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YOUTH AND DRUG ABUSE IN INDIA

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Abstract:

"The youth of a Nation are the trustees of posterity" - Benjamin Disraeli (1804-1881)
British Politician & Author

The present study is an attempt to examine the Youth and Drug Abuse in India, reviewing a microcosm of drug situation among youth in Andhra Pradesh, particularly Visakhapatnam City. It focuses on the perceptions of the substance abusers, the causes for their addiction to drugs, smoking and alcohol; the role of their families, friends and social environment and the law enforcing agencies in curbing/spreading this menace. The study has taken 200 youth by following snowball sampling method. The youth of the affluent and the middle-classes are in abundance in the City. As they have access to material comforts, most of them try to lead lavish and stylish life that subsequently offers them a wide variety of things to experiment with. In this process they taste the thrill of cigarettes, alcohol and drugs- just for a change but unfortunately, they are caught in the vicious circle of addiction to harmful substances and drug abuse.

Introduction

DRUG ADDICTS IN INDIA, A FEARFUL STATISTICS!

In a nation with a big population of more than 1 billion individuals, what lies ahead if one-third of the youth population would become drug addicts? It might not be frightened to learn that an estimated 7.5 crores Indians are drug addicts and the amount is working over significantly, drugs are now opening to semi-urban and backward areas, according to formal numbers. Reported to the major officials of Ministry of Friendly Justice and Empowerment, drug and alcohol abuse is becoming an area of interest in the Indian community. Reported to the National Survey on Extent, Pattern and Trends of Drug misuse in India conducted by the Focus in collaboration with UN Office on Drugs and Criminal Offence, the actual preponderance values inside the age group of 12-18 age was Alcoholic Drink (preceding 21), Cannabis (3), Opiates (0.7) and other illicit drugs (3.6 per cent). This is an alarming statistics in India (UNODCO, 2009)

According to the survey a high concentration of drug addiction goes in certain friendly sections and high-risk groups, much as, commercialized sex workers, transportation workers and street kids. Among full the provinces, usage is higher in North Eastern states/border areas & opium development areas of the nation. The drug insult prevalence is uneven in the state. A last point of alcohol abuse was according from the North Eastern states, high cannabis function from North East and Eastern regions and high opiate use in North East, North and Western geographical areas around the world. The National Survey in year 2010 indicated the prevalence of drug misuse among 371 women out of the try out size of 4,648 persons which is 8 per cent. It is figured that on that point are most 6.25 crores alcoholics, .90 million Cannabis and 0.25 gazillion opiates and nearly 1 million illicit drug exploiters in India. What does the administration state regarding kids and students? Ministry references said on that point is no authentic information to indicate that on that point is a development menace of drug addiction in the country particularly among kids and students as zero timeline information for are available. Nevertheless, they said that students at the secondary and higher associate levels are insecure to slipping into drugs and substance abusing behaviors due to family circumstances, peer pressures in society, distress elements & social stigma that match the mold of the younger generations in India.

Etimology Of Youth

There are more than a billion youth in this world and developing countries account for 850 millions of them. About fifty per cent of the population in the developing countries lives in urban areas. The United Nations Organisation (UNO, 2005) defines youth as a group that falls in the 15-24 years category whereas for Commonwealth Youth Programmes it is between 16 and 24 years. According to the Government of India, youth is the sum of individuals falling in 15-35 years age group. However, despite its limitations the definition of age is useful in forming statistical details and offers the practical convenience of a definitive social group with it own specific needs and problems.

Youth are of different categories such as male and female; rural and urban; literate and illiterate; employed and unemployed; skilled and unskilled etc. Youth is a period of life which is heightened in its emotional aspects. Sexual drive is the highest at this stage of life, which the youth need to be able to control and sublimate through socially approvable behaviour. This is a period where right interaction with the opposite-sex is learned. It has been identified that reproductive health problems are steeply rising among teenage marriage and pregnancy, teenage pregnancy outside marriage, sexually transmitted infections two-thirds of STI problems are estimated to be affecting the youth. AIDS is reported to be a critical problem among the youth in major metropolitan cities and drug addicts; high rates of anemia in female adolescents after menarche. Accidents are also on the rise; about 15,000 to 20,000 accident deaths and an equal number of permanent handicaps in youth take place every year; 15,00 to 20,000 suicidal deaths and 1.5 million to 2 million suicide attempts are recorded every year. Further, smoking, alcohol and drug abuse add fuel to the fire of youth problems (WHO, 1986)

