CHAPTER-1

INTRODUCTION

Drug abuse is a much discussed topic today with more and more people coming into its grip. Faced with the twin problems of drug trafficking and drug abuse primarily due to its strategic geographic location between the "Golden Triangle" and "Golden Crescent"—the two notorious drug producing regions, India is fast emerging as a transit station for smuggling of drugs. With so much of drug-consignments transiting through the country, it is natural that a portion of it is consumed locally. The impact of the abuse of drugs on the individual user and the society is manifold. Various alcoholic beverages, narcotic drugs and psychotropic substances are used in many different ways by various sections in the society for different purposes that it became difficult to include all the medical, psychiatric, psychological, sociological, cultural, economic, ethical and legal considerations that may have important bearing on addiction, in the definition drug abuse.

SOME BASIC FACTS ABOUT DRUGS

A drug is any substance used in composition of medicine. The term drug may also be defined as a natural, semi synthetic or synthetic substance that is used to produce physiological and psychological effects in man and higher order animals. In the modern parlance, drugs are a necessity for sustaining and prolonging life, but to others it provides an escape from the pressure of life and to yet others drugs are the means of ending life. Thus, the modern definition of the term drug includes pharmaceuticals, tobacco,
and alcohol as well as controlled substances and designer drug. Natural drugs are the active ingredients, secondary metabolic products of plants and other living systems that may be isolated by extraction. Semi-synthetic drugs are products from natural sources, but they have undergone a chemical process. (example heroin, LSD). And synthetic drugs are artificially produced substances for the illicit market which are almost wholly manufactured from chemical compounds in illicit laboratories (example-amphetamines, benzodiazepines). Designer drugs, on the other hand, are substances whose molecular structure has been modified in order to optimise their effects and to bypass laws and regulations governing the control substances. Once designer drugs have been outlawed by competent authorities, they are called control substances.

Thus, when used rationally and for medicinal purposes, drugs are an effective means for sustaining and prolonging life. On the other hand, when used irrationally or recklessly for purposes other than medicinal, they produce untold miseries and hardship not only to the individual user, but also to the society at large.

**NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES**

A narcotic drug, when referred by a medical man, means any drug that benumbs the body and produces sleep. The term “narcotic” is derived from the Greek word “narcotikos”, meaning benumbing which in turn comes from the Greek word “narke” used for designating “numbness”, stupor or torpore. The non-medicinal drugs are drugs used when no health or medical need exists. The best example of non-medicinal drugs are alcohol, tobacco, ganja (marijuana), opium, heroin, cocaine etc. Most of the non-medicinal

2. Ibid. P-1.
3. Aggrawal Anil, Narcotic Drug, 1995, P-1
drugs are mind altering drugs. The mind altering drugs can affect in the brain in three ways: They can speed up the working of the brain, slow down its working or may put the brain machinery completely out of gear. Those drugs that speed up the working of the brain are called "stimulants" or "uppers", those slowing down are called "depressants" or "downers" and those which put the brain machinery out of gear are called "hallucinogens".

The mind altering drugs are addictive in nature. They change the working of the body in such a way that after some time the body starts demanding them. If the drug is not taken again, the person becomes lethargic, listless and restless. The moment the drug is taken, he starts feeling energetic again. In other words, he becomes an addict and dependent on that drug. A peculiar fact about mind altering drugs is that the user needs to increase each subsequent dose of the drug to get the same effect once felt with a smaller dose or amount taken. This is called the "tolerance" to the drug and the requirement of the addict grows. Sometimes, tolerance to one drug may automatically produce tolerance to a similar drug although the addict may never have taken that drug. This is known as "cross tolerance". When the drug on which the addict has become dependent is not supplied to him, he experiences unusual symptoms like depression, vomiting, fever, convulsion etc. These are called withdrawal symptoms or syndromes. The mind altering drugs are also called psychotropic or psychoactive drugs or substances as they affect the psyche or mind of the users.

**DRUG USE OR ABUSE**

In the present social context, drugs are extensively used for medical purposes. Such use is based on its capacity to affect the various organism of the human body and to stimulate or pacify the psychic mood of the patient. But when drugs are taken for reasons other than medical in a
manner that adversely aggravate the physical and mental functioning, it leads to drug abuse. From the law point of view, drug abuse is explained as habitual use of drugs, both legal and illegal one, associated with loss of self control and consequences detrimental to the individual and harmful to the public moral, safety, health and welfare of the society. Due to the adverse physical, economic and social implications, the non medical use of drugs has never been approved in any society. An expert committee of World Health Organization (WHO) has defined “drug abuse” as a state of periodic, chronic intoxication, detrimental to the individual and to the society, produced by repeated consumption of drugs, either natural or synthetic. The meaning of the terms like drug abuse, drug addiction, drug habituation etc. has also forced the WHO to replace these concepts with a new one called “drug dependence”.

