INTRODUCTION
The use of mind altering drugs is as old as mankind. Fermented beverages were used by pre-historic man. The Babylonians and Egyptians devised methods to prepare alcoholic beverages and used them for intoxication. The Bible mentions wine 165 times in generally approving terms but it warned strictly against drunkeness. Even in ancient times the excessive use of drugs and alcohol for recreational purposes was frowned by society. In earlier times the range of available psychoactive substances was not large and one of them usually became the drug of choice for example alcoholic beverages in some countries, opium, cannabis or coca preparations in others. The use of psychoactive drugs was limited largely to persons who had attained the age of responsibility within their communities, and such drugs were taken in far greater amounts by men than women. Very few who took drugs became dependent on them. How many became dependent who took drugs, is not known, however, it depended on the nature of drug used, social acceptability, frequency of use, experience of user and the communities attitude towards the drug.

Drugs have been used even in primitive times by all classes of people ranging from wealthy who indulged in opium as a vice to the poverty stricken who needed a palliative
for life itself and drugs have been used for ceremonial, religious and social purposes and also to enhance communication with God. Some societies used drugs to prepare warriors for battles and to cope up with intricate taboos with which the various cultures had to live. Drugs were used not only by medical men, witchcraft doctors, and priestly groups but at times by the whole community.

Drug use is almost universal and the only people who do not use alcohol are the Muslims as they are prohibited by Koran or the Eskimos who live in places where the terrain is so bleak that no drug yielding plant could be cultivated. In parts of North Africa marijuana is accepted but not alcohol. In many parts of the world cocaine abuse carries severe penalties. The chewing of coca leaves by the Andes who have to work at high altitudes is almost common. The over-indulgence in alcohol was a serious concern to the Emperor of Chou dynasty (1134-256 BC). In 2737 BC the Chinese wrote the first known text of pharmacy "Pen Tsaor" or great herbal and it was recommended for such adverse conditions as "female weakness, malaria, rheumatism, beri-beri, and absent-mindedness. By 800 B.C. the drug found its way into India and was called the "Heavenly guide", "Poorman's Heaven", "Soother of grief". In some South American countries people prepared a hallucinogenic drink which they called Ayahuasca. The inhabitants of South Pacific Islanders used a drug called Kava. People in India archipelago ingested
nutmeg. People of West Indies "Turn on" to arachia snuff, Siberian used small amounts of deadly Amanita Muscaria. The Aztecs used their ritual drug psilocybin. Finally vegetables and fruits fermented alcohol are also believed to have been used. The drug that has been used as a painkiller for centuries is the opium.

Each society develops rules and guidelines for use of drugs defining behaviour which are acceptable and which are disapproved. The form is usually quite explicitly stipulated including the place of drinking, amount, rate of intake, time and place of drinking. Even within a given culture the acceptability of drug use may change with passage of time. Opium which was once accepted as a recreational drug in East and was available in grocery shops until 19th century in England and U.S.A. is now strictly prohibited. The smoking of tobacco was at one time or another punished by death in Russia, Persia, Turky and parts of Germany is now commonly used and same was the case with coffee, which is widely used these days was prescribed in the past. In U.S.A. the use of cocaine is now illegal. 75 years ago it was an important ingredient that helped to make coca-cola.

The acceptability of drug varies from culture to culture. Alcohol which is widely accepted in western culture is seriously condemned in Russia, among the Kofyar's in North Nigeria people think, talk and drink beer. The Kofyar's think that the way to God is with a glass of beer in hand.
while the Hopis and Pueblo Indians so greatly abhorred the use of alcohol that they banned it from their settlement for many years. The Aztecs must get drunk at a religious ceremony to please God (Mandelbaum, 1979). Drinking in one community may be a demonstration of affection as in the Japanese (Mandelbaum, 1979). The social and economic problems of drugs do not always correlate with societies attitude towards it. Alcohol may have brought immense miseries but no serious attempt has been made to outlaw the use or even reduce its availability.

There are certain features of drug action that differentiates drugs and make some drug more likely than others to be widely used for non-therapeutic purposes. Most obviously different classes of drugs have different actions on the nervous system. Some produce stimulation and feeling of excitement, some serve as pain killers and often produce tranquility and drowsiness. Many drugs produce stronger effects when first used, however, the body slowly accommodates to the drug and develops tolerance so that much larger doses are required to produce the effect originally produced. The drug if not taken regularly will lead to withdrawal symptoms. Certain types of drugs induce tolerance and physiological dependence as well as psychological craving, others produce tolerance without physical dependence or craving without tolerance and yet others
produce neither physical nor psychological dependence but may be sought for psychic effects. The characteristics of drug action depend on the amount of drug taken, route of administration, chemical structure and on the social definition of the circumstance of the situation in which the drug is used.

Part of the increase in drug abuse is related to great scientific advances in the field of pharmacology in the last 50 years. Today we have at our disposal drugs that literally cover the whole spectrum of human behaviour. We have pills to sedate us, where we have drugs to excite us when we are dull, to slim us when we are fat, fatten us when we are thin, woke us when we are asleep and drugs to sleep. Besides these, we have drugs to enhance our ability to function and on the contrary to carry out minds out of realm of reality into loneliness. It is, however, important to keep a proper perspective on drugs which both solve and create problems. Given the sophistication of drugs and their positive use they have achieved a high level of acceptance.

In general population in most countries yet any drug can be misused with negative consequences to the individual and society.

Availability of drug is one reason believed to be the cause of drug addiction. Someone cannot be addicted to something which he has not experienced. It is suggested that if drugs are banned addiction will cease but this is too
simple a solution to work (Willis, 1969). One way could be to ban substances yet undiscovered because once the properties of a substance are known it becomes available to the vulnerable population. The new discovery of drugs, no doubt, has brought relief to mankind but it can have harmful effects if drugs are not used judiciously. The position has been further worsened by medication and easy availability of drugs without prescription.

Exposure is another factor in drug abuse. Races that have been long exposed to the action of alcohol have grown more and more temperate e.g. Greeks, Italians, Southern French, Spaniards and Jews. The nations North of Europe, i.e., Britain, Russia, Scandinavian, countries who have been less exposed are more prone to drink. In India too the Aryans who introduced wine have grown temperate while the races such as Dhils, Gonds, Santals, Nagas and other hill tribes belonging to the aboriginal tribes who have been less exposed to drink are more prone to excessive use. Africans are an exception to the rule they are comparatively temperate even though they may consume a lot of palm wine (Chopra and Chopra, 1959).

In many countries drug dependence has almost as a new phenomenon and reaction have tended to be dramatic. Reaction of alarm and fear have resulted partly from the unexpected suddenness of the increase in extent of the problem
involved and the lack of means for estimating how the trends would continue and the tendency for drug dependence to be found at increasingly earlier ages. The picture is found in European and some Latin American countries as well as in Australia. The problem in some countries, of late seems to have been contained. In such countries problems related to alcohol are still more extensive than those related to dependence on other drugs. In some countries surveyed (Rosser, 1974) problems related to alcohol are confined to a very small sector of the population, although they are becoming somewhat more widespread as in Egypt, India, Philippines and Thailand, where problem of dependence on other drugs have long been known and are widely prevalent, yet even in these countries pattern of drug use are showing changes.

In the years 1950's and 60's took place the Hippie movement. This movement had to large scale abuse of psyche-delic drugs. Traditionally the opiate drugs especially heroin have been used to resolve personal problems and to escape into a world of reverie. Although heroin has been used to some extent by young people in middle and upper segments of society, opiate addiction had been a lower class phenomenon. Heroin was widely used by young people in urban ghettos. The Hippie movement encompassed among other
character an extreme approach to "love" and greater sexual freedom.

In the past 25-30 years and particularly in the last decade, many countries have experienced new trends or problems (Kramer and Cameron, 1975) related to drug abuse. The drugs that have long been used in certain parts of the world are beginning to be consumed in locations outside the region of traditional use. For example, cannabis has come to western hemisphere and Europe. Within the past two decades, opiates too have come to be used in new areas, often in new ways (e.g., heroine in U.K., Thailand, Iran and recently in France and opium in Netherlands, Sweden and other countries. Alcohol the oldest intoxicants of all is being used more frequently and in larger amounts by some young persons in a number of countries traditionally oriented to the use of alcohol. A second new trend is the use of all types of dependence producing drugs by pre-adolescents and adolescents from the middle and upper classes young people who do not come from minority gaps or those living in poor social and economic circumstances. A third new feature of the situation regards drug taking is that many adolescents and young adults appear to have little interest in the maintenance of social status quo. Among them are students as well as young
people who are less socially attached and often highly mobile. A substantial proportion have experimented with drugs and much smaller proportion have become regular users. Many of them affect conventional clothing and hair styles loosely characterized as "hippie style".

Still another trend is towards multiple use of drug by the same person. There has, of course, always been some multiple drug use, especially the sequential substitution of one drug for another when a preferred drug was unavailable. Simultaneous use of more than one drug is also not new; barbiturates have been used to enhance the effect; cocaine has been taken with heroin or with opiates to complement or moderate the effect of one on the other. What is new is the large number of different types of dependence producing drug used in sequence, or simultaneously by many regular user. Drugs with differing effects are chosen according to the mood of the moment.
Drug Abuse in America

Drug addiction in America is a serious domestic problem ranking ahead of inflation, unemployment, race and poverty. It is seen both as a symptom and cause of social illness in America. The problem of drug abuse is quite an old one as drugs were freely available on prescription its abuse spreads like wild fire. Drugs most commonly used are opium, amphetamines, heroin, barbiturates, cocaine, marihuana and alcohol. Some of the major studies have been as under it

The U.S. Commission indicated that excess of 24 million American over age 11 years have used marijuana at least once. The incidence is greater among the young 27 per cent of 16-17 years, 40 per cent 18 to 21 years and old, 38 per cent of 22-25 years, have tried marijuana. Only 6 per cent of 12-13 per cent and 6 per cent over 50 have used drugs (Nat. Commission, 1972).

