Drug Abuse: Trends and Issues

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Introduction

Substance abuse is the use of a drug or other substance for a non-medical use, with the aim of producing some type of 'mind-altering' effect in the user. This includes both the use of illegally produced substances, and the abuse of legal drugs, in a use for which the substance was not intended. Often this involves use of the substance in excessive quantities to produce pleasure, to alleviate stress, or to alter or avoid reality (or all three).

Addiction is a state of physical or psychological dependence on a substance. Physical addiction includes the development of tolerance (needing more and more of the drug to achieve the same effect) and withdrawal symptoms that appear when the user stops taking the drug, and disappear when more of the drug is taken.

The non medical use of habit-forming drugs is not a new phenomenon. Its extent and more certainly, its pattern and trends may have differed, but it has been with us for generations (Andrews and Solomon, 1975). However, the problem in recent times has assumed dangerous proportions. Among young people the drug abuse has become more or less a part of their sub-culture. Drug abuse in India is as old as elsewhere, if not older. From the very beginning, cannabis drugs have been in use. Ancient books are replete with references to intoxicants such as *Soma rasa, dev booty, madira* etc. Opium became popular during the Mughal period. Until recently cocaine had many enthusiasts, especially in the red light area. The post-war period saw the rise of synthetic drugs- both stimulants and depressants. Long ago Chopra and Chopra (1957) had written much about the use of intoxicants, particularly about cannabis *(ganja)* and opium in India. Then Khan and Krishna (1982) enlightened about the use of hard drugs such as heroin and lysergic acid diethylamide (LSD). Now users in cities also know hallucinogens such as Angel Dust. Nevertheless it is too difficult to assert that the prevalence rate of psychoactive drugs in the country is comparable to that found in many Western countries. However the problem has often been associated with the processes of urbanization and modernization. As a developing country, India is very much in the throes of these processes and the trends of drug abuse need to be watched. Drug abuse may not be exactly a problem of magnitude at present, but it may become one within several decades (Khan and Krishna, 1982).

How does Drug Abuse Differ from Addiction?

The Mayo Clinic defines drug addiction as “compulsively seeking to use a substance, regardless of the potentially negative social, psychological and physical consequences”. Addiction to drugs and other substances always involves lack of control and repeated inability to take personal responsibility for behaviors. Not every one who tries drugs becomes a drug abuser, and the differences are often subtle. Charles Roper, the coordinator of alcohol and drug education at the University of Texas at Austin, gives some behavioral differences between drug abuse and drug addiction on his website Alcohol & Drub abuse.com

People Who Abuse Drugs (Or Alcohol)

- Use drugs to help them change the way they feel about themselves and/or some aspect(s) of their lives.
- Experience some problems associated with their drug use but use those experiences to set appropriate limits on how much and how often they use.
- Seldom, if ever, repeat the drug-related behaviors that have caused them problems in the past.
- Get complaints about their using and accept those complaints as expressions of concern for their well-being.

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They occasionally never intend to become dependent on them, but for some people, casual drug abuse can develop into drug dependence. They may first take the drug for a number of reasons (e.g., curiosity, peer pressure, a need to cope with an emotional crisis). They may find the effect of the drug helpful or enjoyable. It may make them feel self confident, relaxed, or powerful. Having had a good experience, they take the drug again, to try to repeat the effect, and may continue to take the drug more and more often. At some stage they become either physically or psychologically dependent on the drug.

People Who are Addicted to Drugs

- Experience negative consequences associated with using but continue to use despite those consequences.
- Set limits on how much or how often they will use but unexpectedly exceed those limits.
- Promise themselves and/or other people that they will use in moderation but break those promises.
- Feel guilty or remorseful about their using but still fail to permanently alter the way they use.
- Get complaints about their using and resent, discount, and/or disregard those comments and complaints.

