

Towards a drug-abuse free society in J&K: Need for a multi-dimensional approach

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Drug dependence is not something that is incurable. It is a preventable and treatable disease, and effective prevention and treatment interventions are very much possible. Best results are achieved when a comprehensive multidisciplinary approach that includes diversified pharmacological and psychosocial interventions is adopted. Children and adolescents who suffer from neglect, abuse, household dysfunction, exposure to violence and instability are at particular risk of substance abuse. In Kashmir valley major causes of drug abuse have been linked to long standing conflict and frequent phases of unrest, large scale unemployment and illiteracy, stressful social life, educational and family stress, lack of sports amenities and entertainment avenues, easy availability of scheduled prescription products over-the-counter, select areas turning out to be hot pockets of illicit drug use, lack of effective enforcement mechanism and government control over substance abuse, mushroom growth of licensed drug stores and large scale corruption and growing immorality in the society.

Unfortunately in many societies drug dependence is still not recognized as a health problem and many people suffering from it are stigmatized and have no access to treatment and rehabilitation. The notion that drug dependence is a “self-acquired affliction”, has contributed to stigma and discrimination associated with drug dependence. However, scientific evidence indicates that the development of the disease is a result of a complex multi-factorial interaction between repeated exposure to drugs, and biological and environmental factors. Attempts to treat and prevent drug use through tough penal sanctions alone for drug users have failed because they do not take into account the neurological changes drug dependence has on motivation pathways in the brain¹. Nevertheless stringent regulatory controls must go hand in hand with preventive and rehabilitation measures. Fine-tuning and strict enforcement of laws relating to narcotic drugs and psychotropic substances needs to be ensured to secure the society from the evils of drug abuse.

Major causative factors of drug abuse

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much possible. Best results are achieved when a comprehensive multidisciplinary approach that includes diversified pharmacological and psychosocial interventions is adopted. Children and adolescents who suffer from neglect, abuse, household dysfunction, exposure to violence and instability are at particular risk of substance abuse². In Kashmir valley major causes of drug abuse have been linked to long standing conflict and frequent phases of unrest, large scale unemployment and illiteracy, stressful social life, educational and family stress, lack of sports amenities and entertainment avenues, easy availability of scheduled prescription products over-the-counter, select areas turning out to be hot pockets of illicit drug use, lack of effective enforcement mechanism and government control over substance abuse, mushroom growth of licensed drug stores and large scale corruption and growing immorality in the society.

Based on the approach that drug abuse is a psycho-socio-medical problem that can be handled through community-based interventions, a multi-pronged strategy needs to be adopted to curb the menace that should simultaneously include measures towards prevention and control as well as towards treatment and rehabilitation. Policies need to be formulated that simultaneously address supply and demand side of drug addiction control. Such measures lay emphasis upon creating awareness and educating people about ill effects of drug abuse, dealing with addicts compassionately through a programme of motivation, counselling, treatment, follow-up and social reintegration and by imparting drug abuse prevention and rehabilitation training to volunteers with a view to build up a strong cadre of drug abuse control operators. Educating students, faculty and staff about the risks of drug abuse should be the foundation of all prevention efforts and this should include an enhanced interaction with the parents too³.

Family and teachers' support

Supportive families are essential to raising socially, mentally and physically healthy and well-adjusted children and preventing later adolescent problems. Factors such as a lack of security, trust and warmth in parent-child relationships, a lack of structure in family life and inappropriate discipline practices and insufficient limit-setting can render children at greater risk of problematic behaviours and subsequent substance abuse and mental health disorders⁴. Therefore family skills training programmes have been found to be effective in preventing many of these risky behaviours, including substance abuse. There is need to adopt innovative approaches to keep the drug threat at bay. Parents and other family members of the victims in particular have a very significant role to play in identifying potential abusers, developing a supportive and caring environment within the family, counseling and educating the abusers about the ill-effects of drug abuse, helping the abusers to return back to the normal life and get rid of the substances of abuse, in rehabilitating them and boosting their morale and confidence to start afresh as a normal human being free from all habits of drug abuse.

Other than parents young adults spend most of their time with their teachers thus making them as one of the important parties in curbing this menace of drug abuse. Teachers can be of great help in detecting, identifying, counseling, hand-holding, supporting, encouraging, rehabilitating, remedying, mainstreaming and managing the drug abusers. Regular awareness and counseling programmes through outdoor camps, open air theatres, dramas, painting competitions, video displays, street plays etc need to be conducted by every school and college across the state against drug abuse in order to acquaint the students with the dangers and consequences of such addiction. Awareness about ill effects of drug abuse must be incorporated into the curriculum at all levels of education. Teachers too need to be acquainted well with the signs and symptoms of potential drug addiction.

Measures to be taken by educational institutions

Even CCTV cameras may be installed in vulnerable and addiction-prone educational institutions to monitor sale and abuse of drugs within and outside the premises. Each and every educational institute must have a full-time position available for a counselor who could either be a qualified psychiatrist or a trained clinical psychologist, who should be entrusted with the job of undertaking student counseling from department to department on regular, door-delivery basis and address their stress management or drug de-addiction needs. Every educational institution must have a nodal officer and a teachers' committee to prevent and control drug abuse in the campus and also to facilitate counseling sessions and awareness programmes. As a pre-condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education must certify that it has adopted and implemented a programme to prevent the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees.