The National Commission on Marijuana and Drug Abuse (1972) estimated that 24 million Americans had tried marijuana and that 10 millions were using it at least two to three times a month. The percentage of adults 18 years and over, 3 per cent youth 12 to 17 years were reported as using it every day. Among younger persons males and females
were equally likely to smoke marihuana. Use is higher among upper middle class youth than among lower status youth.

Sayh (1972) found in an 18-month survey by a sub-committee of the United States Senate, released in 1972 indicated that as many as one million Americans were addicted to barbiturates drugs most of them between 30 to 50 years of age.

According to the report of the Second Commission on Marihuana and Drug Abuse (1973) a figure recently released by Bureau of Narcotics and Dangerous Drugs set the number of "active addicts" nationwide at 599,224. It has been estimated that at the end of 1967 there were approximately 55,000 opiate dependent persons in New York.

The National Commission on Marihuana and Drug Abuse (1973) indicated that 53 per cent of the sample (18 years and over) used alcohol beverages. The data also indicate that 55 per cent used one or more proprietary or ethical tranquilizers, sedatives or stimulants, 16 per cent of the sample (18 years and over) said they tried marihuana, 8 per cent said they were currently using it. Among those aged 18 about 47 per cent said they had used marihuana at least once. About 5 per cent of the sample said that they tried LSD or similarly hallucinogens, at least 3 per cent said they tried cocaine and 1.3 per cent reportedly tried heroin.
According to National Commission (1973) Americans use large quantities of over the counter mind-altering drugs. In 1970, proprietary sales totalled $28,320,000 worth of sleeping pills, $4,401,000 worth of tranquilizer agents and substantial through unknown amount of Caffeine stimulants.

According to the Commission about 1/2 of the adults who had admitted to having used medical drugs for non-medical purpose, 53 per cent having consumed alcohol, 47 per cent and 56 per cent had same marijuana experience. Similarly, 86 per cent of the adults and 63 per cent of youth who had tried marijuana reported consuming alcohol within 7 days prior to the survey.

In the same report, it was mentioned that 53 per cent or 74,000, 000 adults (18 years and over) and 24 per cent or 5,977,000 youth 12 to 17 years of age had consumed some type of alcoholic beverage within the week prior to the survey. The highest proportion of adult consumer of alcohol resides in North-East (65 per cent) and lowest proportion (37 per cent) live in South. The national survey data show that more than half (56 per cent) of all adults and 20 per cent of all youth having had experience with one or more ethical sedative tranquilizer or stimulant.

Among youth and adults less than two in twenty (4.8%) and 4.6% respectively) reported having tried LSD or similar hallucinogen at least once although 24 per cent of the adults and 28 per cent of youth reported knowing someone
who had used them. Among adults with hallucinogen experience 60 per cent reported that their most recent use was more than 6 months ago. Youth, however, tend to report more recent use and about 70 per cent reported use within past 6 months. Cocaine larger population of both youth and adults reported experience with cocaine than with heroin but the differences are not statistically significant. 3 per cent of the adults and 1.5 per cent of the youth report that they have tried cocaine at least once and additional 2 per cent adults said they would like to experience. Heroin was reported by survey to have lowest rate of incidence of all drugs included in the study. 1.3 per cent of the adults and 6.9 per cent of the youth reported that they had tried heroin at least once and 21 per cent of the latter claimed to know some who had tried heroin.

In a survey of students more than 900,000 students responded. The response constitute corresponding to about 3 per cent of the nation. Junior high school students; about 2 per cent of American college undergraduates and approximately 2 per cent of all young Americans between 12 to 21 years of age. The national survey data show that 73 per cent of the junior high school students, 87 per cent of the senior high school students and 98 per cent of the college students have consumed some type of alcohol beverage at one time or another. Some experience with marijuana was reported by 8 per cent of junior high school students, about 1/4 (24%) of the senior
high school students and 2/3 (67%) of college students. 82% of the former group and 30% of the latter groups of students who had such experience reported that they no longer used the drug. 5% of the junior high school and 0% of the senior high school students and 3% of the college students reported experience with glue or other inhalants. All of the college suffers, 63% of the high school suffers and 44% of the junior school students with glue experience, however, indicated that their most recent use was more than a year ago. College students were three times as likely as high school students (27% v. 9%), and high school students three times as likely as junior high school students (9% v. 3%) to have tried LSD or similar hallucinogens at least once. About 3/4 of the college triers, however, reported their most recent use as more than six months ago.

Despite the fact that cocaine is less generally available and more expensive than heroin, students experience with cocaine is greater than reported with heroin; 1.2% of junior high; 2.6% of senior high and 10.4% of college students reported experience with cocaine.
AUSTRALIA

In Australia people use whatever drug is available. The prototype pattern of alcohol consumption in all areas of Polynesia (Australia) except New Zealand is found in Kava circle. Drinking was confined to men and tended to be monopolized by chiefs and priests. In Western Polynesia especially Samoa and Tonga Kava drinking became a sacred ceremonial distinguishing title from untitled person and symbolically validity status difference between chiefs (Lemaitre, 1967).

Wheeler and Edmonds (1969) observed in a study of 100 patients referred to drug clinic in Sydney. More than 60% of the patients attending the clinic were under the age of 21 years and ratio of men to women was 2:1%. 80% had taken or were still taking one or more drug. At some stage 80% had taken stimulants, 59% marijuana, 42% narcotics analgesics.

According to the Department of Customs and Excise (1969) sedatives and hypnotics account for 12% of prescription and comprises the largest single group of drugs by medical practitioners in Australia. It is estimated that there are 1,80,000 drug dependent women and 90,000 drug dependent men. About 50,000 men and 7000 women are both alcohol and drug dependent. It is not possible to determine whether drug dependence is increasing or decreasing. An upward trend
has continued during 1968. Cannabis continues to be the
drug most commonly used.

According to Krupinski (1973b) in recent Australian
study, found that the men who drink had reached 75% in those
aged 19 years rose to about 90% in the age of 19 years rose
to about 90% in the age group of 20 to 39 years and this
gradually fell to 75% in men aged 70 years and over.

In Victoria (Australia) of 1,10,000 patients
admitted to hospitals (excluding obstetric hospitals) 16-20%
of males and 4% females per year, in addition to illness for
which they were ostensibly admitted, were alcoholics. Admission
for alcohol problems account for 20-30% of admission to
psychiatric hospitals (Rosser, 1974). Of the 2,50,000 persons
recognized as having alcoholism in Australia, Skidrow
represents some 10% (Rosser, 1974).

The prescription of amphetamine has now been
severely restricted in Australia. In a survey of random
sample of community in Sydney sub-urban, amphetamine like
substance was found in the urine of 14% of female aged
35 years and to a lesser extent among males and younger
generation (Rosser, 1974). Although the use of amphetamine
derived from legal prescription has been drastically reduced,
it is stated that there is still considerable amount of
illicit use and alternative stimulants are becoming more
popular (Rosser, 1974). Dependence on barbiturates seems
also to have developed out of over-prescribing. In Australia, barbiturates account for about 10% of all prescribed drugs (Neeer, 1974).

The pattern of drug available in Australia resembles the pattern of drug misuse. Psychoactive drugs are readily available although severe restrictions are now being imposed until recently stimulants were also readily available on pre-
scription. The magnitude of illicit drug traffic particularly in narcotics is extremely small compared with amounts of drugs available legally.

Australia has the advantage of data based provided by the national pharmaceutical benefit scheme which covers approximately 90% of all prescribed drugs. The reports utilizing this data base demonstrated that in 1976-77 psychotropics drugs represented 12% of all prescriptions. Pensioners who contribute 9% of Australia’s population consume 45% of all psychotropics drugs. The pensioners account for 2/3 of barbiturate use; 1/2 of use of non-barbiturates sedatives hypnotics and 1/3 use of tranquilizers.

Enge (1980) in a survey in Australia of final year students of helping professions, i.e. medicine, law, nursing, pharmacology indicated that about 96% drank coffee or tea, 85% drank alcohol, 95% analgesics, 31% used tobacco, 9% marijuana, 9% sedatives, 6% tranquilizers, 2% hallucinogenics, 1% cocaine, and 1% used opiates at least once a year.
Australian population consumes large quantities of alcohol. It ranks number 10 in the world for per capita consumption of alcohol beverages consuming approximately 10 litres of absolute alcohol per year per person (Healey, 1970). Studies in late and middle 1970's reported that from 65% to 82% of adult population used alcohol (Australian Bureau of Statistics, 1977) and among students in Australia, the rate of alcohol consumption has been found to be 80 to 90%, which is as high or higher than for adult population as a whole (Healey, 1970; Krupinski, 1977).
CANADA

In Canada, the problem of drug abuse does exist but is not as serious as U.S.A. A large number of drugs are used i.e. cannabis, LSD, tranquilizers, opiates. Use of solvents has also been reported. In his study of some provinces of Canada, Papine (1964) found that there were 2285 (per 100,000) alcoholics in Bristol, 1780 in Ontario, 1760 in Quebec, 1450 in Nova Scotia, 1420 in Alberta, 1420 in Manitoba, 1180 in New Brunswick, 1140 in Saskatchewan, and 520 alcoholics in Prince Edward Island. Alcohol still remains the drug most commonly used. The association is clear the more urban the province the higher the prevalence.

A Canadian Study (Research Division, 1969) indicated that 46.3% of high school students in Toronto have used alcohol at least once in the preceding six months and 37.6% used tobacco. The number of male users of marijuana and LSD was twice that of female users. Bogg's (1969) study in Michigan High School students showed that 1/3 of the students considered marijuana harmless to mind and body. Use of marijuana was highest in urban areas and lowest in rural areas. Bogg et al. (1969) studied tobacco use in a city vs. small town in Michigan. He found that use of marijuana was highest in private schools and lowest in rural schools. One of the findings was that student would consider marijuana more harmful if his community is more isolated from urban metropolitan influences. The study
carried out found that in 1969 hashish and LSD were high on list of drugs used to get high. Bogg et al. (1969) showed that the highest use of hashish (13.5%) was found in private schools. In this study, sub-urban schools showed a 2.8% use of LSD. The above studies seem to indicate that drug abuse is more often associated with urban culture and perhaps economic status and educational level of affluent children going to private schools. The rural community does not use drugs in as sophisticated a manner.

