine is purchased each year throughout Europe and in 1999 opium production reached as estimated 6600 tons, the dramatic increase most likely due to a burst of poppy crops throughout Southwest Asia. This rapid increase in drug use has had tremendous global effects, and the World Health Organization cited almost 200,000 drugs-induced deaths alone in the year 2000. However, we must not only concentrate on this aspects of addiction when considering global treatments and preventative programs. We must take into consideration that it is not purely the psychological of addiction we are battling. Human behavior is mediated primarily by Dopaminergic and Serotonergic systems, both of ancient origins probably evolving before the phylogenetic splits of vertebrates and invertebrates.

No matter the theory of drug addiction, there remains one constant; withdrawal is inevitable. As a drug is administered continuously and an individual becomes addicted, the brain becomes dependent on the presence of the drug. With an absence of the drug, withdrawal symptoms are experienced as the brain attempts to deal with chemical changes. It is important to study drug

abuse so that young or upcoming generation do not risks their life and it all starts with educating. Parents are not the only ones who can help educate children about the risks of experimenting with drugs and alcohol. Drug prevention does start in the home, with parents playing a decisive role in whether or not adolescent sons and daughters end up experimenting with substances. Schools can help too. Given that schools plays a significant role in young people's learning, schools are uniquely positioned to help prevent drug use among youngsters. Schools can offer educational seminars and lectures on the effects of drugs and alcohol. A Safe Environment it is also essential to provide them with a safe and supportive environment to grown up. Fostering a Sober and Healthy Lifestyle For Our Youth by educating them with healthy eating, workouts, sleep schedule, waking up early in the morning. The correct approach is to help them get into a drug rehab center as soon as possible.

1.2 RESEARCH PROBLEM.

Universities are crucial elements in producing a competent and good citizen, and improving students achievement through the provision of a quality education. Universities are also expected to provide supportive environment and protect their students from behaviors that interfere with their academic, career, personal as well social development. However, this does not mean studying at university is free from experiencing different problems. Some of the problems experienced by university students are associated with transition from high school to university life, academic demands, personal relationships and drug use due to different reasons. Therefore, in the following sections, types of drugs commonly abused, empirical studies and experiences of different universities regarding the prevalence of drug abuse, challenges and options as intervention mechanisms were discussed.

1.2.1 Biological risk factors.

Biological factors related to drug consumption include gender, genetic, neurological, and pharmacological components (Zanetti et al., 2012). An individual differences such as reactivity to novelty and impulsivity (Cummings et al., 2011). From a neurological perspective, the immature in risky behaviors. At the same time, they have cognitive constraints including damaged decision-making ability, weak analytical ability, psychological barriers, or weak emotional control and expression.

From the pharmacological perspective, adolescent drug users are seen as having bodies that are malfunctioning with regard to the production of crucial neurotransmitters, so drugs are used as

a form of self-medication and as a way of coping. The interaction between the pharmacological properties and the physical effects of the drugs habituates the adolescent drug user's central nervous system to the drug via a neurotransmitter malfunction, which then reinforces the desire to use the drug (Lee, 2011).

With regard to genetic predisposition, research has demonstrated that genetic makeup is major factor in vulnerability to drug abuse (Nora D Volkow & Maximilian Muenke, 2012). While drug abuse is the result of a complex interplay of biochemical, psychological, social and environmental factors, and genetic variance also plays an important role in the susceptibility of adolescents' drug use and abuse. It is also claimed that the more severe the abuse the greater the role of genetic factors.

1.2.2 Psychological risk factors.

According to Zanetti et al. (2012), the psychological factors associated with drug consumption are related to three principal areas: cognitive, behavioral and emotional.

Cognitive related factors include impairment in motivation, attention, memory, decision making and problem-solving ability.

Behavior related factors include aggressive and violent behavior, and mood swing. Impaired decision-making and inhibitory control process may explain the continuous risk behaviors common among drug users (Bechara & Martin, 2004).

Emotional related factors include factors which are associated with drug use comprise personality aspects such as anxiety, depression, panic, mania, difficulty in identifying feelings, and external oriented thought.

