CHAPTER VII

SUMMARY OF THE FINDINGS, EDUCATIONAL IMPLICATIONS AND SUGGESTION FOR PREVENTION OF DRUG ABUSE
7.0 Introduction

The analysis of the data and the findings of the study was presented in Chapter IV and V and the Case studies was presented in Chapter VI. This present Chapter consist of four sections. Section 7.1 gives the summary of the findings, section 7.2 indicates the educational implications. Section 7.3 depicts the suggestions for prevention of drug abuse and section 7.4 gives suggestions for further Research.

7.1 Summary of the Findings

The following are the summary of the findings. There are four sections in the results for Drug abuse among the college students, its effect on their educational performance and its prevention.

7.1.1 Background Information of Current and Past Drug Users

(i) The study shows that the problem of drug abuse is more prevalent among the college students studying in the urban areas of Shillong and Jowai even though some of them are also found in one rural college of Khasi and Jaintia Hills.

(ii) The prevalence of drug abuse is more among the males being 85 per cent and still low among the females being 15 per cent.
(iii) It was found that the age group 15-19 years constitute the bulk of the drug users. It further shows that the proportion of drug user gradually decreased from the age group 21-27.

(iv) It shows that drug use attracts students irrespective of their religious background.

(v) The incidence of drug use was found to be higher among those who stay away from home.

(vi) Majority of the parents of the drug users are literate being 98.74 per cent and only 1.26 per cent are illiterate.

(vii) The average family income of the respondent was found to be Rs. 4111.11. The income distribution pattern indicates that a larger proportion of drug users belong to the middle income group followed by lower income and higher income groups in that order.

(viii) The family size of the drug users was not very large so as to create difficulty in maintaining disciplines at home.

(ix) With regard to the birth order of the respondent, the highest was among the youngest children which is 41.00
per cent, the eldest sibling being 2.75 per cent followed by the only child of the present being 20.50 per cent and lowest being 16.75 per cent belonging to the middle children.

7.1.2 Drug Use Among the Current User

(i) The bulk of the Current users, i.e., 83.61 per cent were initiated into drug at the age group 14 to 18 years. This age group seems to the most drug from prone age. This is the school and college going age.

(ii) The influence of friends is maximum in introducing the Current users to their first taste of drugs that being 55.28 per cent. Mass media had its impact on 15.83 per cent cases 23.89 per cent had taken drugs without being prompted by any person, 4.17 per cent were being influenced by their family members.

(iii) The drug user started with soft drugs and ultimately to hard drugs. The first first type of drug used by 48.88 per cent respondent was cannabis, 35.53 per cent took to cough syrup, 6.67 per cent took to narcotic analgesic such as Heroin/No.-4, smack and analgesic. Very few of the respondents took to amphetamines, Benzodiazepenes (sedatives and tranquillizers) non-
narcotic analgesics, anti-histaminics and volatile solvent.

(iv) The first type of drug used by males and females was cannabis followed by cough syrup. Amphetamines and volatile solvent among the females and followed by narcotic analgesic, benzodiazepenes (sedative and tranquilizer) and non-narcotic analgesic. Anti-histamines was not taken by the females. Whereas among the males it was followed by narcotic analgesic (Opioids). Benzodiazepenes (sedative and tranquilizer). Non-narcotic analgesic, volatile solvent followed by amphetamines and anti-histaminics.

(v) Among the Current user, 68.33 per cent belonged to the category of the Occasional user, 21.94 per cent belonged to the category of the Regular user and 9.72 per cent belonged to the category of the Addicts.

(vi) The causes leading to drug use is being divided into five categories. They are the (a) Psychological factors, (b) Social factors, (c) Educational factors, (d) Physiological factors and (e) Miscellaneous factors.

(vii) From a total of 360 Current drug users, 353 (98.06 per cent) have stated the psychological factors, i.e.,
18.13 per cent used drugs to relieve tension, relaxation, 17.28 per cent to satisfy curiosity, 16.43 per cent to ease depression, forget miseries of life or uncertainty of the future, 16.15 per cent to make them feel good, get high and again 16.15 per cent for kicks. 13.03 per cent to have a new experience, 2.27 per cent to remove boredom and 0.56 per cent to intensify perception. The study further shows that the highest percentage is 17.50 per cent among males and 24.24 per cent among females in order to relieve tension and facilitate relaxation followed by 17.18 per cent among males to satisfy curiosity and 21.21 per cent among females to ease depression and forget miseries of life.

From a total of 360 Current drug users, 300 (83.33 per cent) stated the social factors to be the cause leading to drug use. 38.67 per cent took drugs, the reason being to be acceptable in the group and 32.67 per cent took drugs to keep up with the 'in-thing' 'mod of the day'. 32.09 per cent males and 37.50 per cent females took drug in order to be acceptable in the group and 30.06 per cent males and 43.75 per cent among females took drugs to keep up with the 'in thing' 'mod of the day'.

196 respondents from out of 360, i.e., 54.44 per cent have stated the educational factors to be one of the
causes leading to drug use, i.e., 39.80 per cent believe in the myth that drug helps in increasing concentration in studies, 27.04 per cent believe that it will help them to improve studying 33.16 per cent states that it helps one to perform better in an examination.

From a total of 360 Current drug users 150 (41.67 per cent) have stated the physiological factors to be the cause leading to drug use, 35.76 per cent took to drugs to be able to stay awake for larger hours to study at night. 27.15 per cent took drugs to have a good appetite and 12.58 per cent to be able to keep the body slim and trim. Both males and females took drug to be able to stay awake for longer hours. An interesting feature to be noted here is that 65.52 per cent females took to drugs such as Dexedrine (Amphetamines) to keep the body slim and trim and 33.88 per cent males took to drugs such as ganja (cannabis) to have a good appetite which will help them in body building.

19 respondents (5.28 per cent) from out of 360 Current users have stated the miscellaneous factors such as sharpening of religious insight, self-understanding, to get over problem in the family, failure in examination, disappointment in love, in friendship and conflicting in understanding life.
The study shows that the main source where drugs are usually obtained are from Drug stores being 35.59 per cent, friends being 35.56 per cent, peddlers 14.17 per cent and pushers 11.11 per cent and 0.27 per cent from the medical practitioners. This shows that no strict vigilance is put on drug stores.

Coming to the type of drug used the study shows that cannabis (ganja/dope, hashish and bhang) was mostly used by 63.89 per cent of the current drug users this is being followed by cough syrup being 48.06 per cent, next followed by non-narcotic analgesic (spasmoproxivon Fortwin, Relipin, Pamagin) then comes Benzodiazepenes (sedative and tranquillizers) being 23.33 per cent and Narcotic Analgesic (opiates) being 15.00 per cent. Only a few of them took to drugs such as volatile solvent (6.94 per cent) amphetamines (6.67 per cent), Barbiturates (0.83 per cent), Anti-Histaminics (4.72 per cent) and Hallucinogen - L.S.D. (0.28 per cent).

