

Guest Article

PREVENTION AND CONTROL OF DRUG ABUSE IN THE THIRD WORLD¹

V. K. VERMA,² M. B. B. S., M. Sc. Psychiat. (Mich.), D. P. M. (Eng.), F. A. M. S.,
F.R.C. Psych., Dip. Am. Bd. Psy.

S. C. NAGPAL,³ M. A., L. L. B.,

RAVINDER DANG,⁴ M. A., Ph. D.,

Lately, there has been a significant increase globally in the interest in drug abuse and in its prevention and control. There is evidence that use of alcohol and other dependence producing drugs has increased world-wide in the last decade or two.

Some people question if the State should have any role in controlling the use of dependence-producing drugs, as every citizen should be his own judge and have freedom to use a particular drug. However, if we define freedom as "choice of action with full knowledge of predictable consequences", drug use cannot be construed as expression of freedom as most users are not aware of the likely effects. Furthermore, owing to the harmful effects of such uses on the family and children (neglect due to wastage of money and aggression under influence of drug) and the society at large (accidents, crimes, absenteeism, etc), the society has a definite role to intervene to control drug abuse. Thirdly, it should be kept in mind that as opposed to many other activities, use of dependence-producing drugs is a form of behaviour, that, by definition, people get "hooked to", and once developed there is no easy way to escape or stop this habit.

Use of dependence-producing drugs falls under what the sociologists call "consensual crimes". These are the activities which concern only one individual or mutually consenting adults. Although these activities do not directly concern a third person or others in the society, many such activities are considered crimes and are accordingly prohibited. Even the most ardent advocates of freedom as regards alcohol and drug abuse will agree that the society has a role in such consensual crimes as gambling, prostitution and suicide.

The legislation to control production, traffic, sale and use of drugs can be considered at the national and international levels. International control primarily aims at movement of such drugs across national boundaries for which a number of international treaties and protocols exist, especially the Single Convention on Narcotic Drugs, 1961, and the 1972 protocol amending it; and the Convention on Psychotropic Substances, 1971. These treaties also enjoin upon the signatory nations to exercise controls on manufacture and sale of dependence-producing substances as identified per its schedule.

The control of dependence-producing drugs can be considered at the pri-

¹Based on a paper presented at the Fourth International Psychiatric Conference, Islamabad, Pakistan, December, 1982.

²Professor & Head, Department of Psychiatry, Postgraduate Institute of Medical Education & Research, Chandigarh.

³Advocate, Punjab and Haryana High Court, Chandigarh.

⁴Lecturer in Psychology, Maharshi Dayanand University, Rohtak.

mary, secondary, and tertiary levels. At the primary level, attention needs to be paid towards reducing the sociocultural variables like poverty, unemployment, unstructured free time and lack of other avenues of joyful activities which have been shown to be correlated with drug abuse, and facilitation of group and community-based activities and social support systems which are negatively correlated with drug abuse. Approaches to primary prevention in the form of education, information and alternative for personal and social growth can be helpful. Certain personality attributes like anxiety, alienation, and anomie may also be positively correlated with drug abuse.

The secondary prevention begins with the identification of actual and potential problem users through suitable questionnaire survey and key-informant methods. In this regard, the epidemiological surveys may also throw light on the size of the problem at the macro level. However, there is merit in monitoring epidemiological surveys over time to indicate changes in the magnitude and pattern of drug abuse, switch from one drug to the other, etc. Secondary prevention also needs to identify the potential problem users. For example, it is fairly well known that it takes several years for a person to develop alcoholism and methods to identify those social drinkers who are vulnerable to develop alcoholism may be helpful. Secondary prevention attempts to reduce the number of drug-dependent persons. It includes crisis intervention, early diagnosis and referral, as well as detoxification, management of associated physical problems and the initiation of the abstinent status.

Tertiary prevention needs to facilitate maintenance of abstinent status once achieved and to facilitate sociocultural and environmental factors condu-

cive to that. One other important aspect of tertiary prevention is in terms of rehabilitation and social integration of the ex-users and mitigating harmful effects of dependence-producing drugs on the society at large.

Since drug abuse is a phenomenon which concerns the society at large, doctors and paraprofessionals at the primary health care level have a special role to play in it and can be most useful at all the three levels of prevention. As these personnel remain in continuous direct contact with the population and are more accessible and acceptable to the people living in the community, they can maintain a more effective liaison with the population for prevention of drug abuse. However, they need to maintain better coordination and liaison also with the mental health specialist to facilitate their work in identification, management and rehabilitation of drug users.

Prevention and control of drug abuse is of special relevance to the developing countries. Most of the developing countries are rich in production of such drugs. The major growing areas of drugs like opium, cannabis, cocaine and mescaline fall in the developing countries. We in India enjoy the dubious distinction of being the largest exporters of opium for legal, medicinal purposes. However, greater control is very much needed to ensure that the drug locally produced is not diverted into illegal channels. Unfortunately, the poverty of these countries makes the large differential in prices across countries particularly attractive and motivating, thus encouraging smuggling.

Certain socio-cultural factors which are more directly related with drug abuse are of greater relevance to the developing countries. Poverty and unemployment which are present in greater magnitude in the developing countries

have been found to be instrumental in and aggravating drug problems. These further result in lack of other opportunities for entertainment and in increase in unstructured free time; factors which have also been positively correlated with drug abuse. Some studies suggest that an aspiration for modernity may be positively linked with drug use in these countries. Unfortunately, on account of financial constraints, these are the same countries which can least afford drug abuse and are in most need of controlling such wastes.

National laws and other social control measures in many countries unfortunately are not as effective as intended and, by and large, remain "laws of intention" rather than "laws of action". It must be emphasised that laws pertaining to drug abuse must be reasonable, realistic, based on scientific considerations and consistent with the scientific knowledge regarding the dependence-liability and deleterious effects and risks involved in a particular drug. For example, it would be wrong and illogical to apply the same blanket law to drugs as widely differing in effects as heroin and cannabis and tobacco. The law should be realistic in the sense that there is a reasonable chance that it can be enforced and that the necessary infrastruc-

ture to enforce it is available. The necessary mechanism should be provided for the implementation of the laws. There is no point in legislating highly ambitious laws which have no reasonable chance of being implemented. Many laws are not only ineffective but are also counterproductive. To illustrate, if death penalty has been prescribed for possessing of, say, one kg of charas, a peddler, if he is to risk his life, why should he risk it for one kg and not for one tonne. Finally, the laws should be consistent with the socio-political norms of the particular country and its legislation pertaining to other criminal activities. For example, you cannot have death penalty for cannabis use, when in that country those committing murders, rape and kidnapping get away with much lighter sentences.

There is a considerable need to augment rationality and practicability in drug abuse laws in most countries. In view of its special problems, it is more clearly and urgently required for the developing countries. There is need to evolve consensus in general principles behind such legislation. In this fashion, reasonable and realistic laws can reinforce educational and social measures towards reduction of drug abuse in the developing countries.