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Drug Abuse: Facts, Repercussions And Policy Making

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ABSTRACT

In a country like India where every religion has its own sanctity. A country where the customs bear the persona of law, the drug abuse is considered as a social evil for the society and for its populace at large. It is widely believed that drug abusers lack moral principles or willpower to change their behavior. The fact that drug abusers could stop using drugs by trying to change their behavior, is mistakenly assumed. Medically speaking, drug addiction is a complex disease and one cannot get rid of with the addiction very easily. The aim of this paper is to ponder those problems/issues relating to drug abuse that directly affect the social, mental and physical aspects of the human beings. In fact, the addiction of drugs changes the mental ability of a brain to the extent that quitting becomes difficult, even for those who are ready to do so. It is also believed that through scientific advances, drug addiction can be successfully treated to help people stop abusing drugs and lead productive lives. Attempts were also made by various NGO's to avoid the problem of drug abuse and its addiction. More seriously, these attempts were proved to be successful but ultimately it depends on the person who consumes drugs. Unfortunately, underage drinking and consuming dry drugs is rampant especially in the youth. It can be easily traced out from the present scenario that youth administer drugs because of mental tensions that drastically affects their career and life. Strictly legally speaking, it is very important for the state to adopt few policies that can easily remove these problems from the society. As far as the policy making is concerned the current legal framework and provisions related to Narcotic Drugs and Psychotropic Substances Act, 1985 is discussed in the paper and meanwhile the significant aspects of NDPS Act is also described in the paper. A glimpse

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of death penalty is covered in the paper. This paper presents the comparative study of the position of drug abuse in various parts of the country, especially touching the areas of Punjab. Henceforth, the research is more concentrated towards the facts and repercussions of the topic. At the end, the paper proposes suggestions and recommendations for avoiding the problem of drug abuse in the society which is an alarming issue in the present time.

Introduction

On a very clear note, medically speaking, “Drug abuse and addiction is a disease that affects the entire system of a body. It is believed that when these drugs are consumed at high doses or even just at once, it affects the feelings and moods, decision making, judging power, memory, and learning of an individual. Moreover, it leads to other dangerous health problems such as heart disease, cancer, liver function, lung disease and most importantly the infectious diseases such as HIV/AIDS, hepatitis, and tuberculosis. So, it can be assumed that how the intake of the drugs is treacherous. Every human being has different traits and their behavior differs from person to person.

In our opinion, drug abuse cannot be measured through a single test method i.e. there is not a single criteria to judge as to why individuals do drug abuse. Ultimately, it depends on the circumstances and requirement of a person who consumes the drugs and gets addicted to it. It is also discussed in the below paragraphs that the basic essential of human drug addiction is nothing but its continuous consumption of abused substances.

The paper intends to foster the disquieting social issues related to drug abuse that requires an immediate action for the benefit and welfare of the state. Now the question is “what are those disquieting/alarming issues”.

Historically speaking, consummation of drugs doesn't find any problematic issues until it is used at high dosage however the problem arises when the teenagers use it, that can be inferred from the youth community.

If we take this debate to the day to day behavior of an individual then we will find that one of the significant physiognomies of human drug addiction is considered as the continuous consumption of abused ingredients. Scientifically it is argued that this problem is quite similar to patients with orbitofrontal cortex lesions in that they both show the signs of impairments in judgment and decision-making, characterized by a tendency to choose immediate reward, at the expense of future consequences.

Religious and Socio-Logical Aspects related to Law

The reason why we have used the expression “Socio-Logical” is clear from the following discussion, Socio-Logical here explains the social aspects of the individuals in the society that directly influence the logics of a prudent man. For instance in a country like India, where every religion has its own sanctity, the conduct of elders is minutely watched by elders and this has a bearing on the mind of youngsters and this results in drug abuse which is considered as evil for the society and for its populace at large.

