

# INTERNATIONAL JOURNAL OF LAW MANAGEMENT & HUMANITIES

[ISSN 2581-5369]

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Volume 6 | Issue 1

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2023

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# Impact of Drug Addiction on Youth in India: A Review

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## ABSTRACT

*Today youth drug abuse is a major epidemic in many nations, including India. Teens and young adults (15–25) are disproportionately represented among those who are severely addicted to illegal substances; these addicts are disproportionately represented among college and high school pupils. Addiction among young people has several root causes, the most urgent of which are curiosity, peer pressure, and the easy availability of narcotics like cigarettes and alcohol. Poor and underprivileged youth are not immune to drug use and addiction. For at least the last two decades, the globe has seen a disturbing increase in the incidence of drug users among the most productive and vital part of its population. The future of the country would be dreary and dark if their current lives were submerged in such addictions. The situation in India is dire at the moment. In this article, we'll look at how drug abuse affects young people, what leads them to experiment with drugs in the first place, why this is a problem, and what can be done for help and prevention.*

**Keywords:** Youth, Drug, Abuse, Teens, Addiction.

## I. INTRODUCTION

Sometimes, the same medications that help people might have negative effects on them. There is little debate about the fact that pharmaceuticals are developed to treat illness and improve people's quality of life; nonetheless, some individuals may abuse even legally obtained medications, and this is known as drug abuse. Because of the toll it takes on households, businesses, and neighbourhoods; it has graduated to the status of a major societal issue. Addiction to drugs and alcohol among American youth is a huge social problem. The government compiles data on drug usage and publishes the results, which are shocking.

The percentage of young people under the age of 18 who are vulnerable in India is shockingly high at 40%. It is believed that by the time most Indian boys reach the ninth grade, almost 50% have used at least one of the gateway substances, based on data from the United Nations Convention Reports on Narcotic Drugs and Psychotropic Substances in 1961, 1971, and 1988. Compared to other Indian states like Uttar Pradesh and Haryana, where only approximately

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35% of teenagers have tried gateway drugs, the rate is much higher in West Bengal and Andhra Pradesh, at over 60%. Adolescents and even younger children often use gutka, a kind of smokeless tobacco, in several jurisdictions. It is estimated that 55,000 young people under the age of 18 start smoking every year; the vast majority of them come from disadvantaged backgrounds and have limited access to social services, such as those caused by poverty, family instability, and other forms of prejudice. Over 70% of current smokers say they began regular smoking before turning 18. Many young people start this harmful practise before they turn 18. Substance misuse is a major detriment to the survival, protection, growth, and development of healthy children, all of which are crucial to enhancing people's standard of living. If we are serious about making the world a better place for children and achieving the Millennium Development Goals, then protecting them from drug misuse must be our top priority.