Some evidence that certain people may be at more risk of drug abuse and addiction than others - they may inherit a predisposition to addiction from their parents. However, social pressures and other external factors (stress, poverty, and other illnesses) are also extremely important. Peer pressure, emotional distress and low self-esteem can all lead individuals to abuse drugs. Ease of access to drugs is another important influence. If a person abuses a drug to feel better or to cope with their problems, then it is possible that they will come to consistently rely on drink or drugs as a way of avoiding difficult feelings or situations. They may lose, or never learn, the skills that are necessary for them to cope with life.

Incidence of Drug Abuse

A number of surveys and clinical studies are available which throw light on the prevalence of different drugs. Mohan and others (1977) gave scientific evidence in several studies that college and university campuses in the country have a sizeable prevalence rate. It is often presumed that students pursuing generic courses are given to aberrations, including the use of intoxicants. However, this is hardly supported by data. Students pursuing professional courses may be equally susceptible. Interestingly, the extent of drug use among medical students is significant. Studies do bring to light the use of drugs among rural and urban population; even tribals are not far behind, though there are not much studies available on them.

Some recent estimates of the prevalence rate among college and university students are available. Ministry of Social Welfare of the Government of India launched a multi-centre research programme covering several urban centres including Bombay, Delhi, Hyderabad, Jabalpur, Jaipur, Madras and Varanasi. The sample (N =25,000 approximately) covered both male and female students who were pursuing generic as well as professional courses (see table 1).

TABLE 1: Incidence of drug use

Centre	Non-users (%)	Former users (%)	Current users (%)	Sample size (N)
Bombay	57.8	6.7	35.0	4 151
Delhi	52.5	12.9	34.6	3 991
Hyderabad	77.8	4.9	17.1	903
Jabalpur	56.4	14.1	29.5	4 415
Jaipur	77.6	3.9	18.5	4 081
Madras	76.8	3.7	19.5	3 580
Varanasi	54.6	11.8	33.5	3 852
Total	62.9	8.9	28.2	24 973

Source: Khan and Krishna (1982)

Less than two thirds of the students were found to be non-users. Nevertheless, more than 28 per cent of them took drugs. The proportion of the students who had reportedly never experimented with psychotropic drugs was highest in Hyderabad (77.8 per cent), followed by Jaipur and Madras. Perhaps the social milieu in these urban centres discouraged the use of habit-forming drugs. Jabalpur had the largest proportion of the students (14.1 per cent) who experimented earlier with drugs but had given up with no intention to resume. Bombay had the largest proportion (35.5 per cent) of current users.

Studies have reported that the age of 16-21 years is most crucial in developing the habit of consuming drugs and the frequency of drug abuse increases with age (Ahuja, 1978). Sex is regarded as a critical factor in role identification. There is convincing evidence that drug use is more common in males than females. Male students preferred alcohol and bhang while meprobamate followed by alcohol was more popular among female drug abusers.

TABLE 2: Prevalence rates of drug use by sex of the respondents (percentage)

Substance	Males (N= 16,400	Females (N=8,573)	Total (24,973)
Alcohol	13.3	3.4	10.2
Amphetamines	0.6	0.2	0.5
Barbiturates	1.0	0.2	0.7
Cannabis	4.1	0.3	2.8
Cocaine	0.2		0.1
LSD	0.4	0.05	0.3
Opium, morphine, heroin	0.6	0.1	0.3
Analgesics	8.6	9.9	9.2
Pethidine	0.4	0.1	0.3
Tobacco	14.4	1.3	9.9
Tranquillizers	1.8	0.9	1.5

Source: Khan and Singh (1979).