In 1970, twenty per cent of the Canadian University students had used marijuana (Ginestat, 1970). A survey of students in grades 7, 9, 11 and 12 in Halifax also showed comparable results (Whitehead, 1970). Tobacco was most popular (47.32%) followed by alcohol (39.5%), marijuana (6.63%), stimulants (6.42%), tranquilizer (5.99%), barbiturates (3%), LSD (2.37%), other hallucinogens (2.2%) and opiates (1.62%) apparently the same person might be using several drugs. At least 2% may be using the whole gamut from tobacco to LSD and opiates. Smart (1970) presented an exhaustive study on drug use in Canada. His data again pointed out that in Toronto high school students in 1968, 6.7% used marijuana, 5.7% used glue, 7.3% used stimulants, 2.6% used LSD, 3.3% used barbiturates and 9.5% used tranquilizers.

The final Commission Report (1973) into non-medical use of drugs estimates that approximately 3/4 of Canadian population aged 18 years and over use alcohol, while 1/4 may be classed as abstainers. In addition, they use a 50% figure
which they consider to be a conservative estimate for use of alcohol in Canadian adolescents.

In 1970 the ethical drug industry had sales of over $300 million in Canada with approximately 82 million prescriptions dispensed from retail pharmacies, yielding a utilization rate of 3.6% prescription per capita (Torrance, 1973). By 1972, there were 91 million prescriptions sold translating to a rate of 4.1 prescription per capita (Canadian Pharmaceutical Association Survey, 1974).

There is a steady progression in the prescriptions for analgesics: from just over 2 million in 1964 to more than 5 million nine years later (Gibbons et al., 1976). The prescriptions for propoxyphene (Darvon) over the same time period have increased 4.5 times. Figures show that the hypnotics and drugs show a slight decline over 4 years, a decline largely accounted for by the barbiturates. Since the non-barbiturates have shown a steady increase from 6.4% in 1970 to 11.1% in 1973. Most of the increase in the non-barbiturates can be attributed to Methaqualone. Although amphetamines like anorexiantas have remained popular, the amphetamines have virtually disappeared.

The minor tranquilizers particularly benzodiazepines, represent the current most commonly prescribed class of drugs. The rise in their proportion of all psychotropics from 30.5% in 1970 to 43.6% in 1973 has been dramatic. As important as this increase may appear, however, the actual consumption of
minor tranquilizers is, however, marked by these figures. As mentioned before a large proportion of psychotropics are hidden and are, therefore, never caught in the statistician's net (Gibbon et al., 1976).

In 1977, alcohol remained the drug most frequently reported followed by prescription drugs i.e. stimulants, tranquilizers and LSD. In 1978, alcohol was still the drug most frequently reported but the order of the next most frequently reported drugs had changed. Cannabis which had not been previously noted has appeared in the list, the order then becomes alcohol, LSD, tranquilizers and cannabis (Clark, Rootman and Lander, 1978).

A national wide survey of Canadian crisis centres found that alcohol was involved in 19% of suicide attempts calls and drugs were involved in 11.5% (Sayer and Scott, 1978). Stimulants which in 1975 and 1976 were involved in 5% of contacts increased to 13% in 1977 (Siegel, 1978 and Johnston et al., 1979). In 1978, stimulants returned to pre-1977 level (15%) and no crisis contacts involved cocaine. These findings do not preclude an increased use of cocaine, but show that if increased use occurred, it did not result in an increased number of crisis contacts.

Studies have been conducted in Ontario (Canada) since 1968 (Smart and Fejer, 1978; Smart et al., 1979) utilizing large stratified proportionate samples of students in grades 7, 9, 11 and 13. The studies carried out in the year 1968 to
1974 took place in Toronto only, but those in 1977 and 1979 used samples from the entire province of Ontario. Sample size varied usually included 1000 or more students per grade. The percentage of drinkers increased from 46.3% in 1968 to 72.9% in 1974, partly because of a reduction in the drinking age from 21 to 18 in 1971. The percentage of drinkers did not increase for the year 1977 and 1979 (76.3% and 76.9% respectively) in the provincial study. However, the percentage of heavy drinkers (five or more drinks on one occasion) those getting high and drunk and those with problems did increase.

Over the years 1968 to 1979 in drinking use greatest among females. Both drinking and heavy drinking were most common among males, older students, those with failing grades in school and students with fathers in professional and managerial occupations. Cannabis use also increased in the year after 1968. In 1968, 6.7% of Toronto students reported cannabis use (in the past 6 months). There was a remarkable increase to 18.3% by 1970; however, some stabilization in the trend occurred with 20.9% in 1972 and 22.9% in 1974. The provincial study found that in 1977 some 25.1% had "reported using cannabis in the past 12 months". Again in 1979 there was a large increase and 31.7% of students reported some usage. Cannabis use increased for both sexes and most age groups between 1977 and 1979. There was a tendency for larger increases in cannabis use among females than males after 1968.
CHILE

In Chile there is large scale spread use of marihuana. Mention is also made of dependence on a wide range of medicaments such as Acetylsalicylic and other analgesic and antiphylactic drugs. In Chile adolescents use a variety of drugs including additionally some non-opiates antitussives and antidiabetics.

In Chile, there is a massive consumption of marihuana by adolescents noted since the spring of 1968. Richard et al. (1971) estimated that nearly 6% of young people used marihuana once a week and more than 1% daily, rates being particularly high for males in the age group of 15-19 years (39.3% users, 1.5% daily users).

In the year 1945 to 1963, it was estimated that there were 3610 to 4510 abusers per one lakh population. In Chile data from several epidemiological studies show that there were 50/1000 alcoholics in survey of total population over 15 years of age.

Various hallucinogens are used in Chile and Latin American countries, they include hallucinatory mushrooms (Psilocybin) and Peyote (Mescaleine). The use of cocaine increased from 49 in 1968 to 129 in 1969. Where cocaine is used it is probably taken in combination with other drugs particularly opiates. It should be noted that in some Latin countries cocaine is widely used among rural population in the form of coca leaves.
EGYPT

There is no published information available on drug abuse in Egypt other than that of cannabis. However, there are two unpublished sources which provide some background material (Tuma, 1975; Azayen and Hakim, 1978). Data are available also from the records of a number of clinics and hospitals that treat drug-dependent patients in Cairo; and the narcotics control administration of the ministry of the interior which provide information on seizures of illicit drugs.

Cannabis

The use of cannabis is endemic; it is the most widely used recreational drug in Egypt. In contrast with cannabis, alcohol is explicitly prescribed by the Koran and is, therefore, much less used than cannabis. For example, a survey of 700 undergraduates at the University of Cairo showed that a higher proportion (36.4%) of students had experience of cannabis and other psychoactive drugs than of alcohol (21.5%) (Tuma, 1975).

Estimates of prevalence suggest that 10% of the adult population may have used cannabis and that between 2.5% and 5% of these may have been regular or chronic users (Tuma, 1975). Cannabis use is virtually confined to males although there are thought to be a small number of female users among student and stage entertainers.
Tuma (1975) estimated the prevalence rate of opium to be between 25,000 and 30,000 persons. Recent decreases in the price of opium may reflect increased availability through a rise in local production. Hitherto the high price of opium led many dependent persons to change to other drugs, mostly synthetic psychoactive drugs which are considerably cheaper and easier to obtain.

Although traditional type of drugs users (cannabis and opium) in Egypt have not shown any marked recent changes; a new trend in the past three years has been marked increase in the abuse of synthetic psychoactive drugs. In 1974, Tuma (1975) mentioned occasional reports of amphetamine and barbiturate abuse. There was no report of the use of heroin, cocaine and LSD at that time and in this respect the situation remain unchanged. However, since about 1975, there has been a marked increase in the use of other drugs, mainly amphetamines and methaqualones.

Azayem and Hakim (1976) in their paper made the following important observations. The number of synthetic drug samples seized by the law enforcement authorities and for laboratory analysis has increased progressively from 397 seizure in 1972 to 1344 in 1976. Most of these were amphetamines, barbiturates and methaqualones. At one out-patient clinic in Cairo (Ataba Clinic) the proportion of dependent persons using synthetic psychoactive drugs increased from 15% in 1970 to 39.3% in 1977. The proportion of dependent persons using drugs
by injection has increased from 0.5% in 1970 to 10% in 1977. Data from the same clinic are reported as showing a progressive increase in the proportion of dependent persons aged under 20 years from 0.5% in 1970 to 15.3% in 1977.

There has been a recent marked increase in the quantity of synthetic drugs seized by police. Most of the recent seizures are reported to be methaqualone. Probably the most widely used synthetic drug appeared to be nesprobamate. Unlike the other drugs encountered it is freely available through licit channels and can be produced at a pharmacy without prescription. Some nesprobamate users are taking 20 to 40 tablets daily and have developed physical dependence with withdrawal seizure on absence. Synthetic drugs other than nesprobamate, on the illicit market are said to be mainly smuggled from abroad.
FRANCE

Stash (1972), until 1965 the representative of France, was able to say that addiction did not present social problems in France. In December 1966, it was reported that there were relatively few drug addicts. During the last four years many cases have been reported. According to the Ministry of Interior, the number of abusers were summarized as follows: 60 cases of addicts in 1965, 82 cases in 1966, 155 cases in 1967, 207 cases in 1968, and 994 cases in 1969. During 1970 the authorities dealt with 913 cases and 1561 arrests involving 1574 addicts.

A comparative study has been made by utilization in 1969 and 1970 covering 647 and 826 instances of drug consumption. Cannabis accounted for 50% of the total use in 1969 and 53.4% of total use in 1970 (Stash, 1972) followed by heroin. The relative consumption of cannabis is noteworthy. It is being consumed more and more in the shape of cannabis resin (hashish). A significant in heroin trafficking is also perceptible. LSD cases have also been reported but are few in number.