## **II. SITUATION OF DRUG ABUSE IN INDIA**

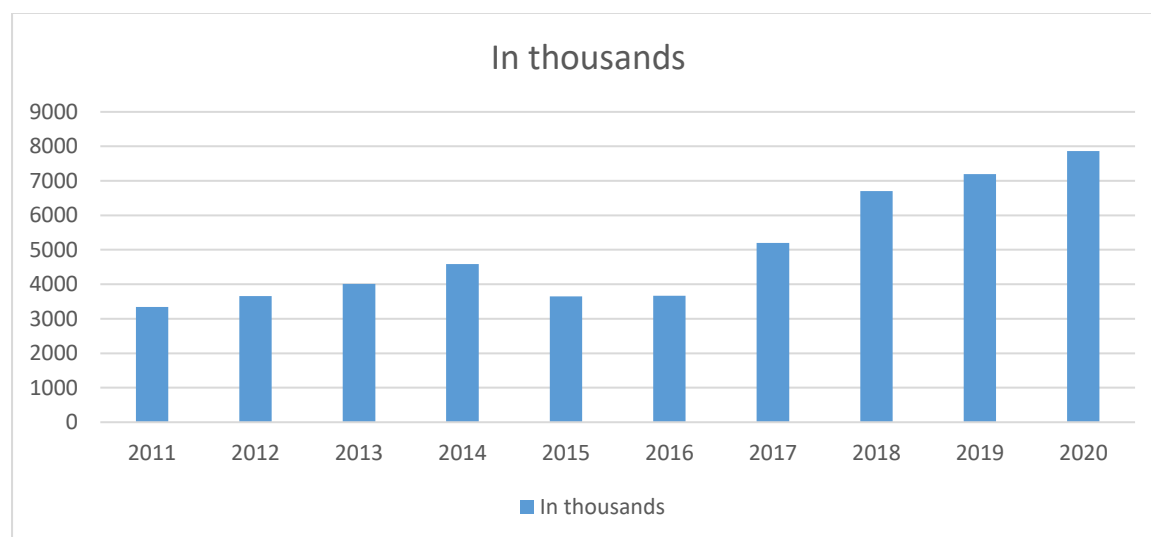
Addiction to drugs has emerged as a major issue in India during the last two to three decades, impacting millions of young people. Some Indian states and cities have much higher rates of drug abuse than others. Although it is regarded as one of the most developed states in India, Punjab in the north has been dealing with a drug crisis for quite some time. The nation's capital isn't trailing behind either. Rajasthan, Manipur, Punjab, Goa, and Mumbai are just a few of the other well-known states with serious drug issues. Teens in India consume and misuse a wide variety of drugs, including marijuana, LSD, cocaine, heroin, and even prescription medication. Opioids, hallucinogens, and inhalants are among other classes of medications that are often misused. In spite of it being against the law, many Indians regularly partake in the use of cannabis, or ganja. Large amounts of cannabis are grown illegally and exported. Some of it is sold and eaten in the area. Marijuana, or ganja, is widely used by India's young, particularly college students. Unfortunately, it has not received the same level of attention in India as it has in Europe. Today's young Indians are constantly bombarded with heavy narcotics. The use of ganja is widespread; brown sugar and heroin are readily accessible; and even cocaine, which was formerly unavailable in India, can be purchased in the country's more developed urban centres. The staggering increase in drug addicts is causing the nation to slowly lose awareness. Drug addiction is an increasing concern in India, particularly among the younger population, as has been shown in recent publications and research. Statistics show that in about 74% of Indian households, at least one adult is dependent on narcotics (MSJE, February 2020). It was estimated that over 73.2 million individuals in India use drugs, according to a study performed by the UN Office on Drugs and Crime (UNODC) and the Ministry of Social Justice and Empowerment (2020). Only 8.7 million of the 73.2 million are regular cannabis users, whereas

2 million are regular consumers of opiates and other illegal substances. In the drug-using population, between 17 and 26 percent fall into the category of dependent users in dire need of treatment. In India, drug abuse and its effects on women are becoming more visible problems. Tobacco and alcohol are two of the most extensively used illegal narcotics, while cannabis, heroin, and other opiates such as opium are also widely abused. The dangers of using liquid medications, including psychoactive compounds, are also becoming more well known. Problems in these areas, as well as others, are linked to substance misuse, which includes alcohol, cigarettes, and other narcotics.

### III. DEATHS DUE TO SUICIDE

The National Crime Records Bureau (NCRB) has identified drug abuse as one of the major causes of suicide, year after year. The majority of the time, drug users end their lives by overdosing on drugs or taking drugs together with medications, but sometimes the cause of death is not directly related to drugs. Despite the fact that there is a link between the condition brought on by drug use and suicidal behavior, Sedatives and heroin are two of the most popular medications used in suicide attempts, as is well known. Addicts who consider suicide are more likely to have mental and behavioural issues that interfere with their daily lives, such as impulsive behaviours and a lack of self-control.

