Chapter 1

INTRODUCTION

It is rightly said that drugs make sick healthy and healthy sick. Since times immemorial, man has been consuming substances having no nutritive value but for the purpose of receiving a feeling of soothe, easiness, happiness, hilarity etc. Some substances were also used to allay pain or for ritual purposes. There is almost no human society that has not made the use of chemical substances to alter the state of consciousness. Almost all the societies have strong belief about precisely which substance can be employed to this end and about circumstances in which their use is legitimate. But, now, this use has degenerated into abuse and dependence. It is among the most ancient maladies which mankind faces now in an epidemic form. Media present ample exposure, both with intent and unintentionally, especially to gateway drugs (alcohol and tobacco), illicit drugs and now prescription drugs whether in news, fictional contexts or in advertising messages etc. Many a times, it offer young people role models such as musical groups, sports heroes and movie and TV stars whom they venerate. These figures may refer to drugs in songs they sing, portray people involved with drugs in movies, or have lifestyles of prominence, glamour and affluence, or even crime.

Numerous efforts are being made to check this fast spiraling problem of drugs. But, it is not possible to check drug abuse just by cosmetic interventions or strict legislations alone. An effort to check drug abuse had to be taken in the minds of each individual. Media can stress the need for a conscious effort on the part of the people to shun drugs and to bring an end to drug abuse. Media had been exhibiting a great deal of drug seizures, drug related violence etc, but at the same time, media can also project the means to combat drug menace. Since, drug abuse is a complex problem, it necessitates for a multifarious approach to both understand and suggest remedy for its control. Here is
a brief introduction of some of the basic issues of drug abuse followed by an overview on drug abuse control including the role of United Nations and Indian Constitution and finally, an explanation on the role of media in advertising and promotion of drug culture as well as the responsibility of print media in control of the menace.

1.1. Drug Abuse

In order to understand the intricate problem of drug abuse in the right perspective, it is crucial to thrash out some basic issues; viz. what are drugs, what is drug abuse or substance abuse, public perception and myths attached to drug abuse, who uses drugs, ramifications of drug abuse on family, workplace, money laundering, spread of HIV/AIDS, cost of society and a brief commentary on spread of drug abuse world wide, in India and particularly, in North India.

1.1.1. What is drug abuse/substance abuse?

Drug is usually described as any substance which when taken by the living organism may alter one or more of its functions. The word drug is derived from the French word ‘drogu’ that means a ‘dry herb’. In general it refers to the substances, which bring change in body function, this change may be useful or harmful. Drug is a much wider term and can be used for both medicinal and non-medicinal purposes. However, here we are concerned with the non-medicinal use of the drug, what is otherwise known as drug abuse.

Drug abuse refers to a type of maladaptive effort to relieve psychological distress by means of a variety of naturally occurring and manufactured pharmacologically active substances or drugs which alter mood, thought, and behavior. Abuse is here considered as the excessive and unmonitored use of drugs while addiction as a more extreme form of drug abuse. While a propensity to use drugs to alleviate distress is a universal characteristic of human beings, the unmonitored and excessive use of such substances is symptomatic of the combined effects of psychological vulnerability and environmental pressures (Kiev 1975).

Drug abuse is defined as taking a drug for reasons other than medical, in an amount, strength, frequency or manner that damages the physical or mental functioning.
The term itself conveys that such usage is normally disapproved by the society and deviates from the approved medical or social patterns within a given culture (Jaffe 1991).

The World Health Organization (WHO) has adopted the following definition for usage and for the dependence producing drugs:

Any substance, that when taken into the living organism may modify one or more of its functions, would be called a drug. Drug dependence is a state of periodic or chronic intoxication detrimental to the individual and to the society produced by the repeated consumption of a substance (natural and synthetic). Its characteristics include:

(a) An overpowering desire or need to continue taking the substance in order to experience its psychic effects and sometimes to avoid the discomfort of its absence,
(b) A tendency to increase the dose and
(c) A psychic and sometimes a physical dependence on the effects of substance.

While most people acknowledge the legitimacy of the impulse to alleviate distress through the use of painkillers, sedatives, hypnotics and tranquilizers, there is a tendency to invoke moralistic notions of will power and self-control when individuals progress to the point of abuse or addiction.

Even as much attention has focused on the abuse of illegal drugs, equally worrisome is the abuse of widely available consumer products, such as aerosols, glues, thinners and even gasoline. This has been increasingly known as "substance abuse". Easy access, low cost and a powerful effect make these substances, now also referred as "drugs", extremely attractive to children and youth. Glue sniffing has become particularly prevalent among street children. Srivastava (2001) reported that in the rural enclaves of the city, drug users are experimenting with stimulants that are even more lethal. Sniffing petrol from the fuel tanks of vehicles or inhaling perfumes by dousing cotton or cloth is quite common among users who cannot afford the high-priced drugs.

What to say about other substances, experts opine that, habits like gambling can be just as addictive as drinking or taking drugs. German investigators have found that gambling for money provokes physical symptoms, including increased heart rate and the release of certain hormones, which contribute to an overall state of arousal and, perhaps, addiction. Physiological responses to gambling enhance mood and winning has the ability
to produce a ‘euphoric’ state (feeling of happiness, confidence, and well-being). What starts off as a playful pastime can lead to a pathological disorder (Sharma, 2002).

Also, a significant trend has now emerged among the drug users that they no longer remain adhered to one single drug. To maintain initial “social” drug-use behavior while progressing to illicit drugs or to substitute when primary drug isn’t available many addicts start multiple drug abuse. There are other reasons also, e.g. to mask signs of dependency on primary drug, to prevent withdrawal when primary drug isn’t available, to diminish undesirable side effects of primary drug, to enhance effect of primary drug, to obtain a different kind of high (Stimmel, 1993).

Hence, drug abuse is not simply a function of self-victimized individuals who for psychological and /or sociological reasons find themselves precipitated into a process of compulsive drug abuse or compulsive intoxication. Rather it is a serious social disease that takes on many forms. It is a disease that has the capacity to interact with many other social factors.

1.1.2. Why drugs?

Man’s fight with the forces of nature has always been harsh and unsteady. The daily struggle for continued existence left him weary at the end of the day. To relieve himself from the ensuing exhaustion man developed various recreational activities like dancing, singing and playing. It is out of such attempts that man also found out various plants, fruits and leaves, the consumption of which stirred and intoxicated him. Later on for adventure, quest, curiosity, etc the use of such drugs increased.

King (2002) opined that a lot of people do drugs because it’s a way of escaping. The reasons why people use drugs are as many and varied as there are people. But generally there are several good ones, such as curiosity, peer pressure, and doing what other people seem to be doing it. In one group it may be socially acceptable to use heroin and in another group it is not. Many people use a drug without having full knowledge of what it is going to do. They generally base their use on the experiences of other people. But, most of the studies discover that drug addiction has its origin in sheer curiosity and a conscious decision on the part of the individual to use a drug to have some fun, heighten pleasure or to relieve tension. Fekjaer (1993) noted that:
The most important conscious motives for intoxicant use are the beneficial effects upon mood and behavior. They are reported as to produce a feeling of well being; produce a good mood; increase self-confidence; remove inhibitions; make people more sociable; relieve anxiety; increase sexual desire, etc.

Zahur (2000) rightly observed that no one begins taking drugs thinking that he or she will become addicted. In fact, some people can try and experiment with drugs and stop without getting addicted while many cannot. People take drugs because they make them feel "good". In scientific terms drug use is a "rewarding behavior" because the high or pleasure it induces, tends to reinforce the drug taking activity. Many people start to use drugs at parties and with friends without realizing the disastrous effects of abuse. It is more for the thrill associated with experimentation. Martin (1977) believed that the severe attack of drugs on the community is of recent origin, probably due to the emergence of the complex urban and technological society which has created unique stresses, increased leisure and affluence. Alcohol and drug abuse are major public health problems in contemporary society. The social and economic cost of alcohol and drug abuse reflects the prevalence of these disorders today. The adverse economic impact of substance abuse disorders and the incalculable costs associated with human suffering justify the search for better information about the causes, treatment and ultimately the prevention of alcohol and drug abuse. Like most afflictions that plague mankind, the factors, which underlie the genesis of alcoholism and drug abuse, are complex and multi-factorial. The emergence of alcohol and drug abuse problem involves and interaction between the nature and availability of the abused substance, the behavioral and biological attributes of the individual drug abuser and the social context in which substance abuse occurs. He further stated that drug abuse has been showing a rising trend all over the world including India, perhaps as a result of newer and greater stresses related to rigid changes in life-style. Man is increasingly feeling lonely and is getting isolated from kith and kin. Contemporary life is highly competitive which creates a far serious challenge towards survival than at any time in the past.