Drug dependence in France involves multiple drug dependence i.e. cannabis, LSD, amphetamines, heroin, hypnotics and even solvents in various combinations depending on availability. In a survey of total population 40 persons per thousand were found to be alcoholics and 90 excessive drinkers (Roser, 1974).
The response from France refers to the fact that the proportions of alcoholic patients in general hospitals is extremely high ranging from 25% to 45% in males and 5% to 8% in females in general medical departments. Statistics on admission to psychiatric hospitals in France indicates that 37% of male admissions and 8% of female admissions are due to alcoholic psychosis and chronic alcoholism (Roser, 1974).

Abstaining from drinking is rare in France. In France, the age of drug dependent person is said to be ranging from 14 to 29 years mostly being about 20 year old (Roser, 1974).

According to an estimate there were 15000/one lakh drug abusers/dependents (Roser, 1974) aged over 15 years.
IRAN

Alemix Maraghi (1978) as a part of medico-social survey in rural population in the northern part of Iran data concerning opium use was collected from randomly chosen household. The addiction rate was found to be 69/1000. The rate of registered addicts in the same population was 11/1000. The problem in the term of registered addicts seems to be very small but this is only a tip of iceberg and does not reflect the true picture within the society. In view of traditional use of opium in the problem of addiction may become serious unless effective measures are taken. Opium was used in ancient Iran mainly as a medicine and that addiction was never a problem because the drug was never used socially. Now a days it is used in every class of society and within the family circle (Zarbi, 1974). Traditionally Iran's social attitude towards drug use of opium is one of approval akin to that of alcoholic drinks in western society. In 1955 when rate of addiction in Iran was reported to be 75/1000 in the general population legislation was passed to outlaw the use of narcotics except for medical purpose. By 1968 the addiction rate was reported to be 10/1000 (Cherazi, 1976). The study found as reported by health authorities showed a decline from 75/1000 in 1955 to 11/1000 at a later stage but was still slightly higher than the rate in 1968 (10/1000).
JAMAICA

Contrasting pattern of cannabis use are reported in Jamaica. Jamaica is the largest of the British Commonwealth islands. Two million people live here. Ganja which is the local name of cannabis has been used in Jamaica for more than 100 years. It is readily grown and its use is mostly in low socio-economic classes especially the rural agricultural workers.

A decade ago, it was estimated that there were 70,000 Rastafarians in Jamaica (Barrot, 1968). There may be at least double the number today but accurate estimates are different to obtain. However, Ganja smoking is not confined to Rastafarians and rural peasants, it is widely used by urban class. In Kingston it is also the drug of choice of unemployed and social outcasts.

Among the working class in Jamaica ganja is universally believed to be a source of energy and is used whenever monotonous and arduous work is to be done. The belief in its energizing properties and its stimulating effect on work contrast sharply with the descriptions of the amotivational syndrome associated with marijuana use in other settings. The amotivational syndrome which has been described as loss of desire to work, to compete, to face challenges etc. is a notable feature of ganja use in rural Jamaica.

An anthropological field study in 1970-1972 estimated that at least 60% of adult males were smokers in a typical rural
community (Rubin and Canitas, 1975). The heaviest users are the religio-political groups known as the "Rastafarians", who ascribe divine powers to "the herb".

The use of cannabis has been illegal in Jamaica since the beginning of the century, until 1972 there were harsh punishments of 18 months. In 1974, penalties for trafficking were made more severe. The heavy users in Jamaica have been estimated to be using 429 mg per day more than four times the average heavy user in the U.S. and probably higher than any other country in the world (McGlothlin, 1975). The Jamaicans share the same view as Indian that ganja acts as a toxic and as a nostrum for all illnesses. It also gives energy for arduous work and to relaxation after work. The Jamaicans give it to their children to make them brighter and sharper. They attribute mystical powers to it, such as warding of evil spirits. It has been diffused to the Afro-Jamaican peasants who are the heaviest users of ganja. Among the middle class adolescents' marijuana use is a growing phenomenon. The middle class people use it for curiosity for enhancing sexual pleasure, for psychiatric effects and new experience.
KENYA

Drinking Patterns in Rapidly Changing Culture

There is no doubt that alcohol abuse is increasing alarmingly in Kenya. This has been noticed not only by doctors and other health workers but also by every responsible position in the country. Village chief, civic leader, clergyman and politician have all voiced concern. The government in the next 5 years have planned to tackle the problem with determination. The government has given instructions to restrict considerably the opening of new bars in various parts of the country.

A report (WHO, 1952) on the alcoholism sub-committee on mental health in 1952 found that alcoholism has almost become a norm.

In a study of crowded slum areas of Nairobi, Wanjiru (1979) found that 46 per cent males and 24 per cent of the females could be classified as alcoholics. It was also found that brewing, distilling and selling of alcohol was the major occupation of the area which has population of about 80,000 people.

A similar study in rural areas of Kenya (O Tiao, 1979) also found a very high prevalence of alcoholism affecting 34 per cent of females and 37 per cent of males. Reports from the Trade and Developmental offices of that area showed that the amount of commercial alcohol consumed in the district had increased five-fold in the previous three years and number of bars and other drinking places had doubled during the same period.
Netherlands

Mass use of drugs has been reported in Netherlands. Drugs like LSD, opium alcohol are frequently used by all sections of people.

In a survey of total population 10 per cent per thousand were found alcoholic (Gadzwers, 1963). Cohen (1969) after investigation of 1000 drug users showed that 2/3 were aged 18–20 years. In another survey (Cohen, 1969) reported mass use of LSD, cannabis and opium. He found that 20 per cent of his sample studied had injected, smoked or eaten opium. The Cohen (1969) survey indicated that LSD, opium, amphetamines were the most commonly used drugs in Netherlands. They were taken in different combinations and frequencies by the 950 drug users surveyed, and there was incidental use of some 15 other drugs.

In nearly all the other countries dependence on morphine type drug is limited mainly to certain professional, many health related groups and some patients who become dependent on morphine during the course of medical treatment. However, opium is eaten, or smoked or injected by a proportion of drug users in Netherlands. About 20 per cent of users studied by Cohen (1969).

WHO (1973) reported that 1.4 per cent of the population of all ages are said to be abusing alcohol.
SCANDINAVIAN COUNTRIES

Louria (1968) estimated that the number of addicts in Stockholm in 1967 were approximately 4000 to 5000. Sweden had a large problem of amphetamine abusers, followed by abuse of several other drugs including opiates, LSD etc. STP may have replaced LSD in some of drug cultures.

An investigation of 130,000 school children in Sweden Ratterstol (1968) showed that 1.5 per cent used drugs more or less regularly. In Stockholm 36 per cent of the students reported drugs use of various kinds, whereas in Oslo 5.3 per cent tried Marijuana.

In a study, Hibell (1970) a number of survey series were presented covering the period from 1947 to 1976. Two of these were conducted since 1968. Questionnaires were mailed to 15 to 25 years old in 1968 and 1972. Many of the 19 to 25 years old in 1972 were involved. In the second series, questionnaires were distributed annually for six years (1971-76) to students of 13 and 16 years of age. Increases in alcohol consumption were revealed for each study year with 15 to 17 years old girls showing a continued increase in the proportion of consumers from 1968 to 1972. However, in large cities between 1971 and 1976 decreases were reported among the proportion for high consumers. The age of first use decreased from 1968 to 1972 and the number of times. Large quantities per occasion were consumed showed increase. This
latter trend continued for the most part between 1971 and 1976 through the general alcohol habits of 16 year old students changed very little.

In the four Scandinavian countries discussed here there seem to have been increases in the alcohol habit of young people through the 1960s and early 1970s. These increases have fallen off and decreasing trends have even been demonstrated in the middle and late 1970s. An interesting change involved the reported decreases in the differences between the sexes. In some sub groups the level of use was the same for both sexes.

In Sweden 165 homeless persons (vagrants) 95 per cent arrested for drunkeness at some time (65%) had been under compulsory institutional care for drug abuse (Roeser, 1974). In 1954 and 1969, 1 per cent of the total population were arrested for drunkeness.

In Sweden there has been considerable increase in drunkeness arrests at younger age, the rates for age groups of 15-20 years in 1960-69 were double those in 1954, although they have now started to decline. The number of abstainers in Sweden is only 10 per cent.

In 1965, there were 820 drug abusers/dependent treated in psychiatric ward over 15 years of age (Roeser, 1974). Several factors influence the severity of the problem one, of course, is type of drug used. In many surveys the substance used was cannabis. Other is rate of administration. In
general, the use of substance by intravenous injection was more serious problem than oral or used by smoking. 1 per cent of the nearly 8000 Stockholm pupils surveyed (Roser, 1974) had injected narcotics. In large cities the figure was 2-3 per cent and up to 1 per cent in provincial areas. The substances injected were nearly always amphetamines type. Heroin use is the more recent epidemic largely by injection.

In a study of greater Stockholm in 1966, sample aged 16-25 years, 12 per cent population had sometimes used drugs (Roser, 1974). In 1967, in a study of all 9th grade school children in Stockholm (sample size 7793) 8 per cent of male had used drugs once, 10 per cent used 2-6 times, 4 per cent had used more than 10 times in the last month. In 1968 (induction of 18 years old boys into armed forces), 5.5 per cent males had used drugs once, 11 per cent males used 2-10 times, 9 per cent males had used drugs more than 10 times (Roser, 1974). In another study of students in Stockholm University, 6 per cent males had used drugs once, 9 per cent males 2-10 times, 5 per cent males more than 10 times in last two months (Roser, 1974).

In 1967-68, 1-2 per cent of the young people surveyed had experienced intravenous injection, mostly of amphetamines. Such use was found to be mostly in social and criminal sub-culture (Roser, 1974) of all persons taken into custody by police in Stockholm. In last quarter of 1968, 55 per cent of males and 67 per cent of females in age group of 25-29 years
had needle marks suggesting intravenous drug use (Rosar, 1974).

