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Social Consequences of Drug Abuse and Illicit Trafficking

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ABSTRACT

The 1961 Convention, which was expanded and strengthened by the 1972 protocol, is considered a major achievement in international drug control because it consolidated all previous conventions and streamlined the international drug control machinery. The 1961 Convention establishes strict control on the cultivation of opium poppy, coca, bush, cannabis plant and their products which in the convention are described as “narcotic drugs.”

Control is exercised over 141 narcotics drugs mainly natural products, such as opium and its derivatives, morphine, codeine, and heroin, but also synthetic drugs, such as methadone and pethidine, as well as cannabis and coca leaf. Parties to the 1961 Convention undertake to limit the production, manufacture, export, import, distribution, and stocks of trade in and use and possession of the controlled drugs so that they are used exclusively for medical and scientific purposes. The production and distribution-controlled substances must be licensed and supervised, and Governments must provide estimates and statistical returns to INCB on the forms supplied for that purpose on the quantities of drugs required, manufactured, and utilized and the quantities seized by police and customs officers. The control system established under the 1961 convention functions well, and the system of estimates first introduced by the 1931 convention is the key to that success. The system of estimates covers all states, regardless of whether they are parties to the 1961 convention. Each year, INCB publishes in a publication for the movement of the internationally controlled narcotic drugs.

I. INTRODUCTION

The use of illicit drugs is a global concern. These substances for which extra-medical uses have been prohibited and criminalized under international drug control treaties. Despite international efforts to eliminate drug abuse, the global consumption trend of these substances increases continuously. In **2018**, it was estimated that approximately **275 million people** had use illicit substances at least once, which is an increase of **30%** compared with that in **2009**. Thus, extra measures are needed to tackle this ongoing crisis. Illicit substance abuse imposes enormous costs on the global health and economy. The use of these substances carries risks of adverse

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health outcomes. Drug abuse is accountable for roughly **1.5%** of the global disease burden and was responsible **750,000** premature deaths in **2017**. The use of these substances increases the risks of adverse health conditions, including but not limited to disability, viral infections, sepsis, thrombosis, and endocarditis. Thus, the abuse of illicit drugs adds a severe financial burden on the global economy. **The International Narcotics Control Board (INCB)** estimates that cost of medical care associated with drug misuse is more than **200 billion** annually.

The global market for drug trafficking continues to grow each year. The term “**drug trafficking**” refers to the cultivation, production, distribution, and sale of illicit substances. In **2017**, the **United Nations** office on **DRUGS** and **CRIME (UNODC)** estimated that the global market for drug trafficking is worth **\$426** to **\$652** billion. The middle east and north Africa are considered significant areas for illicit substance trafficking. Owing to its geographical location situated between different trafficking routes and its widespread borders, **MENA** links opiates, cannabis, cocaine, and amphetamine type stimulants, because of its geographical location being a passage between continents, drug addiction and abuse in **MENA** countries are high. As a result, legislative authorities in these countries have imposed harsh penalties for drug-related offenses to restrict and reduce the epidemic of recreational use of illicit drugs. However, such legislation only made illegal drug trafficking more lucrative. Despite the importance of this topic, to our knowledge the few studies published thus far concerning illicit substances that have been seized or consumed or the associated death rates, in the Middle East in general and specially in Kuwait.

II. BACKGROUND

This paper aims to demonstrate that the prioritization of criminal justice and the desire to prevent non-medical use of controlled substances under the drug conventions undermine access to controlled substances under the drug conventions undermine access to controlled substances under the drug conventions undermine access to controlled medicines and in doing so, infringes upon the right to health and safety, the impact of drug control will be examined from the text of the law to the de-facto extension of criminalization beyond the scheduling of substances to the health sector, where patients and individuals seeking treatment, health service providers. The international drug control conventions impose varying levels of control on a range of substances based on their perceived risk of misuse and medical value. Substances are listed in four separate schedules. With each schedule determining the requisite level of control for the substance listed within it. The drug convention serves as the cornerstone for domestic drug laws and impose a dual obligation upon states to prevent the misuse of controlled substances while ensuring their