The drug most favoured by males is cannabis (67.63 per cent) followed by cough syrup (51.28 per cent), Non-Narcotic Analgesic (27.88 per cent), Benzodiazepenes (21.79 per cent) and Narcotic Analgesic (Opiates 16.53 per cent) whereas among females Amphetamines was mostly favoured being (50.00 per cent) followed by cannabis (39.58 per cent), Benzodiazepenes (sedative and tran-
quillizers) being (33.33 per cent), volatile solvent being (27.08 per cent) and cough syrup also being (27.08 per cent). This shows that the type of drugs taken by males and females slightly differs. Some are favoured by both sexes and some type of drug are more favoured by males than by the female drug users and vice versa.

(xv) Most of the Current drug users i.e., 27.78 per cent had taken drugs for a period of less than six months, 23.61 per cent for a period of 6 months to 1 year, 17.78 per cent for a period of 1 year to 2 years, 9.16 per cent for a period of 2 years to 3 years and only 1.67 per cent have taken it for a period of more than 3 years.

(xvi) The study also shows that attempts have been made by 56.94 per cent of the Current drug users to discontinue taking drugs and 43.06 per cent of them did not try to do so. Those who tried fail in their attempt as they felt restless due to withdrawal syndrome, they suffered from headache, body cramps and muscular pain. The distress experienced were both somatic and psychological. Those who did not attempt to discontinue taking drugs the reason being for fear of withdrawal syndrome and peer pressure.
The study shows that the effect of drug use on the educational performance of the Current users is there but its effect differ in the three categories of drug users, i.e., the Occasional user, Regular user and Addicts. The study shows that in the category of the Occasional user after drug use the percentage of first and second division holders decreased to 52.03 per cent from 66.67 per cent before drug use. While there is an increase among those who obtain 44.9 per cent marks below that being 47.97 per cent since before drug use only 33.33 per cent got in between 33 per cent to 49.9 per cent marks and none of them got below 33 per cent marks. The study shows that drug abuse does effect one's percentage of marks in the category of the Occasional users though its effect is less noticeable. It further shows that in the category of the Regular users (Current user) there is a decrease on those who obtain first and second division to 29.12 per cent, as before drug use 69.62 per cent secure first and second division. There is an increase on those who obtained below 44.9 per cent marks below that being 70.88 per cent as it was only 30.38 per cent before drug use and none of them secured below 33 per cent marks. It reveals that the effect of drug abuse on the percentage of marks obtained by the regular user is evident. The study shows that among the Addicts there is a tremendous decrease that being only 8.57 per cent on
those who got first and second division marks as before
drug use as much as 68.57 per cent got first and second
division after drug use, majority of the Addicts, i.e.,
91.43 per cent got below 44.9 per cent marks. It shows
that the effect of drug abuse on the percentage of
marks obtained by the Addict is evidently seen.

(xviii) Coming to the effect of drug abuse on the class
attendance of the Current user. The study shows that
in the category of the Occasional user after drug use
94.31 per cent is still found to be regular and only
5.69 per cent is found to be irregular in their class
attendance. The study also shows that in the category
of the Regular user after drug use 68.35 per cent is
still found to be regular and 31.63 per cent is found
to be irregular in their class attendance. Among the
category of the Addicts after drug use only 8.57 per
cent is found to be regular and 91.43 per cent found
to be irregular in their class attendance. This
clearly shows that the effect of drug abuse on the
class attendance of the Occasional user is there but it
is less noticeable while the effect of drug abuse on
the class attendance of the Regular user is evidently
seen but the effect is tremendously seen in the
category of the Addict.
With regard to the effect of drug abuse on the attendance in class test of the Current users. The study shows that in the category of the Occasional user after drug use 67.07 per cent is still found to be regular and 32.93 per cent is found to be irregular in their attendance in class test. This shows that the effect of drug abuse on the Occasional user's attendance in class test is less noticeable. The study further shows that in the category of the Regular user after drug use only 32.91 per cent is still found to be regular and 67.09 per cent is found to be irregular. This clearly indicates that the effect of drug abuse is evident. Among the category of the Addict after drug use all 100 per cent became irregular in their attendance to class test. Thus showing that the effect is very much evident among the category of the Addict.

Coming to the effect of drug abuse on revision of lesson of the current drug users. The study shows that in the category of the Occasional user after drug use 48.37 per cent is still found to be regular in revision of lessons and 51.63 per cent is found to be irregular. Here, the effect of drug abuse on the revision of lesson among the Occasional user is evident. The study also shows that in the category of the Regular user after drug use 31.65 per cent is still found to be regular and 68.35 per cent is found to be irregular in
their revision of lesson. In the category of the Addicts the study shows that after drug use all 100.00 per cent became irregular in their revision of lesson indicating the tendency of irregularity in both among the Regular users and especially the Addicts.

With regard to the effect of drug abuse on the Current user's completion of home-assignment. The study shows that in the category of the Occasional user after drug use 80.49 per cent is still found to be regular and 19.51 per cent is found to be irregular in revision of lesson. In the category of the Regular user after drug use only 51.90 per cent is still found to be regular and 48.10 per cent is found to be irregular in completion of home assignment. Its effect is much more evident among the category of the Addict as after drug use all 100 per cent became irregular in the completion of home-assignment. The effect of drug abuse on the Regular user in completion of home-assignment is evident than compared to the Occasional user.

Coming to the effect of drug abuse on the regularity and irregularity of study of the Current users, the study shows that in the category of the Occasional user after drug use 47.56 per cent is still found to be regular and only 52.44 per cent is found to be irregular in one's study. This shows that the effect

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of drug abuse is evident among the Occasional user though not as much as that of the Regular user. Among the Regular user after drug use 31.65 per cent is still found to be regular in one's study and the bulk of 68.85 per cent is found to be irregular in one's study. In the category of the Addicts none of the Addicts, all 100 per cent is found to be irregular in one's study indicating that the effect of drug abuse is evidently seen in this category of drug users.

With regard to the effect of drug abuse on newspaper reading by the Current user. The study shows that in the category of the Occasional user after drug use 85.77 per cent is still found to be regular in newspaper reading and 14.23 per cent is found to be irregular. This clearly indicates that its effect is less noticeable among the Occasional user. In the category of the Regular user after drug use only 67.09 per cent is still found to be regular in newspaper reading and 32.91 per cent is found to be irregular in newspaper reading. So its effect is evident among the Regular user than that of the Occasional user. In the category of the Addict it is found that after drug use only 8.57 per cent is still regular in newspaper reading and 91.43 per cent have shown their lack of interest in newspaper reading. So its effect is more evidently seen in the category of the Addicts.
Coming to the effect of drug abuse on the Current user's participation in co-curricular activities. The study shows that in the category of the Occasional user (Current user) after drug use 97.97 per cent is still participated in various types of co-curricular activities and only 2.03 per cent did not participate in any type of co-curricular activities. They still participated in two to three types of co-curricular activities. Coming to the category of the Regular user after drug use 50.63 per cent still participated in the different types of co-curricular activities and 49.37 per cent did not participate in any type of co-curricular activities. After drug use the study shows that only a few Regular users still participated in two types of co-curricular activities and none of them participated in three types of co-curricular activities. In the category of the Addicts after drug use only 11.43 per cent participated in the different types of co-curricular activities and 88.57 per cent did not participate in any type of co-curricular activities. These few who participated is found to have participated only in one type of co-curricular activity. They did not participate in physical and academic activities which requires strength, stamina and mental ability. So it can be said that drug abuse does affect one's participation in co-curricular activities but in the category of the Occasional user
its effect is less noticeable, its effect is much more evident among the Regular user and its effect is much more evident among the category of the Addict. This shows that when the frequency of drug use increases it does deteriorates one’s educational performance.