The reason behind linking the religion and social aspects is to understand that these two are the same side of a coin. Because, it is widely believed that drug abusers lack moral principles or willpower and they could even stop using drugs by trying to change their behavior but the fact is mistakenly assumed. There are more than 100 of organizations in our country those working to eradicate the problem of drug abuse from the society. Even the research shows that NGO’s have made ample of attempts to overcome these problems by conducting programs such as “*Nasha Mukti*” and so on. All the disputes related to drug abuse are inter connected to each other that infringes the basic structure of the welfare state.

Categories and Types of Drugs Along With Their Effects

S.NO	NAME OF DRUG	CATEGORIES OF DRUG	ACUTE EFFECTS	HEALTH RISKS
01.	Cannabinoids	<p>Marijuana (street names: Blunt, dope, ganja, herb, joint, Mary Jane, pot, reefer, green, sinsemilla, skunk, weed etc.)</p> <p>Hashish (street names: Boom, gangster, hash, hash oil, hemp etc.)</p>	<p>Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety;</p>	<p>Cough, frequent respiratory infections; possible mental health decline; addiction.</p>

			panic attacks; psychosis.	
02.	Opioids	<p>Heroin (street names: Diacetylmorphine, smack, horse, brown sugar, dope, H, junk. Skag, skunk, white horse, China white etc.)</p> <p>Opium (street names: Laudanum, paregoric: big O, black stuff, block, gum, hop etc.)</p>	Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing.	Constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose.
03.	Stimulants	<p>Cocaine (Street names: Cocaine hydrochloride: blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot etc.)</p> <p>Amphetamine (Street names: Biphphetamine, Dexedrine: bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers etc.)</p> <p>Methamphetamine (Street names: Desoxyn: meth, ice, crank, chalk, crystal, fire, glass, go fast, speed</p>	Increased heart rate; blood pressure; body temperature; metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis; severe dental problems (for	Weight loss; insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction.

		etc.)	methamphetamine), nasal damage from snorting (for cocaine).	
04.	Club Drugs	<p>MDMA (methylenedioxy-methamphetamine). Street names: Ecstasy, Adam. Clarity, Eve, lover’s speed, peace, uppers, etc.</p> <p>Flunitrazepam(Street names: forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinol, rope, rophies, etc.)</p> <p>GHB (Street names: G, Georgia home boy, greivous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X, etc.)</p>	<p><i>For MDMA-</i> Mild hallucinogenic effects; increased tactile sensitivity; emphathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping.</p> <p><i>For Flunitrazepam-</i> Sedition; muscle relaxation; confusion; memory loss; dizziness; impaired coordination.</p> <p><i>For GHB-</i> Drowsiness; nausea; headache; disorientation; loss of coordination; memory loss.</p>	<p><i>For MDMA-</i> Sleep disturbances; depression; impaired memory; hyperthermia; addiction.</p> <p><i>For GHB-</i> Unconsciousness; seizures; coma.</p>
05.	Dissociative	These include: Ketamine,	<i>For Ketamine-</i>	Anxiety; tremors;

	Drugs	PCP and analogs, Salvia divinorum, Dextromethorphan (DXM).	<p>Analgesia; impaired memory; delirium; respiratory depression and arrest; death.</p> <p><i>For PCP and analogs-</i> Analgesia; psychosis, aggression; violence; slurred speech; loss of coordination; hallucinations.</p> <p><i>For DXM-</i> Euphoria; slurred speech; confusion; dizziness; distorted visual perceptions.</p>	numbness; memory loss; nausea.
06.	Hallucinogens	They include: LSD, Mescaline, and Psilocybin.	<i>For LSD-</i> Increased body temperature, heart rate, blood pressure, loss of appetite; sweating; sleeplessness; numbness,	For LSD- Flashbacks, Hallucinogen Persisting Perception Disorder.