adequate availability for medical and scientific purposes. The drug convention further explicitly provide that controlled substances are indispensable for medical and scientific purposes. Indeed, the **WORLD HEALTH ORGANIZATION's (WHO)** model list of essential medicines includes **12 medicines** that contain internationally controlled substances, such as morphine, methadone, buprenorphine, diazepam, and phenobarbital. Essential controlled medicines are used across the spectrum of health care, from childbirth, surgical anaesthesia, and pain relief in palliative care to mental health treatment, drug dependence treatment and neurological care. Many controlled substances embody the duality in the drug conventions that is, they have both licit uses and defined as illegal in some jurisdictions. For example, benzodiazepines, when prescribed by a licensed professional are used to treat a range of ailments such as insomnia, obsessive-compulsive-disorder, and seizures. Outside of this medical context, however, their use is illicit is due to the perceived risk of misuse that they carry, and they are included in the drug conventions schedules. Despite the mandate that these two obligations be enforced equally, the dominant paradigm in both the text of the drug conventions and their implementation is an enforcement heavy justice response to controlled substances that centres on preventing what is deemed in law to be their misuse. This prioritization of restrictive control is to the detriment of ensuring adequate availability of and access to controlled medicines and infringes upon the rights of people who need them.

Balancing the medical merits of substances with their likelihood for non-medical use is, in theory a matter of scientific judgement and the drug convention provide that the scheduling of controlled medicines should be based on **WHO** recommendations. To this end, **WHO** convenes an expert committee on Drug Dependence to study-controlled substances and make recommendations on the level of risk of harm and the therapeutic utilization of a substance, which should subsequently be reflecting to the substances scheduling under the drug conventions. Surprisingly, there is no provision in the drug conventions to manage the interactions between states drug control obligations and their responsibilities to ensure access to controlled medicines. The focus on drug control and punitive sanctions creates a frame that is heavily sanctions creates a frame that is heavily oriented toward criminal justice and policing, which can profound effects even for medicines not currently controlled under the drug conventions. For example, against the advice of **WHO** China attempted in **2015** to bring ketamine under international control, which would have severely limited access to a vital anaesthetic in developing countries.

III. DRUG CONSUMPTION BY ADOLESCENTS

Being a teenager and raising as a teenager are enormous challenges. For many teens illicit substance use, and abuse become part of the landscape of their teenage years. Although most adolescents who use drugs do not progress to become drug abusers, or drug addicts in adulthood, drug abuse in adolescence is a very risky proposition. Typically, school and relationships, notably family relationships are among the life areas that are most influenced by drug use and abuse. One of the most telling signs of a teen's increasing involvement with drugs is when drug use and abuse. One of the most telling signs of a teens increasing involvement with drugs is when drug use becomes part of the teen's daily life. Preoccupation with drugs can crowd out previously important activities, and the way the teen views their self may change in unrealistic and inaccurate directions. Friendship groups may change and relationships with family members can become more distant or conflictual. Further bad signs include more frequent use of certain drug or use of more dangerous drugs such as cocaine, amphetamines, or heroin. Persistent patterns of drug use in adolescence are in adolescence are a sign that problems in that teen's environment exist and need to be addressed immediately. In modern western society, substance use is an easy way for adolescents to satisfy the normal developmental need to take risks and seek thrills. Not surprisingly, substance use is common as adolescents get older and many adolescents will try alcohol before high school graduation. Recurring or ongoing substance use is much less common, but even occasional substance use is risky and should not be trivialized, ignored, or allowed by adults. Parental attitudes are the examples that parents set regarding their own use of alcohol, tobacco prescription drugs, and other substances are a powerful influence.

According to **National Survey** in the **United States**, the proportion of **12th graders** who report they have not used any substances in their lifetime has been steadily increasingly over the past **40 years**. However, at the same time, a broad range of more potent, addictive, and dangerous products such as prescription opioids, high-potency cannabis products, fentanyl, and e-cigarettes. Has become available. These products put adolescents who do start using substances at higher risk of developing both short-and-long term consequences,

The **COVID-19** pandemic had a mixed impact on adolescent substance use. During stay-at-home periods, the rate of adolescents who started to use substances decreased but at the same time, the rate of heavy use increased because some adolescents who were already using substances increased their use as a mechanism for coping with stress. The substances that are mostly used by adolescents are alcohol, nicotine (in tobacco or vaping products) and cannabis.