Youth In Highly Urbanized Cities

The last decade of the twentieth century brought with it some fundamental change in political, economic and socio-cultural spheres. Young people were both agents and victims of those changes. They were in a dilemma whether to be integrated into an existing order or to serve as a force for transforming that order. The onset of market economy had witnessed a phenomenal growth in trade and industrial activity which in turn necessitated recruitment of larger workforce. Thus, drug proliferation started the

process of urbanization in India. In fact, urbanization is a process of switch from spread out pattern of human epicenters. As a result, urban areas are flooded with migrant people, swelling them in number. With the establishment of new factories, industries and other employment creating avenues, the standard of living rises along with the cost of living.

A significant chunk 84 per cent of the youth in the City was addicted to drugs and had also consumed prescription drugs. The study revealed that youth respondents have had taken a sample consume hemp, opium and prescription drugs. It is noteworthy that instances of cocaine, heroin and brown sugar are not reported by the sample of the study indicating that the availability of these substances is not within their reach and is confined to the rich and elite classes of the city.

Age-group	Total			Rural			Urban		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
10-14	124846858	65632877	59213981	92382322	48602745	43779577	32464536	17030132	15434404
15-19	100215890	53939991	46275899	70061823	37748418	32313405	30154067	16191573	13962494
20-24	89764132	46321150	43442982	61398904	31127482	30271422	28365228	15193668	13171560
25-29	83422393	41557546	41864847	57685140	28377173	29307967	25737253	13180370	12556880
30-34	74274044	37361916	36912128	51828879	28688779	26140100	22445165	11673137	10772028

Figure 1: Population Of Youth In India

Population in Age-Group By Residence and Sex

Source: Census of India 2010

The total population of youth in India (15-34 years age group) is 34,75,76,469 out of which the rural youth are around 24,09,74,746 and the urban youth are 10,67,01,713. The percentages of rural youth and urban youth to the total population of the country are 69.33 per cent and 30.67 per cent, respectively.

Profile Of Drugs Usage In India

World Drug Report 2006 of United Nations has given a figure of 16 million opiate addicts world-wide. This figure is not inclusive of other addictives or alcoholics. Opiate is the prime drug of abuse. According to a 2004 United Nations Office on Drug and Crime (UNODC) and Govt. of India report, India alone has nearly 9 million cannabis users, followed by 2 million opiate users and 0.3 million sedative hypnotic users. Besides, 62 million alcoholics as much size of the population of France were reported in India.

India has moved from the traditional stable society, mostly agrarian, to a highly developed, industrial and space society. The traditional joint cohesive family has changed to a micro and non-cohesive one. There has been a change from rural to urban living. In such a society, where the youth come from various strata of society, language and life styles, the youth experience difficulty in adaptation to the changing roles and value systems. This results in alienation, withdrawal, interpersonal relationship difficulties, depression and even suicidal tendencies. The problem gets intensified when the parents come from different religions and cultures and expect their children to be mature and develop their own value systems and roles without guiding them appropriately. (Johnston, L.D., O'Malley, P.M., Bachman, J.G., 2002).

Substance abuse is an important issue related to youth health worldwide. In NFHS-3, data were collected on tobacco consumption and alcohol consumption by men and women. Annually, about 5 million people die worldwide due to tobacco-related diseases which are more than deaths caused by any other single agent (Global Tobacco Surveillance, 2007). According to (Mishra et al., 2005), if the current consumption of tobacco trends persists, tobacco related deaths will be around 10 million per year by 2030. While cigarettes are the dominant form of tobacco use in much of the world, oral use of smokeless tobacco like chewing or applying to the teeth and gums and smoking of bidis are the dominant forms of tobacco consumption in India.

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cannabis users, followed by 2 million opiate users and 0.3 million sedative hypnotic users. Besides, 62 million alcoholics as much size of the population of France were reported in India.

