

## Substance Abuse: A Growing Menace Mission Prevention

Roop Sidana

Substance Abuse is a complex problem having medical and social ramifications which impacts not only the individual but society at large. It affects not only the user and their families but all sections of society. It can affect any body regardless of age, sex, socio occupational status. No geographical location, race or religion is exempt.

The growing menace of alcohol and drug abuse is of great concern today, the most effective way to lower the human and societal burden of substance abuse is to prevent it in the first place. For such a complex multifaceted problem the prevention strategies also need to be multidimensional in nature.

Before considering the problem of substance abuse & prevention, let us try to find out what we understand by substance abuse .Drug is a chemical which when administered alters the functioning of one or more systems of the organism. Drugs like alcohol, cannabis, heroin etc. alter one's mood, thinking & behaviour so as to induce pleasure and they can cause physical & psychological dependence. In order to differentiate them from commonly used medical drugs they are called psychoactive substances or simply substances.

Addiction is an older term and is now not used technically because of its pejorative connotation. Abuse is used nonspecifically to cover both abuse & dependence phenomena:

### EXTENT OF PROBLEM

The World Health Organization in 1992 has enlisted the following categories of psychoactive substances:

1. Alcohol
2. Opioids

3. Cannabis
4. Sedative hypnotics
5. Cocaine
6. Other stimulants
7. Hallucinogens
8. Tobacco
9. Volatile solvents (Thinner, Petrol, etc.)

### GLOBAL SCENARIO

**Alcohol:** An important contributor to death & disability. causes 1.8 million deaths each year. Alcohol consumption has increased in recent decades. Most of the increase is in developing countries. Prevalence- 78-93% of adult males use alcohol.

**Tobacco :** According to WHO estimates, there are 1.1 thousand million smokers in the world. More people are smoking & smokers are smoking more number of cigarettes.

The gap between developing & developed countries is narrowing and daily consumption of tobacco is expected to increase with economical development. Smoking is the cause of 90% lung cancer in men, 56-80% COPD, 22% cardiovascular disease; causing death in 5 million, with 70% of those in developing countries.

**Opiates :** WHO reports global increase in production ,consumption and transportation of opioids; 13.5 million take opioids, including 9.2 million heroin users.

**Cannabis** is most widely cultivated, trafficked and abused illicit drug. About 147 million people (2.5 %of world population )consume cannabis.

### INDIAN SCENARIO

Till a decade ago data on substance use in our country were limited to few epidemiological studies done in Chandigarh, Banglore, Delhi, Lukhnow etc. The famous project- extent, pattern and trends of drug abuse in India conducted jointly

by Ministry of Social Justice and Empowerment and UNIDCP. Regional office provides nation wide data on various aspects of substance abuse. It not only covers the extent of substance abuse among general & specific population but also gives indication on regional variations and on changing trends in substance abuse.

The major components of this project were- **National Household Survey** was conducted on a nationwide sample of 40000 males from 25 states and provides information on life time prevalence & current use of various substances across the country.

**Drug Abuse monitoring System:-** provides information on patients seeking treatment from substance abuse at various treatment facilities.

**Rapid Assessment Survey:-** collect the information on drug use through in depth interview of identified drug users, key informants & focused group discussion.

**Focused Thematic Studies(FTS)** were designed to capture information in specific areas like drug abuse among women, the burden on women, drug abuse by rural population and in border areas.

#### **Results are**

Alcohol, cannabis, opium & heroin are the major drugs abused in the country. Relative importance of drugs as seen in general population is different from treatment seekers. Relative proportion of opiate users is high in treatment centers though their prevalence is low in general population. Alcohol is most frequently used substance. Acc. to the report, 17-26% of current users of various substances were dependent users. Projected figures of total users of substance would be about 25% of adult male population. The increase in alcohol consumption in India over last 2 decades (106%) is alarming.

The high prevalence of opiate use in India is a worrying phenomenon. The number of person

requiring treatment is enormous.