7.1.3 Drug Use Among the Past User

(i) Coming to the duration of drug use among the Past user the study shows that 30.00 per cent of the Past users took it for a period of less than six months, followed by 22.50 per cent who took it for a period of 2 years to 3 years, 20.00 per cent for a period of 6 months to one year, 15.00 per cent for more than three years and 12.50 per cent for a period of one to two years.

(ii) The study shows that 47.50 per cent belonged to the category of the Occasional user, 40.00 per cent to the category of the Regular user and 12.50 per cent belonged to the category of the Addict.

(iii) The type of drugs taken by Past users corresponds with the types of drug taken by the Current users.

(iv) There are a number of factors which led the Past user to abstain from taking drugs. It is found that in this study the main causes of discontinuation were social,
personal, physiological, religious, ethical and economic reasons. From among these religious reason have played a major role in helping the Past drug users to discontinue taking drug that being 53.85 per cent and 52.38 per cent discontinued taking drugs due to influence of parents and 43.48 per cent discontinued due to fear of becoming hooked to the drug.

The study shows that 72.5 per cent Past users have stopped using drugs for a period of 6 months to 1 year and 1 year to 2 years. The median of the period of time when the past users stopped taking drug is 1 year.

All the 100 per cent of the Past drug users have indicated that after they have stopped taking drug there was a change in their life style especially in the area of educational performance.

7.1.4 College Involvement in the Field of Prevention Work in Khasi and Jaintia Hills

The study shows that in Khasi and Jaintia Hills, most of the college Principals and teachers (that being 35 out of 56) from female and co-educational colleges are blissfully unaware and fail to believe that their students are on drugs whereas amongst the Principals and teachers of the male colleges all (100 per cent) are aware of this problem prevailing among their
students; 16.67 per cent college Principal and teachers of female colleges and 30.56 per cent college Principals and teachers of co-educational college agreed that drug abuse among their college students do persist.

(ii) 100 per cent college Principals and teachers of male colleges, 33.33 per cent college Principals and teachers of female colleges and 11.11 per cent college Principal and teachers of co-educational colleges agreed on their college involvement in conducting Drug Awareness Programme.

(iii) These programmes are being conducted in the form of lectures/talks, discussion and seminar mostly meant for the student community.

(iv) Preventive work is being done only in 1 male college i.e., on identification of addicts and counselling. Since the college do not have a trained counsellor this is being done by one of teachers of the college who is keen to help the students to overcome this problem.

(v) All the colleges in Khasi Jaintia Hills from where the drug users have been identified are not equipped with a 'Counselling Centre'.

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(vi) In the colleges of Khasi and Jaintia Hills only lukewarm attempts have been made in organising drug awareness programmes, where it is found that only 1 male college organised such programmes twice in a year. 1 male college, 1 female college and 1 co-educational college organised awareness programmes once in a year and the rest of them do not organise such awareness programmes.

(vii) All the colleges which falls under the purview of the study have given the following suggestion. They have suggested the need for establishing a counselling centre at the college, drug education be integrated in the curriculum, awareness about drug abuse should be provided through authentic and credible information, the scope of co-curricular activities should be expanded.

7.1.5 Community Involvement in the Field of Prevention Work in Khasi and Jaintia Hills

The study showed the degree of involvement of the Government and non-governmental sector.

(i) The Social Welfare Department and the Health Department involvement in prevention work is limited to serving as funding agencies and providing manpower resources to various individuals and non-governmental organisations involved in prevention work.
(ii) The State Police, State Excise Department and the Customs & Central Excise is mainly involved in terms of assisting the preventive programmes conducted by the Social Welfare Department, non-governmental organisation through provision of logistic, resource persons and they serve as a source of data for research organisation and others requiring such informations.

(iii) In Khasi and Jaintia Hills non-governmental organisations such as the Don Bosco Youth Centre, Lions Club, Church Auxiliary for Social Action, North East India Committee on Relief and Development, Counselling and Information Centre for Drug Abuse, Young Mizo Association, Khasi Jaintia Presbyterian Synod (Youth Department), Bharat Scouts and Guides and the New Hope Centre are involved in prevention work in the field of drug abuse.

(iv) The primary target group aimed at by majority of the non-governmental organisations constitute the student population being 66.67 per cent and the youth 55.56 per cent as these two groups seems to most susceptible to drugs.

(v) Efforts have been made by all 9 non-governmental organisations to generate awareness through seminars,
workshops, talks, lectures, poster campaign, use of print media, radio, film slides, television and recorded talk.

(vi) These awareness programmes are meant for those who have never tried taking drug and for those who are taking it.

(vii) Only 4 non-governmental organisations are involved in the work of identification of addicts and providing counselling to them. They are the Don Bosco Youth Centre, Counselling and Information Centre for drug abuse, Young Mizo Association and the New Hope Centre.

(viii) The study also shows that only 3 non-governmental organisations such as the Don Bosco Youth Centre, Counselling and Information Centre for Drug Abuse and the New Hope Centre are concerned with initiating a referral to an appropriate agency designed for persons in need of immediate assistance.

(ix) Only 2 non-governmental organisations, i.e., Don Bosco Youth Centre and the Counselling and Information Centre for Drug Abuse are involved in follow-up work. They visit the homes of the clients and also organise weekly encounter and sharing sessions with them.
(x) Majority of the non-governmental organisations have personnel who are not trained in the area of drug abuse.

(xi) Majority of the non-governmental organisations obtain resource persons who are experts in the field from the Health Department, Social Welfare, Police, Excise Department and from members of the community.

(xii) The Khasi Jaintia Presbyterian Synod (Youth Department) and the New Hope Centre obtained some form of financial assistance through fund raising shows organised by the members of the community. The purpose being to further strengthen the preventive work conducted by these non-governmental organisations.

(xiii) The study shows that majority of the non-governmental organisations do not get parents support and cooperation in carrying out the preventive work.

(xiv) In disseminating information on drug abuse the non-governmental organisation used Khasi, Jaintia, Mizo and the English language. The reason being that this information would be highlighted to all sections of the society.
7 non-governmental organisations doing the preventive work in drug abuse are self-financing. Most of them depends on donations from donors and contributions for carrying out the preventive work. Only 2 non-governmental organisation, i.e., the Counselling and Information for Drug Abuse and the New Hope Centre gets grant-in-aid from the Ministry of Welfare.

In its preventive work the non-governmental organisations in Khasi and Jaintia Hills have to face a number of obstacles. They are lack of adequate funds, lack of man-power, lack of infrastructure, lack of media materials.

A number of suggestions have been given by the non-governmental organisations. They are drug education should be integrated in the school curriculum. The educational institution and welfare organisation should sponsor to provide opportunities for creative recreational activities. It also suggested that local traditional organisation such as the Dorbar Shnong (Village Dorbar) Seng Long Kmie (Mother's Union) and Seng Samla (Youth Organisation) should all come forward to collectively fight the growing problem of drug abuse. Another suggestion put forth is that the target group such as the parents in-school youth and out-school youth should be emphasised.
7.2.0 Educational Implications

1. The bulk of the drug users, i.e., 77.25 per cent constitute the age group 15-19 years which is the school and college going age. Therefore it becomes imperative that educational institutions in Khasi and Jaintia Hills such as schools and colleges play a role in modifying the behaviour of students, by taking this scourge at its roots. Urgent measures should be taken to prevent drug abuse right from the time when one is still at school and should be continued upto the college level.