The present drug control strategy of India can be traced back to the Single Convention on Narcotics Drugs of 1961. This was enforced in December 1964 and amended in 1972. The developing countries became puppets in the hands of U.S., via the UN. Increasingly we witnessed the incursion of international drug legislation into the national scene as aid became conditional on countries accepting the U.S. inspired drug laws. This threat was posed (among others) to Nepal when it refused to implement national drug laws modeled on international requirements. Western tourists tipped up the scales for cannabis especially those countries like Canada, USA and UK where cannabis is deemed legal use. Their demand modified the traditional association with drugs that existed in India, roping in several Indian youngsters. It became a sought after substance in certain elite echelon of society. In 1981 the member states formulated the International Drug Control Strategy that was supposed to cover all aspects of the drug issues: use, abuse, trafficking, treatment, rehabilitation and crop substitution. In 1984, though the member states pledged to include economic, social and culturally relevant alternative programmes, they had no strategy on how to deal with problems arising from the criminalization of centuries-old cultural habits in India. The demand modified the traditional option of drugs that existed in India. It became a sought after substance in certain strata of society.

Indian Law On Drugs

Nevertheless, the Indian government enacted the Narcotic Drugs and Psychotropic Substances Act, (NDPS Act), which did not take into account the Indian situation and its plural cultures. The NDPS Act was designed to conform to the Single Convention of 1961, which the Indian government had signed in 1964. India subscribed to the international goal of eradicating all cultural uses of cannabis within a 25-year period. Since the decision was taken without any planning, little or no attention was given to the methods used to achieve the stated goals and implications. There was no real public debate on the new legislation, and it was adopted without much research. The government's mismanagement has led to the leakage of opium produced from licit to illicit channels. After the enactment of the NDPS Act in 1985, there has been an attempt

to reduce the area of cultivation. Some high yield varieties of poppy had been introduced, producing over 42 kg. of opium per hectare, whereas the official computation of productivity remained for long at 28 kg per hectare. Further, there was a decrease in the floor purchase price of opium from Rs. 280 to Rs. 270 per kilo, inducing the farmers to divert sales to drug traffickers instead. The commission payable to the lambardars (agents who buy opium from the farmers and sell to the government) was reduced from 3.5 per cent to 0.75 per cent. This paved way to corruption, smuggling and trafficking.

With a purview of preventing arms-cum-drugs trafficking, the Indian government is building fences along the Jammu and Kashmir border. It was hardly known that as long as the conflicts persist, this area continues to be affected by drug trafficking. Political disturbances do not occur in a vacuum. When a region craves for independence, vested interests or negligence from the centre sometimes leads to deprivation. This was clearly the case in the North East – region whose underdevelopment is exacerbated by violent conflict, closing down of educational institutions and so on. In this situation of heightened insecurity, even school children have turned to drugs. All these conflicts have facilitated the smuggling of heroin from multiple sources, thereby multi-plying potential sources of supply within India. Although a hard-to-quantify proportion of the heroin smuggled into India is re-exported abroad, it seems reasonable to assume that some of it becomes available for Indian consumers. As more heroins become available, more incentives are generated to become involved in selling it in the domestic consumer market. Therefore, a 'pressure of supply' is generated on the domestic consumer market, first in the areas of conflict and then in the country at large. The pressure of supply is coupled with a strong pressure of demand resulting from the poor and stressful living conditions of the population of the areas of conflict, especially the young.

A system of supply and demand that characterizes the Indian drug market is that the users and traders are often the same. To fund the drug consumption many users commit petty crimes, such as theft. Many have resorted to selling drugs in order to bankroll their own habit. The outcome is to multiply sources of supply at the retail level, thereby increasing the chances that more people will become addicted, and resort to crime and peddling to fund their habit. The drug scene in Mumbai provides a good illustration of the situation prevailing in most Indian cities. In the late sixties, heroin use

in Mumbai was restricted to the circles of the rich since it was expensive to buy. Drug users in India make up a substantial proportion of the petty thieves 'working' in the city, but they are seldom arrested nowadays. While poor users do face problems when they become marginalized, the process of marginalization can be extremely painful to persons from the richer strata of society, who find it extremely difficult to adjust to the realities of street life in India. In addition, some users have died in custody. Others have developed a strategy to avoid arrest altogether: they slash themselves with a razor blade, usually on the chest or hands. They use a new blade each time for this purpose since they say 'it is safer'. Police officers are put off by such seemingly 'crazy' behaviour and would rather avoid having to deal with it.