			<p>dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion.</p> <p>For Mescaline- Increased body temperature, heart rate, blood pressure, loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion.</p> <p>For Psilocybin- Nervousness; paranoia; panic.</p>	
07.	Other Compounds	<p>They include: Anabolic steroids (Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise: roids, juice, gym candy, pumpers).</p>	<p>For Anabolic steroids- No intoxication effects, also, for Inhalants (varies by chemical)- Stimulation; loss of</p>	<p>For Anabolic steroids- Hypertension; blood clotting and cholesterol changes; liver cysts; hostility</p>

		<p>Inhalants (Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isoamyl, isobutyl, cyclohexyl): laughing gas, poppers, snappers, whippets.</p>	<p>inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing.</p>	<p>and aggression; acne; in adolescents- premature stoppage of growth; in males- prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females- menstrual irregularities, development of beard and other masculine characteristics.</p> <p>Also, for Inhalants- Cramps; muscle weakness; depression, memory impairment; damage to cardiovascular and nervous systems;</p>
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				unconsciousness and sudden death.
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Areas of Concern

It is indispensable to understand that drug addiction is a complex disease and one cannot get rid of with the addiction very easily. In fact, the addiction of drugs changes the mental ability of a brain to the extent that quitting becomes difficult, even for those who are ready to do so.

It is also believed that through scientific advances, drug addiction can be successfully treated to help people stop abusing drugs and lead productive lives. Moreover, attempts were also made by various NGO's to avoid the problem of drug abuse and its addiction. More seriously, these attempts were proved to be successful but ultimately it depends on the person who consumes drugs, on the other hand it depends on the environment in which an individual is surviving such as friends circle, family circle and social circle as well.

Youth Related Problems and Drawbacks

Arguably, it can be perceived from the various sources that youth is indulging in drug abuse very vastly. Unfortunately, underage drinking and consuming dry drugs is rampant especially in the youth. It can be easily traced out from the present scenario that youth administer drugs because of mental tensions that drastically affects their career and life. Strictly legally speaking, it is very important for the state to adopt few policies that can easily remove these problems from the society. That is only way possible to eradicate this social evil from the minds of the youth.

Characterization of the Drug Abuse

The habitual use of drugs to alter one's mood, emotion, or state of consciousness, and that includes the destructive pattern of using substance or chemicals that leads to significant physical, mental, emotional problems or distress is commonly known as "drug abuse".

It is pertinent to note that drug use com in various forms. Such as, people who consume drugs, chemicals or substances by swallowing, injecting, applying to skin, or any other way to enhance

their looks, mood, performance, or influence their thinking is committing an act of drug abuse, because inevitably, it will have some very bad results. Not only this, If your doctor prescribes some medicine for you, and you do not use it as instructed, it can be called 'abuse' because it will have some bad consequences.

Now let's discuss about what does the word "addiction" means, one cannot confer **Abuse** without **Addiction**. Henceforth, drug addiction is even more worrying, as it directly linked to the brain. Scientifically speaking, drug addiction is a chronic (long-lasting) disease that doesn't go away like a cold, even it can stay for a long time, sometimes for life.

Adding to this, experts say it is very easy to get addicted to drugs. This is why the best behavior is to avoid even getting into contact with drugs. Addiction is not simply a weakness as people think. It is a brain disorder involving a compulsive, uncontrollable, craving and seeking, and use that persist even in the face of extremely negative consequences. This extreme craving has caused many deaths in young people, because even before they used that final dose they knew it could kill them, but they had no control to stop.

Sometimes people quit their drug use for a while, but start using drugs again no matter how hard they try. This return to drug use is called a **relapse**.

Therefore, a clear view can be taken from the above paragraphs that what are the various angles of a drug abuse in the context of medical science.

Reasons Why Teenagers Administer Drugs

The fact cannot be denied that teenagers take drugs because they want to change something about their lives. Research shows that people take drugs mainly for few reasons, such as, to fit in a community, group or gang, to escape or relax, to feel grown up among their peers, to relieve boredom and give them personal excitement, to rebel and get violent without fear, to experiment (curiosity) and peer pressure.

Furthermore, many people believe that administering drugs helps them to solve their problems. At the end, what happens, they ended up failed and in deeper problems too.

