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# **SUBSTANCE ABUSE IN INDIA**

Authored By-Raajshree Vardhan

## **Abstract**

This research paper gives an introduction to substance abuse in India. The author speaks about the problem and its aspects in detail to make readers understand better about the issue. As the paper unfolds, the author also lays emphasis on the challenges surrounding substance abuse. The author has also taken under consideration a few activities done for the betterment of people. The overall purpose of this research paper is to give an explicit idea to readers about the need to have a good knowledge about drug abuse. The aforementioned topic has been a subject of debate, drawing a multitude of diverse opinions from various segments of the society. This research paper includes introduction, narcotic drugs and psychotropic substances act, strategies and challenges, future vision followed by a conclusion.

## **Introduction**

Substance abuse is the harmful or risky use of psychoactive substances, such as alcohol and illegal narcotics. Abusing psychoactive substances has detrimental effects on a person's health and social life, as well as those in their family and community. Substance addiction includes using alcohol, opiates, cocaine, amphetamines, hallucinogens, prescription and over-the-counter drugs, and many more substances. (Drugs that change mental functions when ingested or administered into the body are known as psychoactive substances.) Abuse of psychoactive substances threatens the physical, social, and economic health of people as well as the wellbeing of their families, communities, and countries. In comparison to substance use disorders, alcohol use disorders are far more common worldwide. Men are more likely than females to experience problems with alcohol and other drugs. In contrast to cigarettes, which are responsible for 4.1 percent of the total illness burden, the use of psychoactive substances accounts for 8.9% of it, according to the World Health Organization Report 2002 (WHO). According to the WHO regions, different substances are used more frequently in different

places. For example, alcohol is used more frequently in Africa, the Americas, and the Western Pacific than tobacco is in Europe and Southeast Asia. Between 155 and 250 million people, or between 3.5 and 5.7 percent of people in the world between the ages of 15 and 64, consumed other psychoactive substances, such as marijuana, amphetamines, cocaine, opiates, and non-prescribed psychoactive prescription drugs. (WHO-2008). Cannabis is the most commonly used drug worldwide (129–190 million users), followed by cocaine, painkillers, and stimulants similar to amphetamines.

People who inject pharmaceuticals (psychoactive drugs taken for non-medical reasons) are more likely to contract HIV, hepatitis B, and hepatitis C. 1.7 million of the 13 million persons who inject drugs around the world also have HIV, making up 10% of all new HIV infections. Around the world, 67 percent of drug users who inject themselves are considered to have hepatitis C. Opioids are regularly used by IDUs in India. Included in this group of opioids are heroin (sometimes referred to as "smack" or "brown sugar") and pharmaceutical opioids (such as buprenorphine, pentazocine and dextro-propoxyphene). The most frequently used opioids include heroin and dextropropoxyphene in the northeast; impure heroin (smack) and buprenorphine are most frequently used opioids in major cities like Delhi, Mumbai, Chennai, and Kolkata. The most popular injected opioid in Karnataka, Andhra Pradesh, and Chhattisgarh is pentazocine. Buprenorphine is extensively used by injectors in the states of Punjab and Haryana. According to the HIV sentinel monitoring report, there are 7.2 percent of IDUs in India who are infected with HIV. However, some states have far higher HIV prevalence rates among IDUs, with rates of 21% in Punjab, 18% in Delhi, and about 12% in Manipur and Mizoram.

Psychoactive drug usage among drivers has been associated with impairing driving and a higher risk of collisions. By being more aware of how to employ appropriate public health measures, individuals, families, and societies can prevent health and social issues related to the use and dependence on tobacco, alcohol, and illicit substances.<sup>1</sup>

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<sup>1</sup> [Substance abuse | National Health Portal Of India \(nhp.gov.in\)](http://nhp.gov.in)

## **NDPS Act, 1985**

Production/manufacturing/cultivation, possession, sale, purchase, transport, storage, and/or consumption of any narcotic drug or psychotropic substance are all prohibited under the NDPS Act.