IV. DRUG CONSUMPTION BY FEMALES

Drug and substance abuse continues to be a threat in most countries of the world, both developed and developing. According to the United Nations Office on Drugs and Crime's **2021** report, by the end of this decade, there will be nearly **11 per cent** increase in people who use Drugs globally. The situation in India is no different in **2017**, an estimated **22,000** people died because of illicit Drug consumption. And the number has been on a rise ever since. Just like many other issues, Drug addiction too impacts genders differently. While much has been said and done in recent years to address the problem, it has not been looked at from gender perspective. Women in India face greater problems from Drug misuse than men do, although these sex differences do not show up clearly in official statistics, says a new study.

The study released last week by the United Nations International Drug Control Programme and India's Ministry of Social Justice and Empowerment, says that misuse of Drugs has a serious impact on women as mothers, wives, sisters of misusers, but this aspect has not been adequately addressed. Such an impact becomes even more serious in a developing country like India where women are already disadvantaged says the report. The consequences include domestic violence and infection with **HIV**, as well as the financial burden. Eighty-seven per cent of addicts being treated in a de-addiction centre run by the Delhi police acknowledged being violent with family members. Most of the domestic violence is directed against women and occurs in the context of demands for money to buy drugs says the report. The qualitative study, which was conducted in eight centres across India, looked at the **179** women aged **18-60** years with a male relative who misused drugs. Women bear a major burden of blame they are accused by male family members of being responsible for drug misuse of hiding the issue and of not getting time treatment. They often become victims not just of drug abusers but also of society, says the report. A study of women Substance Users in India, focused on **75%** women drug misusers in Delhi (working women), Mumbai (sex workers) and Aizawl (drug misusers under treatment). The survey found that most of the women were using heroin or 'brown sugar', an impure form of heroin (**91%**). Other common misused substances were propoxyphene (**35%** of the women), alcohol (**33%**), minor tranquillisers (**23%**), cough syrups (**15%**) and cannabis (**11%**). Intravenous drug use was reported in **41%** of respondents.

We do not know the exact numbers of women drug misusers or their geographical distribution in India. Women addicts are a hidden population.

V. DRUG CONSUMPTION BY MALES

Education level has been found to have an impact on the risk of drug or alcohol abuse. One

study from **2004** in Copenhagen included over **30,000** men and women aged **20-93** and measured schooling level, smoking and alcohol use. This study found that those with the lowest level of schooling were most frequently heavy smokers and heavy drinkers. A national survey by the Ministry of Social Justice and Empowerment (**2002**) found that **29%** of the drug abusers were illiterate. It is estimated that, in India, by the time most boys reach the ninth grade, about **50%** of them have tried at least one of the substances of abuse nature. In the present study, **48%** of the subjects were in adolescence age group and prevalence of substance abuse was **56.3%**. Alcohol, cannabis, opium, and heroin are the major drug misused in India., says the Report, buprenorphine, propoxyphene, and heroin are the most injected drugs. Currently India does not have a system of National or local monitoring for misuse said Dr. Rajat Ray, Head of the Centre for Behavioural Sciences at the All-India Institute of Medical Sciences, New Delhi, and the main author of the Report. The problem of drug abuse in the youth is a matter of serious concern as every individual is hooked to drugs other than alcohol and tobacco. The other striking observations were the high prevalence of heroin and IV drug abuse. Government should plan to increase the number of de-addiction and rehabilitation centres with recreational facilities for these addicts. Various nongovernmental organizations and nonprofit organizations can be involved to initiate vocational training and other employment programmes for unemployed addicts. Appropriate linkages between health workers, community leaders, religious leaders, and teachers for planning prevention and rehabilitation activities for drug abuse should be established. Periodic outreach awareness camps for antidrug abuse activities in the community and government schools should be undertaken. We suspect that there could be some under reporting by the abusers who can be considered as the limitation of the study. However, it gives definitive clues regarding pattern of drug use in rural areas. More multicentre studies are required to compare data and to generalize for the whole state. Education level has been found to have an impact on the risk of drug or alcohol abuse. Male predominance in substance abuse was observed with male gender, illiteracy, and age above **30** years. Male predominance in substance abuse is universal as proved by various studies. Heroin is a costly drug its increases use has also resulted in rise of economic crimes such as snatching, robbery and theft. Increase heroin use through IV route can also increase the incidences of HIV, hepatitis B and C thus burdening the health-care system further. Such high prevalence of heroin abuse can be attributed to its easy availability, steady supply across the border mainly from Afghanistan and Pakistan and a thriving smuggler-police-politician nexus which is hampering enforcement action. The numbers of people starting to use heroin have been steadily rising since **2007**. With most drug users being in the productive age group of **18-35** years, the loss in terms of human potential is