A survey on a given day in 1969 at 5 youth detention schools showed that 1/3 of the pupil had at some time injected central stimulants. Of late the use of amphetamines seems to have declined.

The non-medical use of opiates is now being found in various groups in Sweden. In 1967 there were 1 to 2 per cent of drug users in Stockholm. Gothenberg school surveys in 1968 showed 13 per cent of patients in hospital used opiates (Rosar, 1974). Use of solvents by children aged 12-16 years has also been reported.

In 1965, a group of experts were appointed to examine drug abuse problems in Sweden. The commission found that since 1920 limited incidence of opiate addiction was reported in medical and paramedical personnel (Ferguson, 1975). Heroin had not made inroads yet. Cocaine use occurred before World War II but had disappeared. Stimulant drugs had taken major role. In 1950s intravenous abuse of stimulants began to appear. Use of Cannabis increased in Sweden. Most common form of Cannabis is hashish, L.S.D. which spread like wild fire in USA, Canada, Europe was not found in Sweden. One very widespread use of tranquilizers and sleeping pills was seen more in old people. A study conducted among 9th grade pupil aged 15 to 16 years in 1967 revealed that 23 per cent of boys and 17 per cent of girls tried drugs. In 1968 there
was wide alarm of spread of abuse of drugs (Ferguson, 1975) but the general increase after 1966 was almost attributed
to growing use of cannabis. A survey in 1970-71 in certain
schools reported that every 3rd pupil had tried drugs
occasionally. During autumn of 1970 and spring of 1971 a
study was conducted among military personnel. About 15
per cent had reportedly tried drugs mostly Cannabis. Only
15 per cent reported that they had never been intoxicated
on alcohol. In 1965 (Ferguson, 1975), 828 patients whose main
diagnosis was drug abuse were treated at psychiatric ward.
In 1967, the number rose to 2476, half of those reported
use of barbiturates and sedatives, stimulants came second
(about 40% in 1968).

**UK**

Drug addiction is not a major problem in the U.K.
today. This seems remarkable when one considers that addiction
to narcotics has existed in Great Britain for many years.

Before 1920 narcotics drugs were freely available
in Great Britain. A person addicted to narcotics could
obtain such drugs without prescription from various services
including the local chemist. Although there is no evidence
indicating that the amount of addiction ever rose to really
alarming proportions, it seems likely that a fair amount did
exist.
Surveys in UK in 1950 and 1960 found that many persons were receiving prescription for amphetamines (1% of population of New Castle) as reported by Kiloh and Brandon (1962). In Britain it was believed that amphetamines were not addicting and non-toxic. They estimated that in 1960 each patient consumed about 80 tablets each per month. About 20 per cent of the users were dependent on drugs and majority were housewives.

Beale (1966) found that the dependence on barbiturates rates accounted for the most widespread dependence on any drug except perhaps cigarettes. The estimated number of persons dependent on the drug in 1960 was 1 lakh, or perhaps 5 lakhs as regular users. Hypnotic drugs notably barbiturates are predominant drugs used in case of self-poisoning coming to attention in many countries. In case of dependence, barbiturates and other hypnotics seems to be used mainly in conjunction with other drugs. The responses from U.K. refers to increasing tendency for hypnotics drugs to be injected rather than taken orally, but this does not appear to be true for all countries reporting dependence on these drugs.

In England in 1968 in the county of Cambridge (1961-64) there were 6.2 per 1000 males and 1.4 per 1000 females alcoholics. In London, 937 residents in Govt. Reception Centre 21 per cent were heavy drinkers and 7 per cent suspected alcoholics (Ross and Davies, 1968). Hansman et al. (1968) in London using general practitioner and clergy
as the reporting agent for drug abuse the rates were 5 per 1000 males over 20 years.

In 1968, according to the report by the advisory committee on drug dependence, London, there was an increase in the use of cannabis. The report found that cannabis smoking was not a solitary activity but it was a social activity. Friends introduced friends. The drug was readily available. The collective impression was that cannabis society was predominantly young and without class barriers. It represented middle class. The report mentioned that it was used by jazz musicians; university students, pop musicians, artists, painters and other engaged in mass media of publicity. The report explained the appeal of the drug to those interested in creative works and self-expression. They also mentioned that there were growing numbers in the unspecified occupations who smoked. Cannabis for pleasure at week ends. The drug was taken for relaxation, introspection, experiment and elation. There were those who took the drug due to discontentment with their work, frustration and to escape from their problem.

According to a report the traditional pattern of opiate use in the U.K. until the early 1960’s involved some 300 to 400 Caucasian adults of mature age who became dependent during the course of medical treatment and who used medically prescribed opium (Goddard, 1969).
Zarofonitas (1972) estimated on the basis of survey that there were 865 and 1100 addicts in the year 1945 and 1963 respectively.

Davies and Stacey (1972) found that 85 per cent of the girls and 92 per cent of the boys in two colleges of London had tasted alcohol in the age of 14 years.

Jahoda and Cramond (1972) studied a sample of 240 children. 6 children out of 10 had tasted alcohol. Results of a parallel study on 14-17 years old students it was found that a large number of both sexes were drinking.

Amphetamines were mostly used by middle aged women (Noser, 1974) and its use was seen also among younger people. Increasing use of heroine was seen in young people in the year 1964. Among the number of users known to the Home office the number in the age group of 20 years increased from 134 in 1965 to 709 in 1968 (Noser, 1974). At the end of 1969, one thousand persons were receiving methadone on prescription. It was found that in U.K. England and Wales that there were 2 to 11 alcoholics per thousand and excessive drinkers of population over age of 15 years in 1968. In 1954 in U.K. (England and Wales) there were 1.9 per lakh population of alcoholics among admission to general admission and mental hospital. In 1967 there were 3.87 per lakh of population of alcoholics among admission to general and mental hospital in U.K. (Noser, 1974) and in 1960 there were 0.5 per lakh. In 1968 there were 14.1 per lakh of alcoholics admitted to general and mental hospital in Scotland.
In another study, Roser (1974) found that there were 700 addicts in 1955, 290 addicts in 1953, 700 in 1964 and 1466 addicts in 1969 per lakh population over 15 years of age. Not much information is available on use of LSD. In U.K., considerable use of LSD was reported and LSD has now become part of the general drug "taking scene" the majority of users are under 25 years of age. Surveys in 1968 showed that the use of amphetamine reached a peak in London in 1968. In October 1968 methamphetamine use withdrawn from retail pharmacists as this controlled the epidemic of intravenous injection.

A marked change in use of opiates occurred in Britain in the 1950's. The number of persons known to be using heroin rose from an average of 54 in 1955-56 to 99 in 1960, and then rapidly to 2249 in 1968 although this figure included a proportion no longer receiving heroin. The new computation showed that the number of dependent persons known to be still receiving heroin at the end of 1969 was 1466 (Roser, 1974). Particularly disturbing increases in use of heroin were seen in younger age groups after 1964. Among dependent persons known to the Home Office, the number in the age groups under 20 years using heroin increased from 134 in 1965 to 709 in 1968. Comparable figure for the age groups 20-34 years were 319 and 1390.

Salter (1974) in a study found that 5 per cent females reported use of tranquilizers for longer than six months.
Non-medical use of habit forming drugs is not new. Its extent and more certainly its pattern and trends may have differed but it has been with us since generations. In India opium and cannabis products had been very common particularly in certain sections of the society. The use of mind altering drugs, however, was confined to persons who have attained the age of responsibility and these drugs were taken by males than females. There had been very few cases which had turned into addiction. Drug dependence is traditional and has social roots as back as 2000 BC to Indo-Aryan civilization. Looked down by Hindu scriptures both in present life and for future higher castes were placed under severe penalties for consuming liquor. Drugs and liquor remained confined to lower castes only.

Historically another distinctive feature of the drug abuse in India has been its association with social rituals, religious beliefs and socio-economic conditions. The intoxicating properties of certain cannabis preparations were known in India more than 2000 years ago. The earliest reference to them is in the "Arthva Veda" a religious textbook believed to date back from 2000 BC to 1400 BC.

Intoxicating drinks were known even in Vedic and post-vedic times in India, and "Rig Veda" has one chapter
on 'Soma' which is believed to have been the celestial drink during the Vedic period. This drink was supposed to have brought strength and vigour to people and the very drinking of "Soma" was considered transcendentally blissful and enlightening. In the 'Puranas' drinking was severely condoned and those who indulged in it were severely punished. Even in 'Mahabharata' lyric reference has been made to liquor which seems to have been used to destroy Yadvos. Drinking and other sensual indulgence were practised as a part of religion in the 'Tantric' period. In Islam there is a strong taboo against alcoholic beverages.

In olden times in India a number of Hindu saints used to take cannabis in order to overcome hunger and thirst which helped to concentrate during meditation. Cannabis in the form of drink is offered in some Hindu temples. Large quantities of cannabis is used in holy cities of India such as Haridwar, Varanasi, Puri, Mathura and Vrindavan. With the rise of Buddhism in India had a salutary effect (drugs and drugs are taboo for Buddhists).

In medieval times habit of drinking was part of example set by kings and courtiers. Ala-ud-din Khilji banned drinking in Delhi in 1310 A.D. The habitual use of opium became popular during the Mughal period (16th century A.D.). Later opium eating replaced opium smoking. Opium was given to infants to put them to sleep. Use of opium was a custom in Rajputana. In Rajputana opium was offered to guests and even at the time of death of someone opium was widely used.
as a medicine in remote villages where medical facilities were not available. During the reign of Aurangzeb alcohol was banned.

For many centuries indulgence in alcoholic beverages has been looked down upon by the higher groups and orthodox society, while this practice was freely indulged in by lower caste groups and people belonging to lower strata of society. This practice has, however, changed presently to one of free indulgence in alcohol by both high and low strata of people. It is even a status symbol of the higher social strata to offer guests alcoholic beverages. It has certain special significance in certain societies and it is associated symbolically with birth, death, marriage and such other social contracts. It is also significantly associated with adulthood and friendship.