2. Peer pressure exerts the most significant influence on the drug users in Khasi and Jaintia Hills where the influence of friends is maximum. It implies that proper guidance and counselling be provided to the youth in the selection of 'one's friends'.

3. The finding that in the category of the current and past drug users, three categories have been identified, i.e., the Occasional Use, Regular User, and the Addicts implies that the problem of drug abuse is prevalent among the college students in Khasi and Jaintia Hills. We cannot be complacent and deny the existence of the problem. Prevention should therefore, be organised in
stages that reflect the individuals use of drugs by providing Primary Prevention, Secondary Prevention and Tertiary Prevention.

4. The findings revealed that most of the drug users obtained drugs from drug stores indicates that no strict vigilance is put on drug stores. This shows the need for concerned state authorities, to keep a strict surveillance over drug stores staff's conduct of business and to initiate legal proceedings against erring sellers. In doing this the government should seek the cooperation and participation of non-governmental organisations.

5. The finding indicates that drug abuse does affect the educational performance of the current user whether one is an Occasional user, Regular user, or an Addict, implied that drug education be integrated at all levels of education side by side with programmes emphasising personal development such as improving the mental health, social skills, self esteem, reduction of alienation, improvement of decision making skills and developing the ability to anticipate drug use situations.

6. The findings show that the effect of drug abuse on the educational performance of the Occasional user is less
or less noticeable implying that at this stage preventive strategies should be aimed at enforcing the no-use norm by building positive self esteem, developing good coping skills and providing information on drugs. The main purpose should be to prevent the occasional user from falling into the trap of becoming a Regular drug user.

7. The effect of drug abuse on the educational performance of Regular user is evidently seen. At this stage preventive strategies should be aimed at stopping drug use by providing information, developing decision-making and refusal skills, in order to build up a better self concept which may help the individual to ultimately give up the habit.

8. The finding shows that the effect of drug abuse on the Educational Performance of the Addict is very much evident. There is a tremendous fall in educational performance. It implies that preventive strategies need to aim at providing counselling, drug education and family therapy. At this stage the Addict needs to be referred to a de-addiction or a Rehabilitation Centre for treatment. There is a need to establish a counselling centre in our schools and colleges to help students to cope with problems relating to drug abuse.
9. The findings revealed that the group of the Past drug user included in the study contained people from all the three categories of drug user, i.e., Occasional user, Regular user and Addict. The problem of drug abuse can be tackled by providing a comprehensive and effective drug education to all students enrolled in schools and colleges. The schools/colleges along with the non-governmental organisation can use the services of the past drug users in imparting such education. They can give their testimonies of their experience with drugs and the effect it has on their lives. This information will create a better understanding in the minds of the students.

10. After giving up drugs, the Past drug user experienced a tremendous change in their lifestyle (especially in the other area of educational performance) implying that a drug user should not be regarded as an incompetent and completely worthless being, but with the right type of environment provided to them, there is 'Hope' for a better tomorrow. There is no such thing as a 'gone case'. There is hope for every drug user. It is here that the school/college can work together in collaboration with governmental and non-governmental organisation. Their services can be associated with the drug education programmes conducted at the school/college as the drug information given by them is likely
to be considered authentic and credible since they are trained in the field.

11. Most of the college Principals and teachers are blissfully unaware of the problem and fail to believe that their students are on drugs, it implies that teachers need to be made aware that at the college level there should be a good rapport established between them and the students and proper information on drugs should be disseminated to them, in order that they will be able to identify the drug users, to guide and counsel them and to make them understand the gravity of the problem.

12. The majority of non-governmental organisations have personnel who are not trained in the area of drug abuse. As a result of this, they are hampered in carrying out the preventive work, it implied that first of all they should be sent for training before taking up this work. This is important as non-governmental organisations are bound to have better acceptance with the audience as compared to the governmental agencies.

13. To implement their plans and preventive programmes fund is needed. This is one of the obstacle faced by the non-governmental organisations implying that an ideal situation should be created for the non-governmental
organisation and governmental agencies to work hand in hand as earlier indicated sharing the financial resources amicably for such work.

14. The finding indicates that parents involvement is very much lacking in drug abuse prevention work. This is because they are not aware of the problem which implies that drug awareness programmes need to be imparted to parents. This should be done by both governmental and non-governmental organisation, so that parents can take active part by offering their time and support to community drug prevention efforts and to encourage their friends to do the same. It will equip them to carry the anti-drug message to the community in which they live.

7.3.0 Suggestions for Prevention of Drug Abuse

The wisdom of ages, 'an ounce of prevention is worth a pound of cure' is an axiomatic truth in the fight against drug abuse. Especially during the past few years, prevention has been recognised as a crucial element in the long range goal of eliminating drug abuse which is the root cause of the problem. The ultimate goal of prevention in the field of drug-related problem is, broadly speaking, to ensure that the members of a given population do not abuse drugs and consequently do not put themselves at risk of suffering damage or causing social harm.
7.3.1 Levels of Prevention

Prevention should be viewed in stages that reflect the individuals' use or experimentation with drugs. These stages are known as (1) Primary; (2) Secondary; and (3) Tertiary.

Primary Prevention

Primary prevention assumes that the individual has never tried drugs. This is aimed at enforcing the no-use norm by building positive self-esteem, developing good coping and refusal skills and providing information on drugs.

Secondary Prevention

Secondary prevention assumes that the individual is in the early types of use. Secondary prevention strategies aim at stopping drug use by providing information, developing decision making skills, improving family communication and may also include individual counselling.

Tertiary Prevention

Tertiary prevention assumes that the individual is regularly using drugs. Tertiary prevention includes counselling, drug education and providing information related to treatment sources.

There is no simple formula for preventing drug abuse within our communities. It takes time, energy and resources to identify the problem and implement strategies to overcome them.
The problem of drug abuse can be turned around if and when members of the community become involved. So here comes the role to be played by our educational institutions, governmental and non-governmental agencies in our fight against this social menace.

7.3.2 Models of Prevention

Different models can be adopted when disseminating information.

1. The Scare Model

It is also believed that the population can be persuaded not to abuse drugs through information campaigns that emphasize on the dangers of such behaviour. The effectiveness of this approach is often somewhat limited, particularly with young audiences. This may be due to the natural tendency of young people to become involved in risk taking behaviour, but there can also be a problem of credibility because of the discrepancy between the picture described in the score campaign and the audience own experience with the substances involved as a consequence, young users may perceive the information given to them as unfounded or irrelevant. However, there may be situations in which campaigns that emphasize on the adverse effects of drug taking can deter people from starting to use drugs.
2. **The Factual Knowledge Model**

This model aims to present information without provoking an emotional and defensive rejection response and to provide potential users with the facts to allow them to make an informed choice with respect to drug taking. It generally involves providing objective and relevant information on the substances and their effects as well as on their risk and the long-term damage that they may cause. Such information programmes are specifically designed to attain such pragmatic goals as making the users more cautious about drug use. Examples include programmes providing information:

- procedure for reducing the risk of accidental death or injury while inhaling volatile substances (e.g., not putting the head inside the plastic bag),

- methods of sterilizing needles and syringes (this is a current practice, in an attempt to prevent the transmission of AIDS through the sharing of needles by drug abusers).