Fig 1: **Suicides due to Drug Abuse/Alcohol Addiction India**



Source: NCRB's ADSI Reports<sup>2</sup>

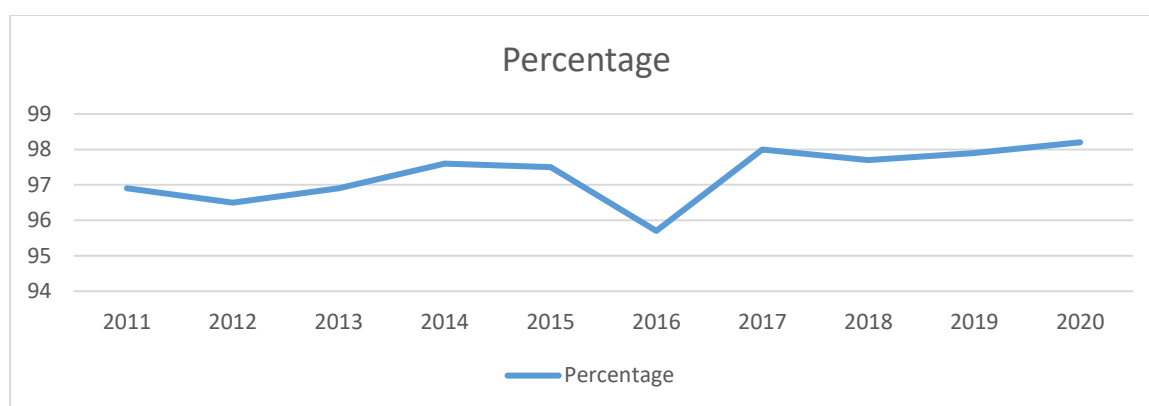
3,343 suicide instances were recorded in 2011 under this category. 2014 saw a decline in the number of suicides linked to drug and alcohol misuse after two years of increases. In contrast,

<sup>2</sup> Accidental Death and Suicides in India, (2020). National Crime Record Bureau.

the number of suicides has continuously climbed in the years thereafter, reaching 7,860 in 2020. The most notable increases in statistics were seen in 2016 and 2017, when the total number of suicides attributable to this cause increased by more than 1500 over the prior year.

According to the statistics, suicide rates in India and its states are rising year after year. If this sickness spreads through our culture, the perpetrators' family, community, and country will all suffer a lot.

**Fig 2: Share of Male among Suicides due to Drug abuse/Alcohol addiction All-India**



**Source: NCRB's ADSI Reports<sup>3</sup>**

Of the 7860 suicide victims in 2020 who used drugs or alcohol improperly, 7719 were men. This represents 98.2% of all casualties, which is the highest proportion in the 10-year period from 2010 to 2019. In 2015, 95.7 percent of people who killed themselves because of this reason were men. This was the lowest number ever.

A key element is communication. Saying that women are more inclined to voice their concerns than men are is oversimplifying the situation. However, it is true that for many years, communities have encouraged males to be "tough" and downplay their pain. Boys are taught from an early age not to show emotion because doing so is considered "weak." Men are less inclined to admit that they are feeling vulnerable to themselves, their friends, or their families. Males and females also have difficulties; it's simply that men are less likely to recognise that they are experiencing the same stresses or mental health issues that put them at risk of suicide. The person's family or place of work may be associated with additional risk factors. Having to worry about money or having trouble finding a job may make anyone's mental health issues worse. Additionally, there are elements of identity instability and economic strain.

<sup>3</sup> Accidental Death and Suicides in India, (2020). National Crime Record Bureau.

#### IV. LAWS CONCERNING DRUG USE

India has signed three United Nations drug treaties. three conventions: the 1971 Convention on Psychotropic Substances, the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, and the 1961 Single Convention on Narcotic Drugs. Domestic law was put into effect around 25 years after the convention was signed, when the 1961 Pact's grace period for forbidding drug usage for purposes other than medicine ended.<sup>4</sup> The Dangerous Drugs Act of 1930 was replaced by the 1985 Act, which was rushed through without discussion, while the 1940 Drugs and Cosmetics Act remained in force and is still in force today.<sup>5</sup> Three amendments to the 1985 Act have been made: in 1989, 2001, and most recently in 2014. There will be further discussion of the revisions. The NDPS Act forbids the cultivation, manufacture, sale, purchase, possession, use, consumption, import, and export of narcotic drugs and psychotropic substances, save when used for a scientific or medical purpose.

(A) Three kinds of drugs are covered under the NDPS Act.

1. The 1961 Convention on Narcotic Drugs governs narcotic drugs.
2. Chemicals and psychotropic compounds are regulated by the 1971 Convention on Psychotropic Substances.
3. controlled substances that are used to make narcotics or psychoactive compounds.<sup>6</sup>

Narcotic substances include cocaine and its derivatives, such as the coca plant. Any preparation with less than 0.1 percent cocaine is also included. Opium includes opium poppies, opium poppies' juice, and any preparations with 0.2 percent morphine. Thebaine, heroin, morphine, and other drugs are opium derivatives.