Most people though would love to indulge in alcohol they approach it with inhibition and with a sense of guilt, yet considerable alcoholic intoxication is tolerated in India. In the present day, alcohol is taken and indulged upon in most cases moderately and acceptably and thus very few consider it drug or equate it with a drug. There are, however, limits within which alcohol if taken is not considered an abuse. Only when the consumption of the beverage exceeds the cultural limits or cause injury to the individual's health or impairs his social functioning then it is called abuse of alcohol. In many countries consumption of alcohol is considered normal and hence in a large number
of cases dependence on it would appear an exaggeration of the culturally accepted drinking pattern.

Alcohol was introduced by the British to India but its spread was facilitated by personal examples of the British. When an administrative corps of Indians was formed and Indians became officers in the armed forces they began to adopt the British norms. The spread of alcohol was further accelerated for revenue purposes. In 1937, prohibition was introduced in five provinces i.e. Bihar, Orissa, N.W.F.P., Madras and Central Province.

The consumption of opium was relatively high in Assam, Orissa, M.P., Bengal and Punjab under the opium act people were registered till a fixed period and after its expiry fresh registration was stopped. It was made unlawful without registration the opium for smoking and for eating purposes. The phenomenon of drinking had assumed devastating proportion during the British empire in India. With the ceaseless efforts of Indian government the adverse effects of alcohol addiction were reduced considerably. The first attempt ever made to obtain information about the use of drugs such as opium and cannabis was made in 1893 and 1895. After this the next attempt was made only in 1954-55 to conduct an enquiry into the abuse of these drugs.

Till recently India had no problem of misuse of psychotropic substances such as L.S.D., amphetamines; barbiturates and tranquilizers as in certain foreign countries. However, for some time past, reports have been received about
the misuse of some of these substances in certain states. In the year 1966, a few reports about misuse of capsules made from Secobarbitol sodium (known as Lalpari) in Bombay were received. In the year 1969 reports were also received about misuse of barbiturates pills in certain districts of Panjab. The incidence of such misuse is reported to be relatively higher amongst students. Also at that time the trend of increasing use of narcotic drugs and psychotropic drugs in the University campuses especially in the metropolitan cities was also reported, yet no systematic and comprehensive survey was undertaken in India to study the magnitude of drug use or abuse in the country as such the exact dimensions of the problem in India are not known. However, attempts are being made both at individual and national levels to assess this problem particularly among the students community. For instance, the Ministry of Social Welfare has sponsored about 7 projects to study the extent of and incidence of drug abuse amongst University students. The government has taken up major steps towards finding some solution to this problem by establishing a national committee at the highest levels to go into some of the aspects of this phenomenon.

In India, the abuse of narcotic drug is mainly confined to opium and cannabis (ganja and charas). Stray cases of misuse of manufactured drugs such as morphine have also come to the notice. Misuse of psychotropic substances particularly among the affluent sections in urban centres have also been reported in certain parts of the country.
Chopra and Chopra (1933) estimated that the number of habitual users of cannabis in India were around 3 lakhs. They found that the number declined between 1900 and 1935 and so sharply between 1935 and 1945. Since opium was banned there have been few addictions to state register for addicts.

In Rajputana (Kumarappa, 1952) or Harwar the inhabitants were terrible opium addicts. A wedding or a death ceremony necessitates the offering of opium to visitors; it may mean mortgaging the family or landed property. It was quite ordinary for a person to take one and half tola (15 grams) to 2 tolas (20 grams) of opium per day and sometimes even more. When a Brahmin used to come home on some festive occasion or death ceremony he too was offered opium in a special box kept for the purpose.

In 1947 came India’s independence and it brought a total ban on open sale of opium. In 1959 in pursuance of the policy of 10 per cent cut each year was made in the quota of opium allowed to state Excise Department. In 1928 including (medically) the number of registered addicts were 98,000 and it fell to 30,356 in 1938–39 and 15,000 in 1951–52. Barasing the Assamese, oriyas have been the oldest of opium eaters (Report of the Prohibition Enquiry Committee, 1954–55).

Chopra and Chopra (1959) reported that religion and caste factors also determine to a large extent the use of liquor. In India the use of alcoholic drinks is prohibited
among the Muslims and certain classes of Hindus, Jains, Vaishnites and prohibition is strictly maintained by the last two. Generally speaking, among the upper and middle strata of society drinking is uncommon except in moderation. This is in the case of those who have taken European habits. In the Tantric sect of the 'Sak tas' on the other hand, drinking is not permissible. A similar practice prevails among many of the most backward castes notably on the east coast of Madras and in the forest tracts between Chota Nagpur and Godavari. Among the dhobis (washermen) in United province an offender is required to provide drink for Panchayat (Local self government of a village) as a form of punishment. This custom prevails in some lower caste chamas (sweepers).

There is a general belief that among the hill tribes fermented drinks are less dangerous than distilled spirits. The use of such liquor is encouraged on occasions of religious worship among backward races inhabiting the western ghatas and in the hilly tracts between Chota Nagpur and Godavari. The use of these liquors is considered essential, men, women and children indulge in it without restrictions. In Chota Nagpur fermented liquors are indispensable at funeral, marriage and other ceremonial occasions.

Most alcoholic drink in India are considered a food value. The Mosques drink "Zu" (a local drink) prepared in their own homes. In mountain regions of India, where economic conditions are poor and a natural craving for stimulants is
greater on account of climatic conditions, the use of country beer and spirits are used frequently because they are available at cheap price (Chopra and Chopra, 1959).

Banerjee (1963) studied drug abuse amongst Calcutta University students (1132 sample size) prevalence rate was 37.4 per cent users and 62.6 per cent were non-users. They also found that mentally ill abuse discriminately unlike other healthy people.

According to Chopra and Chopra (1963) there were half million cocaine eaters between World War II to 1965.

Surya and others (1964) found that 3.6 per thousand of the population surveyed were addicted to alcohol.

Chopra and Chopra (1965), in another study, estimated that in undivided Punjab, 0.1 per cent of the population was using opium.

Dube and Randa (1969) studied drug habits in mentally patients they found that drug abuse was more in manic depressive psychosis and of addicts have fallen from 4,32,609 in 1959 to about 80,000 in 1975. Actually this is an underestimate.

Thackore, Saxena and Kumar (1971) in Lucknow found a rate of 18.6 per thousand number of persons who were addicted. Chopra (1971) estimated that there were 3 million cannabis users in rural India.
Varghese and co-workers (1972) in Vellore found that 2 out of one thousand persons were addicted to drug.

Dey et al. (1972) in a journalistic survey sample of 5000 Delhi University students found that 5 per cent were drug users and 95 per cent were non-users.

Verma (1972) observed cannabis psychosis in 3.2 per cent of 39,000 patients admitted to mental hospitals over 10 years period.

Das Gupta et al. (1972), on the basis of indirect data, estimated that 13.3 per cent of the population around Varanasi used cannabis.

Dube (1972) reported after a study of all the students of a particular university that 5 per cent of all the students of that University reported to be regular cannabis users, while 50 per cent of males and 8 per cent of female students were said to have used it atleast once. Although some use is traditional.

Steeh (1972) reported that the oral consumption of opium was stopped by Govt. of India (only rationed dose was sold). During the two World Wars cocaine was frequently used in N. India. It was used to enhance sexual power. Although various intoxicants were being used the habit was only maintained by pleasure seekers and the addicted. It did not have the blessing of the religion yet the drug developed so much religious and social importance. The orthodox society frowned the use of drugs. The use of ganja, charas was mainly
confined to lower strata of society. The use of bhang had a social tolerance. During many functions like Holi, the use of bhang was unrestricted even indulgence by children was overlooked. The use of cannabis is quite common in North India mostly in pilgrimages i.e. Nathura, Banaras, Puri by sadhus and Brahmans. Among such communities like "Chaubeya" Brahmans of Nathura the use of Bhang is quite common with foreign hippies. The vice of drug addiction is speedily increasing among students. In a study of students of Delhi University, 50 per cent of males and 8 per cent of females have had drug experience. The total number of addicts on college campus was about 200 (Stash, 1972). A matter of serious concern is that drug abuse is more common in boys and girls who have had better schooling and good family status and more fashionable cities.

A study was conducted among the 100 students of Delhi University by DSSU (1972) The results showed that 1/4 of the respondents were first introduced to drugs when they were in school. 60 per cent of students had taken drugs for more than 2 years and 76 per cent of the respondents belong to 21-23 age groups have been regular drug abuser for 2 to 3 years even in the age group of 17-19 years. It was observed that 1/3 of the respondents have been taking drugs more than 2-3 years.

Sethi and Gupta (1972) analysed 2000 private and psychiatric hospitals and found that only 1.00 per cent of
the private cases and 0.6 per cent of hospital cases had been diagnosed as drug dependant.

Dube (1972) found that 5 per cent of all the University students in Delhi and Agra region were regular cannabis users.

El-Nagar and co-workers (1973) in West Bengal surveyed the rural population and found that 13 per thousand persons were alcoholics and drug addicts.

Deb and others (1973) studied pattern of alcohol abuse in selected progressive villages around Ludhiana and found a prevalence rate of 741 per thousand among adult males. They also found that the per capita expenditure on alcohol was high with income level.

Aggarwal (1973) in a survey of psychiatric morbidity among students found only one cannabis addict.

Chopra and Smith (1974) found amongst the patients admitted with psychotic symptoms, 11 per cent were cannabis users.

Chitnis (1974) in a survey found that 80.3 per cent of students covered by the study said they have never tried drugs. However, the number of those who have tried them 19.7 per cent matched the percentage quoted for American colleges around 1967. One of the most relieving finding is that the use of drugs is largely confined to marijuana which is non-addictive and relatively less harmful as many as 72 out of 1235 students have not even tried anything. While the findings that have been highlighted above convey the impression that
the situation is not very serious. We have few observation
and figure that indicate that the problem is by no mean negligible. The fact remain that 19.5 per cent of students interviewed have tried drugs. Of these 58 per cent have tried opiates and 15 per cent have taken other addictive drugs like amphetamines and barbiturates. Moreover, as many as 17.6 per cent of those who took drugs admitted to having used the drugs more than 10 times during the course of two
months and 7.7 per cent had used them 30 times.