TABLE 3: Prevalence rates of drug use by substance (percentage)

Substance	Bombay (N=4,151)	Delhi (N=3,991)	Hyderabad (N=903)	Jabalpur (N=4,415)	Jaipur (N=4,081)	Madras (N=3,580)	Varanasi (N=3,852)	Total (N=24,973)
Alcohol	15.1	12.2	8.6	9.4	9.7	9.4	10.4	10.2
Amphetamines	0.2	0.3	0.05	0.2	0.05	0.4	1.3	0.5
Barbiturates	0.6	0.6	0.6	0.7	0.4	1.5	1.8	0.7
Cannabis	0.4	1.3	0.8	8.5	0.9	1.5	11.9	2.8
Cocaine	0.05	0.03	0.1	0.2	0.09	-	0.6	0.1
LSD	0.07	0.2	-	0.2	0.2	0.4	0.9	0.3
Opium, morphine, heroin	0.4	0.5	0.2	0.3	0.2	0.4	0.9	0.4
Analgesics	12.6	20.9	2.8	15.1	2.3	1.4	13.8	9.2
Pethidine	0.05	0.2	0.2	0.1	0.2	0.05	0.9	0.3
Tobacco	9.1	10.5	5.3	10.8	9.2	15.2	15.1	9.9
Tranquillizers	1.0	2.9	2.6	1.2	1.2	1.1	2.5	1.5

Source: Khan and Singh (1979).

Which psychotropic drugs do students prefer? Table shows that alcohol (10.2 per cent), closely followed by tobacco (9.9 per cent), is most popular. The prevalence rate of drugs such as amphetamines, barbiturates, cocaine, LSD, opiates and pethidine, is relatively insignificant. It is noteworthy that several modern drugs such as heroin and LSD are prohibitively expensive. Yet another fact which deserves notice is that in Varanasi and Jabalpur cannabis drugs appear to be widely used.

Finally, although some estimates of drug use by students in different parts of India are available, similar data are lacking for other sections of the population.

Common Drugs to which One can become Addicted

Many different types of drugs can be abused: not only illegal drugs such as heroin, cannabis, cocaine or ecstasy, but also prescription drugs such as tranquilizers, analgesics (painkillers), and sleeping pills. Even medicines that can be bought from the market can be abused (such as cough mixtures or herbal remedies) and the abuse of alcohol is a major area of concern.
On one hand, drugs such as cannabis and opiates, which have been in use over a period of time, may be termed traditional drugs. On the other, drugs such as heroin, mescaline, LSD and Angel Dust, which are relatively recent in origin, may be called modern drugs. Apart from this, the form of drugs prevalent in rural areas in India differs from that in urban areas. It follows that the use of psychotropic drugs in the country is not uniform (Khan and Krishna, 1982).
All drugs can be divided into seven broad categories:

- Cannabinoids (e.g., hashish and marijuana)
- Stimulants (e.g., amphetamines and cocaine)
- Depressants (e.g., Xanax and Qualudes)
- Narcotics (aka opioids and morphine derivatives, e.g., heroin, opium, Vicodin)
- Hallucinogens (e.g., LSD and mescaline)
- Dissociative anesthetics (e.g., PCP)
- Other compounds (e.g., steroids and inhalants)

The National Institute on Drug Abuse published a list of commonly abused drugs and their street names, along with intoxication effects and adverse health consequences. All of the drugs pose a high potential for addiction.

Drug Name/ Class	Commercial and/or Street Names	How Taken	Intoxication Effects	Adverse Health Consequences
Marijuana *Cannabinoid*	Dope, pot, joints, grass, reefer, weed, etc.	Smoked, swallowed	Euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination	Cough, frequent respiratory infections; impaired memory and learning; increased heart rate, anxiety; panic attacks
Cocaine *Stimulant*	Blow, bump, candy, charlie, coke, crack, rock, snow, toot	Snorted, smoked, injected	Increased heart rate, blood pressure, temperature, metabolism; feelings of exhilaration, energy, increased mental alertness	Rapid or irregular heart beat; reduced appetite, weight loss, heart failure, nervousness, insomnia, chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition, panic attacks
Amphetamines *Stimulant*	*Biphetamine, Dexedrine;* bennies, black beauties, crosses, hearts, speed, truck drivers, uppers	Swallowed, smoked, injected, snorted	Increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness, rapid breathing	Rapid or irregular heart beat; reduced appetite, weight loss, heart failure, nervousness, insomnia, tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, psychosis
Methampheta-mine *Stimulant*	*Desoxyn;* chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	Snorted, swallowed, smoked, injected	Increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness; aggression, violence, psychotic behavior	Rapid or irregular heart beat; reduced appetite, weight loss, heart failure, nervousness, insomnia; memory loss, cardiac and neurological damage; impaired memory and learning
MDMA	Adam, clarity,	Swallowed	Increased heart rate, blood	Rapid or irregular heart beat;