HISTORICAL PERSPECTIVE OF DRUG ABUSE

The history of drug abuse is as old as the history of mankind. Its antiquity appears to be very old and not accurately known. It seems that every society has been using one or more drugs by way of eating, drinking or even rubbing either as pain killers or as hunger suppressants, or to induce the feeling of well being, relaxation or euphoria. People have always felt a desire to eat or drink substances that made them feel relaxed. The extent and forms of the abuse of drugs may have varied from society to society and even in the same society from time to time. As far back as history goes, every society has been found to have possessed drugs that could bring about alteration of mood or feelings of the users. Whatever may be the form or extent of drug use or abuse at different times or places, the practice has been still with us, in some form or other.

The earliest available historical reference to the cultivation of opium
poppy and preparation of opium dates back to about 5,000 BC as seen in clay tablets left by Summarians. Opium had been used extensively in ancient civilizations, namely—Summarians, Babylonians, Egyptian, Greeks and the Romans. Opium was used in Egypt as far back as 2000 BC as a children’s sedatives and teething remedy.

Interpretation of certain sections of old testament suggest that opium was known to the Hebrews. Their word “rosh” meaning “head” is believed to refer to the head of the poppy and the word “merosh” to the juice of poppy. Opium is also mentioned in the Ebers Papyrus which happens to be the earliest records in medicine. This Papyrus describe a mixture of opium and another material which was found to be effective in quietening crying children. Till some time ago children in Egypt, India and even in Europe were being soothed with opium.

The original home of opium-poppy was Asia Minor, the modern day Turkey. It was from here that opium spread to other countries. It were the Arab-traders who introduced opium to the east around 980-1037 B.C. The Mughal emperors, Babur and Humayun were opium eaters. Many travelers have mentioned opium in their travelogues prominently. In 1511, Barbosa, on his travel to India, mentioned opium as an Indian product in his description of the Malabar coast. In 1546, the French naturalist, Belon, traveled through Asia Minor and Egypt and found that the Turks were such great opium addict that they were prepared to purchase it with their last penny.

Though, physicians had used various form of opium derivatives for about three to four thousand years, it was not until 1850 that medical

5. AggrawaJ, Anil: op.cit........,..., P- 17
6. Ibid..................................P-18
7. Ibid..................................P-18
8. Ibid..................................P-20
science has finally extracted morphine from raw opium. At the beginning it was used as an anesthetic. Alexander wood, a scotish physician was the first to inject morphine directly underneath the skin with newly developed hypodermic syringe. His findings were published in 1855 and the whole world of medicine became aware of it. Soon after wards, in the American civil war, 1861, morphine was widely administered to the soldiers, not only to those wounded in the battle to alleviate pain, but also to those suffering from dysentery. As a consequence a large number of civil war veterans returned to civilian life addicted to the drug, a condition referred to as “army disease” or “soldier's illness”.

**HEROIN : THE CURSE OF THE TWENTIETH CENTURY**

Scientists tried their level best to modify the morphine molecule so that part responsible for addiction be removed. In 1898, in such an attempt, the German scientist, Heinrich Dresser, treated morphine with an inexpensive and readily available chemical called acetic anhydride and produced a powerful chemical —diacetyl morphine. The drug imparted a sense of grandeur and made the user feel like a hero or heroine and that was why he called it “heroin”. At that time heroin was widely acclaimed as an answer to the problem of medical addiction. But soon, heroin turned out to be a cruel disappointment, it proved to be more dangerous drug than morphine so far as addiction was concerned. Heroin led to very strong addiction. The addict tends to languish as long as heroin is not given to him, but once the heroin is injected into the vein, he galvanizes into action. It appears as if life has been infused into a corpse.

Heroin is self administered by addicts in a number of ways: he can orally ingest it, sniff it, inject it beneath the skin or inject it directly into...
the vein. However, the most popular method of heroin intake is injection by hypodermic needle. A large number of addicts in our country take heroin by way of smoking known as “chasing the dragon”. But in recent times, the mood of intake has been shifted to injection.

These days raw opium is generally not available to an addict. But addicts can purchase heroin from shady dealers in small plastic packets. It comes from illegal laboratories operating in different source regions. The “Golden Triangle” spreading over Myanmar, Thailand and Laos; and “Golden Crescent” spreading over Afghanistan, Pakistan, and Iran, are the two major source regions for production and supply of high quality heroin to the world drug market.