Dube and co-workers (1975) studied students and
final year undergraduates in Agra and other medical colleges. Prevalence rate was 56.21 per cent for drug abusers.

Nohan and Associates (1975) studied classes of
English high school in Delhi and found that prevalence rate was 34.2 per cent.

Dube and co-workers (1975) in case of psychiatric patients found that 22.7% out of 1000 were addicted to some drug. 59.4 used alcohol, 17.5 bhang and the rest multiple drug abuse.

Dube and co-workers (1975) reported that cannabis use was seen in 23.7 per cent of 566 consecutive hospital admission.

Nohan and Aroza (1976) in a study among college students in Delhi found that alcohol and tobacco were abused by 70 per cent, cannabis 8 per cent, tranquilizers 6 per cent, amphetamines 4 per cent and barbiturates 2 per cent. The very high percentage of 70 per cent for tobacco and alcohol use
is disturbing. The overall percentage was 50 per cent among the respondents and 30 per cent of entire universe.

A distinctive feature of drug abuse in India has been its association with social, ritual, religious beliefs and socio-economic conditions. The intoxicating properties of certain cannabis preparation were known in India more than 2000 years ago (report Ministry of Health and Family Welfare, 1976). Cannabis is also used on Holi and Shivari. Habitual use of opium became popular during the Mughal period. Later opium eating replaced smoking as a habit. Infants were also given opium to put them to sleep when women folk went to work. In Rajasthan opium is offered to the guests and the custom is still prevalent and its use as a medicine still persists in remote villages. According to the Ministry of Health and Family Welfare (1976) the total number of registered addict in 1975 was 80809. The system of registration and supply still exists, opium den have virtually disappeared largely to police and excise action.

Information was obtained from seven universities in different parts of the country where prevalence surveys were conducted using comparable methodology under a programme sponsored by Department of Social Welfare (1976). At all the universities the drugs most commonly used were socially acceptable ones, i.e. alcohol, tobacco and pain killers. Prevalence rates for alcohol use ranged from 15.1 per cent of the student population in Bombay to 9.0 per cent in Hyderabad. For tobacco, use varied from 15.2 per cent in
Madras to 6.3 per cent in Hyderabad and for pain killers
from 20.9 per cent in Delhi to 1.2 per cent in Madras. The
prevalence rate of cannabis use was highest in Varanasi
(10.3) per cent and ranged elsewhere between 0.4 per cent and
1.5 per cent. The use of LSD and cocaine was negligible at
all places. By and large, majority of the students had not
taken any drug even socially acceptable such as tobacco,
alcohol and pain killers. When these drugs are excluded
from consideration the rate of non-user increased to 90-96
per cent. Drugs in the cities are used mainly by the
middle and upper middle classes and young people from rich
families.

Aohan (1976) studied drug abuse amongst Delhi
University students. He found that alcohol was used by
3.2 per cent of Sikhs, 2.2 per cent Hindus, others 6.1 per
cent. Tobacco was used by 20.1 per cent Hindus and 4.0
per cent by Sikhs, pain killer by 23.9 per cent Sikhs and
20.1 per cent Hindus. Cannabis was used by 2.3 per cent
Hindus and 0.4 per cent Sikhs and 5.1 per cent others.

Singh and Lal (1976-77) studied 9 largest villages
of district Sangur and found 299 out of 1000 persons of
age over 10 years had ever used a drug (alcohol, opium,
barbiturates, etc.). The proportion of current users was
287.7/1000. Analysis showed that 40 per cent of them used
tobacco, 25.6 per cent used alcohol, 18.9 per cent used
opium, 25.6 per cent used alcohol, 6.2 per cent used barbi-
turates and 2.2 per cent used cannabis.
Dob (1976) studied general population in Punjab and found that 54.3 per cent of urban sample and 40.4 per cent of rural sample abused synthetic drugs such as methaqualone and L.S.D.

Mandi and Associates (1976) in a rural community in West Bengal found that 19 out of 1000 were alcoholic addicts.

The second study was conducted by Singh and Lal (1977) in villages of Sangrur district and Patiala. Tobacco was the commonest substance used. The prevalence of other drugs use (defined as having taken the drug at least once during the previous year) in the population over age 15 years was as follows: Alcohol 256 per thousand, opium 189/1000, barbiturates 62/1000 and cannabis 22/1000. It was estimated that 1.25 per cent of drinkers consumed 200 ml or more of ethanol daily.

In cities trends of drug abuse are different. Adults are consuming alcohol and this is confirmed by a rise in production figures. Wig and Verma (1977) in a survey of some psychiatric units observed that 55.5 per cent of patients presented themselves for treatment of alcohol dependence.

Verma (1977) studied Panjab University students at Chandigarh. The prevalence rate ever used was 18.9 per cent, non-users 81.13 per cent. The prevalence rate of current use was 3.9 per cent. Further analysis showed that amphetamine use 4.7 per cent, cannabis 2.0 per cent, barbiturate
2.9 per cent, methaqualone 5.9 per cent, drug use 30 times
or more use 1.5 per cent (tobacco and alcohol excluded).

Hospital statistics showed that 1 to 3 per cent
of annual admission consists of patients who are addicted
to drugs (Report to NSU, 1977).

Sethi and Ranchanda (1977) data made available to
the National Committee on drug addiction 1977 found a
prevalence rate in Lucknow was 25.1 per cent ever used a
drug. Commonest drug used were tranquilizer 53.7 per cent
followed by alcohol (Drugs ever used was defined once in a
month) were amphetamine 23.4 per cent, bhang 14.9 per cent,
barbiturates and sedatives 8.5 per cent.

Dab (1977) studied students of Punjab Agricultural
University and found that 29.6 per cent samples of 1961 had
ever taken drugs. Among users were 20.6 per cent methaqualone/
amphetamine; 2.2 per cent used opium; 4.3 per cent cannabis;
1.6 per cent LSD, 1.3 per cent bhang.

In a recent study in 1977 done at the instance
of Narcotic Commission of India (1978), 93.3 students of
University of Agricultural Sciences, Bangalore were tested
to determine the incidence of drug and alcohol usage. The
results indicated that 35 per cent used alcohol and 177 used
drugs. Of the 177 drug users 50 per cent tried ganja and
45 per cent tried grace, about 27 per cent used dexadrine
and mandrax, 23 per cent opium. It seems from the above
studies that use of drugs like cocaine and heroin or LSD among
students is not much in India. There is no need for alarm and anxiety for parents and administration but the high percentage of alcohol and tobacco and to some extent cannabis is somewhat disturbing. The use of amphetamines and sedatives also seem to be on the increase.

A survey (3rd of its kind) of 24 villages spread across the border district of Punjab by Rehan et al. (1970) showed that in the population of over the age of 15 years, alcohol was the most commonly used drugs by 583 out of 1000, followed by tobacco 193/1000, opium 63/1000 and cannabis 12/1000 psychotropics. However on examination of the data from individual villages show a variation in the prevalence rates of opium and alcohol use that is difficult to explain. It is evident that the opium use rates are much higher than the tentative estimates of Wig and Verma in 1977 as well as those shown in the official statistics. On the basis of above studies certain common observations emerge. The traditionally used drugs i.e. alcohol, opium and cannabis are still in common use. However, there appears to be change in the pattern of drugs preference. Cannabis use has declined, opium use is more than the official estimates show but still seem to have declined while alcohol use has risen. Psychotropics are not widely used despite the increased health facilities.

Verma and Ghosh (1977) in a study reported by Delhi School of Social Work found in 1972 of 100 graduates students in Delhi who were drug users, 95% were found to be in the age
of 19 to 23.8 years. The drugs which were used included cannabis preparations followed by mandrax and L.S.D.

Parmasuram (1978) studied drug abuse in twin cities of Secunderabad and Hyderabad among students. They found that alcohol was found to be abused among college students by 20 per cent followed by tobacco 9.8 per cent and pain killers 7.54 per cent. A much higher percentage of boys used alcohol as compared to girls.

ICMR report (1978) concluded that the abuse is more likely to increase than decrease and the extent and nature of problem among students is serious especially because there seems to be a shift from abstinence and these are disturbing signs which shows that the situation is likely to worsen and get out of hand if adequate measures are not adopted to curb the evil. This warning is appropriate because alcohol and tobacco are considered to be dangerous because of their harmful effects but more so because they form the base line for future drug abuse.

Rao et al. (1978) studied a sample of 178 patients addicted to various drugs attending the psychiatric out patient clinic at Madurai. The study found that the problem of drug addiction has risen from 1.1 per cent to 2.4 per cent in the 5 years period. 80 per cent of the patients have started drugs before the age of 30 years cannabis and alcohol.

Sethi and Ranchhoda (1978) studied a sample of 1513 students. As per operational definition 11.5% of the students
were categorized as drug abusers as they consumed drugs at least once a month without medical prescription. Majority of the abusers 47.7% were found to belong to 21-25 years age group.

Mehdiratta, Vig and Verma (1978) studied 52 chronic cannabis users i.e., who had taken the drug 25 days in a month for more than 4 years. 25 of these used predominantly bhang a common drinking preparation made from cannabis leaves. The other smoked cannabis mostly in the form of charas/ganja.