- I. The Act was first passed in 1985 and has been revised three times since then: in 1988, 2001, and 2014.
- II. Narcotic drugs are defined as coca leaf, cannabis (hemp), opium, and poppy straw, whereas psychotropic substances are defined as any natural or synthetic material, as well as any salt or preparation protected by the 1971 Psychotropic Substances Convention.
- III. Any natural or manufactured material, as well as any salt or preparation protected by the Psychotropic Substances Convention of 1971, is considered a psychotropic drug.
- IV. This Act's penalties are severe given the consequences of drug use and trafficking.
- V. Depending on the offence, the Act contains fines and prison sentences that can range from one year to twenty years.
- VI. Under the Act, aiding and abetting, criminal conspiracy, and even attempts to commit an infringement are all penalised in the same manner as the actual offence.
- VII. There is a 50% penalty for planning to conduct an offence.
- VIII. In some cases, the death penalty is also imposed on repeat offenders in addition to a one-and-a-half-time sentence.
- IX. The Narcotics Control Bureau was founded in 1986 in accordance with the NDPS Act. The NCB is a nodal body in charge of coordinating drug law enforcement and drug abuse issues with various ministries, other offices, and state/central enforcement authorities.
- X. The Act permits the government to seize, freeze, and forfeit property acquired by a person who has been found guilty of drug-related offences.
- XI. All NDPS Act offences are non-bailable, according to clause XI.

Additionally, drug convicts are not eligible for relief through the termination, remission, or commute of their sentences.<sup>2</sup>

## **Strategies To Address The Problem**

In accordance with Article 47 of its constitution and as a signatory to the International Conventions of the United Nations, India is responsible for outlawing the use of illicit drugs, establishing policies to prevent drug use, and ensuring the accessibility of treatment for those who suffer from drug use disorders. India has put the three-pronged strategy of supply, demand, and harm reduction into practise. India's Ministry of Health and Family Welfare established an Expert Committee to look into the issue of drug and alcohol abuse in the nation after the United Nations Convention on Psychotropic Substances of 1971. The Drug De-addiction Programme (DDAP) was started in 1985–1986 after the Planning Commission gave its approval following the submission of the Committee's report in 1977. The major objective of the DDAP was to lower drug demand. The Narcotic Drugs and Psychotropic Substances (NDPS) Act was adopted by India in 1985. It has had three revisions, the most recent of which was in 2014. With a focus on supply reduction, the NDPS' main goal was to "prevent and combat drug usage and illicit trafficking." In 1988, the consultative group—a body of advisors established under the NDPS Act—created a national programme to reduce drug use. The committee established the National Fund for Drug Abuse Control and attracted a few other significant partners, such as the Ministries of Health and Welfare, to work with them (currently Social Justice and Empowerment). The Ministry of Welfare was in charge of drug users' rehabilitation and social integration, while the Ministry of Health was in charge of drug addiction prevention and treatment. The Ministry of Health established seven treatment facilities during the initial phase (in 1988). These facilities sought to give therapy, create educational materials, and educate medical and paramedical staff on how to handle the issue of drug abuse in the future. Under the DDAP, 122 De-Addiction Centers (DACs) of various psychiatry departments at government medical colleges and district hospitals also received a one-time payment.

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<sup>2</sup> [Narcotic Drugs and Psychotropic Substances Act \(NDPS Act\) Explained for UPSC. \(byjus.com\)](https://www.byjus.com/upsc/narcotic-drugs-and-psychotropic-substances-act-ndps-act-explained/)

The Ministry of Welfare provided funding to a number of non-governmental organisations (NGOs) all throughout the nation to establish counselling and DACs with the aims of raising community awareness, providing treatment rehabilitation, and developing human resources. The Ministry then created ten Regional Resource and Training Centers (RRTCs) to guide, educate, and provide technical support to a range of various non-governmental organisations (NGOs). The National Institute of Social Defense is in charge of regulating RRTC operations (NISD). Over the past three decades, services have significantly increased in all areas. A draught policy for lowering drug demand was produced by the Ministry of Social Justice and Empowerment in 2013 called the National Drug Demand Reduction Draft Policy. In order to improve upon current initiatives, the Ministry has introduced the "Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance Abuse and Social Defence Services." The "National Action Plan for Drug Demand Reduction" was a five-year plan published in 2018 by the Ministry of Social Justice. Around 400 non-governmental organisations (NGOs) are currently working as Integrated Rehabilitation Centers for Addicts throughout the nation. In addition to the former DACs, the DDAP has broadened its mandate to include the recently established Drug Treatment Centers (DTC). These are areas of general hospitals where outpatient substance abuse treatment is offered by a specialised service with a specialised personnel. In 2005, the community-based, low-threshold opioid substitution therapy was added to the harm reduction function. (OST). Up until 2007, the Department of International Development provided funding for it; after that, the Ministry of Health and Family Welfare took it. The OST and Needle Syringe Exchange Programs were maintained by the National AIDS Control Organization (NACO) as part of the targeted interventions (NSEPs). From 0.41 percent in 2001 to 0.35 percent in 2006 to 0.27 percent in 2011, the prevalence of adult HIV infection has dropped. However, it was asserted that the number of new HIV infections had plateaued and that injection drug users (IDUs) were to blame for this. Under the National AIDS Control Programme-IV, a particular focus was placed on increasing the accessibility and availability of therapy for patients who used illicit drugs. There were 150 OST centres with roughly 15,000 IDU patients registered there, according to data released in 2012. The All-India Institute of Medical Sciences (AIIMS) in New Delhi's National Drug Dependence Treatment Centre (NDDTC) has created a brand-new OST service delivery model called the GO-NGO model in an effort to scale up services. Under this strategy, the psychiatry divisions