While on the other hand, one who has started using drugs, for him avoiding withdrawal is a powerful force motivating to keep using drugs. The user enters a new stage in his relationship with drugs — not for pleasure but to avoid pain and discomfort.
of withdrawals. The solution to most of life’s problems becomes drug use, and doing without them brings anxiety and sickness. For a drug addict there is no life without drugs. Everything else — family, friends, jobs — falls by the wayside.

The rising trend of addiction in the general population, especially among the young, is also, often perceived as a manifestation of the breakdown of social cohesiveness and the ensuing corrosion in moral values. The studies, however, assert that drug addiction is inherently a problem of personal disorganization, in which the immediate environment of the individual involved plays a precipitating role. Some inexpensive and swiftly addictive drugs produce an extraordinarily extreme euphoria that lasts ten to fifteen minutes. The sharp letdown that follows leaves users depressed and anxious. Driven to recapture the high, they become trapped in a cycle of compulsive use. Some drugs make users belligerent, cruel, and suspicious. Still other drugs are responsible for even more intense highs and lows. In future, it is expected that new products will come out to feed people’s craving for drugs. Many researchers have also focused on possible association of alcohol/drug abuse disorder and other disorders like antisocial personality, depression, schizophrenia, anxiety disorders, and borderline personality.

1.1.3. Drug Abuse: Public Perception and Myths

People’s attitude towards drug abuse and addicts is caught up far from reality. Their awareness of drug abuse ranges from absolute ignorance to ill-considered myths. This compounds the problem further. Parents or relatives of drug addicts hide the fact that one of their kin has fallen prey to drugs. At the outset, family members deny reality, act as if everything is normal and just carry on. Most of the times, they have a sense of severe embarrassment, disgrace and even repentance or guilt as a member of their family has gone “off track”. Usually, no mention is made to friends or others until the situation gets completely out of control. When they do respond, they do so unbecomingly thereby facilitating addiction. Over a period of time they develop ‘co-dependency’ and their lifestyle becomes just as vanishing as of the drug abuser.

Society’s despise for addicts is primarily because of a lack of awareness. Most people treat addiction as a moral issue or dismiss it as a sign of weakness. In a majority
of cases there is a deeper pull factor that causes a rise in addiction. Chengappa (2000) also believes that most people become addicts because their lives have become dysfunctional for some reason and they find solace in certain drugs. While personal factors may play a role in causing stress, society is as much to blame. There are many stress factors as the high degree of competition for jobs, the great disparities in income and the crumbling of values. This is seldom understood or acknowledged; that we as a whole are as much to blame if there is a rise in addiction levels.

Also there is a general lack of trust in an addict. In North India, an addict is generally branded a “Nasherī” or “Amlī”, not to be trusted. A drug addict thus becomes a suspect in the eyes of society, forcing members of his family to hide the fact from others. Instead of a frank discussion that could actually help the addict and the affected family, there are often veiled threats and emotional blackmail. This may take the form of a wife threatening to desert her husband or parents threatening to disown a son. Often these threats are not meant to be carried out, given the privileged position of male members in an Indian family. A drug addict is thus allowed to live in the shadows (Bose, 2000).

On the other hand, malaise of drug abuse seems less critical for the government. Many deem that the menace will be over on its own. Administration is usually in a firefighting mode, given the range of epidemic diseases that strike with interminable regularity every year. Also, the people’s representatives in Parliament, rarely put across probing questions in the house. Hence, the government finds it easier to look the other way. There is also a tremendous amount of confusion with regard to modes of treatment. Voluntary efforts are erroneously viewed with a great deal of skepticism — besides; it is only the hardened cases that find their way to de-addiction centers or self-help groups. Psychiatrists are typically the first to be contacted. While the WHO Expert Committee on Drug Dependence has ruled out that the community-based treatment (with medicines just for managing withdrawal symptoms), is the best approach to deal with this problem. But, it is commonly observed that the relatives of addicts frequently blunder their way through diverse treatment options.

Some drugs like Bhang and Charas, are used in some religious or quasi-religious places. These are available liberally from wild growth. It is claimed that their use
promotes attainment in trances and union with God in a very short time. Anecdotes are circulated supporting such practices (Chhabra, 1992).

These myths and untruths must be exposed and the religious institutions should, of their own or be persuaded to disabuse the minds of their followers of these superstitions. No true religion sanctions drug abuse. Even otherwise, these practices are against public policy, public orders, morality and health. The State has been directed under Article 47, to prohibit the consumption, except for medical purposes of intoxicating drinks or drugs that are injurious to health.

1.1.4. Who uses drugs?

Drug use permeates all level of our society, from the poor to those with resources to disguise their problem or surreptitiously seek treatment. People who abuse drugs come from all walks of life although statistics may differ that some are more likely to take drugs than others. Desai (1977) believes men are more likely to abuse illicit drugs than women. Single more than married, city-dwellers more than rural residents, younger more than older, and students more than workers. Prisoners and street-children also show a high incidence of drug abuse.

In fact, the main discernible trends are that drug addiction is prevalent in varying degrees among all religious and caste groups. Singh (1992) states that most of the drug abusers are literate; the age group between 16 to 35 years is worst affected; marital status is of no consequence in drug abuse; a significant proportion of drug addicts come from the lower strata; living alone does not contribute to becoming an addict; a large chunk of drug addicts consist of the unemployed, laborers, transport workers and student youth; the most commonly abused drugs are cannabis and heroin; peer pressure and curiosity are the main factors in drug abuse; the most common source of supply is that of peddlers operating through petty shop-keepers and pan wallahas; there is a widespread awareness about the ill-effects of drug abuse on both the individual and his family; and, in many areas, knowledge about the action being taken by the welfare agencies in the identification, motivation, counseling, de addiction and rehabilitation of addicts is still lacking.
Gallardo (2002) also echoed same views that drug abuse is considered sometimes a problem of the rich and in some cases it is. Sometime within the same society a different pattern is seen, that it is a problem of the poor. Sometimes it is a problem of the young and sometimes it is a problem of the middle-aged. In some cases drug abuse is thought to be a problem people who have no faith in God. And yet we see in many countries of the world people from religious populations falling prey to the disease as it sweeps them up. Thirumagal (2001) stated that addiction is truly a non-discriminatory disease - it can happen to anybody. Age, sex, intelligence, family background, social status, and personality style - nothing seems to matter. Alcohol, the socially and legally sanctioned central nervous system (CNS) depressant drug, turns at least 15 per cent of the drinking population into alcoholics. When the physician's instructions are flouted, even medically used drugs like painkillers and sleeping pills can cause addiction. With illegal drugs like ganja and brown sugar, the very term drug use is a misnomer - to use the drug is to abuse it. And with abuse, addiction follows.

Although drug abuse cuts across all social classes, it is far more discernible among the poor, who are at much greater risk for unemployment, AIDS, homelessness, and crime. Their children are more likely to be ailing, to drop out of school, or to be placed on foster care. Treatment is far less available to them than to those who have health insurance or can afford private programs.

1.1.5. Drug Abuse: Ramifications

The abuse of drugs is typically associated with a number of allied problems. These can be financial (incurring too much expenses on a habit), social (too less time for the family, friends and social activities), occupational (absenteeism at work or performing badly at workplace), medical (multitude of illnesses coupled with drug abuse) and emotional (feelings of guilt, disgrace, shame or distraught about ones own plight). World Drug Report (2000) confirmed that the drug problem has even broader implications for the spread of infectious diseases, corruption and financing of insurgents or terrorist groups.

Virk (2002) stated that non-medical consumption of drug poses various risks like developing physiological and psychological dependence on the drug. It can lead to
serious consequences for addicts, their families and friends. State of euphoria induced by intoxicants poses serious questions with respect to man’s relations to himself and indicates crisis within the person in his search for his true identity. Temporary gratification derived from drugs may undermine an individual’s objectivity and may generate self-defeating behaviour.

1.1.5.1. Family

Addiction is undoubtedly a family disease – ravaging not just the drug abuser but also the entire family. The primary victim is no doubt, the individual who abused drugs, but the family members are also affected with not just the same intensity, but even more. Addiction disrupts the typical habitual household tasks and functions, increases conflicts and demands adaptive responses from family members who simply do not know ‘how’ to respond aptly. The social stigma associated with addiction, the economic drain on the family’s resources, the threat to physical well-being, job insecurity – all compound the problem. The unrelenting and progressive nature of the disease creates a series of swelling crises that only tend to heap on over a period of time and the family tries numerous ways to deal with it. Parents pained by the addiction of their children hurt themselves with baseless guilt and overwhelming anxiety. The siblings are forced to compensate and take over the drug abuser’s responsibilities sometimes to the point of providing for his wife and children too. The spouse’s loss in many cases is of course obvious. Day to day living itself becomes just too stressful. The children are in a more pitiable state. With little emotional warmth, high sense of insecurity and inability to make sense of what is happening, they are forced to deal with issues far beyond their age. The faulty role modeling of both the parents does the most damage. The children learn and carry over the dysfunctional life style and addiction leaves its scar on the next generation too.