The plant, fruit tops, and blooming of the cannabis plant (Ganja), as well as any combination of Ganja, Charas, and Hashish, fall under this category. Note that cannabis leaves, popularly known as "bhang," are not covered by this category and are instead subject to state regulations. The process to be followed in the case of a search or seizure is laid forth in the NDPS Act. Procedure for making an arrest in relation to a crime The NDPS Act also has a provision for it.<sup>7</sup> However, the standards for the investigation and admission of the evidence are applied in a manner that is harmful to the accused's position. Despite being primarily a punitive and penalising measure, the NDPS law also includes a regulatory structure. The Act gives the

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<sup>4</sup> Charles, M., Bewley-Taylor, D. & Neidpath, A. (October 2005), Drug policy in India: Compounding harm?, The Beckley Foundation Drug Policy Programme, Briefing Paper Ten.

<sup>5</sup> Section 80 NDPS Act, 1985

<sup>6</sup> Section 2 (viid), NDPS (Amendment) Act, 2014.

<sup>7</sup> Sections 41, 42, 43 and 50, NDPS (Amendment) Act, 2014.

federal and state governments the authority to establish drug policies. The regulatory system also permits the distribution of medications for medical use to consumers who have registered.<sup>8</sup>

## **V. AMENDMENTS IN THE NDPS ACT**

- 1989: In 1989, the NDPS Act underwent its first amendment. Extreme penalties were put into place, including the required death penalty in certain circumstances for repeat offences, a bar on suspension, a limitation on bail, a special court trial, the loss of property, and a mandatory minimum prison term of 10 years. Following these modifications, anyone found in possession of any quantity of narcotics was subject to harsh penalties, including lengthy jail terms and steep fines, unless they could demonstrate that the drugs were for their own personal use.

- 2004: The 2001 amendment was passed in response to complaints about the 1989 amendment's flawed sentencing guidelines. The 2001 revision improved the punitive provisions and predicated punishment on the quantity of narcotics discovered. The amount was divided into three categories: small, commercial<sup>9</sup>, and intermediate<sup>10</sup>. The Central Government declared the barrier in October 2001.

- 2014: In 2014, the NDPS Act underwent another round of amendments, which became effective in May of that year. The most recent changes' key characteristics are as follows:

1. A new class of vital narcotic medications that can be controlled universally throughout the nation was created by the central government.
2. The law's objectives were widened to encompass both the prohibition of illegal use and the promotion of narcotics and psychoactive substances for scientific and medicinal purposes.
3. Including "drug addiction management" and "treatment centre recognition and approval," which would enable the creation of legally enforceable treatment standards and evidence-based medical therapies.
4. For repeated offences, the death penalty was made discretionary.<sup>11</sup>

## **VI. IMPORTANT FEATURES OF THE NDPS ACT**

### **(A) Quantity-Based Sentencing**

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<sup>8</sup> Section 10 (1)(a)(vi), NDPS (Amendment) Act, 2014.

<sup>9</sup> Section 2(xxiiiia), NDPS (Amendment) Act, 2004.

<sup>10</sup> Notification S.O 1055(E), dated 19th October 2001 published in the Gazette of India, Extra.,Pt II, Sec 3(ii), dated 19 October 2001

<sup>11</sup> Section 2 (viiiia), NDPS (Amendment) Act, 2014.

The NDPS Act says that the penalty depends on what was found and how much of it was found. The government has also said that the weight of the goods would be taken into account instead of the amount of pure drug content when determining how much was confiscated. The "purity vs. total weight" controversy persisted even after the Supreme Court declared that for drugs combined with "neutral substances," only the actual amount of the narcotic drug is important for evaluating whether it constituted a small or commercial quantity.<sup>12</sup> A year later, the government stated that the weight of the whole product should be taken into account when determining the quantity rather than just the amount of pure medication. This move has a severe detrimental effect on drug users and other low-level offenders who run the danger of being punished for intermediate or commercial quantities of offences since street drugs are highly "cut" and seldom found in pure forms.