Stimulant	ecstasy, Eve, lover's speed, peace, STP, X, XTC		pressure, metabolism; feelings of exhilaration, energy, increased mental alertness; mild hallucinogenic effects, increased tactile sensitivity, empathic feelings	reduced appetite, weight loss, heart failure, nervousness, insomnia; impaired memory and learning, hyperthermia, cardiac toxicity, renal failure, liver toxicity
Barbiturates *Depressant*	*Amytal, Nembutal, Seconal, Phenobarbital;* barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	Swallowed, injected	Reduced anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration, sedation, drowsiness	Fatigue; confusion; impaired coordination, memory, judgment; depression, unusual excitement, fever, irritability, slurred speech, dizziness, life-threatening withdrawal; respiratory depression and arrest, death
Benzodiazepines *Depressant*	*Ativan, Halcion, Librium, Valium, Xanax;* candy, downers, sleeping pills, tranks	Swallowed, injected	Reduced anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration, sedation, drowsiness	Fatigue; confusion; impaired coordination, memory, judgment; sedation, drowsiness; dizziness; respiratory depression and arrest, death
Heroin *Narcotic (Opioid)*	*Diacetyl-morphine;* brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	Injected, snorted, smoked	Pain relief, euphoria, drowsiness, unsteady gait	Nausea, constipation, confusion, sedation, respiratory depression and arrest, tolerance, unconsciousness, coma, death
LSD *Hallucinogen*	*Lysergic acid diethylamide;* acid, blotter, boomers, cubes, microdot, yellow sunshine	Swallowed, absorbed through mouth tissues	Altered states of perception and feeling; nausea; increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors; persistent mental disorders	Persisting perception disorder (flashbacks)
PCP *Dissociative anesthetics*	*Phencyclidine;* angel dust, boat, hog, love boat, peace pill	Smoked, swallowed, injected	Increased heart rate and blood pressure, impaired motor function, possible decrease in blood pressure and heart rate; panic, aggression, violence	Memory loss; numbness; nausea/vomiting; loss of appetite, depression
Inhalants	*Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl);* laughing gas, poppers, snappers, whippets	Inhaled through nose or mouth	Stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing	Unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death
Anabolic steroids	*Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise;* roids, juice	Injected, swallowed, applied to skin	No intoxication effects	Hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility 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

Source http://www.helpguide.org/mental/drug

Signs and Symptoms of Drug Addiction

Addiction to any drug may include these general characteristics:

- Feeling that one needs the drug on a regular basis to have fun, relax or deal with your problems
- Giving up familiar activities such as sports, homework, or hobbies
- Sudden changes in work or school attendance and quality of work or grades
- Doing things one normally wouldn't do to obtain drugs, such as frequently borrowing money or stealing items from employer, home or school
- Taking uncharacteristic risks, such as driving under the influence or sexually risky behavior
- Anger outbursts, acting irresponsibly and overall attitude change
- Deterioration of physical appearance and grooming.
- Wearing sunglasses and/or long sleeve shirts frequently or at inappropriate times
- No longer spending time with friends who don't use drugs and/or associating with known users
- Engaging in secretive or suspicious behaviors such as frequent trips to storage rooms, restroom, basement, etc.
- Needing to use more of the drug of choice to achieve the same effects
- Talking about drugs all the time and pressuring others to use with you
- Feeling exhausted, depressed, hopeless, or suicidal
- There are certain signs and symptoms of being addicted to specific drugs.