All this takes its toll on the family’s physical health and psychological well-being. Sleeplessness, poor care of self, depression, misplaced emotional outbursts and stress related health problems are all common. With such an array of problems, therapists cannot assume that it is sufficient to treat the drug abuser alone. It is too much to hope
that the family will deal with the issues on their own when they are often not even aware of what is wrong and what needs to be done to change it.

1.1.5.2. Workplaces

The concern for action against drug abuse at workplaces also, is well founded. There is evidence that the use of alcohol and other drugs is threatening our workplaces as well. Work performed at many job sites may have little direct impact on public safety or national security, yet on-the-job drug use leads to accidents, lapses in judgment, high absenteeism, lowered productivity, increase in companies health care costs, and deterioration of employee’s morals. A growing number of corporate anti-drug policies view drug testing as a necessary and useful element in a comprehensive program addressing prevention, detection, intervention and treatment. All sectors are exposed to escalating availability of substances and their misuse and abuse. The Hindu (June 26, 2001) reported that at least 7-10 per cent of the workforce is affected by addiction. A study estimated that drug abusers are one third less productive, 3 times more likely to have accidents and are absent twice as often. The quality of work is poor. All of these cut into the profits of the enterprise. These manifold problems only show signs of increase with new entrants continuing to join the drug abusing population. In this scenario, no youngster, no family can be seen as "safe".

The direct and indirect ramifications of substance abuse in the workplace as listed by The International Labour Organisation (ILO), are numerous:

- About 70 percent of people with alcohol related problems and 62 percent of drug users are in full-time employment.
- Fatalities at work related to drug and alcohol use account for 15 to 30 percent of all accident cases.
- About 20 to 25 percent of accidents at work involve intoxicated persons resulting in injuries to themselves and innocent third parties as well as damaging equipment.
- Problem drug and alcohol users have two to four times more accidents than other employees.
- Problem drug and alcohol users have two to three times more absenteeism than other employees.
- In some industries, 15 to 40 percent of disciplinary cases have relationship with alcohol and /or drug use.
- Problem drug and alcohol users have two to three time the level of sickness benefit claims.
• Alcohol alone is the third leading cause of death worldwide following heart disease and cancer.

The increasing harm due to drug abuse, especially of alcohol, is so subtle that it often goes unnoticed until the late stages, when it becomes blatant and troublesome. And the problematic use of substance, being a sensitive and difficult issue, often gets shuffled to the side and is not dealt with in a forthright manner by companies and organizations. In brief, our workplaces suffer from costs in at least five areas: decreased productivity, increased absenteeism, more workplace accidents, higher medical costs, and increased workplace theft. But this fails to reflect the costs of the moral erosion that results when large numbers of individuals consume illicit drugs, supporting widespread and insidious criminal enterprises both in the country and abroad.

1.1.5.3. Money Laundering

Drugs generate large amount of cash both for the manufacturers as well as for the traffickers. The allied trades also produce handsome incomes. This money is laundered through the financial networks including banks etc. The economic impact of such money is often terrible on the nations. Economics of many countries have been badly devastated. Many communities have discovered that sustained cooperation between neighborhood police and local residents is a better way to reduce drug availability than costly interdiction programs designed to seal the nation’s borders. Confiscating automobiles, houses, and other assets involved in drug deals is often a more powerful deterrent than the threat of arrest and more attractive to hard-pressed local governments in need of revenues. The transactions are so huge that following the money trail is easy and effective than tracking the drugs by various law enforcement agencies. Confiscating assets hurts the drug cartels more than confiscating drugs.

1.1.5.4. HIV/AIDS

It is has been amply proved that drug abuse is one of the primary ways of HIV spread. This dangerous combination of drug abuse leading to the increase in cases of HIV/AIDS has shaken the world community. In many parts of the world, injecting drug use (IDU) is fast becoming one of the main modes of HIV transmission. Also, there are
reports from different parts of the world that a growing number of people both men & women are trading sex for drugs. The future of children and youth has become a grim anxiety. In the decades to come, it will be the behavior of youth, which will determine the course of HIV/AIDS epidemic. In Russia, it has been reported that four out of every five women, treated for HIV, made a living from selling sex. In Brazil, a survey found 60% of the females worked as prostitutes to buy drugs. The sex workers did not use condoms to protect themselves or their customers.

Estimates reveal that more than five percent of all HIV infections are related to injecting drug use with infected needles. Shockingly, Panicker (2000) revealed that:

Intravenous drug abuse is not unknown among children. Not only adults have used intravenous drugs, but astoundingly children could demonstrate and describe in detail the way a drug is injected intravenously right from breaking the ampoule, to loading it in the syringe, finding a vein, pricking it, drawing blood to confirm the needle is in the vein and then injecting it. Needle sharing is also common among them.

India probably has the largest number of street children. There are problems in trying to estimate the magnitude of the problem as their population cannot be adequately covered by the national census and they are also not normally reflected in the educational and health statistics.

The risk of HIV transmission is not confined to needles, that are injected even otherwise there is more risk of HIV/AIDS since under the influence of drugs, people go in for unprotected sex. Drugs usually alter people's judgement and make it harder to negotiate the use of safety measures including condom etc.

1.1.5.5. Overall Cost to Society

Whether it's alcohol, nicotine, illegal drugs, prescription drugs or over-the-counter medications, the effects of addiction on the individual are enormous and the cumulative effects on society are dazzling. Drug addiction ruins the family and the overall community in many ways: it tears apart families due to ruined relationships, prolongs illnesses and lost wages; results in homelessness for families. Drug abuse costs society a great deal in economic and social terms. In addition to property losses from crimes, large amounts of tax revenue is earmarked for costly drug enforcement programs,
prosecutions, prisons, rehabilitation, treatment and prevention programs and health care costs for drug-related diseases such as AIDS.

The burden on society is compounded because drug abuse is typically associated with many other criminal activities. To sustain a habit, addicts often resort to criminal activities such as prostitution, robbery and murder. The price, which the international community has to pay, in terms of loss of life, health costs, increase in crime and economic damage is far too high. The illegal production, distribution and consumption of drugs is even starting to threaten the governmental structures of a number of countries. The massive flow of "narco-money" is affecting and upsetting the international financial system (Srinivas, 2001).

Hence, the abuse spells disaster for the individuals, families and the society as a whole. Abuse leads to dependence or addiction. All forms of such addiction in turn, result in an all round deterioration in the personality of the addict, including their personal care and habits. Their skills and faculties in particular slowly get impaired. In fact their entire life gets oriented around the drugs. What is worse, the addict becomes withdrawn, fraudulent, and untrustworthy. The drug abuse erodes the ethical sense and drains out the physical strength leading to most dire consequences. Constant drug abuses leads to chronic bronchitis, asthma and sometimes-even tuberculosis. Chhabra (1992) opined:

Anyone in such a predicament should like to escape from the drugs and get liberated. But it is just the opposite with an addict. He becomes a slave commanded by the drug and ultimately finds himself irrevocably in a miserable and helpless condition. Withdrawal generally being a torturous and tormenting process, the addict is compelled to fed his addiction by resorting to the crimes of theft etc., first at home and then outside. Reduced impulse control, paranoia and negligence also further crime among the drug addict. It also affects adversely the family life, law and order, economic production both at individual and societal level, and human welfare.

The drug abuse and dependence is also leading to sharp rise in the world crime graph. Illicit drug production, trafficking and consumption have extended to every corner of the world at an alarming rate. The devastating consequences of drug abuse and its illicit trafficking affect almost all the countries of the world. There are adverse effects on health; upsurge in crime and corruption, destruction of individuals, families and
communities; draining of human, financial and natural resources and above all the undermining of socio-cultural-political and economic fibers.

Besides, an economic expenditure as one of the greatest costs of alcohol and other drug problems, rather more distressing is the current and future damage done to our youth. Alcohol and drug use can be harmful to anyone, but particularly to youngsters undergoing physical, cognitive, emotional and social changes. These substances interfere with and sometimes irreversibly alter, the processes employed in maturing. Children using drugs and alcohol make themselves susceptible to chemical and psychological damage which in some cases may be irretrievable.