Quantitative penalties, although praised for being fair and proportionate, ignore other crucial factors, including the offender's involvement and motivation. The same penalty applies to profit distribution as it does to simple possession.<sup>13</sup> The presence of mandatory minimum sentences, which reserve discretion exclusively for raising rather than decreasing the punishment, is another reason why judges impose identical penalties for both sorts of offences.<sup>14</sup>

"Drugs	"Quantity and Punishment"				
	"Small Quantity	Punishment	Quantity	Punishment	Quantity greater than small but lesser than commercial"
"Heroin	"5g	"Maximum of 1 year rigorous imprisonment or fine upto Rs 10,000 or both"	"250g	"Rigorous imprisonment from 10(min) to 20 years(max.) and a fine from Rs 1	"Rigorous imprisonment that max extend to from 10 years and a fine that may extend to
Opium	25g		2.5kg		
Morphine	5g		250kg		

<sup>12</sup> E. Michael Raj v. Intelligence Officer, Narcotic Control Bureau (2008) 5 SCC 161.

<sup>13</sup> Notification through S.O.2941 (E), dated 18 November 2009.

<sup>14</sup> Notification through S.O.2941 (E), dated 18 November 2009.

Ganja (Cannabis)	1000g		20kg	lakh to 2 lakhs”.	Rs 1 lakh”.
Charas (Cannabis Resin)	100g		1 kg		
Coca leaf	100g		2kg		
Cocaine	2g		100kg		
Methadone	2g		50g		
Amphetamine	2g		50g		
THC	2g		50g		
LSD”	0.002g”		.1g”		

Source- NDPS (Amendment) Act, 2014<sup>15</sup>

## VII. CAUSES OF DRUG ABUSE AMONG YOUTH

There are two main reasons why young people take drugs. These are depression and peer pressure, respectively.

- Peer Influence

Youth often hang out with various personalities whom they refer to as friends. Under the influence of these friends, a youngster may try drugs for the first time, continue using them, and eventually get addicted to them.

- Depression

Depression is another major factor in drug usage. Hard drugs are used when someone experiences events that are seen as very sad and demoralizing. At this point, the individual begins to examine the best strategy to regain their happiness. Drug misuse results from this habituation over time.

The prevalence of youth unemployment is considered to be another important factor in drug

<sup>15</sup> NDPS (Amendment) Act, 2014.

misuse. Medication misuse may also occur when young people do not adhere to the recommended dose and take a specific drug continuously for an extended period of time without a doctor's clearance. Soft substances are linked to this form of misuse.

### **VIII. THE CONSEQUENCES OF ADOLESCENT DRUG ADDICTION**

In spite of the severity of the issue in India, a comprehensive study to properly record the combined social, economic, health, and psychological effects of drug abusers has not been conducted. Even Nevertheless, the limited information that is currently available suggests a connection between difficulties associated with drug misuse and several aspects of daily life. In 148 nations throughout the world, those who use injectable drugs are believed to be infected with HIV in 120 of those nations. Alcohol, tobacco, and other substance misuse are linked to a number of social, psychological, physical, and vocational issues. It is a complicated issue that affects all socioeconomic classes and has social and medical repercussions. It has an impact on many facets of society, in addition to the user and their relatives. Drug-abusing teenagers may struggle with a variety of issues, including bad peer connections, scholastic challenges, health issues, including mental health, and engagement in antisocial activities. In addition, there are repercussions for the community, society as a whole, and family members. The negative effects include financial burden, spousal violence, and HIV infection. Substance abuse and addiction may be broadly classified under the following headings:

- Social Element

The user becomes energised after taking the strong drug. As a result, the taker exhibits deviant behaviour and supports many other social vices, including armed robbery, HIV/AIDS, and other sexually transmitted illnesses.

- Fiscal Impact

Drug addicts often spend more money on the substances they need to buy. This may cause the taker to declare bankruptcy or to begin desperately looking for money. This will ultimately make the taker's predicament worse.

- Safety and Health

The taker becomes unsteady as a result. The taker often spirals out of control and begins acting strangely. It may finally result in the taker's death since it introduces several illnesses into his body. Academics

Young drug users often have trouble with their grades, missing school or college and other social events, and are more likely to drop out of school. Drug-using youth may struggle

academically and may have behavioural issues that make it difficult for them to pick up new skills from their peers.