Marginalized users are the main victims of drug use. When their daily heroin intake becomes impossible to afford, users get involved in rag picking, begging or manual labor. Another widespread means of earning a living is by stealing. Petty drug peddling has become an all-important source of income for some users. Some become regular assistants to peddlers, often receiving drugs, food and a place to sleep in return. They may eventually discontinue the habit as a result of friction between the police and the petty peddlers under whom they work. It is the purchaser or the intermediary who arranges for the sale of stolen goods. They can make better deals since they are aware of the desperate need of users for the drug. One user explained that it was difficult for them to pretend to be ordinary vendors because they sell their goods only when they are in urgent need of money for drugs, and seldom wait for a good bargain. Besides, they are afraid of being noticed by the police as they carry telltale signs of their habit: black marks on their fingers which were resulting from burns from the match sticks used to heat up the heroin.

Another strategy that users have developed in order to avoid the police is to apply human excreta or filth from the gutters onto their bodies. While many policy-makers advocate tougher law enforcement, few have bothered to understand the extent to which lives are wrecked through the criminalization of drug use. Previously, the users avoided creating trouble to society. When new legal sanctions came up, antisocial activities became rampant, depending on the extent of their craving. The move towards a drug free existence is a long term process depending upon the user and cannot be attained merely through enforcement.

Crime And Drugs Scenario In India

Organized crime in India was not born out of the drug trade but out of the national tariff barriers, foreign exchange and import restrictions that existed before the introduction of the new economic policies of liberalization. Thus, Indian import policy left loopholes for illegal trade. In the case of gold, India did not have commercial links with its largest supplier – South Africa. It was then channeled through third countries on its way here. Illegal channels got strengthened with the Gold Control Act. This created its own infrastructure and related services, such as transporters, landing specialists, couriers and money holders, which in turn facilitated the development of other forms of smuggling. With the demand for other foreign consumer goods, with the 'imported quality' prestige that the Indian middle class attached to Taiwan, Japan and Singapore-made, the underworld geared itself to cater to these needs. However, with the rise of liberalization of trade and the lowering of barriers previous profit margins plummeted and the players disappeared, but the infrastructure remained intact. So when brown sugar emerged in a early eighties, the freeway was already available. By criminalizing culturally sanctioned drug use and supply, the new legislation has left users free to establish their own individual norms regarding use, and paved the way for an exclusively for-profit motive on the part of the suppliers. Under a prohibition regime, profits become substantial because drug delivery happens despite the law. The special abilities required to do this on a continuous basis usually belong to organized crime.

In three states of North East India, No 4 heroin, smuggled from Burma where it is manufactured on a large scale, is taken through intravenous injection. This region of India has the highest incidence of HIV infection among drug users, mostly youngsters. Their life reels under strict military control, imposition of a curfew after 6 pm. The situation is so bad that some start using heroin at age nine. Brown sugar had not appeared till 1978; earlier studies do not even include brown sugar in the interview schedule. In the early eighties brown sugar emerged in Kashmir, Bhubaneswar, Madras, Coimbatore, Pune, Hyderabad, Goa and Bombay. Border villages lying on trafficking routes were also affected like patients coming to Chennai for treatment from the fishing communities of coastal Tamilnadu located on major international heroin trafficking routes.

The current drug scene is characterised by the continuing presence of traditional substances which can be used for either cultural or secular purposes, and the spread of new products, all of which are used in a secular way. The use of opiates is evident in parts of the country such as the highly urbanized cities, tourists' spots, some border areas and areas located near poppy crops or manufactures of opiates. In India, the commonly used derivatives of opium for non-medical purposes are morphine, brown sugar, pure heroin and codeine. Besides heroin, abuse of pharmaceutical drugs has become common in certain parts of the country.