In brief, drugs abuse is the global socio-eco-health hazard. It has now acquired mammoth proportions and is claming more lives than the sum total of wars and epidemics of deadly diseases or natural calamities. The drug abuse has assumed such drastic status all over the world that it is now likened to pandemic killing individuals, ruining families, communities & countries. Drugs Abuse is a threat to humanity and one cannot afford to be objective about it.

1.1.6. Drug Abuse: A World Wide Menace

The use and abuse of drugs is not an exclusive trend restricted to certain countries or regions of the world. The first ever World Drug Report prepared by United Nations International Drug Control Programme in 1997 showed that no country can claim to be immune and the South Asian sub-region is no exception. Virk (2002) stated that in the past twenty years drug abuse has spread rapidly to the point where it has reached every corner of the world: no country is immune from its traumatic effects. The repercussions of drug abuse were felt seriously in the second half of the 20th century. U.S.A. was the first country to be worst affected by the menace of drug abuse. The American youth developed their own “hippie culture” and started living nomadic life, full of sex and drugs. The drug addictive behavior spread like an epidemic, affecting nearly all the countries of the world, including India. Drug-addictive (or drug dependence) behavior is characterized by behavioral and other responses that always include a compulsion to take one or more psychoactive drugs on a continuous or periodic basis to experience its effects or to avoid the discomfort of its absence. Till the Second World War, drug abuse was not
recognized as a social problem, except, in China. But, after the end of World War drug
dependence has increased substantially in USA and other countries. From 1964-69, the
USA experienced drug epidemic. Similarly, Japan, Sweden, Switzerland have had an
incidence of drug addiction sufficiently high to be called as drug epidemic. England,
German and France, which were drug free during 1950’s and 60’s, have thousands of
drug addicts now.

1.1.7. Drug Abuse: India

As has been discussed, the use of dependence-producing substances, in some
form or the other, has been a universal phenomenon. In India too, the abuse of alcohol,
opium and cannabis has been known for long. But, the consumption of drugs like heroin,
hashish, etc., is altogether a new trend. Today, the proliferation of such lethal drugs in
various segments of society seems to have acquired an alarming dimension. From both,
within and without, the country is being attacked as never before in history, perhaps.
Initially, India was supposed to be a transit country between the two major sources of
illicit drugs in the world - 'the golden triangle' (comprising of Myanmar, Thailand and
Laos) and the 'Golden Crescent' (comprising Pakistan, Afghanistan and Iran) to its
destination in the west. But, today, it is no more than a mere transit country, rather India
has become a leading consumer in the global scenario. Singh (1992) stated that as long as
addiction was a problem of certain individuals or socially alienated groups and was well
contained by informal social control mechanisms, it did not evoke much attention.
However, with its seepage and spread among various socio-cultural and economic strata
and an increasing perception of its disruptive influence on the individual, the family and
society at large, drug abuse has emerged as a vital issue of the quality of life and the
welfare of the people.

Ray (2000c) observed that from the mid-1960s drug abuse by students in schools,
colleges and universities had assumed serious proportions. The first study was reported in
1963 from Calcutta. Among 132 university students, the prevalence rate was 37.4 per
cent (tobacco-26 per cent, amphetamine-11.4 per cent). Since then numerous studies had
been carried out among students in various parts of India. The Ministry of Health and
Family Welfare, Government of India appointed an Expert Committee in 1977. This was
one of the first major national efforts to assess the drug abuse situation and initiate comprehensive measures to control drug abuse.

Drugs also threaten to destroy the very fabric of our country. There are few problems as persistent in Indian life today as drugs. Earlier, it was generally opined, that India still remains by and large least afflicted by the menace of drug abuse and is limited to a small section of society. But, Mehrajuddin (1992) believed that today, there was a tendency towards the greater involvement with drugs even among those sections that had hitherto kept themselves successfully insulated from the drug culture. Excessive abuse poses difficult problems for the drug addicts, their families, the workplaces to which the drug addicts are associated and the society at large. He warned that the situation in India is likely to worsen and get out of hand and emphasized the need for adequate measures to curb the evil.

In India, drug abuse appears as either the cause or the effect of a wide range of problems that seem out of control: urban affliction, the demolition of families, the failure of schools and the loss of economic productivity. Drug abuse is also harder to discount than most social problems. Much more number of people have personal experience with drug abuse and drug dealing. We will have to consider drug abuse as a major threat to the nation's well being, ranking with economic recession and environmental destruction. We must worry about how to protect our children from addiction and drug related violence. Drugs are corroding our competitiveness in an increasingly difficult world. Singh (1992) affirmed that there was an ample evidence of regional variations in the drug abuse situation. While opium and cannabis continue to be the main drugs of abuse in the rural areas, addiction to heroin is more pronounced in urban areas, especially in metropolitan cities and northeastern states. Again, addiction to traditional drugs like opium and cannabis has a higher propensity among the lower social strata than that among the affluent. Obviously, towns adjoining international borders, on both the eastern and western sides, are the main centers for the inset of heroin from other countries. The informed persons invariably hint at a strong nexus between the increase of illicit trafficking in drugs and an organized effort on the part of racketeers to create a market for the consumption thereof.
Srivastava (1992) also acknowledged that while the prevalence of mood-altering and habit forming drugs and substances could not be viewed as a recent phenomenon, it did not assume the proportions of a serious social problem until recent times. The dramatic change in India’s drug abuse scenario indeed occurred after 1960s, when new varieties of narcotics drugs (heroin/smack/brown sugar) and psychotropic substances (non-natural, synthetic and designer drugs) started surfacing the scene. Media flashes, research reports and hordes of public policy documents, especially after the seventies, indicate in sample measure the conversion of a non-issue into a critical non-deferrable public health issue. The disquieting dimensions of the current drug abuse, problem have considerable altered the picture of the use and abuse of narcotic drugs and psychotropic substances.

Finally, it can be safely argued that in India the problem of drug abuse is assuming frightening proportions. The country will have to channelize the limited resources available with it to fight this menace, as it is facing other pressing problems of survival and development too. The government has, however, made financial allocations to provide prevention, treatment and rehabilitation services to tackle the drug problem but these are just trifling.

1.1.8. Drug Abuse: North India

Punjab has been frequently termed as a ‘drugged state’. Haryana is also not lagging behind. Himachal Pradesh, being a tourist destination, has always been in news regarding the illicit production and trafficking of narcotics. The Tribune (February 27, 2002) reported that drug abuse is increasing remarkably in India. A large number of studies have been carried out in northern states of our country and these have projected that tobacco and alcohol are the most widely abused drugs. Next in frequency are the opioids and cannabinoids. Majority of the drug abusers belong to the student population with the prevalence in various universities ranging from 20-35 per cent. The soaring rate of drug addiction particularly among school, college and university students in north India is frightening. It is almost inexplicable as to why the youth, so full of vigor and optimism, should seek to run away from the real life by self-inflicting drug use. Even
many bright youngsters with illustrious academic career and financially well off have fallen in the trap of drug addiction. Virk (2002) testifies that:

Drug addiction is spreading like an epidemic and eroding social and cultural fabric of life by becoming leading cause of low work-efficiency, increased suicide rates among youth, accidents, affliction of mental and social pathology, broken marriages and homes in northern states of the country. It is a big question if ours is a drug culture. Through its normal routines it promotes not only the high-intensity consumption of commodities but also the idea that the self is realized through consumption. It is addicted to acquisition. It cultivates the pursuit of thrills; it elevates the pursuit of private please to high standing and, as part of this ensemble, it promotes the use of licit chemicals for stimulation, intoxication, and fast relief. The widespread use of licit drugs can be understood as part of this larger set of values and activities. Our youth is literally drowned in drugs today. No social function or party is considered a success unless expensive brands of whisky, scotch and beer flow freely and most respectable and responsible guests are seen drinking even during daytime. High school girls and boys celebrate their birthdays and Valentine day with champagne. Students, both boys and girls, can be seen buying liquor from shops. Statistics of the excise department indicate that the per capita consumption of alcohol in Punjab is the highest in the country and it is further rising fast. Revenue figures may be impressive but the people of the state are suffering because the number of patients with alcoholic liver diseases, alcoholic pancreatitis, depression, dementia and epilepsy is increasing fast due to the regular and excessive consumption of alcohol. Women are also competing with males in every sphere of life and are turning to alcohol to join the new class of “advanced, uninhabited modern Indian Mem-Sahibs”. Unlike a decade ago, when alcohol was a taboo, now there is a social sanction in favor of alcohol consumption and family members can be seen clinking glasses saying “cheers” in the evenings in their own drawing rooms. Visit to any de-addiction center shows that the problem is spreading like an epidemic.