Ruttagi (1979) did a study in Bombay (among students). The study was conducted in four inter-related phases over a period of time between 1975-78. 4151 students were selected. The results indicate that over 50 per cent of the sample had never tried drugs. A higher proportion were females (66%), while 54 per cent were males. Of the 42 per cent abusers, 15 per cent took tobacco/alcohol or both and 7 per cent took at least one other drug along with alcohol/tobacco. Of the 42 per cent of abusers nearly 34 per cent were found abusing socially acceptable drugs i.e., alcohol, tobacco and pain killers. Thus only 8 per cent respondents appeared to have tried hard drugs. Alcohol was highly favoured 23%, pain killers 15.32% and tobacco 13.35% and cannabis 2.46%. The other hard drugs together accounted for 6% (Tranquilizer 1.76%, barbiturates 1.54%, amphetamine 1.23%, opiates 0.67%, LSD 0.34%, Pethidine 0.22% and cocaine 0.12%). While alcohol and tobacco was rather high among males, painkillers was most popular.
drug with females. While cannabis was the most popular hard drug, almost 93% had discontinued it. Abuse of hard drugs was generally rare as past abusers outnumbered current abusers of pethidine and cocaine. An overwhelming majority 92% in Bombay had never tried any hard drug. Only 0.34 percent appeared to have tried hard drugs. It means only 8% abuse hard drugs.

Sethi and Trivedi (1979) studied a sample of 2010 persons. They found that 21.4 percent were drug abusers. Alcohol was the commonest (32.5%), followed by opium (7%), cannabis by 39.2%. No one used psychotropic drugs. It was also found that married men abused drugs more than others. Drug abuse was more in widowers and separated.

Singh and Jindal (1980) in a study of drugs in medical campus and faculty members found that rate of drug use was 78.9% and the commonest drug used were alcohol and tranquilizers followed by sedatives, stimulants, tobacco and cannabis.

Mohan and others (1980), while conducting a survey in 4 districts of Panjab (samples 2054 males and 1536 females) found that the prevalence rate of alcohol use was 58.3% males and 1.5% females.

Choudhary (1980) studied 105 samples of international officers. There were 86.5% males and 13.5% females. 81.26% of sample studied were using drugs without prescription. 85.54% males and 53.84% females were using drugs. Alcohol was used by 62.82%, tobacco by 60.25%, tranquilizers by 44.87%,
cannabis by 20.51% and amphetamines and pain killers by 15.83%.

Chakraborty et al. (1981) studied drug abuse among the newly admitted students of Medical Colleges in Calcutta. Earlier studies on medical students in Calcutta revealed that 3.2% were regular users of dependence producing drugs. It was also observed that drug abuse was more among senior students than juniors. These findings prompted to find out the prevalence rate of drug abuse among students who entered medical colleges. Out of 705 newly admitted students (557 males and 148 females) and out of 557 males 0.7% used habit forming drugs regularly and 1.4% used them casually. No female used the drugs.

According to a report of Ministry of Social Welfare (1981) a study was done in Ajmer district of Rajasthan. The study found that the principal drugs used were tobacco, alcohol, opium and cannabis. A substantial segment of population were abusing analgesics. No use of drugs like heroin, morphine and mind altering was reported. Painkillers were used by 56.0%, tobacco by 44.6%, alcohol by 24.7%, opium by 10.4%, cannabis by 4% and tranquilizers by 0.1%.

Among males tobacco was most used drug (34.3%), followed by painkillers (55.9%) and alcohol (36.1%), opium by 12.8% and cannabis by 7.2% and very few used tranquilizers. About 6% male respondents reported self expressed craving and inability to do without alcohol. Similarly craving was
expressed for opium by 3.9%, painkillers 1.9%, cannabis 1.2% and nearly 2/3 of the respondents (63.6%) reported dependence on tobacco (N.S.J., 1981).

Among women, the most commonly used drugs were painkiller, 61.4%, tobacco 15.0%, alcohol 13.4% and opium 9%, cannabis and tranquilizers were used by only 10 and 3 respondents respectively. In women the self expressed craving for tobacco was highest 12.1%, followed by painkillers 22% and less than 1% for the rest of the drugs (N.S.J., 1981).

Drug abuse exists in most age groups. The habit is predominant among the able bodied young and middle aged workers of all types. Lack of proper medical facilities in villages in India has been responsible for the villagers taking to opium and the like for relief of ailments. Those who suffer from chronic ailments; especially bowel complaints have had recourse to opiates. Many individuals get to know narcotic drugs through personal interests, association and group pressures and find in them a sensation of pleasure and well being particularly in the beginning. The Fakirs and meditators in India found mental escape from the responsibilities of life by recourse to cannabis drugs. Frustration in life drives some people to seek relief through narcotic drugs. Some people use these to appease hunger. In several industrial areas in India, labourers give small doses of opium known as 'balgoti' to quieten their hungry infants.
Recent Trends

Of late a new trend in the pattern of drug use is emerging. Alcohol is freely being used. Drugs which are easily available i.e. ganja and charas are becoming quite popular. The trend is further increasing with the influx of foreign hippies and drug traffic(ers) who have invaded most of the cities. The vice is spreading fast among students community and youth in general.

The present extent of drug use is quite in contrast to a couple of years ago when only the male students could be classified as drug addicts while the girl is indulging in habit was nil. A matter of serious concern is that the epidemic is increasing affecting both boys and girls. The habit is more common among boys with better schooling and good family status and is more prevalent among fashionable cities. "Fag" and "Sooze" are the things of the past. Smoking the "pot" is a new trend. Sleeping and antislape pills, tranquilizers are also used. Strong drugs like heroin, cocaine and morphine are taken by intravenous injections. L.S.D. has been introduced in Delhi.
PUNJAB

The state of Punjab is one of the most progressive and affluent in the union. It has made rapid progress in agriculture and industry, the so-called Green Revolution with its mechanization and increase in farm yields has brought about a new socio-economic order and emerging class differentiation. Those who are moving upwards tend to adopt new life-styles which include new patterns of drug use. Also many people who emigrated from this state to other countries return from time to time and visit their relatives and bring with them values and life-styles of other countries.

In the rural areas in Punjab, there is considerable drinking. The habit usually varies with tribes. Rai Sikhs for instance mostly in Ferozepur and Amritsar districts who are traditionally given to illicit distillation and drinking. In towns drinking is confined to two social extremes, i.e. the uppermost strata of society and the lowest. Among the former the westernized drink generally for the sake of fashion. The old fashioned among the better classes do not drink. The younger generations among the business class is taking to drinking particularly among the contractors, the industrialist and the manufacturers. The sophisticated extend hospitality by throwing cocktail parties which has become a symbol of high living. The government servants are conspicuous among the fashionable drinkers and same is true of professional
people. Probably it would be correct to say that drinking among all categories of government servants is on the increase. Among the police and excise officials drinking is most frequent. The percentage of women drinkers is negligible and among the industrial workers drinking depends upon the society they move in or the habit formed in the places they come from. Drinking besides being a status symbol is also a mark of hospitality. Drinking possibly received some impetus as a result of partition of the country in 1947 when large population was displaced and had to suffer unparalleled sufferings, distresses and deprivations. So those people who suffered economically, mentally, illicit distillation provided a source of livelihood. To those who suffered mentally drinking offered relief from mental worries, which at that time were acute. The much sought after amnesia to drown worries for the time being became a life long scourge which later became difficult to put away.

Impetus has been given to drinking by politics and elections. In order to win over the voters the contending candidates compete with one another and among others to lure the voters to drink. What is true at the time of elections among professional bodies equally holds true of elections as office bearer in clubs or membership of societies and organisations. Those persons who have newly become rich have taken to drinking. The drinking habit is gaining momentum in rural areas where otherwise life is a drab and dull for want of suitable relaxation.
Although opium was banned 50 years ago its use is fairly widespread which shows that imposing legal sanction does not help the matter. As opium is not freely available people have taken to other substitutes. There is indigenous opium which is weaker in effects but smells like opium.

Chopra and Chopra (1965) in a study found that in undivided Punjab 0.1 per cent of the population was using opium.

Deb and others (1973) studied pattern of alcohol abuse in selected progressive villages around Ludhiana and found a prevalence rate of 741 per thousand among adult males. They also found that the per capita expenditure on alcohol was high with income level.

Singh and Lal (1976-77) studied nine largest villages of district Sangrur and found 299 out of 1000 persons of age over 10 years had ever used a drug (alcohol, opium, barbiturates, etc.). The proportion of current users was 287.7/1000. Analysis showed that 40 per cent of them used tobacco, 25.6 per cent used alcohol, 18.9 per cent used opium, 6.2 per cent used barbiturates and 2.2 per cent used cannabis.

Deb (1976) studied general population in Punjab and found that 54.3 per cent of urban sample and 40.4 per cent of rural sample abused synthetic drugs such as methaqualone and L.S.D.
The second study was conducted by Singh and Lal (1977) in villages of Sangrur district and Patiala. Tobacco was the commonest substance used. The prevalence of other drugs used (defined as having taken the drug at least once during the previous year) in the population over age 15 years was as follows: Alcohol 256 per thousand, opium 189/1000, barbiturates 62/1000 and cannabis 22/1000. It was estimated that 1.25 per cent of drinkers consumed 200 ml or more of ethanol daily.

Dab (1977) studied students of Punjab Agricultural University and found that 29.6 per cent samples of 1961 had ever taken drugs. Among users were 23.5 per cent methaqualone/amphetamines; 2.2 per cent used opium; 4.3 per cent cannabis; 1.6 per cent LSD, 1.3 per cent bhang.

A survey (3rd of its kind) of 24 villages spread across the border district of Punjab by Shah et al. (1978) showed that in the population of over age of 15 years, alcohol was the most commonly used drug by 583 out of 1000, followed by tobacco 193/1000, opium 68/1000 and cannabis 12/1000 psychotropics. However, on examination of the data from individual villages shows a variation in the prevalence rates of opium and alcohol use that is difficult to explain. It is evident that the opium use rates are much higher than the tentative estimates of Rig and Verma in 1977 as well as those shown in the official statistics. On the basis of above studies certain common observations emerge. The
traditionally used drugs, i.e. alcohol, opium and cannabis are still in common use. However, there appears to be change in the pattern of drug preference. Cannabis use has declined, opium use is more than the official estimates show but still seems to have declined while alcohol use has risen. Psychotropics are not widely used despite the increased health facilities.

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Nohan and others (1980), while conducting a survey in four districts of Punjab (samples 2064 males and 1536 females) found that the prevalence rate of alcohol use was 58.3 per cent males and 1.5 per cent males.