The lack of proper procedures in the treatment of drug abuse has created a situation where addicts buy prescription drugs over the counter for self-medication and self-detoxification without proper guidance. This leads to a different kind of addiction. The abuse of pharmaceutical drugs among women is more common than the use of substances such as heroin and cannabis products chiefly because pharmaceutical drugs are purchased from legitimate sources and can be consumed under the guise of treatment for an illness. Pharmaceutical companies can market a product for a short span of time (two to three years), and subsequently withdraw it when the adverse effects generate criticism. However, in the process they retain the ability to market a 'drug' and yet be clean in the eye of the law.

At present in the rural parts of India, cultural norms are still the order of the day; the question is how long this constructive form can last out against the attack of commercial trafficking networks. It is feared that the criminalization in the cities and the North East will be replicated in these parts. And with many drug users become more vulnerable to HIV/Aids, chances are this reality remains hidden in a multi-faceted culture of India.

Present scenario of drug use among youth:

Drug abuse is a complex phenomenon in India. In most recent studies, it is known that Visakhapatnam, Andhra Pradesh, is envisioned as a growing industrialized mega city in the coming decade, various social, cultural, biological, geographical changes lead to the proliferation and prevalence of drugs. India ranks second to Afghanistan in production of illicit opium and probably the only country producing gum as found by the Indian Central Bureau of Narcotics. Opium poppy is grown in the central

Indian state of Madhya Pradesh (Mansaur), Rajasthan (Kota, Jodhpur, etc.) and Uttar Pradesh (Gazipur). By the turn of the century the Indian government licensed nearly 160,000 farmers to cultivate opium on 35,000 hectares. In the year 2010 over 1,300 metric tons of opium was harvested, the largest amount in many decades.

While, Afghanistan produces almost 90% of world opium followed by Myanmar. Many of the Indian states i.e. Jammu and Kashmir, Uttar Pradesh, Manipur, Mizoram, Nagaland and Arunachal Pradesh have been found to indulging in illegal growing of opium poppies (Narcotics Control Strategy Report 2000). Since the early 1980s use of opium derivatives like heroin has been wide spread in the major metropolitan cities of India like New Delhi, Kolkata, Chennai and Mumbai, etc. and most of what is available is impure and crude. A purer variety known as 'white sugar' or 'number four' is available in the states of Manipur, Nagaland and Mizoram, which are closest to the source of heroin. A part of the heroin available in India is trafficked from the Golden Triangle, in particular from Myanmar.

Claim Of Youth Using Idus

Drugs and substance abuse is an important issue related to youth health worldwide. In NFHS-3, data were collected on tobacco consumption and alcohol consumption by men and women. Annually, about 5 million people die worldwide due to tobacco-related diseases which are more than deaths caused by any other single agent (Global Tobacco Surveillance, 2007). According to (Mishra et al., 2005), if the current consumption of tobacco trends persists, tobacco related deaths will be around 10 million per year by 2030.

Drug use, misuse or abuse is also primarily due to the nature of the drug abused, the personality of the individual and the addict's immediate environment. The processes of industrialization, urbanization and migration have led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life. Though India does not appear to have a widespread culture of professional injectors, or 'street doctors', as in some other Asian countries, there do appear to be 'shooting galleries' where IDUs come to a site and inject. As a general rule injecting equipment is discarded inappropriately. Often they are thrown onto garbage heaps in the

neighborhood, and even though they are a risk to the local communities, they are frequently collected by people, washed and sold to others at a cheaper price.

Among India's IDU community sharing of injecting equipment is widespread and in many circumstances it is considered normal. A recent Rapid Survey in India showed that most addicts had at some stage shared their needle and syringe (within a period of six months). It has been found that the rates of sharing in metropolis of Delhi, Chennai, Mumbai and Kolkata ranges from 50 per cent to 78 per cent, while Imphal tops with 86 per cent (Manning, G., 2001). Though many druggies clean their injecting equipments, the majority did so inappropriately for protection against blood borne viruses such as HIV/AIDS and hepatitis C. The IDUs also indirectly shared common spoons, solutions, cotton swabs and at the same time dipping of a needle into an ampoule of a pharmaceutical drug was also noted.