1.2.3 Social and environmental risk factors.

The social factors include family, children, friends, and other social relationship as well as health, environmental, religion and legal factors. There are instances when family may contributing to drug abuse particularly among the youth who may seek acceptance from peers.

Religious and spiritual beliefs based on faith and trust in god or a greater spiritual being tends to support development of inner strength and the development of a sense of meaning and

purpose to life, thus providing an informal means of social control and reducing the likelihood of drug use among the youth (Gordon, 2003b).

1.3 OBJECTIVE OF THE STUDY.

The common Whitesell, M., Bachand, A., Pell, J., & Brown, M. (2013). Familia, social, and individual factors contributing to risk for adolescent substance use. Journal of addiction, 2013, 579310. Causes of drug abuse include;

- Genetic and biological factors, such as family history of drug abuse, genetic predisposition, and chemical imbalances in the brain.
- Environmental factors, such as peer- pressure, easy access to drugs, high-stress environments, lack of parental guidance.
- Socio-economic factors, such as poverty, unemployment, limited educational opportunities, and neighborhood characteristics.
- Early exposure and childhood adversities, such as early initiation of drug use, childhood abuse or trauma, and lack of nurturing relationships.

❖ Effects of drug abuse on society:

The resolution 42/112 of 7th December 1987, the United Nations General Assembly (UNGA) decided to observe 26th June as the International Day against Drug Abuse and Illicit Trafficking as an expression of its determination to achieve the goal of drug free international society.

The impact of substance abuse on society is far-reaching.

Some of the ways substance abuse has affected society include:

- Exacerbating or worsening mental health issues.
- Leading to premature deaths
- Increase violent crimes
- Destroying families
- Preventing addicted individuals from living productive lives.

Substance abuse affects many people than just the addicted individual, including their family members, neighbors, employers, and friends.

The inability of the addicted individual to live a healthy, full life is one of the most unfortunate ways substance abuse has affected society.

❖ **Economic impact of substance abuse:**

Substance abuse creates a range of consequences beyond impairing the individual.

The impact of substance abuse on the economy is vast, but can include the following:

- Loss of productivity in employees
- Absenteeism for health complication
- Financial distress to fund the addiction
- Loss of employment due to legal consequences
- Increased criminal activity
- Unexpected expenses for related health issues

A long-term issue with drug or alcohol use can leave addicted individuals feeling desperate to cover up their addiction issues and pressed to afford more drugs or alcohol.

❖ **Prevention and intervention strategies.**

Use and misuse of drugs like alcohol, nicotine, illicit drugs, and even prescription medications is an increasingly large concern. Addiction is the state of psychological or physical dependence on alcohol or other substances. Often, the term addiction is interchanged with substance use disorder or substance dependence. As drug abuse can lead to a variety of negative mental and physical health consequences, its prevention is a crucial part of promoting health and well-being. By implementing effective strategies, communities can help reduce the prevalence and impact of substance abuse on individuals, families, and communities.

The more risk factors people face, the greater the likelihood that they will become addicted. Protective factors can help reduce risks for individuals and prevent the development of addiction.

Early intervention plays a crucial role in preventing drug abuse. By identifying individuals who are at risk or showing signs of substance abuse, preventive measures can be taken to prevent them from developing a more serious addiction. Early intervention programmes can include education, counselling, and support to help individuals make informed decisions about drug use.

Parents and caregivers have a significant influence on their child's life decisions, including drug use. Encouraging open communication, setting clear boundaries, and monitoring

behaviour can help deter children from experimenting with drugs. Parents should also model healthy behaviours, such as responsible decision-making and avoiding alcohol or drug use, to reinforce the message that drugs are harmful. For adults, parental authority may be less impactful, but similarly, family members and close friends can play an important role in the prevention and management of substance abuse. Drug abuse prevention requires a comprehensive approach that combines early intervention, education, and community support. By implementing these strategies, communities can take proactive steps to reduce the prevalence and impact of drug abuse on individuals, families, and communities.