3. **The "Affective - Education" Model**

Affective approaches are educational techniques that focus more on the connection of some predisposing personal deficiencies than on the problem of drug usage itself. The problems are commonly identified in such programmes relate to self-esteem, the definition and classification of personal values, decision-making, coping skills and anxiety reduction.
problem-solving, interpersonal skills verbal and non-verbal communication and the recognition of social pressure and responses to it.

4. The Health Promotion Model

Health promotion programme can be used as an indirect approach to drug education. Such programmes help in the development of alternative habits (e.g., physical exercise, recreational activities, healthy life-styles, sound work patterns) which compete for the time and energy devoted to drug use and may serve as satisfactory substitutes. Another major component of health promotion programmes involves the prevention of behaviour liable to have an adverse effect on health. The use or abuse of drug is presented as one of the several rest factors which individuals must avoid or eliminate in order to attain their personal health goals.

These are the different types of model which can be adopted in order to prevent drug abuse.

7.3.3 Prevention Based on Education

Since it was found that most of the drug users started using drugs at an early age when they were still at school, therefore, action should be taken to modify their behaviour by tackling this scourge at its roots, this is of paramount importance. In order to ensure success the entire students population must be immunized against drug abuse. Prevention
through education has become the newest fad in the terminology of drug abuse field. And justifiably so the law enforcement, it is considered to have failed to keep the drug away from the people and detoxification and rehabilitation efforts have shown no worthwhile success in stopping the abuse of drugs. The only hope now seems to line in the process of education for the prevention of drug abuse. Towards this end, everyone of us has at one level have a role to play. Parents and teachers should be more concerned for the welfare of their children and students respectively.

Comprehensive and effective education programmes are a necessary part of measures counteracting drug abuse in the educational system both at the school and college level. Prevention through education should be a continuous process. The objective of which is to seek and improve understanding of the long term and short term causes of recourse to drugs. To help students to find solutions to their difficulties and to live their lives without resorting to drugs. The impact of preventive education is greatest when it:

(a) take's place in its appropriate social, economic and cultural setting.

(b) is integrated into the overall framework of academic, social and cultural learning.
(c) promotes a healthy drug-free life-styles as a primary goal, as opposed to placing emphasis on abstinence from drugs and on the negative effects of drug abuse.

(d) reaches individuals before they are exposed to the drug sub-culture and other influences that contribute to initial drug use.

(e) does not involve elements that evoke curiosity or the desire to experiment with drugs but clearly indicates the negative harmful consequences of drug abuse and emphasizes the positive effects of alternative activities and a life style free from drugs.

(f) does not contain details which might make access to illicit drugs easily, such as detailed descriptions of methods and routes of illicit trafficking.

Care should be taken that preventive education in schools and colleges does not become yet another addition to curricular and that additional cost should be avoided. Attention should be paid to integrate it to the existing discipline and curricula activities and the development of the prevention of drug abuse will thus be assured without extending curricula which are already overloaded and without additional cost for the educational system.
7.3.4 Suggested Course of Action

It is suggested that the Directorate of Education through a well structured anti-drug education unit in which personal who have received advance training would perform such functions as:

(a) Prescribing or recommending for all levels of educational institutions the development of drug abuse prevention curricula and instructional materials, taking into account the cultural values and traditions and emphasizing the benefits of a healthy drug-free life style.

(b) It is imperative to prepare training materials and to conduct training programmes for teachers that will enable them to instruct their students in the advantages of a drug free-life. This preventive instruction must be provided both to pre-service and in-service teachers. As they should be familiarized with the causes, problems of drug abuse, its effects and prevention techniques to be adopted. Such trained teachers will be better equipped to the anti-drug message to be given to the children, adolescent and youth.

(c) Preparing basic information publications on drug abuse and acting as a cell for the collection and dissemination of information about drug abuse.
(d) An important milieu for the education of the young is the family. Programmes should be developed to educate parents about the harmful effect of drug use and about methods to develop in the component skills to handle their own children's who falls in the grip of drugs.

7.3.5 Educational Measures to be Taken

As stated earlier it is suggested to integrate drug education programmes in the school and college curricula i.e., with the existing subject areas in the school and college curriculum, rather than to separate it and place undue emphasis on it.

7.3.5.1 Implementation

Indication about drugs should be incorporated in the regular school and college curriculum. For e.g.

- Biology teaches the effects of drugs on human physiology;

- Chemistry assures cover the chemical properties of psychoactive substances;

- Social studies include considerations of the prevalence of drug use and its possible relationship to crime, poverty and development;
- Art will help students develop abilities to communicate a message and to increase students awareness;

- Physical education will encourage the students to see how a peer group can influence the choices a person makes regarding these leisure activities and lifestyle;

- Language increases students awareness, characterization, and decision-making.

- Mathematic teaches and reinforces students' skills relating to the thinking process as well as data collection and topics related to drug abuse can be incorporated, as part of Health Education, through topics such as personal hygiene, nutrition, common infectious diseases, symptoms of the human body (emphasizing on the effects of drug abuse).

7.3.5.2 Programmes Emphasizing Personal Development

Emphasis should, therefore, be placed on the individual who uses or likely to use drugs, rather than on education of drugs themselves. This can be achieved by improving the individual by assisting him either to re-examine and clarify his own values or by encouraging him to accept positive ones.

(a) Improving the Individual

By a variety of measures it is possible to provide experience which may be unique to certain individuals such as
success or new insights which will permit them to develop new perceptions of themselves.

Objectives

- Improvement of mental health, social skills and interpersonal relations;

- Raising of self esteem;

- Reduction of alienation.

(b) Clarifying Personal Values

Young people use drugs without realizing that such use may be in conflict with their own set of values which they have not yet clarified.

Objectives

- The knowledge of an individual's personal values;

- The demonstration of conflicts that may exist between values and actual behaviour.

(c) Encouraging Positive Values

There is a need to encourage the development of values which will influence young people not to use drugs.
Objectives

- Improvement of decision making skills.

- Improvement in inter-personal skills.

- Development of ability to anticipate drug-use situations.

- Improving of self-perception.

7.3.5.3 Basis of Preventive of Education

Drug education principles must be based on the promises that

1. A primary responsibility of the schools and colleges is to provide students with learning experiences and skills which will enable them to function successfully in a rapidly changing society without the abuse of drugs.

2. Drug abuse is a serious social problem to which the school and college as a primary influence in the socialization process of children, must respond.

3. The response should be manifested in a carefully planned, well-coordinated drug education curriculum the focus of such
curriculum being the development of mentally, physically and socially healthy young people.

4. The most effective drug education programmes is a synthesis of content (cognitive) and behavioural (affective) approaches adjusted to the needs and concerns of the students and community.

5. Students, school personal, parents and community resources should be involved in the planning, implementation and evaluation of the programme.