Govt. through its information and broadcasting wing must secure slots for drug awareness campaigns in the middle of most popular and widely viewed television programmes. Popular television serials based on stories and scripts related to drug addiction and its consequences must also be relayed from local as well as national channels. Drug de-addiction centres must be established at all district headquarters with sufficient trained staff and bed strength besides a full-fledged drug de-addiction and rehabilitation centre at the divisional level. Each school and college must procure a drug-addiction detection kit that comes at an affordable price for regular detection of drug abusers. This will act as a strong deterrent too. Similar kits can be used by the police for truck drivers and drivers of public transport vehicles. A drug testing programme can be an effective way to discourage experimentation and stop drug use before it begins⁵. Regular health check up and screening camps must be held within college and university premises. Student surveys to receive complaints from the surrounding community must be encouraged and the importance of campus environments including

physical, social, cultural and regulatory atmosphere in influencing student attitudes and actions needs to be taken into account.

Measures to be taken by the government

State government needs to take several steps towards controlling the menace of drug addiction. Its approach has to be bi-pronged addressing supply side (that includes enforcement activities) as well as the demand side (that includes rehabilitation and de-addiction measures). On the analogy of National Policy on Narcotic Drugs and Psychotropic Substances formulated in January, 2012, it must come out with a comprehensive, focused and goal-oriented policy against drug addiction and chalk out a robust and time-bound action plan at division, district and block levels. Measures towards prevention and control of drug abuse within educational institutions must be incorporated into the new education policy of the government with sufficient budgetary allocations for executing such measures in a time bound manner. Drug de-addiction policy⁶ recently announced by the J&K government must be implemented in letter and spirit. Further this policy must be constantly monitored for its effectiveness and regularly revisited, reviewed and revised for making necessary amendments in the same with a view to make it a fool-proof, highly effective, focused, productive and goal-oriented policy.

An effective coordination and collaboration between various govt. agencies and multiple stake-holders needs to be fostered. A coordinated response of government and non-governmental organizations can be achieved through government funding support to voluntary organisations for setting up/maintenance of counselling and awareness centres, deaddiction-cum-rehabilitation centres, de-addiction camps and for preventive awareness programmes, workplace prevention programme and training of service providers. Drug sale licences must not be made free for all. Particularly licences to stock and sell schedule X drugs and psychotropic substances must be restricted to a few chosen chemists with an unblemished track record. Sale and purchase records of such drugs must be checked continuously and severe penalties must be imposed upon the defaulters. Drug control department needs to conduct regular market checks and ensure sale of prescription drugs only against the prescriptions of registered medical practitioners. OTC sale of prescription drugs must be stopped.

Government needs to strengthen its intelligence apparatus for improving collection, collation, analysis and dissemination of operational intelligence regarding illicit drugs. There must be a reward policy for giving information about drug trafficking or abuse. Inter-state cooperation and coordination in operational intelligence, investigations and legal assistance needs to be improved too. A nodal office of Narcotics Control Bureau must be established in Kashmir division too and in accordance with its guidelines local government has to constitute an anti-narcotics task force headed by an IG level police officer besides a multi-disciplinary coordination committee under the chairmanship of Chief Secretary

level officer for regular interaction with central and state agencies. This will make J&K eligible to receive grant-in-aid from NCB for infrastructure development in narcotics control⁷. Surveillance and enforcement at entry/import points and land borders of the region needs to be made more stringent and foolproof besides identification and eradication of illicit cultivation as well as wild growth of cannabis and opium poppy.

Social interventions

Constitution of block and district level monitoring and vigilance committees with active participation of police, traffic police, medical health officers, school and college teachers, principals, religious preachers, housing societies, mohalla committees, drug control and excise officials can go a long way in not only creating awareness and preventing abuse but also in identifying magnitude of the problem in each locality and motivating the abusers towards the rehabilitation. Social engineering is also of crucial importance in preventing drug addiction. Perpetual sermons through religious preachers during weekly religious congregations, mass prayers and gatherings can have a durable impact in discouraging drug abuse. Prohibition of drugs abuse by all religions needs to be propagated and disseminated constantly to curb the menace. Religious beliefs have a strong influence upon individuals and therefore religious sermons by the respective heads can be highly effective in controlling the problem. Govt. action plan must begin with identification of vulnerable areas that are prone and sensitive to drug trafficking and illicit use and therefore require focused attention and strategic action. Vulnerable pockets need to be taken up on priority for preaching by religious scholars and community outreach activities through social help groups, volunteers, NSS and NCC cadets.

Focusing more on the supply side

Having discussed various aspects and directions of a multi-dimensional approach towards curbing the menace of drug abuse and evolving a drug-abuse free society in J&K, it needs to be mentioned that law enforcement is without any doubt the most important and crucial aspect of the same. Unless supply of substances of abuse is not reduced to a very large extent, no amount of hard work on the demand front is going to bear much fruit. Police and excise departments of J&K need to tackle the supply and availability of all kind of substances of abuse on a war-footing basis and they need to clamp-down upon traffickers and suppliers with a heavy hand. There should be zero tolerance for any violation of the provisions of the Narcotic Drugs and Psychotropic Substances Act. Deterrent punishments and penalties need to be awarded by the courts to all the convicts of drug abuse. Narcotics and psychotropic substances should be treated just like illegal weapons owing to their disastrous health hazards. Overcoming the menace of drug abuse must be accorded same priority and preference as that of maintaining law and order in the region. Fear of law should send shivers down the

spines of drug traffickers. Only when the region is cleared of all kinds of the substances of abuse on a sustained basis, can the demand side activities mentioned above prove to be useful in curbing this menace.

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