If you suspect you have an addiction, reach out to your healthcare provider for help. They may recommend counselling, medications, or other treatment options. Support groups have proven to be very useful for substance use disorder treatment. Moreover, while some may benefit from informal programmes and day-patient care, other individuals may benefit more from formal treatment programmes in the form of residential treatment.

2 LITERATURE REVIEW.

Substance abuse is a chronic debilitating disease with significant morbidity and mortality which affects individuals and their families. In 2014, about 250 million people between the ages 15 and 64 years were estimated to have used an illicit drug (World Drug Report, 2012). One-tenth of people who use illicit drug dependence. Large number of drug dependents use intravenous drugs and more than 10% of them contract HIV with majority of them suffering from hepatitis C (United Nations Office on Drugs and Crimes, 2018).

As per the World Drug Report 2024 released by the UN Office on drugs and crimes, the emergence of new synthetic opioids and unprecedented levels of drug supply and demands have exacerbated the global drug problem. This has resulted in increased rates of drug use disorders and environmental damages.

Notably, the number of people who use drugs has risen to 292 million in 2022, a 20 percent increase over 10 years. Though an estimated 64 million people worldwide suffer from drug use disorders, only one out of every 11 individuals receive treatment. Women are particularly disadvantaged, with only one out of every 18 women with drug use disorders accessing treatment, compared to one out of every 7 men. In March 2023, the Union

Ministry of Home Affairs (MHA) highlighted multipronged efforts made by the central government to rein the illegal drug trade. Since 2014, the quantity of narcotics seized by Narcotics Control Bureau (NCB) till 2023 June increased by almost 100% and the cases registered against those dealing in it increased by 15%.

According to the data released by the MHA, during the period 2006 to 2013 the number of cases registered was 1,257 in numbers which shot up by 3 times during 2014-2023 to 3,755. The arrests increased by 4 times from 1,363 in the 2006-13 period to 5,745 in the 2014-2023 period. The quantity of seized drug doubled during the present regime to 3.95 lakh kgs from 1.52 lakh kgs seized during 2006-2013. The value of the seized drugs jumped 30 times to Rs.22,000 crore from Rs.768 crore achieved in the period 2006-13.

Meanwhile, the anti-narcotics agencies also destroyed 12 lakhs kgs worth Rs.12,000 crores since 2014. Till June 2023, NCB conducted a financial investigation in 23 such cases in which property worth ₹74,75,00,513 was frozen.

IMPLICATIONS OF SUBSTANCE ABUSE.

The implications of substance abuse to the life of an individual are enormous and can be categorized as Social, Physical, Medical, or Psychiatric/Psychological.

- **SOCIAL IMPLICATIONS:**

There are many social implications of substance abuse ranging from loss employment, breakup of interpersonal relationship, truancy and drop out from schools, suicidal ideation, road traffic accidents and unprotected sex (Baker, George, & Sandle, 1996). Many researchers have demonstrated a significant relationship between abuse and unemployment which leads to serious mental problems in the addicts which was thought to be as a result of behavioural changes caused by pre-existing psychopathology (Johnson, Reynolds, & Fisher, 2001).

- **PHYSICAL IMPLICATION:**

In America, more than 1 million children experience some forms of physical and sexual abuse each year mainly due to parental alcohol abuse. Physical abuse means all forms of maltreatment that may result into physical injuries like bruises, lacerations, fractures or burns. Neglect such as failure to provide food, shelter, clothing or medical concern to

children can be considered as a form of physical abuse. Furthermore, sexually abusive behaviour like raping, touching, kissing or even caressing may be considered as physical abuse (Wisdom, 1993).

- **MEDICAL IMPLICATION:**

In Switzerland, between 1980 to 1986 about 269 hospitalized patients were found to have history of drug abuse. About 47% of the patients have infectious complication with pulmonary infections as the most commonly identified infections largely due large percentage of heroin abusers accounting for about 95%. About 16% of the patients have viral hepatitis, 11.1% have human immunodeficiency virus infection, 9.3% have minor genital infections and about 2.6% have bone and joint infections and sepsis and endocarditis respectively (Scheidegger & Zimmerli, 1989).