Risk Factors for Drug Abuse

Certain factors predispose teenagers to drug abuse. These include

- Family history of substance abuse,
- History of depression and low self-esteem,
- Feelings of not fitting in, and dropping out of the mainstream.
- A smoking habit has likewise been correlated with substance abuse. Teens who smoke are eight times more likely to use marijuana, and twenty-two times more likely to use cocaine.

Warning Signs a Teenager has Problem of Drug Abuse

By knowing the specific warning signs and monitoring teenager's behaviors, one can intervene earlier if a problem develops.

Focus Adolescent Services lists five areas to evaluate for help in determining if a drug problem is present in a teen:

- **Physical Signs:** Fatigue, repeated health complaints, red and glazed eyes, lasting cough.
- **Emotional Signs:** Personality change, sudden mood changes, irritability, irresponsible behavior, poor judgment , general lack of interest.
- **Family Dynamics: S**tarting arguments, negative attitude, breaking rules, withdrawing from family, secretiveness.
- **School Behaviors:** Decreased interest, negative attitude, drop in grades, many absences, truancy, and discipline problems.

- **Social Problems:** New friends, problems with the law, changes to less conventional styles in dress and music, sudden disregard in physical appearance and requests for money that are out of the ordinary.

None of these symptoms by themselves definitively point to a drug abuse or addiction problem. They could be the result of an undetected medical condition or other psychological issues. It is important to seek the advice of a mental health expert for evaluation and withhold making a diagnosis of drug abuse based solely on your observations.

Picture of Drug Abuse in Punjab

Prabhjot Singh in his article published in Tribune News Service entitled "Farm Labour, teenagers worst hit by drug abuse" reported that when villages receive coded message "Jahaj aa gaya hai" it brings cheer to drug addicts who live in small village in the Malwa belt. Bordering Rajasthan, this village has nearly 70 per cent of its population, including men, women and boys, addicted to *bhukki* (poppy husk). Immediately after the word spreads, the addicts make a beeline for the venue from where they are going to draw their daily or weekly quota of *bhukki*. To avoid detection by the police and other government agencies, the venue is changed frequently. The couriers bring the supplies in either trucks or tractor-trailers concealing the bags of *bhukki* among those of vegetables, fruit or farm inputs. *bhukki* has been the poor man's addiction. Its main source of supply in Punjab is Rajasthan and Madhya Pradesh, where the cultivation of poppy is licensed. Addicts take either "chura" (ground husk) with water or boil *bhukki* in water and drink the "karah" (concentrate).

According to Singh (2006) a recent study by the Chandigarh-based Institute of Development and Communications revealed that the percentage of households affected by drug abuse was 61 in Majha, 64 in Malwa and 68 in Doaba. In Rajasthan, Madhya Pradesh and Uttar Pradesh, opium and *bhukki* are sold at authorized shops. Realizing that Punjab has a flourishing market; many Rajasthani vendors have opened their shops close to the Punjab border. "Though we put up nakas to prevent people from bringing the contraband from Rajasthan or Haryana, many manage to conceal it in their undergarments," says a police officer who had a stint in Abohar and Fazilka. "Addicts do not miss any opportunity. They make frequent trips to the shop in case there is some laxity or the absence of checking at the border because of the deployment of forces elsewhere. If one brings in say 5 kg of *bhukki*, he or she ends up saving Rs 1,000 besides getting his or her supply of the drug for a week. Though the rate in Rajasthan varies between Rs. 180 and Rs. 220 a kg, it is between Rs. 450 and Rs. 500 a kg in Punjab. Another common addiction for farm laborers is *gutka*, which has come with migrant laborers. It is also cheap," he adds. The problem of addiction among farm laborers is equally severe in the *Doaba* and *Majha* regions also. Speaking on condition of anonymity, this police officer reveals that people belonging to the lower middle class are usually addicted to opium, *charas* and *ganja*. In the case of institution areas, say colleges, the chemical substances in demand by students in the state are smack and psychotropic drugs besides cough syrups. Girls are no exception. B*hukki* becomes the most-sought-after "contraband" when elections, be these to the gram *panchayat*, the block *samiti*, the *zila parishad*, the *Vidhan Sabha* or the *Lok Sabha*, are to be held. In the recent Vidhan Sabha elections of Punjab in February, 2007, alcohol was sold on mobile shops at prices getting lower day by day while the prices of vegetables were shooting up day by day. Though *bhukki* continues to grip rural Punjab, alcohol, smack, heroin and various pharmaceuticals have displaced traditional drugs in the more affluent urban areas. Injectable pharmaceuticals are wreaking havoc in the rural areas. Of the 65 AIDS deaths reported from Patti tehsil in Amritsar during the past few years, at least 50 per cent of the victims were suspected to be drug addicts. It was the frequent use of the same needle for injecting drugs that led to the spread of the fatal disease.