Drug abuse has led to a detrimental impact on the society. It has led to increase in the crime rate. Addicts resort to crime to pay for their drugs. According to this research, drugs remove inhibition and impair judgment egging one on to commit offences based on self-consciousness, feelings and repercussions that the drug users are inclined to take. Incidences of teasing, group clashes, assault and impulsive murders increase with drug use and abuse. Apart from affecting the financial stability, addiction increases conflicts and causes untold emotional pain for every member of the family. In this study, it is revealed that with most drug users being in the productive age group of 15-35 years, the loss in terms of human potential is incalculable and damaging. The damage to the physical, psychological, moral and intellectual growth of the youth is very high especially among non-youth category. Among the youth category, the rising trends becomes a fashion in society especially those who belong to the elite members of community.

Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behavior. It is underscored that India has braced itself to face the menace of drug trafficking both at the national and international levels. The kind of menace has already beset urban cities like Visakhapatnam, although, limited information has been provided to give a clear and in depth understanding of the drug use and abuse situation in the City. Several measures involving innovative changes in enforcement,

legal and judicial systems have been brought into effect such as arrest of culprits and conduct of raids in pubs and bars where drugs are commonly proliferating.

The introduction of death penalty for drug-related offences has been a major deterrent. In India, the law is constraint only under the rules and provisions of offense and crime but not considered heinous crime. Perpetrators who violated the law are only arrested but not dealt sternly, so there is a great tendency that the crime will be repeated itself because more damages it will divulge to the growing younger populace in the city. The epidemic of substance abuse in young generation has assumed alarming dimensions in Visakhapatnam. Changing cultural values, increasing economic stress, constant migration of families and dwindling supportive bonds are leading to initiation into substance use.

Substance abuse like the use of cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused and used in India. Owing to various stress factors and increased influence of the internet exposure, media, the young people especially the student and non-student youth, generally get distracted as they have tendency to mimic the production of so-called and easy access to "designer drugs" is soaring out of control throughout the entire society. Major trends in drug abuse and trafficking in India and around the world as reported by the United Nations International Narcotics Control Board (INCB) has further show an increasing strategy to combat drugs related problems. Their potential can be proved in academics, social circles and other useful crafts of life. The lack of self-discipline, parental control, pampering, and peer pressure and their own vulnerability to get hooked to new and fascinating things – all these play havoc with the lives of the present generation of youth.

Findings Of The Study

The present study provides an insight on various parameters of drug abuse in Visakhapatnam as evident from the foregoing analysis of the primary data. It was revealed from the recent data that the youth age 15 and above have experienced the blatant effect of individual characteristics and, if so, whether the effect was similar to dependency and abuse or victimization of the young users and offenders.

There were two clear findings emerged. First, the characteristics of the youth in which the people live do play some part in influencing their delinquent and drug using

behaviour, although fewer of these factors were significant as compared with individual characteristics and the explanatory power of the impulsivity measure was stronger than that of any of the significant youth characteristics. It is likely that the inclusion of further individual level explanatory variables would weaken the impact of drug abuse in the city even further, which is broadly in line with the findings of other cross-sectional analyses.

The finding is supported to an extent by the report of Drug Control Agency that confirmed the menace in Visakhapatnam these days. It is pertained evidence that weak law enforcing agencies affect in explaining trajectories of drug offenders, particularly for those who start offending later in adolescence. The second main finding from this analysis is that there are distinct differences in the characteristics of the city that impact on delinquency, cannabis and hard drug use, which suggests that quite different explanatory frameworks are required. The evidence presented here suggests that delinquency among the youth thrives within areas experiencing structural adversity and economic deprivation. This is consistent with other recent evidence from the research study that shows those living in highly urbanized city were less likely to desist from offending than those living in more affluent environment. Such evidence highlights the contextual importance of the places that youth who grow up and are broadly

The relatively significant ratio of youth in Visakhapatnam City cohort members who reported taking hard drugs may have had some bearing on the model results for this dependent variables in the study. The scientific explanation for hard drug use among the youth showed some consistency with both the delinquency in smoking, alcohol and cannabis in terms of the individual factors that emerged as significant. Like both delinquency in drug use and other substance increased hard drug use at age 15 and above was associated with having experienced family stress, social pressures, separation and loss with having a more impulsive personality traits among the youth. In contrast, there was a relative increase in the influence of self-consciousness, feelings and repercussions among the youth who have experienced great turmoil in their early formative years.