- **PSYCHIATRIC/PSYCHOLOGICAL IMPLICATION:**

Wide range of clinical as well as epidemiological studies have demonstrated the link between substance abuse, particularly alcoholism and chronic anxiety disorder and was found to be more common in men than women. In a clinical study by a Kushner et al, about 23-70% of alcoholism. Also, elevated rates of anxiety disorder were found in relatives of patients with alcoholism in many family studies. These findings indicate that alcoholism contribute to the development of anxiety disorders (R. Katherine et al, 1995). In a study by Sareen et al, an association between anxiety disorders like social phobia, panic disorder, agoraphobia, specific phobia, and generalized anxiety disorder with chronic use of amphetamines, cocaine, hallucinogens and heroin were established I n two American communities (Sareen, Chartier, Paulus, & Stein, 2006).

3. METHODOLOGY.

Attempts to understand the nature of illicit drug abuse and addiction can be traced back for centuries, however, the search has always been limited by the scientific theories and social attitudes available or dominant at any one time. Dr. Benjamin Rush, a founder of the first medical school in the United States and a signer of the Declaration of Independence, was one of the pioneers of U.S. drug abuse research. However, he had few scientific resources available to attack the problem.

- BEGINNINGS OF MODERN DRUG ABUSE RESEARCH.

Although the funding of drug abuse research has increased substantially since the 1960s—largely due to grants by the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH)—significant research began much earlier. Excluding distilled spirits, the first addictive ingredient isolated from a natural product was morphine, which was extracted from crude opium by F.W.A. Serturner a German pharmacist, in 1806. Increasingly widespread use of morphine, which constitutes roughly 10 percent of crude opium, revolutionized pain control.

- END OF MEDICAL OPTIMISM.

Soon, however, this situation changed dramatically. Around the time of World War I, extensive drug use in the United States—a combination of morphine, heroin, opium, and cocaine—created a growing fear of drug abuse. The association of opium with Chinese immigrants, cocaine with African Americans, and morphine addiction with careless physicians prompted more and more restrictive legislation and an antagonism to easy access to those drugs. A six-year federal effort to control the distribution of opiates and cocaine led to the Harrison Anti-Narcotics Act of 1914. E.J. Pellini, the Assistant City Chemist of New York, actively examined the Gioffredi and Valenti claims and, in the early 1920s, published a refutation of their hypotheses (Pellini and Greenfield, 1920, 1924). The general conclusion drawn from this debate over antibodies and toxins was that there was no organic basis for addiction and withdrawal and that these phenomena were "functional" or "psychological." Thus, research into addiction and withdrawal became a controversial field after 1919 due to the fact such that research might find evidence supporting a medical model and thereby possibly challenge established government policy.

- RESEARCH IN THE 1920s.

Drug abuse research in the 1920s seems to have been at a relatively low level of activity. The Public Health Service (PHS) produced some estimates of the number of addicts and general statements on the nature and treatment of drug users. Perhaps the chief scientific contribution of that decade was the demonstration of morphine dependence in monkeys. In addition to PHS, the Rockefeller Institute supported drug research. In 1913, the institute created the Bureau of Social Hygiene to study social problems generally and criminology in particular, and by the time the bureau was disbanded in 1933, 32 papers and books on addiction had been published with its support (Eddy, 1973). The vast majority described studies at Iowa State University of

the effect of morphine on the gastrointestinal system and its fate in the body, as well as clinical efforts in Philadelphia to cure addicts and monitor morphine in the bodies of the patients. The foundation also supported the compendium *The Opium Problem*, a large anthology of information that is still in use (Terry and Pellens., 1928).

- FROM THE CLOSE OF WORLD WAR II TO THE 1960s.