Psychology says, every person has challenges and problems in life and the fact is undoubtedly true. Problems, are part of life, if one uses drugs with a view that they can easily get the bigger

problems solve by administering it, this notion is completely wrong. Because at last, person ends up with nothing in hands.

Drug Policy and Law

Keeping in view the facts, surroundings, happenings, and behavior of individuals in society into consideration and understanding that it is the state who is accountable to fulfill all those obligations that are required for proper functioning of a welfare state/society. Wherefore, it is recognized that societies are finding it increasingly hard to deal with the phenomenon of addictions.

It can be acknowledged that the foremost point for any drug policy or strategy is an understanding that drugs continue to endanger public health and the drug abuse is found a threat to safety and public affairs. More seriously, while addressing these alarming issues, the policies and measures adopted should always reflect a shared responsibility to safeguard human rights and respect for the rule of law. Here, human rights as a part of Natural Law must be addressed in a way that its principles would not get shaken at any circumstances.

Strictly legally speaking, for the purpose of drug policies to succeed and attain the desired impact, it is indispensable that expected results and consequences should be explored and discussed in a wider political context, encompassing all the directly or indirectly relevant policy areas.

Human Rights and Approach on the Topic

The basic idea behind this topic is to create an approach on human rights through which all the human rights standards can be directly applicable to drug related policies, methods, strategies and implementation processes. This technique helps in constituting a concrete way to safeguard human rights. Hence, we can see that the word “human rights” reflects those legal rights that are incorporated in existing instruments, such as, the Council of Europe’s conventions and UDHR etc.

The idea to club human rights with the drug policies creates a balance between human rights and public interests, so as to deal more effectively with the issues related to psychoactive substances.

This human rights approach also helps to address multi-dimensional problems from a global perspective, taking into consideration a variety of inter-linked and strengthening adverse factors.

It cannot be denied that these drug policy activities has the potential in reaching vulnerable groups within the society. At the end, it is the participation that ultimately works for the active search of solutions.

NIDA Strategies

National Institute on Drug Abuse (NIDA)² has orchestrated a multi-pronged strategy intending to complement and expand the portfolio of basic, preclinical, and clinical research aimed at better understanding prescription drug abuse. Consequently, the NIDA started an initiative on prescription opioid use and abuse in the “treatment of pain,” which encourages a multidisciplinary approach using both human and animal studies from across the sciences to examine factors (including pain itself) that predispose or protect against opioid abuse and addiction. Particularly important, NIDA believes, is to assess how genetic influence affects the vulnerability of an individual exposed to pain medication to become addicted. In fact, the NIDA has conducted a seminar on prescription drug abuse, inviting predominantly supporters of opioids, without a balanced presentation, and the next day, released a program on addiction management rather than control of psychotherapeutic substance abuse.

The structural body of NIDA institute to be very effective and efficient in its working and the initiative taken by NIDA possess various steps for the benefit of the drug consumer's.

It is pertinent to note that, The National Institute on Drug Abuse³ published a study revealing a new cellular adaptation which contributes to opioid tolerance, another study testing URB597 which relieves pain in rats without cannabinoid-associated side effects, and the use of antidepressants in managing pain. While these are noble investigations and scientific advances that may help someday.

² Testimony of Nora D. Volkow, M.D., Director, National Institute On Drug Abuse, National Institutes Of Health, U.S. Department Of Health And Human Services, Before The Subcommittee On Criminal Justice, Drug Policy, And Human Resources Committee, July 26, 2006.

³ National Institute on Drug Abuse. Pain, opioids and addiction. News Scan NIDA Addiction Research News. March 5, 2007.