Singh (2006) concludes that a multifold increase in the prices of liquor, including beer, may further encourage the consumption of cheaper drugs like *bhukki*, charas and *ganja* besides

psychotropic and sedative drugs by urban youth. Affordability and availability remain major factors.

Implications of Drug Abuse

DRUG abuse takes a heavy toll of its users. As the number of drug addicts is fast rising in the country, it is important for their families and general practitioners to understand the physical problems caused by regular drug abuse. Some of the complications are life-threatening and need urgent attention are:

- Risk to personal safety (danger of death or injury by overdose, accident or aggression)
- Damage to health (including brain damage, liver failure, mental problems etc.)
- Legal consequences (risk of imprisonment, fines and criminal record).
- Destructive behaviour (harm to self, family and friends).
- Drug dependency is also a common cause of financial problems and difficulties at work or school.
- People may lie or steal in order to continue using the drug, as a result, and may lose the trust of their friends and family.
- They may feel shame and guilt, due to repeated failures in trying to control their drug intake.

Despite all these difficulties, people who are dependent on drugs will often deny that they have a problem. A person may deny a problem even though they realize they do and get upset by the effect that their drug abuse is causing to themselves, their family and friends. Despite these negative effects, they are compelled to keep using the drug, and so their response is to deny that they have a drug problem, or to deny that it is harmful to themselves or to others. Alternatively, they may actually believe that they do not have a problem; this subconscious denial is one of the effects of dependency drug.

How to Talk to Children about Drug Use

The website teen-drug-abuse.org offers tips on how to talk to teens about drug use:

- **Educate yourself** – Find out about the issues. Check with local schools, agencies and information services for the resources you will need. Find books at the local library. The more informed you are, the easier it will be to discuss the issues.
- **Be accessible and open-minded** – The idea is to open a dialogue. Listen to what your teens have to say. Ask questions and do not judge.
- **Be clear** – Your main message should be clearly stated: “don't use drugs” should be the core theme of your discussions.
- **Keep it relaxed** – Avoid the “We have to talk” approach. Relax and talk about it over supper or when you're driving to the mall. If you are casual, it will help your children to be more honest and willing to talk.
- **Grab opportunities** – Use teachable moments. If you have just seen a TV show or poster that discusses the issue, use this to allow the discussion to come up naturally.
- **Discuss peer pressure** – Talk about ways to say no and how to deal with the pressures to conform and fit in.
- **Practice what you preach** – Kids imitate adults. If you abuse drugs yourself, no matter what you tell your teens, your actions speak louder than words. Avoid being a hypocrite and perhaps it is time that you examine your own problem first.

Educate, be accessible and open-minded, be clear, keep it relaxed, grab opportunities, discuss peer pressure, and practice what you preach.

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