Drug Trends In Visakhapatnam City

The growing trends in society also have severe influence of impulsivity in explaining hard drug use. Impulsivity was still a stronger explanatory factor than the one emerging social and economic factors. Like the drug use and abuse, cannabis is becoming a common outlet and gender was not significant in explaining increased hard drug use. While most likely that delinquency among the youth has thrived significantly,

drug use has increased by factor of familial socio-economic status. In contrast to both of the previous data, neither of the census measures proved to be significant in explaining more frequent involvement in drug use of the youth at an early age of 15 and expanded through the years.

The only area level variable to emerge as significant within the drug use was living in the highly urbanized city with a high incidence of crime and drug proliferation such over the counter prescription drugs. It is not exactly clear how living in an area with a higher rate of crime such as Visakhapatnam can cause severe social damage, stealing and violence might precipitate a greater level of drug use, especially among the youth since this variable had tremendous bearing on frequency of youth offenses and delinquency. There was an indication that concentrated deprivation, social dis-integration re-organisation, poor collective efficacy or social disorder had an impact on increased levels of drug use within the study area. In addition, when the measure of smoking, alcohol and cannabis acceptability was included in the research, it proved to have major impact on drug use which discounts general drug tolerance as an explanation.

The influence of substance use and drug abuse was disturbing among the youth in Visakhapatnam City. In a general perspective, it was a known fact that the vast majority of drug users were also smokers, alcohol consumers and cannabis users. When frequency of cannabis use itself was taken into account, it proved to be highly significant in explaining more frequent drug use, which shows a strong link between these three dimensions on self-consciousness, feeling and repercussions. Even though controlling for frequent smoking and cannabis use, the offenses and crime measure remained within the context of the study. It seems likely, therefore, that drug users are a very distinct subpopulation – quite different from the majority of general youth – and that a range of other individual youth factors might be more important in terms of explaining their deterrent behaviour. It is also possible that the offenses and crime committed by those drug users and abusers varied on acted upon influence as a proxy for other more pertinent city-wide analysis and scope of study. These influencing factors were included in this analysis, such as drug availability and vulnerability among the youth.

In contrast, more frequent cannabis use was found to be associated with economic prosperity – both at the individual and the self-consciousness level. The association between drug use and economic prosperity has recently been noted. In this study, it is argued that those living in 'highly urbanized areas such as Visakhapatnam, (which included affluent, prosperous professional and better off executive areas) had the

highest levels of drug use (of which the most common type was cannabis use). This strongly suggests that there are cultural factors at work in terms of explaining drug use, which may be in part environmentally determined (e.g. through the availability of drugs or the collective approval of such behaviour, although the study did not find this to be the case from previous data analysis) and that the developmental processes involved in drug use are quite distinct from those of youth delinquency. Moreover, increased smoking, alcohol intake level and cannabis use is associated with areas characterised by a younger age group, more transient population which is somewhat supportive of the study recount. The finding showed that drug use was more frequent within areas of high recorded city based crime is quite difficult to interpret, since it is highly unlikely that this in itself is a causal factor among drug users and abusers. It is probable that the police crime records were lacking in terms of absolute measure was acting as a proxy for some other pertinent characteristic, such as drug availability and vulnerability.

The fact that different explanatory frameworks are required to suggest that different government policy responses are also needed to address these drug related problems among the youth. The differences in the social, economic and cultural perspectives examined in this study only imply that community-based strategies which take a uniform approach to tackling offense, crime and drug use are unlikely to be entirely successful and that more specifically targeted approaches are necessary. The findings are supportive of crime control policies aimed at tackling underlying aspects of structural deprivation. However, such initiatives are unlikely to have much impact on reducing drug use, which is associated with greater social affluence and economic prosperity.

There is great emphasis to be placed on targeting health education, media campaigns particularly within the communities that have a high population of young people and transitional populations. Although, it appears that strategies for reducing drug use may be best targeted within the highly urbanized cities, it is likely considered that much more needs to be understood about drug use and abuse within a population as young as 15 to 35 years old before policy implications can be considered.