Solutions to Drug Abuse Epidemic

The researchers are of the view that, a revised national drug control strategy with a 3-pronged approach is essential in combating the epidemic of prescription drug abuse with immediate implementation of NASPER with **enhancements; widespread educational programs for physicians, pharmacists, and the general public emphasizing the deleterious effects of controlled substance use and abuse; and implementation of Synthetic Drug Control Strategy along with multiple other programs.**

After the above discussed national drug control strategy, it becomes quite simple to grasp the strategic policies of NASPER,

The National All Schedules Prescription Electronic Reporting (NASPER) Act of 2005 is a law that provides for the establishment of a controlled substance monitoring program in each state, with communication between state programs⁴. The concept for the NASPER was provided by the American Society of Interventional Pain Physicians (ASIPP) whose members and leadership saw such a need for the information exchange program. NASPER was formulated with 3 important goals including:

- 1) Physician's and pharmacist's access to monitoring programs
- 2) Monitoring of Schedule II to IV drugs
- 3) Information sharing across state lines

Some Indispensable Approaches to Eradicate the Problematic Issues of Drug Abuse

In our opinion the approaches must be those that can be easily accepted by the society/state. One of the appropriate and balancing approach is Education, especially covering the medical personnel's. Therefore,

Education is required at all levels including physicians, pharmacists, and public. Education is important to understand the functions and the role of the DEA, the functions and role of

⁴Manchikanti L, Whitfield E, Pallone F. Evolution of the National All Schedules Prescription Electronic Reporting Act (NASPER): A public law for balancing treatment of pain and drug abuse and diversion. Pain Physician 2005; 8:335347.

monitoring programs, the appropriate prescription of opioids, deleterious effects of opioid use and abuse, and the management of chronic pain with non-opioid techniques.

Physicians: Surveys have shown that less than 40% of physicians have received any training in medical school in identifying prescription drug abuse or drug diversion. The ONDCP as planned should organize several events to facilitate the dissemination of pain and addiction information to the general medical community⁵.

Representatives of the medical and pharmaceutical communities should be called together to develop concerted and effective strategy of change to address this public health problem. This should encourage medical professionals, pharmacists, and pharmaceutical companies to take a leading role in educating physicians and patients as to the importance of retaining control of prescription medications with abuse liability. The educational efforts should reach not only the people who are preaching to the community, resulting in increases in drug abuse, but also to all the physicians in every corner of the United States, specifically persons with balanced approach.

Consequently, controlled substance education must be mandated in medical schools, residency training programs, and supported by continuing education each year, variable from 20 hours in the first year and 10 hours in subsequent years. Finally, a separate residency program is needed and must be instituted in the near future in interventional pain management, which will not only train the physicians about comprehensive programs and other modalities of treatments than narcotics, but also will provide appropriate safety training and guidelines.

Pharmacists: Controlled substance education must be mandated in pharmacy schools and training programs, which also should be supported by continuing education each year, variable from 20 hours in the first year and 10 hours in subsequent years. Education for pharmacists is also extremely crucial. Based on the CASA survey (5), only 50% of pharmacists receive any training in identifying prescription drug diversion, abuse, or addiction.

Public: The most important aspect of the training is for the public. The public must be educated on non-opiate techniques of chronic pain management. In addition, the public should be educated about the overall ineffectiveness of opioid use, prevalence of misuse and adverse effects, even if

⁵Simeone R, Holland L. An evaluation of prescription drug monitoring programs. September 1, 2006. www.ojp.usdoj.gov/BJA/pdf/PDMPEExecSumm.pdf.

used properly. Further, public education should include youth and family education, prevention strategies specific for people with access to controlled prescription drugs with media campaigns, community coalitions, drug-free Countries, prescription drug tracking, prevention and intervention by biometric identification at various levels, students and employees, etc.; screening, brief intervention, referral and treatment.

Conclusion

Having discussed the drug abuse, repercussions of it and the policy making of the state to prevent drug abuse, Authors have reached the conclusion that the prevention of drug abuse can be effectively seen if the people, the state and the NGOs have enough willpower to get rid of the ill effects of drug use. Since, drugs are used to save lives sometimes, there uses cannot be banned but can be regulated and monitored by persons of high integrity and morality. The ill-effects of drugs and addiction to it should be well conveyed to the young minds of the country by persons in power and position, who are bound to come in contact with such vulnerable class of people.

Thus, to avoid the drug abuse, the use of drug can only be regulated and controlled and not eradicated