7.3.5.4 Implementation at Different Levels of Education

Pre Primary Level

- Development of appropriate eating habits through Parent Education programmes. Stress can be laid on cleanliness and hygiene at this level

- Peer group activities

- Cognitive and language enhancement programme

- Moral and spiritual values
Primary Level

- Affective education

- Interpersonal cognitive problem solving programmes

- Participation in organised activities

- Moral and spiritual consolidation

- Awareness of the ill-effects of consuming excess of sugar, salt (Lower primary level)

- Elementary information on the ill-effects of drugs on the body.

Secondary and Higher Secondary Level

- Value clarification

- Psychological inoculation

- Drug education

- Sex education

- Social skills training, decision-making and peer resistance skills.
Alternative activities and drug use.

Programme Content

- Effects of certain drugs
- Nature, extent and patterns of drug use
- Legal status of particular drugs
- Social and psychological characteristics of drug users
- Relationship to drug use to other social problems
- Social cost of drug use
- Physical, psychological, social and economic costs of drug use to the individual
- How to identify drug users
- Ways to seek help for drug users
- Initiative which can immunize the harmful effects of drug use
Ways of resisting peer pressure

- Alternative activities.

This programme content could be continued at the Degree Level of the college.

Together with the school/college curricula, it is also proposed to set up a 'counseling centre' which will provide.

(1) Individual, family or group counselling for students who are using drugs

(2) Counselling service for students who have educational, vocational and personal problems

(3) Counselling services for students who exhibit poor educational performance

The counselling centre needs to identify various groups in the community requiring special attention. These groups consist of diverse sections of the population vulnerable to drug abuse or likely to have direct or indirect influence on those at risk such as students, youth, professional bodies, social and cultural organisation etc. Besides offering channels for awareness building, such groups can also be activated to function as a catalyst for preventive action.
All form of formal or informal methods could be purposefully utilised in transmitting appropriate messages. These programmes may have to be based on the following considerations.

1. The messages have to be so devised as not to ensure any undue scare, curiosity or experimentation with drugs. Too much of or not properly planned information can heighten curiosity for drugs among the youth.

2. The language, content and style of the message has to cater to the specific socio-cultural and economic characteristic of the people and groups to be addressed. The language should be simple, precise and forthright so as to be understood by all. The style of the message should be understandable, persuasive and positive rather than being too critical, judgmental or threatening. Avoidance of and abstinence from drugs should be the central theme.

3. Involvement of other community level functionaries and groups such as youth associations, activated groups of students, N.S.S. volunteers, Religious leaders, community leaders, Seng Bhalang, Seng Long Kmie (mothers union), Dorbar Shnong (Village Durbar) and other functionaries operating at the local level such as advertising agency, etc. have to be made to realize and create an awareness
among them, that they too have an important role to play in preventive education.

4. Teachers also can play an important role in this endeavour as they can help in identifying potential and actual drug users, development of good teacher-pupil relationship, provision of guidance, inculcation of positive values and development of skills.

5. The counselling centre can encourage such promotive activities through different types of clubs organised in the school and college such as literary club, sports club, home science club etc. depending on the nature of their interest, youth associations, sports centres, music halls, libraries, recreational centres, Narcotics Anonymous Groups, and various other organisations at the community level.

These are only some guiding principles for functionaries of counselling centres to undertake various awareness building and preventive education programmes.

The counselling centre cannot function in isolation. It has to have linkages with de-addiction and after-care centres, so as to provide a total courage of services to addicts on an individual basis.
Role of the Teacher

Preventive education must be carried out by teachers while teaching different subjects and also by conducting co-curricular activities, to prevent pupils from abusing drugs and to identify and assist drug abusers. Teachers are often regarded as someone who symbolises perfection and source of knowledge. The teachers must be role model is because of the influence that their attitudes and behaviours have upon the pupils. Teachers need to be conscious of their power to play such a part.

Important factors recorded for teachers in the involvement in Drug Education.

(1) Teachers do not need to become 'experts' on drugs to do effective drug abuse prevention in the classroom.

(2) An effective strategy for drug abuse prevention at the school and college level is to help students understand and resist pressures from their peers.

(3) Teachers can effectively implement drug education within the framework of established curricula.
Teachers can to a large extent help in the:

(i) Identification of potential and actual drug users.
(ii) Development of good teacher-pupil relationship.
(iii) Provision of guidance.
(iv) Inculcation of positive values and attitudes.
(v) Development of skills.

It is therefore imperative for a teacher to be trained in order that he/she possess a basic level of knowledge and understanding to be an effective facilitator in any subject area:

(1) Knowledge and understanding of human growth and development.

(2) Knowledge and understanding of the general composition and effects of drugs on human body.

(3) Knowledge and understanding on the effects of drugs on educational performance.

(4) Knowledge and understanding of current issues and trends in drug use.

(5) Knowledge of drug related community resources and their functions.
The task of the teacher is threefold. First the teacher must be part of the team that develops and brings out goals and objectives for the drug education programme. Second the teacher must select the information (content) that will best help the students to achieve the learning objectives. The teacher must also plan and direct activities that will best enable the students not only to conceptualize the information but also to incorporate the information into decision making processes. Thirdly, the teacher must evaluate the progress and attainment of stated objectives.

7.3.7 At The Level of Parents

Parents usually ask this question, "what can I do to prevent my child for getting involved in drug abuse?" And most often it happens that parents are the last person to be aware of their children indulging in drug use and abuse. If the parents are aware of their role and responsibilities in the prevention of drug use and abuse, the battle against drug abuse will be easily gained.

7.3.7.1 Approaches Adopted

To involve parents in drug education, the following approaches must be considered.

1. Information

These efforts must be designed to provide parents with basic information concerning drugs, the extent of their use among
young people, signs and symptoms of drug abuse and short term and long term consequences of abuse. The rationale for this programme is that when parents are better informed and aware of drug use issues, they can help teach their children about the issues and recognise problems at an early stage.

2. Skill Building

This approach to parent is to build parental skills through special training programmes. These programmes must be designed to build, improve and enhance generic parenting skills on the theory that will improve family interaction and communication and in turn reduce drug abuse.

3. Parent Support Group

This approach must involve the development of parent support group or peer groups. In these groups parents meet regularly to discuss problem solving, setting limits and rules and community wide responses to drug problems.

4. Family Interaction

This approach must be based on the assumption that drug abuse can be prevented by having families working as a unit, examine, discuss and confront issues regarding drug use and abuse. Activities must be designed to provide children with information, skills and insights which can help them avoid drug abuse.
The idea behind these approaches especially the family is to create a team approach with schools/colleges and families working together and utilizing the same prevention concepts, approaches and terminology, hence not asking the delivery of conflicting messages to children.

A training programme must be designed to train parents to conduct prevention activities with their children.

7.3.7.2 Goals and Objectives of Programmes

The goals and objectives of the training programme must be parallel to those of drug education on the belief that the incidence of drug abuse problem among young people will decrease if:

- They have high self esteem
- They are able to cope to life's problems
- Have current facts about drugs and chemical dependency
- and are more skilled at handling interpersonal relationship.

7.3.7.3 Objectives for Training Programmes

To provide drug information

(a) Identification of drug categories and their effects
(b) Trends of drug use among youth
(c) Sign and symptoms of drug use and abuse.
Teachers and parents can hardly be expected to impart drug education, if they themselves have meagre knowledge about drug abuse. Teachers and parents harbour mistaken beliefs about drug abuse due to the reason that a few television serials, radio programmes and stray newspaper and magazine articles are the only source of their information.