Singh (2004) stated that after militancy, Punjab has to contend with another menace - drug trafficking - with nearly 40 per cent of its youths hooked to drugs. Information gleaned from various government departments reveals that drug abuse is not limited to some pockets but has spread throughout the state, cutting across religion, caste and occupation. Even in the mid-nineties, according to the state’s human development report for 2004, which cites earlier statistics from the United Nations Office on Drugs and Crime, of the country’s 2.5 million addicts, one million were in Punjab. A survey conducted in the state’s three regions - Malwa, Doaba and Majha - revealed the presence
of at least one addict in 66 per cent of households. Nearly 40 per cent of the addicts fall in the 15-25 age group. "While derivatives of opium are the choice in Majha and Malwa, tranquillizers are the most favoured in Doaba," a senior officer said.

The aggravation of drug addiction in the recent past in North India has been attributed to a number of factors. Earlier the consumption of a drug in a specific community was determined by the availability of the drug in that area and its culture. Now there is change in trends of drug abuse. Natural drugs such as cannabis, cocaine, khat and opium are now no more confined only to specific geographical areas but are being exposed in other regions also. Similarly, easy availability of manufactured drugs such as amphetamines, barbiturates; sedatives and tranquillizers have further complicated the problem of the drug abuse. The use of 'illicit drugs' such as heroine and alcohol and simultaneous use of more than one drug (multiple drug use) has created serious problem. Drug production and trafficking is a very big business and the criminal organization running this business are skilful and ruthless. Drastic developments in transportation, migration and communications have made the smuggling easier. Electronic media has build desires among our youth to copy the high society style associated with drinking and drug use.

In brief, the foregoing discussion amply proves that the spurt in drug problem in Punjab, Haryana and Himachal Pradesh needs to be reckoned with. If allowed to go on unchecked, it can have grim ramifications on the people in this region as well as on the country.

1.2 Drug Abuse Control

Now the big question is, "Who will control this epidemic?" We as a society must begin to fight back. The problem will never go away on its own. Something must be done. It is a welcome development in India that indifference and denials are now yielding to growing national commitment to turn the tide against illicit drug use and trafficking. Lall (2000) contends that there are two schools of thought for control of drug abuse. One school proposes to control the supply side (illicit supply and trafficking) and the other proposes to curb the demand side. The supply of narcotic and psychotropic substances constitutes the drug economy, at local, regional, national and international levels. The
demand side is concerned with the 'want' of the abusers. But an overwhelming contention of the experts is that it is necessary to curb supply and demand both. The international emphasis also is to control drug abuse from the demand side as well as from the supply front. The drug abusers should be mobilized, re-educated and persuaded to strengthen their motivation to withdraw from the drug.

There are three important stages for the control of this dirty malaise of drug abuse viz: Prevention, Treatment and Rehabilitation. Most of those who work in the field of demand reduction have adopted a framework of primary, secondary and tertiary prevention. Prevent those who are still not hooked to drugs, treat the users as well as addicts and make such social set up that treated addicts are properly rehabilitated with minimum number of relapse cases.

Prevention must begin early, before children begin experimenting with drugs. They must be taught the skills to resist social pressures. Successful prevention efforts must expand beyond the classroom to include the larger environment that shapes attitudes toward drugs—families, neighborhoods, churches, businesses, the media. Communities play a critically important role in combating drugs. Herrington (1998) advocates that the best strategy to combat illegal drug use is to prevent it from starting. Prevention begins with the family. It is imperative for us to realize that we must depend on our families for nurture, support, values, stability and love. Family units must become energized and strengthened to develop positive mental attitudes, high motivation, and strong character in our youth. Yet illegal drug use is not simply a family problem, a health concern, a safety factor, or an awareness issue. Therefore prevention cannot be accomplished or sustained without the investment and commitment of all people. Prevention must be comprehensive involving all systems (educational, medical, law enforcement, religious, business, etc.). Each community must have a specific plan of action. We must involve our young people in helping to solve the problem.

Considerable efforts have been made over the past two decades to establish a global concept of prevention and to adapt it to national and/or community needs. Primary prevention seeks to encompass motivating and deterrent elements. The motivating elements are those which improve the abilities of the individual to cope constructively with his/her problems and/or to change the unfavorable social factors which might be
conducive to drug use. The deterring elements were seen as the fear of punishment or the fear of personal harm arising from drug use. Positive primary prevention measures are usually aimed at increasing knowledge and understanding of drug use and its hazards, developing individual coping skills to resist pressure to engage in drug use and generating individual and community involvement in programs preventing drug use. An important issue here is development of personal skills, which include goal setting, positive thinking, handling stress and managing time, asking for help and building support networks. Through such skills one can learn to actively interpret and respond to social and environmental influences on behavior. A positive self concept, being able to refuse others, cope with stress, manage time, think positively and productively and set achievable goals all contribute to drug abuse prevention.

1.2.1. Drug Abuse Control: A Complex issue

In fact, the issue of drug abuse is complex and so is its control. It has not only social or cultural proportions but political and economic as well. It upsets all --- as individuals, families, parents, teachers, workers etc. None is left untouched -- employed, unemployed, underemployed, believers-non-believers, literate, illiterate, academicians, businessmen etc. At one stage it was deliberated mainly a problem for developed nations. But today drug abuse and its trail of crime have seeped into developing nations as well. The drug industry has also become more composite and sophisticated. Our drug policies continue to rely on strategies that have largely failed. It is not surprising that many of us express deep pessimism about our ability as nation to deal with drug abuse. Despite massive expenditures, we have not reduced either drug addiction or crime. The apparent intractability of drug addiction has led many people to embrace extreme solutions ranging from draconian criminal sentences to outright legalization.

According to Stimmel (1993) decriminalization and legalization of drugs are extraordinarily complex issues that defy generalization. The arguments of proponents usually focus on the following points:

- People have used and will always use mood-altering drugs.
- People have the right to pursue behavior as long as it does not harm others.
• Production, sale, and distribution of illicit drugs continue, despite enormous investments of money and personnel. Funds currently used for this enforcement could be diverted to prevention, education and treatment.
• Current policy has little impact on criminal activities, and slight deterrent effect on the millions who use illicit drugs.
• The failure of prohibition can serve as a model; repealing prohibition measures against illicit drugs carries about the same benefits and risks as did repeal of prohibition.
• Workable models exist in other countries that permit drug use.

The counterarguments are generally equally vehement:
• Enforcement efforts have not been pursued forcefully enough and therefore that money would be saved or that any saved money would go where it is needed.
• Allowing drug use in all or certain circumstances send the wrong message. Drug use-and costs to society- would rise dramatically if sanctions were lifted.
• Prohibition may, in fact, have reduced alcohol-related problems; many illicit drugs have far greater potential for addiction problems than alcohol if used widely.
• Use of drugs in the privacy of one's own home does imply health and social costs to society, just as the problems related to drinking do.
• Most of society believes that use of mood-altering drugs is morally wrong, and the majority does have the right to create legal sanctions that reflect moral values.

Anyhow, one thing is sure that one cannot allow the present scenario in North India to go as it is. Until the number of drug users was negligible, everything was tolerable but now when a large number of adults, even school students, children and women are increasingly hooking to drugs, it rings alarm bells for the society. If it is allowed to go out of control, it is sure to ruin the country. However, complex the problem may be, its control is must. No single approach may be effective in all communities and all regions of the country. But, prevention can best be achieved through multiple strategies that address the unique characteristics, cultural diversity and structure found in each community. Drug prevention programs that are sensitive to cultural factors and to variations in the family unit are certain to be the most effective.
1.2.2. Drug Abuse Control and United Nations

As the massive spread of illicit drugs worldwide became a matter of grave distress for all nations and individuals, it was realized that drug abuse is a modern day monster and destroying demands a very strong will power. Will power of the community, society, state and its legal and administrative agencies and above all of the individuals - who are victims. Modi (1992) also supported the idea and stated:

Any amount of research, howsoever important it may be, will never be able to eliminate the menace of drug abuse until and unless there was a multi-pronged attack and effort to control the problem. Elimination of drug abuse looks a far cry at the moment, but even if it can be checked effectively, it will be a good fortune of the society. The roots of drug abuse are so deep seated that it is a Herculean task to uproot this evil. Yet one can always heave faith in human endeavor. What is needed is the human endeavor of the magnitude of a storm. It might take time, but once it takes shape, it will succeed. Let it be built step by step.