incalculable. The damage to the physical, psychological, moral, and intellectual growth of the youth is very high. Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behaviour. A study shows that onset of regular use of alcohol in late childhood and early adolescence is associated with the highest rates of consumption in adult life, compared to the later onset of drinking.

VI. FEAR OF PUNISHMENT OF DRUG ABUSE

Despite increasing evidence that addiction is a treatable disease of the brain, most individuals do not receive treatment. Involvement in the criminal justice system often results from illegal drug-seeking behaviour and participations in illegal activities that reflect in part disrupted behaviour ensuing from brain changes triggered by repeated drug use. While attitudes around drug use, particularly use of substances like cannabis, have significantly changed in the recent decade., the use and possession of most drugs continue to be penalized. People with addiction, especially those who inject drugs are often distrusted when presenting for care in emergency departments or when visiting other providers. They are often treated in a demeaning and dehumanizing way.

Fear of possible criminal consequences for drug use can shape people's health decisions in deleterious way. In some states, pregnant women with substance use disorders risk being charged with child abuse or otherwise losing their parental rights if their child shows evidence of prenatal drug exposure or is born with neonatal abstinence syndrome. Fear of such consequences of substance use may cause individuals to avoid much-needed prenatal care, treatment, and other services. The stigma against addiction extends to those who provide care for the condition and to the medications and harm-reduction measures that are used to address it. For example, methadone and buprenorphine are highly effective at helping people recover from opioid use disorders, but lingering prejudice that conflates taking medication with the use of harmful substances is one factor that prevents people from being treated with these medications. Although treatment for addiction is becoming more integrated into medicine, it has faced major challenges on many fronts and requires overcoming health care providers attitudinal barriers as well as hurdles arising in part from confidentially protection laws that may limit gathering and sharing data on patients us of illicit substances, when doctors don't ask about patients' drug use, they may miss information that is important to their care. Stigma also contributes to insures setting restrictive limits on what they will cover for medications to treat substances use disorders. The silence of people living with active drug use disorders due to the stigma associated with their condition means the wider public has no opportunity to revise their

prejudices, such as the belief that addiction is a moral failing or a form of deviance. An effective public health response to substance uses and substance use disorders must consider the policy landscape of criminalizing substance use, which constitutes a major socially sanctioned form of stigma. In addition to research already underway on stigma and stigma reduction at the National Institutes of Health, researcher on positive and possible negative outcomes associated with alternative policy models that move to prioritize treatment over punishment are also urgently needed, as such models could remove a major linchpin of the stigma around drug use and addiction and improve the health of millions of Americans.

VII. CONCLUSION

Drug trafficking is major concern because of its socio-economic and political implications. Illicit drug money once it enters an economy it affects the political systems the civil society and the productivity of a country contributing to social disintegration and collapse of democratic governance. In addition, drug abuse affects the health and the productivity of human resources of a country, which in turn affects its economic growth and development.

To stop drugs from entering the country, measures must be taken such as controlling cross-border trafficking and improving drug enforcement. However, to fully address the problem, India must also work on reducing the demand for drugs through measures such as imposing harsher punishment under NDPS Act, 1985. Awareness must be spread among the people to lower down the drug addiction through campaign and NGOs. Strict action is required from police officers and the excise and narcotics department to curb the problem of menace in the country. Education curriculum should include chapters on drug addiction. Proper counselling is another alternative. Concerted and coordinated efforts of all the agencies will be required to tackle this growing threat.