The Directorate of Education through the Anti-Drug Education Unit as proposed earlier in this chapter, can develop programmes for training of teachers and parents. Apart from imparting training on drug education to teachers at the teacher training colleges, such programmes may involve imparting drug information and education by experts in the field to group of teachers and parents in equal proportions in two hours session on holidays for a period of six months. Such trained teachers and parents will be better equipped to carry the anti-drug message to children, adolescents, youth and people in general.

7.3.8 Role of the Government

Article 47 of the Constitution of India mandates that the State shall regard the raising of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health. Thus the Government has a primary duty to make every possible effort to curb drug abuse.
1. It should be ensured that mutual understanding, support and co-operation exist between various Government Departments involved in the field of prevention such as the Police, Customs, Excise, Revenue, Intelligence, Social Welfare, Health, Food and Drug Administration working in the state, concerted efforts will pay off rich dividends.

2. The Social Welfare, Health Department, Information and Public Relations should publish pamphlets/literature proclaiming the disaster that must necessarily follow as a consequence of drug abuse and information related to the type of treatment facilities available for the drug addicts.

3. Talks/discussions/seminars ought to be organised on a regular basis throughout the State and carefully prepared literature distributed at such talks. The State Government should undertake to provide "specialized training" to social workers and others genuinely interested in activity participating in the Awareness Campaign. It need hardly be stated that sufficient funds ought to be earmarked for the purpose.

4. The mass media has also an important role to play with All India Radio, Doordarshan and the Film Division, in formulating and presenting worthwhile programmes in consultation with recognised experts in the field. Radio and television should allocate at least twice a month, a half-hour
programme for talk/panel discussion on various aspects on drug abuse and how to prevent it, in the local language, i.e., Khasi, Jaintia and Garo, but also in Hindi and English, so as to cater to the needs of other sections of the population.

5. Diffusion of information being an important and indispensable part of our overall strategy aimed at prevention, the same would have an impact on our youth in any of the following three ways.

(a) to youngsters who have not yet resorted to the drugs and who probably never would, because they perceive indulgence in drugs to be inconsistent with their values, goals and life-styles, as a threat to their physical and mental health and their status in society - to this group such information will reinforce their already strong resolve.

(b) to those "sitting on the fence" who may or may not resort to drug use information selected and carefully prepared could have the desired effect of saving many from ultimate ruination.

(c) to those who are more adventurous and daring, who may feel that a try after all may be worth it. Information may thus be shared to arouse curiosity and promote experimentation, thus expediting the first try.
Those entrusted with the task of preparing pamphlets, literature and dissemination information ought to exert utmost caution, care should be taken to ensure that information given to the youth does not arouse their curiosity or desire to experiment with drugs. They should take into consideration various factors, such as the drug most commonly used in the city/area, its purity/adulteration, the age group of the users, the language they speak, their educational background, its harmful effects to the mind, body and soul, family and society, legal sanctions/punishments for its sale/distribution possession use etc. as we know that funds allocated for prevention being limited, care should be that the same aren't wasted only on literature. Dissemination of information about drug abuse should reach up to the grassroot level. The assistance of knowledgeable and experienced persons in the field may advantageously be resorted to in the preparation of this selective information. Further, it must be remembered that the effectiveness of lectures/talks etc. depends upon "who communicates what and to whom". The speaker must be viewed by the audience as an acknowledged expert on the subject.

7.3.9 Suggestions on the Role of Governmental and Non-Governmental Organisations

Government alone cannot solve the problem of drug abuse it needs community support. It is here, therefore, that the role of non-governmental organisations comes in. Merchant, a noted anti-drug campaigner, observes: "unlike countries like the
United States, Singapore, Great Britain and the Scandinavian countries, the Indian Government expect the Non-Governmental Organisation movement to implement drug demand reduction strategies on its own .... apart from the .... sporadic sprinkling of aid for some of the non-governmental organisations, the Government of India has done nothing". The same applies to our state in Meghalaya (Khasi and Jaintia Hills). It is therefore imperative that the co-ordination between governmental and non-governmental organisation are bound to have better acceptance with the audience as compared to the governmental agencies, it can, however, be an ideal situation if governmental institution such as the Social Welfare Department, Law Enforcement (Police, Excise, Customs), Education Department, Health Department etc. work together in providing man-power resources and financial resources (as the bulk of the financial resources allocated to fight drug abuse can be provided by the Government) as financial resources of Non-Governmental organisations are really quite meagre.

Government can provide funds for development and screening of media messages, the production of information resources and to increase the number of counselling and treatment centres. As many of these support activities in Khasi and Jaintia Hills were undertaken by Non-Governmental organisations such as the North East India Committee on Relief and Development, Church Auxiliary for Social Action, involvement of the Church, Seng Bhalang Seng Longkmie (Mother's Union), Lion's Club, Donbosco's
Youth Centre, Sanker Rehabilitation Centre which conducted awareness programmes and treatment for the community.

The programmes and strategies must aim at building awareness to every person in the society and motivate him/her to give whole hearted support to every effort made by the Government and Non-Governmental institutions in combating the drug menace. Such strategies must make a two pronged attack: on the addicts to give up drugs and on all others not to fall prey to the temptation to experiment with drugs.

7.3.9.1 **Strategy for Generating Public Opinion Against Drug Abuse**

The power of public opinion is the strongest weapon against drug abuse. It is only a resilient public opinion which will give shape to a strong political will to fight this menace. Public opinion alone can force the elected representatives, legislative bodies and the Government machinery to take prompt and effective action and consider themselves accountable to the people. It can also keep the executive alert towards the lethargy, inefficiency and corruption prevalent amongst the public officials, lawyers, judges and all those responsible for controlling drug abuse.

In Khasi and Jaintia Hills luke-warm attempts have been made by both Governmental and non-governmental agencies by disseminating this information through radio, television programmes, seminars, workshops catering only to a few section of the total
population. The people in general tend to think that drug abuse is "someone else's problem and it is not going to affect them or their children". May be if they are told that there are over or more than 20,00,000 addicts in India and that there is every possibility their own children might be amongst these, they will take a more meaningful interest in the subject (problem) resulting in their change of perception and attitude towards the problem.

As it is seen that adhoc patch-work approach to the dissemination of information has yielded no tangible results. It is suggested that there is an urgent need to set up a well structured anti-drug unit under the Directorate of Education as mentioned earlier for the formulation strategy for dissemination of information aimed at generating public opinion against drug abuse. While such a unit may have full financial support from the Government, it should not have bureaucratic dominance but be manned exclusively by Non-Governmental organisations such as Seng Long Kmie (Mother's Union) Seng Bhalang, religious institution (Church), NEICORD, CASA, Rotary Club, etc. local traditional organisations and community elders should get more involved with starting a public movement against drug abuse.

7.3.9.2 Role of the Press

The press has a vital role in drug information and generating a public awareness as it has a large audience. The print media are the facilitators and accelerators of social
reform in a democratic country. However, a study of the newspaper
coverage of drug abuse in Khasi and Jaintia Hills during the last
five years reveals that most of the reporting has generally been
restricted to the seizure of drugs. A few stray articles have
appeared from time to time and these articles hardly convey a
true picture of the extent of this problem. So far no attempts
have been made by the print media to find out and report the
plight of the drug abusers and its impact of their life (of an
individual) family and society at large, in a realistic manner.
It is therefore suggested that the Non-Governmental organisations
should apprise the press that it should present the drug
information in such a manner that it may not only attract the
attention of the people but be clearly understandable too.