**Recent report from Punjab:-** "Drug war in Punjab" Punjab a drugged state' drug addiction touching alarming level: A Survey, shows the most popular drugs among students are, Alcohol - 38%, Smack- 37% & Cigarettes - 25%

A study by Chandigarh based Institute of Development & Communication found that the households affected by drug abuse were 61% in Majha, 64% in Malwa & 68% in Doaba. Survey conducted by Dept. of Social Security Development of Women & Children reported 67% of households in Punjab have one drug addict.

Drug addiction in Punjab a sociological study reported increasing number of youth in villages of Punjab were taking to drugs like smack.

#### **FACTORS ASSOCIATED WITH DRUG DEPENDENCE**

##### **Sex**

Substance abuse is primarily a phenomenon among the males in India but women have also started indulging in abuse of a few drugs like Alcohol, tobacco, heroin & tranquilizers.

##### **Age**

The age group of 15-24 has emerged as a critical period for initiation of substance abuse. More than half of abusers of substance start at this age. Among boys drug use is initiated 1-2 years before entering college where as girls start 2-3 years after college.

##### **Occupation**

Substance abuse is reported from all occupations but one-third to half the drug abusers were unemployed. High risk groups are drivers, sex workers & students.

##### **Co morbidity**

High levels of co morbidity in the form of Schizophrenia, mood disorder, personality disorder were reported.

## PREVENTION

Looking at the worrying increase in number of substance abusers, preventing substance abuse is one of the best investment we can make in our country's future. Doing so is preferable to dealing with consequences of drug abuse through law enforcement or drug treatment.

Both international & national level active responses have been mounted to take the growing drug menace in its stride. International agencies or drug control programmes in force are trying to plan, implement & monitor many aspects of the drug control programme.

## PREVENTION INVOLVES THREE LEVEL STRATEGIES

### Primary prevention

*Supply reduction*, policies & activities aimed at minimizing the availability of alcohol & drug to people.

*Demand reduction* aimed at decreasing the internal needs or demands for the substances by the people.

*Harm reduction* strategy which tend to minimise the harm due to substance abuse.

### Secondary prevention

Early recognition & treatment of drug abuse.

### Tertiary prevention

Rehabilitation & prevention of relapse

### Supply Reduction

The measure for supply reduction have to be different for licit drug (Alcohol & tobacco) and illicit drug. For illicit drug supply reduction strategy remains an important issue at national & international levels . However licit substance pose dilemma for policy makers since they generate handsome revenue for the Government but are potentially harmful at individual and societal level.

An attempt to control supply is tight rope walking, following measures have been suggested.

1. Price control
2. Control on availability
  - Minimum age limits for sale
  - Limiting the hours & day for sale
  - Licensing & restricting the number of outlets
  - Prohibition of sale to intoxicated persons
  - Public monopolies
  - Enforcement of control
  - Restrictions on import
3. Control on the use of alcohol & tobacco at specified places, at specified times & during specified activities.
4. Product safety standards, display of warning statements
5. Control on marketing
  - Control on advertisement of alcohol & tobacco
  - Control on surrogate advertisement
  - Control on sponsorship of cultural, sports, events
  - Control on mass media on portrayal of alcohol & tobacco use.

Though supply reduction measures for alcohol & tobacco are modestly successful if implemented, measures to reduce supply of illicit drugs rarely work effectively. These measures are expensive, time consuming and not so successful in preventing substance abuse.

Hence there is a need to develop strong strategies to reduce the demand for drugs. There are many strategies for demands reduction.

In India the major role of demand reduction activities lies with the Ministry of Social Justice & Empowerment and also with the Ministry of

Health & family welfare. Apart from this, Ministry of H.R.D. and broadcasting are also playing active role. So have the relevant department of state Governments. Key role is played by N.G.O,s in all aspects of drug demand reduction.