There was a need to embrace information, education, public awareness, early intervention, counseling, treatment, and rehabilitation, relapse prevention, aftercare and social reintegration. Early help and access to services had to be offered to those in need. Since many nations recognized the importance of international co-operation to combat drug abuse effectively, the United Nations took the lead. Initially two bodies were created in the UN secretariat: International Narcotic Control Board (INCD) traces its origins to a 1925 Convention which created a permanent Central Opium Board, attached to the League of Nations. The functions of the body were taken over by the United Nations, and the name was eventually changed to the current International Narcotics Control Board, composed of thirteen individuals elected in their personal capacity and serviced by a small secretariat created within the main UN Secretariat. The INCB Secretariat deals primarily with the monitoring of legal trade in substances listed in the international treaties. Division of Narcotics Drugs (DND) was created in the UN Secretariat to serve the Commission and to act as the main UN repository of technical knowledge on the narcotics subject. Both the INCB and the Commission/DND have specific functions assigned to them by the two main international treaties. The first international controls were instituted following the Opium Commission in Shanghai in 1909. Over the years, various United Nations Conventions have restricted the sale and use of different
substances to medical purposes. These conventions were amalgamated in the 1961 Single Convention on Narcotic Drugs. This in turn was supplemented in 1972 by a Protocol stressing the need for treatment and rehabilitation services. In 1971 the Convention on Psychotropic Substances established an international control system for a list of pharmaceutical drugs and other substances that affect the mind. A 1988 Convention addressed drug trafficking and included provisions against money laundering and the diversion of chemicals used in the manufacture of illicit drugs ("precursor chemicals").

Besides, now there are other bodies of UN, like World Health Organisation (WHO), Office on Drug Control and Crime Prevention (ODCCP) etc. Since its founding in 1948, WHO has played a leading role in supporting countries to prevent and reduce the problems due to psychoactive substance use, and in recommending which psychoactive substances should be regulated. In 2000, the Department on Substance Abuse was merged with the Department of Mental Health to form the Department of Mental Health and Substance Dependence, reflecting the many common approaches of management of mental health disorders and substance dependence. WHO is the only agency which is dealing with all psychoactive substances, regardless of their legal status. WHO's mandate in the area of substance abuse include: Prevent and reduce the negative health and social consequences of psychoactive substance use; Reduce the demand for non-medical use of psychoactive substances; Assess psychoactive substances so as to advise the United Nations with regard to their regulatory control. Various groups in the Organization deal with substance use issues, such as the Tobacco Free Initiative (all issues related to tobacco use), the Task Force on Alcohol Policy (on a global alcohol policy), Mental Health Determinants and Populations (issues related to primary prevention of substance use) and the Department of Essential Drugs and Medicines Policy.

1.2.3. Drug Abuse Control and Indian Constitution

Anticipating the likely rise in the abuse of drugs with the development of Indian economy and the growth of intercourse with the outside world, and the attendant effects, Indian constitution directed the State under article 47 as,

“Shall regard the raising of the level of its people and improvement of health of its people as among its primary duties and in particular, the State
shall endeavor to bring about the prohibition, of the consumption except for medical purposes, of intoxicating drugs and of drugs which are injurious to health."

Despite this constitutional directive, the menace of drug abuse has not been adequately tackled. No doubt, a much harsher law has been enacted (Narcotic Drugs and Psychotropic Substances Act, 1985) to counter the trend and to deal with the problem more effectively. The Act provides for very stringent punishments (long terms of rigorous imprisonment and very heavy fines). It does not spare even those who are found in possession of very small quantities for personal consumption.

Finally, the foregoing discussion on control of drug abuse clearly leads to fact that for effective drug abuse control we need to focus on research, information, community development and education, legal measures, and advocacy. There is an imperative need to work in partnership with the community to reinforce people's competence to prevent alcohol and other drug problems and trim down drug harms. We need to view the use of drugs non-judgmentally and also from a health perspective. While one should be concerned about all drug use, yet identifying priority issues can go in long way especially about the harm experienced by young people through the heavy and unsafe use of alcohol; the growing dominance and earlier initiation of cannabis use by young people; the levels of death and injury related to illicit drug use. For achieving the goal of a drug free society, media must have the vision of ushering in an Indian society where all people can live healthy, safe and satisfying lives unaffected by drug tribulations.

1.3 Role of Media: Drug Abuse

Information in newspaper writing is generally understood as social good and not as commodity, which means that the journalist shares responsibility for the information, transmitted and is thus accountable not only to those controlling the media but eventually to the public at large, including various social interests. The journalist's social responsibility requires that he or she will act under all circumstances in conformity with a personal ethical consciousness. The media should treat drug abuse prevention as seriously as it does politics, sports, stocks and shares etc. There is a broad and complete consensus that steps should be undertaken to build a strong public opinion against the consumption
of drugs through educative and persuasive means. For this purpose the help of various private agencies, individuals, educational institutions, mass media etc. has to be sought. Longitudinal studies have identified many factors that predict substance abuse behaviors. Such factors exist in every domain of life: individual, family, peers, school and community. We must reduce the risk factors and promote the development of protective factors on all levels: individual, family, school, peer and community. There is a growing list of tested, effective prevention programs that have been shown to reduce risks, enhance protection, and prevent adolescent substance abuse.

Also there is much speculation nowadays about the relationship between mass media and its contents replete with references to drugs. Media owes a responsibility to public. It is reasonable that questions should be raised about the media’s contribution to drug abuse and drug abuse control. Bruno (1990) advocates that to implement preventive measures there is a need to develop strategies in two areas, particularly information dissemination and educational programs, which then must be implemented on national and community levels.

Media is intended to balance society. By serving as an "information agent", media balances the flow of information between various distant regions of a country as well as different issues. This in turn balances nations and binds them together through a common thread. But, according to Choudhury (2002), in India, however, the media seems to have lost sight of its social responsibility at the cost of capitalistic and political compulsions. Although the media in India tries to show a national character, the truth is that it caters to the dominant issues. As a nation, India has always been affected by imbalances in the flow of information particularly between regions and issues. While some states and issues are known to be information rich, in terms of space and coverage, others suffer from being information poor. This despite the fact that India has been a leading crusader in the global debate on a balanced international information flow that led to the formation of the McBride Commission by UNESCO in the 1970s. The so-called national media has never really functioned as a true national media: a newspaper, which reaches a certain circulation, becomes a national newspaper.

Hank (1991) states that mass media bear on drug use by the young in two quite different ways: (1) through their high-consumption, high-stimulus, sensational tenor, and
(2) through their specific representations of drugs. Obviously many factors bear on drug use among the young: the availability and cost of the drugs; the values associated with and against them; the desire to belong to a social group; the dangers believed to attach to the drugs; the sanctions brought to bear for illicit use; the availability of other, legitimate channels to satisfaction; and, of course, the larger cultural premium that is placed on personal satisfaction and chemical means. But it is a safe assumption that amid this constellation of factors, the desire for excitement, easy pleasure, and fast relief loom large. Carlson (2002) stated that:

The world today is fighting a new war. This battle is unrelated to fascism, communism or territorial imperative. This new kind of war – one which we are not well prepared – is the international struggle against the rising tide of global drug abuse. In this unprecedented conflict, words are proving the most important bullets, mass media are the primary weapons, and journalists are the frontline soldiers, more important perhaps to this war that in any other conflict because the enemy is misinformation about drugs and the damage they cause—misinformation which allows narcotics producers and traffickers to flourish and which creates a climate which has allowed millions to become addicts. The addicts are not all in Needle-Park. They are among us too. They can be our neighbours, our colleagues, even our children. All of them can be reached best with words, with stories about every aspect of the addiction that will ruin their lives and which has brought us to world crisis.

Shultz (2002) also observed that there was a tremendous role to be played by journalists. They have been playing a role simply in reporting the facts. Of course, the facts speak for themselves in a very chilling way, but nevertheless the courageous act of reporting them as they are is very much a part of the process of fighting the war on drugs. The journalistic profession is playing a big role, because the problems are publicized. We have the misfortune that some of our best athletes have gotten themselves involved in taking drugs, and in all to many cases they have ruined their careers. Some have been killed by it. Those facts have been publicized heavily and had an impact. It has helped to bring home to people what the problem is.

All over the world, the press has influenced public opinion. The case of press influencing public opinion in favour of human rights is so much that it is being credited with creating a new mind-set vis-à-vis the global human-rights scenario. Newspapers are no longer supposed to report facts accurately and correctly. For many years the general
public, including the media, ignored drug abuse. Reports would focus on the drug busts and the drug smuggling, but they didn’t focus on what was happening to the people for whom those drugs were intended to reach. They didn’t accept the miseries and dangers our young people were facing. Media must also assume the job of educating the people about imminent grave health issues, particularly drug abuse. They have a very real role to play in educating the society. Hence, for eliciting the role of media in right perspective, we will have to study its present role in initiation and promotion of drug abuse behaviour and then, also in prevention of this menace. It is imperative to study in the right perspective both these roles played by the media i.e. how media is promoting drug abuse and how it can support in drug abuse control.