While the primary focus of this research has been on the impact of drug use and substance abuse among the youth of India, the level factors did prove to be strong explanatory in three dimensions on the behavioural problems of the youth and revealed both similarities and differences. It seemed to appear that risk factors underlie problematic behaviour among the youth in particular. There is evidence that they may

impact differentially on delinquency and drug use, with impulsivity being more important in explaining delinquency and family disruption being more pertinent to the development of drug problems. These findings supported the need for initiatives to provide parents with the skills to deal effectively with difficult children and to advise and support families, social institutions and law enforcement agencies particularly in the context of Visakhapatnam.

Conclusion

Account of addicts in India has always been a difficult task and this still remains the case. It was estimated in late 1980 and early 1990s that India had five million opium users and one million heroin addicts respectively. Most of the drug users in India are male but in many drug treatment centers female drug users may constitute up to 10 per cent depending on the city and geographic region; and it is proliferating (UNAIDS and UNDCP 2010). A New Delhi study of female drug users although of small sample size shows that 30 per cent were commercial sex workers (CSW). Only 15 per cent admitted to being IDUs, though, it was not clear if these people were also Commercial Sex Workers (NEIDAC, 2000).

Rapid survey data on drug use show that the onset of drug use in various major cities starts as early as 15 to 21 years of age. Experts agree that the ages of starting injecting are similar in most of the states. Sizeable number of drug users is from a lower socio economic status with substantial numbers having almost no education and they work in insecure positions or are unemployed. Forty two percent among IDUs of Kolkata could not read or write: it was nearly 50 per cent among the non-injectors. Delhi also showed near identical result, although in Mumbai it was little better. However, in Meghalaya among drug injectors and non-injectors, it was determined abysmally low i.e. three percent (Tellis, E. et al 2000).

The legal case of a person when convicted of involvement in production, manufacturing, possession, transporting, importing or exporting an amount equal or in excess of 10 kilograms (kg) of opium, one kg of heroin or 20 kg of hashish can be sentenced to death although the death penalty has yet to be carried through. Those convicted of possession or consumption of a small quantity of drugs for their own use are allowed to be released as long as they attend a de-addiction centre and within one year

provide the court evidence of their medical follow up. Section 64 A of the Act allows for no prosecution to be imposed for a first time offender if the offence is related to possession of a small amount of drugs and the person agrees to seek drug treatment on a voluntary basis from a recognized institution.

As a general rule the criminalization of drug use has forced many drug users to choose drug treatment in order to evade imprisonment. As per the record of the Ministry of Social Justice and Empowerment in 1992 there were 145 counseling centres, 86 de-addiction centres and 14 after-care centres and over three million registered drug addicts in the country. The approach adopted by the Ministry is to recognize drug use as a psychosocial-medical problem and involve as much NGOs as possible in care and cure of the druggies. Community participation has been encouraged by the government as part of the process of care and cure, as it is not only cheaper but also maintains the link between the drug users, their families and the community. A large number of youth, both male and female, have succumbed to the use of drugs and eventually become drug addicts.

Globalization and modernization are the two undeniable aspects that contribute to the menace of drug abuse. The changing life styles, hectic schedule of the parents, the rat race for material gains at the cost of one's peace, lack of proper implementation of Laws, availability of more options to the young etc are the major things that prompt the youth of the world to go for drugs. India is no exception to this phenomenon. In the twenty-first century many vistas are open for development. The question is how the government of India responds to this alarming scenario of the youth. Reported to functionaries, the administration has place into performance a multi-pronged strategy taking motivational counseling, social-reintegration and building consciousness about the ill results of drug abuse. The administration is besides considering in terms of training the people on the ill effects of drug insult over appropriate comments in the educate curricula and services concentrate the factor of risk of succumbing to this vice, the references. To harness the menace, the Ministry has also taken a two-pronged scheme-supply and need step down approach.

The spell of supply reduction is below the view of the Enforcement Authorities the demand simplification strategy as revealed in the purview of the Ministry. The Scheme for Prevention of Drunkenness and Means of Drugs Abuse must be strictly implemented through 350 Non Government Organizations for going 387 De-addiction

Centers and 52 Counseling Centers all over the nation for providing facilities like drug intervention, renewal peer helps and constant awareness and advocacy of knowing drug programs for victims of meaning dependency. Now the challenge is to make people aware of the menace and encourage them to join in the battle once more this malady that endangers the country, and provides concrete actions of lease of living to make a collective effort to eradicate the numerous addicts in Indian society!

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