of government hospitals served as OST centres and worked closely with NGOs. The NGOs acted as a conduit between the OST centres and the IDU patients. Problems with alcohol and other drugs are now covered by the Mental Health Care Act (2017). It is hoped that this action will encourage adherence to human rights, non-discrimination, respect for autonomy and confidentiality, and availability and access to the bare minimum of care and rehabilitation for those who have substance use disorders. While the NDDTC and AIIMS wrote one for government DACs, the NISD and RRTCs produced a minimum standard of care for NGOs.

## **Current Status**

In the last three decades (following the inception of the NDPS), the Ministry of Social Justice and Empowerment has conducted two nation-wide drug surveys, published in 2004 and 2019. The results of these surveys suggest that drug use in India continues to grow unabated. Opioid use has increased from 0.7 per cent in the previous report to a little >2 per cent in the present one - in terms of magnitude from two million to more than 22 million. More disturbingly, heroin has replaced the natural opioids (opium and poppy husk) as the most commonly abused opioids. A comprehensive epidemiological investigation from Punjab also supported this conclusion. The usage of cocaine and other synthetic substances has also greatly increased. The survey results indicate a need to improve our current system, to make a more coordinated effort, and to close the gaps.

I. The National Mental Health Survey (2015–2016) found a treatment gap of more than 70% for substance use disorders. Recent national research on substance use disorders, which found a nearly 75% treatment gap for drug use disorders, supported the result. Even worse, only 5% of persons with problems involving illegal drug use received inpatient care. This large treatment gap demonstrates the poor quality, underutilization, and accessibility of healthcare. Treatment and rehabilitation centres for substance use disorders are available to meet this unmet need should be expanded. The DTC programme of the Ministry of Health and Family Welfare may be an excellent place to start, but it is insufficient. The NDDTC, AIIMS, is currently putting the plan into action. There's a possibility that additional centres will get involved. In order to close the treatment gap with a low level of service, a coordinated and motivated effort is needed because the ministries of Health and Social Justice are both directly accountable for reducing drug demand. Drug surveys would be

conducted across the nation on a regular basis to reveal the undercurrents of substance misuse in India and to assist the government in making informed decisions.

- II. The harm reduction component of the three-pronged strategy needs to be strengthened even more. Despite the NACO and GO-NGO models' advancements, only 7% of IDUs have access to the OST<sup>12</sup>. It calls for a safe and efficient scaling up of the OST. Despite being a cornerstone of the damage reduction work done by the NACO, the NSEP is forbidden by the NDPS policy. A time-limited OST is another demand made by the NDPS strategy; however, it lacks scientific backing and could be harmful (than good). Recovery-oriented OST could take the place of this time-limited OST method. It is necessary to fix these weaknesses and contradictions in policy.
- III. Current and upcoming challenges in the supply reduction arm include the early detection and scheduling of new psychoactive substances. India's threat from mephedrone and captagon was recently revealed in a report by the International Narcotic Control Board (INCB) (a combination of amphetamine and theophylline). The report also made reference of the potential issue that the nation may have with precursor chemicals. Additionally, it has been advised against highlighting the rapid growth of online pharmacies and bitcoin-based transactions for the use of illicit drugs in India. The misuse of over-the-counter medications with known or potential addictive properties (such as benzodiazepines, codeine, and tramadol) was another issue brought up by the global conference (e.g., pregabalin).

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## **Conclusion**

In conclusion, India has made proactive and decisive actions to solve its drug-related issues. Despite the fact that the government has an all-encompassing blueprint, a dedicated workforce, and a number of dedicated programmes and policies at its disposal, there is a need to improve current programmes (to address unmet needs), to have a coordinated effort between Ministries, to achieve policy uniformity, to make scientifically informed decisions, and to strengthen supply reduction chains.