### **Strategies for Demand Reduction**

- 1) Building awareness and educating people about ill effects of substance abuse campaign through press, television, radio, public meetings, workshops, posters, painting competition, disseminating information through books, pamphlets, stickers.
  - Organizing drug free events
  - Networking with NGO's schools, colleges & promising a general healthy drug free but full of fun life style,
  - Yoga, meditation.
  - Religious & social organizations providing drug free life style.
- 2) Dealing with abusers through a well organized plan of motivation, counseling, treatment, follow-up and social integration of recovered person.
- 3) To impart drug abuse prevention training to volunteers and generate an education cadre of demand reduction workers.

The Ministry of Health & Family Welfare has funded more than 100 drug deaddition centers in the country mostly located in medical college & hospitals. Most of them are working for secondary & tertiary level of prevention but these centres have also been given responsibility of demand reduction activities.

Another prevention strategy is affective education. This is based on the assumption that experimental use of drug can be prevented by programmes which increase self esteem & inter personal skills. Emphasis is laid on values, clarifications, decision making & assertiveness training.

Development of alternative activities like camps, games, competitions especially during vacation can help in prevention of drug abuse based on assumption that if children are kept busy with supervised, interesting activities, drug abuse would be prevented. Prevention programmes based on psychosocial theory where by adolescents are taught the skills needed to resist social pressure to begin the drug use. They are trained how to say "No "to drugs. It has been found to be effective in preventing tobacco smoking by students. The effect of such technique is further strengthened by booster sessions to maintain the effect.

There is a need for making special programmes for high risk group like children of alcoholics and other substance abusers, children with mental health problems, adolescents who perform badly in school or are dropouts.

### **Role Teachers Parents & Clergy Play**

The prevention programs are not vaccinations that inoculate people against substance abuse. Sadly, significant numbers of young people who participate in the best programmes will go on to use drugs. The "no use" message must be reinforced consistently by parents, teachers, clergy, coaches, mentors and other care givers. It has been reported that drug usage rates change about 2 years after the attitude change/ preventive programmes. Rather than being reactive, prevention programme should be proactive and reach each rising cohort. Parents, teachers, coaches, youth workers, scout workers, religious leaders can provide youngsters with important protection from drug abuse and support for positive parental training by modeling, teaching and reinforcing positive behaviour. By taking small steps adult mentors can make a permanent difference in the course of a child's life

### **Role of Media**

The media can play an increasingly important role

in public health campaigns due to their wide reach and ability to influence behaviour. There is significant evidence that carefully planned media campaigns can influence personal beliefs that motivate drug use. To bring about large sustained changes in attitude & behaviour media campaigns have to be supported & coordinated with initiatives that reinforce one another in homes, schools & communities.

### **Mission Prevention**

The formal evaluation of the deaddiction centres funded by government has revealed shocking results. 60% of the centres are nonfunctional or working at low key service, only about 13% of the evaluated centers were providing optimal services. Almost all of the centres kept their activities limited to providing outpatient, inpatient services, only a minority of the centres were providing community based preventive services.

Since There is imbalance between treatment & preventive efforts, we as responsible members of the society(IPS North zone). specifically & as responsible citizens of our locality must make joint well as individual efforts to combat this growing menace of substance abuse. We have to develop programmes according to needs of local people & extent and type of drug abuse.

- Organizing of community camps for early identification & treatment.
- Providing material & training for awareness camps, stickers, posters, booklets can be made, translated in local languages and distributed.
- Organizing training workshops for drug abuse treatment for postgraduate students, general practitioners, primary care doctors.

- Setting an example for others to be good parents/ significant adults for generations to come.

It is not only mental health professionals but each one of us has an important role to play in preventing drug abuse.

In the end I would conclude by saying that our mission now on will always be preventing addiction (substance abuse) and helping the addicts & their families.

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Roop Sidana, Consultant Psychiatrist  
Tek Chand Sidana Memorial Psychiatric Hospital & De-addiction Centre  
Sri Ganganager-Rajasthan