1.3.1. Media in Promotion of Drug Abuse

Media not only calls attention to drug abuse through crime stories, sports and other celebrity overdose stories but it also indulges in promotion of various types of drugs through advertising various products and by glamorizing the addicts. Commercial advertisements are information as much as social, economic or political information. What is more, advertisements shape attitude and ways of life at least as much as other kinds of information and comment. Journalistic propriety demands that advertisements must be clearly distinguishable form editorial matters carried in the newspapers. Alcohol and tobacco are illegal drugs for youth. These drugs not only have adverse health consequences but are, for any youth, “gateway drugs” that lead to use of other, more potent and harmful drugs. The media influence the behavior, attitudes, and perceptions of youth. Although in many areas and on many issues this influence has been positive and productive, this influence can also be extremely harmful. Alcohol and tobacco advertising is a case in point. Herrington (1998) contends that many young people form their perceptions of alcohol and tobacco through the media. They have been led to believe the drinking and smoking are “glamorous,” the “in thing,” or “macho.” As a result, many have begun to use alcohol and tobacco. Many people in the alcohol and media industries recognize they have a responsibility to conduct accurate and responsible advertising and have developed appropriate guidelines. Unfortunately, not all the media have accepted the need to use them. Commenting on the role of media in USA, Meyer
lamented that what was going on in the media? The media were putting out advertisements that were saying to our children, “Dugs are okay”. Parents stared looking at what was happening in the media, trying to decide what to do about this horrendous problem. On February 27, 2002, the American Medical Association (AMA) ran a full-page ad in the New York Times protesting NBC's decision to air liquor ads on TV. The AMA ad, titled "A Message to Parents from the American Medical Association," shows a television set with a warning on it's screen: "WARNING: Watching NBC May Be Hazardous To Your Children's Health." The advertisement urged everyone concerned about this issue to send an email and it also provided a link, which allows readers to send a letter to Chairman NBC.

Bhattacharjee (2003) stated that advertising plays a major role in the thinking of the newspaper industry. Advertisers are not concerned with the member of public, who are not capable of buying their goods. They are concerned only with the people who have the money to buy. Therefore, the interest of the paper is to cover the kind of news, which concerns the upper percentage of the population, while rest are overlooked. There is an imbalance in the news-content of the newspapers. The trend is international but is more serious for our country because majority of our people is poor.

People are, particularly, bombarded with persuasive messages about tobacco and alcohol – messages that make smoking look normal, and drinking look cool. This is despite the guidelines issued by the Press Council of India, which states that newspapers shall not allow their columns to be misused for writings, which have a tendency to encourage, or glorify social evils. So learning to understand and analyze these messages emanating from print media outlet is more important than ever. The part played by the mass media in contributing to drug use must be understood against a right background. Media heavily depends on the revenue from advertisements. The tobacco and alcohol multinationals know this weakness of media. Hence they exploit it in many ways.

1.3.2. Media Support in Drug Abuse Control

Drug education is possible through several ways and by various channels like mass media, youth clubs, school forums, political parties, trade unions, cultural groups voluntary organizations etc. The aim is to develop in individuals an attitude and
determination to keep away from drug abuse. Emphasis on primary prevention, that is, prevention of new cases, is likely to be more fruitful. A judicious combination of control measures and educational programmes alone would be effective considering the current prevalence rate of drug addiction and the fast pace at which it is spreading. Attempts to bring down the overall consumption are likely to be more productive than singling out individuals and concentrating on them as, in a given population, higher the level of consumption, higher will be the number of heavy consumers and vice versa. Educational programmes aimed to reach the identified vulnerable populations and control measures concentrating on curtailing the drug availability are equally important.

International Code of Ethics, as adopted by the UNESCO in 1983 emphasized on right of people to true information. It stated that peoples and individuals have the right to acquire an objective picture of reality by means of accurate and comprehensive information as well as to express themselves freely through the various media of culture and communication. Aggarwal (2001b) also highlighted the guidelines given by the Press Council of India that the Press should report all sides of the core issue or subject. The fundamental objective of journalism is to serve the people with news, view, comments and information on matters of public interest in a fair, accurate, unbiased, sober and decent manner. Towards this end, the press is expected to conduct itself in keeping with certain norms of professionalism universally recognized. The Press has a duty, discretion and right to serve the public interest by drawing reader’s attention to citizens of doubtful antecedents and of questionable character but, of course, as responsible journalists they should observe due restraint and caution on hazarding their own opinion or conclusion in branding these persons as ‘cheats’ or ‘killers’ etc.

When drug addiction surfaced as a serious problem in India in the 1980’s, many voluntary organizations initiated programs to deal with addiction. In the absence of documented literature on the nature of services to be offered, each center developed its own programs based on its understanding and the resources available. In the recent years, the governments as well as international agencies have recommended that drug abuse be dealt with primarily as a community problem. This intervention strategy would mean assisting communities to adopt measures that would involve community leaders and lead to community empowerment. Most of these programs place a lesser emphasis on the
medical approach focussing more on comprehensive psychosocial methods. The key points are mobilization of local resources, involvement of community leaders and decentralization of service delivery system. An important component of a community-based program is to work on the basic aspect of prevention. The various modalities utilized could be TV and film shows, street plays, lectures and talks and personal sharing of recovering addicts. Individual institutions have developed several health educational materials. All India Radio, Indian Council of Medical Research and De-Addiction Center, All India Institute of Medical Sciences in this regard carried out an important project jointly. This program, Radio-DATE (Drug Alcohol and Tobacco Education) had 28 episodes and was aired at prime time. These were simultaneously broadcast in 16 regional languages and had 14,000 registered listeners who received printed material before airing (Ray, 2000a).

Hank (1991) stated that drug users exist in a drug culture, a milieu with its own reference norm and reinforcement. The mass media plays a critical role in defining both our culture and our behavioral norms that have an impact on public health. Therefore, they are a logical focus for environmental prevention approaches. The anti-drug messages may be part of the socializing context of the distinct identity of the drug culture, a symbolic no-man's-land in which consumer values and conventional norms both mesh and clash. It is now generally accepted that the media tend to selectively amplify and reinforce tendencies that are already at work in the larger culture.

This may well prove to be a formidable task in a world in which social values and conditions are fast changing and various anxieties and uncertainties of modern life make drug attractive to the individual and groups. Nevertheless, it is one of the most urgent tasks craving the attention of all alert citizens to save the individual and society against this baneful problem (Srivastava, 1992).

Media can help in pronouncing a regular assessment of the nature and magnitude of drug use and abuse and drug related problems in the society. This is imperative for the identification of any emerging trends. On the one hand, media can persuade and pressurize the state to go in for such assessments in a comprehensive, systematic and periodic manner while on the other role of media is vital in generating a community-wide participatory and partnership approach. It is very crucial for the accurate assessment of
the problem, identification of viable solutions and the formulation and implementation of appropriate policies and programmes. Every division of the news media and entertainment industries can make sure that its programming avoids any positive representation of illicit drug use, and that responsible industry executives reject as unacceptable any programming that does not meet this standard. Every segment of the media may establish a comprehensive public campaign against illicit drug use. Media employers should adopt for all media workplaces a strong anti-drug work policy that covers every employee. Local media can work closely with community leaders and citizen groups to combat the use of illicit drugs. Media messages must also increasingly target people who do not now use illicit drugs and minority populations. The media must adhere to guidelines restricting alcohol and tobacco advertising that target youth.

Print Media can help in galvanizing the readers regarding the disastrous impact of drug dependence. Keeping in view, the magnitude of drug dependence, media must take the moral responsibility to make masses aware about drugs, their use & abuse, de-addiction facility, models & strategies etc. by focussing more on the disease along with other issues important to the news consumers. Media should place the stories at prominent places so that nobody could miss them even inadvertently. Media can also appeal to other agencies to pool resources for waging a sustained war against this menace. Media must also effectively monitor, investigate and encouragingly report about different agencies, NGOs involved in combating drug abuse. We must face this problem with courage & determination since it affects the entire humanity. Media has an imperative role to play.

An overview of the key elements that make mass media campaigns effective shows that success is contingent upon clearly defining a target audience, understanding their prevailing attitudes and beliefs, and crafting engaging and persuasive messages that are presented over the long term. These messages should be pre-tested for their effectiveness and appropriateness to the target audience (Cappella, 2001).

Also, media can highlight and even hype the drastic fallout of deadly malady of drug abuse with interest and care. It is instrumental in influencing decision. Media can also play a proactive and effective role in breaking the myths attached with drug abuse. Many people take to drugs to overcome fatigue, to work more to earn more, for
entertainment etc. Some social taboos are also attached with drug abuse in certain areas. Media can break the silence due to the fear of drug Mafia. Media can draw attention to the socio-economic processes associated with industrialization and urbanization that have contributed in the change of functioning of the family as an institution and thereby affected the psyche of individual members. Drug addiction is not merely a medical problem but inevitably it has a psycho-social dimension, and as such needs to be tackled through interdisciplinary approach. We need to evolve suitable recommendations as a part of an intervention strategy to combat the problem.