In 1947, the National Research Council established a successor body, the Committee on Drug Addiction and Narcotics. Prominent among the reasons for this renewed activity was the appearance of methadone from German laboratories. Methadone had been substituted for morphine to meet German needs during World War II. Researchers' considerable interest in methadone's possibilities, together with other unfunded ideas for scientific studies in the field, prompted the group to consider asking pharmaceutical manufacturers for contributions to a research fund that the committee would administer. NRC approved, and by the end of 1949, eight firms had contributed a total of \$18,500. This episode reveals the paucity of funding sources and the extremely modest amounts with which basic and practical research on pain relief was conducted immediately after World War II. In addition to its funding from pharmaceutical companies, NRC's Committee on Drug Addiction and Narcotics began to receive small annual amounts from the Veterans Administration (VA) and the World Health Organization (WHO) in 1961. Research sponsored by the committee was varied and included studies of methadone as well as the opiate antagonists nalorphine, naloxone, and naltrexone. Additionally, the committee advised the Federal Bureau of Narcotics and the Food and Drug Administration on the potential abuse liability of marketable drugs.

4. CONCLUSION AND RECOMMENDATION.

4.1 SUMMARY OF FINDINGS.

Drug abuse affects individuals across all age groups, with particular emphasis on adolescents and young adults. Common substances abused include alcohol, marijuana, opioids, and prescription drugs. Genetic predisposition, environmental factors (e.g., peer pressure, trauma), and mental health disorders (e.g., depression, anxiety) significantly contribute to the risk of drug abuse. It leads to a wide range of harmful effects, including addiction, brain damage, impaired cognitive function, mental health issues, and physical health problems like organ damage and overdose. Drugs negatively impacts families, communities, and society, contributing to increased crime, unemployment, and social stability. Treatment options include behavioural therapy, medication-assisted treatment, support groups, and rehabilitation

programs. Early intervention identification and long-term support are crucial for successful recovery. Focus on education, community-based programs, and early identification of at-risk individuals to reduce the onset of drug abuse.

4.2 POLICY AND PRACTICAL RECOMMENDATION.

For the first time, the GOL introduced a national policy on NDPS in 2012. The objective was to guide various ministries/departments, state governments, international organizations, and non-governmental organizations (NGOs) and re-assert India's commitment to combat the drug menace holistically. The policy, internal, states the role of the government in the treatment, rehabilitation, and social reintegration of drug "addicts." For drug demand reduction, the policy lists out the functions of various ministries/departments, which include conducting a national survey on drug abuse, training government-hospital doctors in de-addiction, supporting other hospitals in setting up de-addiction and treatment facilities, establishing separate facilities for female patients, developing minimum standards of care to be followed by "de-addiction centres," and the inclusion of rehabilitation and social reintegration programs for those with drug abuse in all government-run treatment centres.

Some of the problems are as follows:

1. The policy appears heavily skewed toward adopting supply reduction.
2. The policy document fails to mention the type of treatment that would be provided for PWUDs.
3. Despite opioid substitution treatment being evidence-based, the document does not acknowledge it as treatment; instead, as per the policy, it is used to persuade injectable users to abuse it orally.
4. The policy has a non-evidence-based interpretation of harm reduction principles.

4.3 AREAS FOR FURTHER RESEARCH.

The following recommendations represent an actionable framework that can guide and support future child abuse and neglect research reflecting the needs and knowledge gaps detailed throughout this report. Recommendation 1, 2, and 3, and [3](#) urge the development of a national strategic plan to initiate the process of federal coordination and resource allocation that is necessary to support the field of child abuse and neglect research, with a focus on the research priorities set forth in this report. Recommendations 4 through 7 represent critical steps toward the creation of a sustainable infrastructure for child abuse and neglect research. While these

infrastructure recommendations should be considered in the implementation of a national strategic plan, they are actions of considerable importance that merit separate and specific consideration from the agencies and institutions targeted as key actors. Finally, Recommendations 8 and 9 provide for the evaluation of federal and state policies related to child abuse and neglect.

It is important to note that the committee's charge called for identifying child abuse and neglect research priorities. Therefore, the focus of these recommendations is on needed components of future research in the field, to the exclusion of specific actions for providers in the delivery of prevention and treatment services. The actions of service providers are obviously of critical importance to the well-being of children impacted by child abuse and neglect, but encompass an area of inquiry that falls outside the purview of this report. It is the committee's hope that this report's discussion of research needs related to the effective provision of services and the structure of the systems in which they are delivered will lead to improvements in the prevention of child abuse and neglect and the care of those it affects.

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