7.3.9.3 Association of Ex-Addicts

The association of recovered addicts (ex-addicts) like
Narcotic Anonymous should be initiated as this has proved to be
of vital importance in the reformation of addicts. Narcotic
Anonymous is a fellowship of addicts who share their experiences
and problems with each other in order to overcome their own
addiction or to help other members in doing so. Narcotic
Anonymous has been quite active in India since 1986 in a few
parts of the country. Lobo (1986) opines that universal
experience, there isn’t a better person than a recovered addict
to help the suffering addicts’. Narcotic Anonymous should be a
non-profit fellowship that offers a programme of complete
abstinence from all drugs. There is only ‘one’ requirement for
membership and that is "an honest desire to stop using". In other words, a recovering addicts strengthens himself in the process of helping a suffering addict to recover. Non-Governmental organisation can play a role in motivating the ex-addicts to form their own associations and give a helping hand in freeing the society from the abuse of drugs.

7.3.9.4 Control Over Pharmacies and Drug Stores

In this study it was found that the legal channel for supply of psychotropic substances for medical purposes are fast becoming a major source of unrestricted illicit supply of these drugs to the existing as well as the potential drug users. Though the chemist and druggists are under legal obligation by virtue of the Drug and Cosmetic Act 1940 and Rules made there under to sell prescription drugs only to the persons holding valid prescriptions. Most of the pharmacies and Drug stores, however dispense the restricted psychotropic substances. In 1992, a press reporter went to some ten Drug stores in Delhi asking for controlled drug without prescription, and reported later that every drug store was ready to sell. The position is the same in Khasi and Jaintia Hills. Such drugs are being sold at a higher rate to the drug users.

It is therefore suggested that the concerned state authorities, should keep a strict watch over Drug seller's conduct of business and initiate legal proceedings against earring sellers which may be cancellation of license or criminal
prosecution. However, in spite of the huge infrastructure in the possession of the Government in the form of the Police, Para-Military, Customs and Excise, Intelligence, etc. it is apparent from this study that the government alone could neither eliminate nor reduce the problem of drug abuse, as the problem of drug abuse have been rising to a menacing proportion. Therefore, it is suggested that the government should seek the cooperation and participation of the Dorbar Shnong, Seng Long Kmie (Mother’s Union), Youth Club and other non-governmental organisations to reduce the menace of drug-abuse. Some of the steps may be, identifying the pharmacies/drug stores in their locality who are indulging in illegal sale of drug and report the matter to appropriate authorities for their necessary action.

7.3.9.5 Associated Enforcement Agencies with Educational Programmes

Enforcement agencies in many countries have been closely associated with educational and prevention programmes. In Canada, for example, Royal Canadian Mounted Police works closely with Government Departments connected with drug education. In Los Angeles, a joint project of the Los Angeles Police Department and the Los Angeles Unified School District, called 'Drug Abuse Resistance Education' DARE provides for a system under which drug information in schools is imparted by instructors who are uniformed Police officers trained by specialist in the field.
Project 'School Programme to Educate and Control Drug Abuse' SPECDA, in New York city of United States in a collaborative venture of the Police and Education Departments. A team of two, one from the Police Department and the other a drug counsellor employed by the school, impart basic drug education in a weekly 45 minute classes. It does not mean that we necessarily follow the above described system but, it will be highly desirable that some similar experimental projects be undertaken and results thereof evaluated for the purpose of making these projects a part of our strategy in preventing abuse of drugs.

7.3.9.6 Need for Avenues of Youth Recreation

There is a need to provide avenues for youth recreation which will result in reducing the frustration, anxieties and boredom which have driven youth to drugs in many cases. "An idle mind is the devil's workshop". Therefore it is imperative for the government and welfare organisation to provide opportunities for young people to engage themselves in games, sports, artistic hobbies, to be of service to others needing help and to participate in various other constructive activities. Youth clubs should be set up and social and cultural activities should be organised not only to help young people to make proper use of their leisure time but participation in such activities will also help in the inculcation of social values such as tolerance, cooperation, dignity of labour, love for one another, compassion, respect a feeling of oneness etc. The absence of such recreational and cultural activities makes the youth to fall prey to
the other activities available i.e., drinking or abusing of drugs.

7.3.9.6 **Specialised Treatment and Rehabilitation is Absolutely Necessary**

After proper counselling of the addict adolescent or the adults, the only sensible thing to do is to take him to a treatment and rehabilitation centre dealing exclusively with the addicts. In Khasi and Jaintia Hills, the existing facilities for the treatment of drug addicts are not adequate as these facilities are obviously limited, some addicts are being treated by general Physician in Government, Private Hospitals and Nursing Homes and Sanker Rehabilitation Centre. If an addict has been motivated through counselling to seek treatment but the facilities for the same are not provided or immediately available, the whole effort goes waste as the addict may not be motivated for long. After the addict has been detoxified, he has to acquire coping skills needed to respond to the stress and strains of normal life to avoid any relapse of drug abuse. A drug addict also needs to acquire the ability to achieve a productive role in the society. Unless the ex-addict acquire these skills he is bound to fall back to drugs. Therefore Rehabilitation and after-care is essential to prevent lapses. Rehabilitation and after care of the detoxified addict involves counselling, giving him vocational training and assisting in getting employment or setting up of his own establishment. These process generate a
feeling of achievement and also aspire self-confidence which helps in fighting the uncontrollable urge to use the drug again.

We can hardly hope to make any significant progress in our drug abuse control efforts unless treatment and rehabilitation facilities are easily and readily available to all those who are in need of such facilities. Therefore the government should seriously think of setting up adequate number of Deaddiction Rehabilitation and After-Care Centres in collaboration with viable non-governmental organisations. The Donbosco Youth Centre which is mainly doing the work of counselling and disseminating information related to drug abuse should be provided with adequate financial assistance to start a permanent counselling-cum-rehabilitation centre. Media, social workers, and non-governmental organisation can be of great help in making the people aware of the treatment and rehabilitation facilities available.

Therefore Prevention Programmes must be designed to involve the community and ensure its active participation. They should provide information and develop skills for parents, teachers, professionals and service providers. Both Governmental and Non-Governmental Organisations should strive at creating public awareness about drug abuse through authentic and credible information. Preventive Education (Drug Education) should be included in the school curriculum and also at the college level.
and avenues for youth recreation and creative activities should be provided to the youth to keep them away from drugs.

7.4.0 Suggestions for Further Research

(i) A study of Drug Abuse among the school going children in each district of Meghalaya may be conducted.

(ii) A study of the Attitudes of student and teachers towards the growing incidence of drug abuse may be conducted to find out the present status of drug abuse in the state.

(iii) A psychological study of Drug Abuse in relation to Personality.


(v) A critical study on the issues and approaches in drug abuse prevention adopted by governmental and non-governmental agencies in Meghalaya.

(vi) A study on the nature and incidence of drug abuse among school/college/University students in Meghalaya may be conducted.