Psychoactive substances modify a person's emotions, ideas, and behaviour by affecting the central nervous system. As a result of their direct brain or central nervous system effects, they have a variety of negative health and behavioural effects. The health repercussions of young drug users include infections, physical limitations brought on by probable overdoses, and injuries from mishaps like car accidents. Unusually large numbers of young people use drugs and are at higher risk of dying by suicide, violence, accident, or disease. Drug addiction is linked to trauma, aggression, organ system damage, different diseases, risky sexual behaviour, early mortality, and low nutritional status in families with heavy drinkers. Drug addiction and HIV/AIDS are two deadly illnesses that are closely associated and are classified as socio-medical issues. Users of injectable drugs are the source of HIV transmission. The main factor linking drug use to HIV infection and the development of AIDS is that drug users are more likely to engage in hazardous conduct and unsafe sexual activity. They will either raise the danger of spreading it to others or get personally engaged. Drug use's impact on behaviour and health is a significant problem. Drugs have the potential to aggravate and worsen many illnesses. Because its use might result in a person's health declining quickly, it negatively affects the immune system. Addicts often have one or more other medical conditions, including lung and cardiovascular problems, such as stroke, cancer, and mental disorders. A frequent misconception is that drugs increase sexual arousal and pleasure. Actually, it ruins regular, healthy sexual relationships. The capacity to perform may decline while the desire for sex may rise. Men who are inebriated often have impotence, which typically makes them feel numb and unresponsive. Because drug use alters the menstrual cycle and ovulation, it is possible for drug-using women to have trouble becoming pregnant. The use of medications has an impact on a man's ability to create sperm. It decreases this capacity and may also make sperm less active. Pregnancy complications such as miscarriage and birth problems, including low birth weight, mental impairment, physical deformity, and internal organ damage, may all result from drug usage. These few cases highlight the terrible effects drug addiction has on young people's health. Additional healthcare expenses and lost future production create burdens on the community in addition to causing personal and family misery.

- Mental Wellness

Drug addiction in young people is usually associated with mental health issues such depression, developmental delays, apathy, withdrawal, and other psychosocial dysfunctions. Young people

who abuse substances are more likely than non-users to have mental health issues such as depression, behaviour issues, personality disorders, suicidal ideation, and attempted suicide. The second most common cause of death for college students in the nation is suicide. Short-term memory and learning abilities have been proven to be affected by marijuana usage, which is common among young people.

- Peers

Young people who use drugs are often shunned by their peers. Additionally, drug-using youth often skip out on school and other community events, robbing their friends and communities of the potential beneficial contributions they would have made.

- Families

In addition to personal hardships, youth drug users may cause family crises, imperil many elements of family life, and even result in family disintegration. Young people who use drugs have a significant impact on their parents and siblings. The emotional and financial resources of a family may be depleted by drug use. The biggest danger to the country may come from the negative impacts of drug addiction on the family. Every member of the family suffers when one or more family members, whether they be parents, children, or other relatives, become drug addicts. Drug abusers often have a nation-wide obsession with how everything is going on around them, including their wants and their family's circumstances. The dysfunction of the family is brought on by their ignorance.

## **IX. DRUG ADDICTION: THE NEED FOR INTERVENTION**

Even youngsters who attend school and children living on the streets have access to a variety of substances that are used by youth. Around the globe, a lot of money is squandered on drugs. The person is impacted in a variety of ways, including the addict's physical and emotional health. His family life is threatened, and his finances are depleted. Because addiction impairs judgement, it leads to workplace and traffic accidents. It reduces productivity, which causes a staff shortage. An addict loses any ability to be relied upon. An addict's life may also include lying, gambling, and engaging in theft. Addiction is a barrier to productivity and growth in emerging nations like India. A significant contributing factor to criminality, domestic abuse, and wife beating is drug addiction. In many cases, instead of confronting the issue, we quite comfortably turn the other way or sweep it under the rug and act as though drug addiction in our country is negligible in the midst of many social problems that need to be addressed. This is because we lack the resources to handle these as medical and psychiatric problems and the knowledge to handle them as a pressing social issue. We should be aware of and appreciate the