Similarly feature syndicates and news services in India should give more importance to drug abuse control related write-ups. Media in the developed world is already giving more importance to drug abuse prevention coverage. A focus on the plight of persons, suffering from drug dependence, could help in eliciting more compassionate concern worldwide for suffering humanity and oblique and meticulous reporting could further enhance it. Print Media has a special role in creating awareness amongst the masses by frequent write-ups on the causes, preventive measures and symptoms of the disease.

But, certainly, Media does not have a magic wand to resolve a complex problem as drugs. This can at the best be an effort for better media involvement in drug preventive education. Media can provide direction and be the moving spirit for a national drug information and education. It can highlight both macro and micro level factors which have contributed to the rise of this problem. Mobilize community participation in preventing the escalation of drug abuse problem. Encourage the creation of local drug awareness councils and organize rural grassroots movements. For the media campaign to be successful each country should adapt a campaign that is locally relevant yet draw on a global approach. In the case of India for example the problem of Bidis is quite unique and therefore needs to be addressed as well.

Virk (2002) advocates that a very comprehensive strategy is required to fight the menace of drug abuse, which should include the prevention and reduction of illicit demand, the control on supply, strict action against illicit trafficking and treatment and rehabilitation of the drug addicts. Prevention is better than cure; and for this purpose strategy is required to be based on inter disciplinary, integrated and coordinated action.
involving family, community and law enforcing agencies with special attention to social environment in which drugs are abused.

Aggarwal (2001b) stated that an agenda is a selection of items arranged to give some items more importance than others. Agenda theory says that the new media present the public net with a picture of the world as it is but with an agenda of their own—a selection of reports about what is happening in the world. Agenda theorists try to describe and explain (a) how stories are selected, packaged and presented—a process—known as gate keeping, (b) the resulting agenda, and (c) how the agenda affects what people think about the relative importance of the issues presented. The theory also 'predicts' that if a particular news item is presented prominently and frequently by the press, the public will come to believe that it is important. Thus, the press does not necessarily tell us what to think, but it does tell us what to think about. In accordance with the law of large numbers, the media present what people will find interesting in order to attract the largest audience possible. There are numerous factors which affect gate keeping at various stages, including the ethics of individual journalists, the policies of editors or publishers, a desire to get ahead, to protect one's job, or to avoid conflict; time and space limitations, dependence on handouts from government or from the public relations offices as the source of news. Agenda setting appears to be one indirect way in which the media can change society over a long period of time. A host of subsequent studies has confirmed this conclusion.

There are entrancing, undeniable human stories, stories of lives ruined by drugs that have never made headlines. Yet what drugs are doing to the fabric of our society is a headline. Drugs are a more immediate threats to our people that nuclear war. Drugs are more destructive to the foundations of our societies than earthquakes or floods. Journalists can bring to masses an understanding about drugs. And that is what so many people need—they need to understand just how harmful drugs can be. They need to know the perils. They need to know the extent to which drugs have infiltrated our way of life. O'Brien (2000) also agrees that mass media, and particularly newspapers, are an important source of risk information for the public, but this source of information has not been previously examined in various contexts.
At last, in view of the foregoing analysis, it can be safely concluded that drug addiction, which has phenomenally grown over the last few years, is not only a disease in itself, but the symptom of malfunctioning of society, its value crises and a host of socio-cultural pressures. What is of serious concern is that the problem is becoming progressively worse as the number of addicts is increasing phenomenally. It calls for raising national consciousness on drug problem and ways and means to fight it. As there is no single solution to the problem of drug abuse, there is an urgent need to rigorously test certain types of coverage and media messages as well as formats. The emphasis, therefore, has to be on tackling the problem at its root rather than its prevention through law enforcement agencies only. Though the Government has come out with stringent legislation and other anti-narcotic measures, yet mere police action is not sufficient. What is needed is a holistic strategy to eliminate drugs as well as to rehabilitate drug addicts.

1.3.3. Media Efficacy in Drug Abuse Control

The print media is publishing stories to control the menace of drug abuse, but the experts agree that the vital issue of drug abuse has remained under-reported. Besides questions are raised about whatever media is doing to curb the menace. Newman (2002) also found that the biggest problem in media coverage of chemical dependency is they give us the same old story – cocaine will kill you, don’t drink and drive. What becomes much more helpful is to give instructional information. So if I provide a public service announcement for TV, instead of saying, don’t drink and dive, I say, parents, do you know most kids have been on drugs for one year before you know anything about it, is it not the time you knew the symptoms, and the symptoms are a, b, c, d. Do you know what is comprehensive drug prevention education, or you understand the short term health risks involved with ‘crack,’ cocaine, marijuana, so that I as a viewer, whether it’s a 30 second commercial, whether it’s a television movie, or whether it’s something I’m reading in my favorite magazine, I have a chance to read information that I can then take as a tool and use in a worthwhile way. It’s a difference between information versus instructional information that becomes tangible for me to use.

How media, particularly print media, can educate the public in the right earnest remains an unclear issue as yet. There needs to be a set of detailed guidelines on to
expound upon how important the role of journalists can be. Dogoloff (2002) observed that in order for any government to be able to successfully deal with this issue, it has to have the support of the public. The journalist’s role is crucial in terms of getting and encouraging that support for everything from drug prevention programs to a sort of cultural ethic that sees the drug trafficker as an undesirable person, as some one who is doing harm to the country and to both young people and adults as well. A country needs that kind of support in order to wage this battle. It’s not easy, and there are political and economic issues that are very difficult for leaders of governments to deal with. The difference between their ability to do it and not to do it, in large measure, is directly related to public support that they are able to enjoy. And journalists play a critical role in helping to foster that support. Obviously one can write individual news stories. But more than that, there are other things one can do. For example, journalists can do feature articles, human-interest stories. One of the things can be about who treats individuals with drug problems, is how difficult the recovery process is. Sometimes we highlight people who have had the problem. Normally we show that they are recovered and everything is wonderful. That’s a bit of a concern, because the message that goes out to the public is that you can use these drugs and then go through treatment and the end result of that is you becomes a speaker or television personality and everything is lovely. So it is important for journalists to understand when they do a feature story that it’s not all sweetness and light. It is not easy. It is not a decision to use a drug and then afterwards everything becomes fine. In fact, once you are into what we call chemical dependence, you have this problem, for the rest of your life. For such men, it is day-to-day struggle to continue to maintain sobriety. That is an important message to get across a much more helpful message that the sort of glorification of the ex-addict who come through and gets treatment and everything is lovely. For the most part it’s really not that way. Bhattacharjee (2003) also noted that there was a growing concern in the society about the role of the media.

The foregoing overview of the whole issue amply proves that drug abuse is a painful problem. Drug addiction is like some biblical plague that can strike high and low, rich and poor, beautiful and ugly, young and old. The virus of drug abuse causes social cancer. Media exercises vast power and its reach and scope are tremendous. Print media
continues to exercise immense influence. Media is considered a pillar of democracy and is always relevant in a democracy though its role varies according to the circumstances in the region where it operates. Also, a proactive media can pressurize policy makers and educate the public on major health issues that affect people. Media should be urged to highlight cases of drug abuses. A responsible media could help by carrying stories and putting pressure on law and policy makers. In a country where drug abuse threatens the lives of millions, the press can definitely step in and aid in rectifying the situation. It has a crucial role to play. Although it is not an explicit function of the media to prevent drug abuse, they do have an extremely important role in maintaining and activating anti-drug abuse values. In reporting on issues of drug abuse prevention the media fulfill their social function in satisfying people's need for information. Newspapers can make a priceless contribution in spreading drug abuse control issues in the country. Public perceptions are largely shaped by the information conveyed by the mass media. It is an invaluable associate in efforts to promote and protect innocents from drug dragons. It is a key ally in the promotion of drug free lifestyles. In-depth studies seem mandatory to undertake so that media might be used meticulously for controlling this dreadful menace of drug abuse. Hence, the present study, “Print Media Support for Drug Abuse Control in North India (A Study with reference to Punjab, Haryana and Himachal Pradesh)” was undertaken with the following objectives.

1.4. Objectives:

The major objectives of the present study are:

- To examine the drug abuse coverage in print media in North India.
- To study the role of print media in checking the malady of drug abuse in North India.
- To suggest dynamic, comprehensive and detailed guidelines for print media support in checking the threat of drugs abuse.