need for involvement with different groups at different phases as responsible citizens of India and as individuals with social duty. Intervention refers to our own efforts to halt drug addiction at the supply or demand side. There are many young people who have not yet tried drugs, quite a few who have, and some of them have developed definite addictions. We cannot use the same intervention method with everyone. However, all of these individuals also need action, and the intervention should aim to prevent, control, treat, and rehabilitate. It is incredibly challenging to save a person after they have used drugs and become dependent on them or frequent users. Therefore, prevention—before the individual engages in their first drug experiment—is the optimal stage of intervention. It is vital to educate individuals about the dangers of drugs, even when they are very young, in order to have the best preventative approach. Even while they are in their early adolescence, young people should be taught about the dangers of addiction since they are more likely to be exposed to drugs at school and in universities than at any other time. Drug addiction is a fatal and progressing illness. A patient in need of medical therapy for a condition like cancer or a heart condition, for example, also needs treatment if they are an addict. Drug addiction is an illness that may be treated medically, just like any other. Doctors and psychiatrists are needed because of the condition. An addict should not be treated in isolation, and efforts made by others may be completely ineffective unless the addict is persuaded of the benefits of therapy. For therapy to be successful, there must be a good follow-up, particularly one that is overseen by a qualified counsellor. The family members should be included in this treatment as well as the addict. Intervention is the key component of rehabilitation. Numerous drug addicts seek to break their drug-using habit. But they are unable to choose therapy or give up the habit on their own because they have too many questions. "Will society accept me after I quit taking drugs?" is one of the key questions. This is a sincere question, since an addict will likely feel guilty and ashamed. The art of rehabilitation involves preparing former drug users to deal with the pressures of everyday life, including societal expectations. Although it is very difficult to overcome drug addiction once it has set in for a person, it is not impossible either. With the ongoing support, inspiration, and direction of family, friends, counsellors, rehabilitators, doctors, and the addicted person's own willpower, drug addiction may be overcome. A pre-check or measures should always be taken to ensure that children do not even consider engaging in drug abuse, but a family is a child's greatest support system and teacher. The home is where a personality is first developed. There are fewer risks of distraction and unethical engagement of the children if the parents work to foster an open and harmonious connection with the young children of the family. However, when the youngster has already started down the wrong road, the family's and the parents' responsibilities double.

## **X. CONCLUSION**

Drug addiction is a burden since it not only ruins lives but also brings them to an end. Adolescents are innocent and need proper direction, moral instruction, and a healthy environment in their homes, schools, and places of employment. All children need is a good listener and a guide who can hold their hands and point them in the correct direction; therefore, parents, teachers, and elders should constantly be sympathetic and communicative with the younger generation. There is no room for a negative influence to enter a child's head or life if they feel safe and are aware of the trustworthy individuals in their lives with whom they may freely share their thoughts and difficulties. Lack of good intentions in government policy-making to stop the pandemic in the face of easy access to drugs owing to drug trafficking is a key contributor to the high incidence of drug addiction or HIV/AIDS infection. In addition to social and familial issues, youth culture is a complement to this aspect. Improvements should be made to the kind of healthcare facilities offered to drug addict patients, as well as to rehabilitation, vocational training, the creation of more effective de-addiction facilities, and awareness campaigns. All programmes must take gender, stigmatisation, and prejudice into consideration and be appropriate for the state's cultural setting. Furthermore, it is imperative to take immediate action to stop the development of such abhorrent practises among the comparatively younger members of society.

The scope of drug addiction prevention programmes must go beyond behavioural change. It is necessary to conduct thorough inspections of both drug traffickers and affected people. A higher level of family and community involvement is also necessary in the state. Above all, it is essential for governmental enforcement agencies, non-governmental philanthropic organisations, and others to work together and support one another in order to solve the drug addiction problem through education and legal actions, which will greatly increase the effectiveness of interventions.

### **Recommendation**

- Govt. should make sure that the laws about drug treatment are followed correctly so that people who use drugs can get help based on evidence without having to worry about being prosecuted or going to jail.
- Government should adopt and implement basic criteria of quality to guarantee that treatment programmes are supported by science and that drug users' human rights are respected.
- Make sure that government agencies work together better and spell out the roles and

responsibilities of each state agency when it comes to drug use and policy.

- Regularly provide information about drug use, addiction, and associated health implications, including HIV and the incidence of viral hepatitis to youngsters.

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