CANNABIS : THE POOR MAN'S HEAVEN

Besides opium and its derivatives, the other most widely abused drug in the glob is “Cannabis Sativa” or “Indian hemp”. This plant belongs to the family of cannabinaceae. There are three varieties of the species Cannabis Sativa, namely — Cannabis Indica, Cannabis Americana and Cannabis Mexicana. The products which come from cannabis plant are bhang, ganja (or marijuana) charas or hashish and hashish oil. The main chemical responsible for pleasurable effect is called delta-9 tetrahydro-cannabinol or THC. The THC is found mainly in the leaves and flowering top of the plant which may grow from 100 to 500 cms. in height. While bhang contains only 1 to 2 percent THC, ganja may contain up to 5 percent THC. Bhang consists of the dried leaves and shoots, whereas ganja comes from the flowering top of the female plant. Ganja is known as marijuana or marihuana in the west. Charas or hashish is derived from the concentrated resins exuding from the leaves and stems of the plant. Charas or hashish may contain 10 to 15 percent THC. Like marijuana, hashish is also mostly smoked, it may be eaten too. Many user prefer hashish because it not only produces quicker
and more intense high, but also produces hallucinations. Hashish oil or marijuana oil, is yet another product of cannabis plant. It is more stronger than hashish with an average strength varying between 20 to 60 percent THC. Hashish oil appears in the streets as a very thick liquid. Users smoke it by adding it into marijuana cigarette or a commercial cigarette. Some users take it by mouth by adding it to food preparations or liquid like hot tea or coffee.

Cannabis operations have become a high-tech affair now-a-days, but in its crude form, it has been consumed since ancient times. It even finds a place in our mythology. In Vedic literature, it is described as a favourite drink of “Lord Siva” who indulged in eatables made of bhang and dhotura\(^1\). The first known written record of the use of cannabis was in the 2737 B.C., when it was chronicled in the herbal of Chinese emperor Shen Nung. Shen Nung extolled its virtue as a health and psychic liberator. On the other hand in ancient Bagdad it was known to be a cause of mental disorder. References to cannabis also exists in the old-Testament. Our Arthava veda mention bhang as one of the ‘five kingdom herbs” which releases us from anxiety\(^12\). Both the ancient Roman and Greeks knew cannabis. In between 9\(^{th}\) and 10\(^{th}\) centuries, the Arab traders introduced cannabis to North-Africa, Egypt, Algeria and Morocco; and it was glorified in such well known work as “Tales of the Arabian Nights”. During the 10\(^{th}\) century, cannabis was extolled in India as “Indracanna” or the food of god’s\(^13\). But very soon its ill effects became known. In India, anyone who eat hang and ganja came to be known as bhangi and ganjeri respectively in a derogatory manner.

**COCAIN**

Yet another recreational drug of choice today, specially in America, is cocaine. The cocaine use has now permeated into the powerfull and

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1. Aggrawal Anil: op.cit........ P- 90
2. Ibid ......................................P- 90
3. Ibid......................................P-90
socially prominent circles. Cocaine is a white crystalline alkaloid found in the leaves of coca bush. The coca plant is an evergreen native to South America, particularly the countries of Peru, Bolivia, Brazil, Chile and Colombia. The scientific name of this plant is derived from the Greek word “erythros” meaning red and “xylon” meaning wood. The name is based on the flesh red colour of the inner layer of the bark. Erythroxylon coca is commonly known as “Bolivian Coca”. The another species of coca- Erythroxylon truxillense, is known as “Peruvian Coca”. These two varieties of coca plant shall not be confused with similar sounding coca-plant from which chocolate is made. Although the coca plant is a native of South America, it has also been successfully cultivated in Java, west Indies, Australia and India.  

Cocaine has become a big business today. Thousands of acres of land are under the illegal cultivation of coca in South America, Peru, Bolivia, Colombia, Brazil, Ecuador, Venezuela and Argentina. Most of these coca-leaves from these growing areas find their way to Colombia for being converted to cocaine to be smuggled to different destinations. Cocaine is consumed by the users in many different ways. The most commonly employed method is by “inhalation” or “snorting”. Some addicts even inject cocaine directly into the vein, just as heroin addicts inject heroin.

SYNTHETIC DRUGS

Besides the above drugs, modern drugs such as amphetamine, methadone, mandrex, barbiturate, etc are produced in the laboratory for treatment of cases involving accident and to control pain etc. Amphetamine was first synthesized in 1887 but was not used for medicinal purposes until early 1930s when it was found that it increases blood pressure, stimulates the central nervous system, cures asthma and is useful in treating epileptic seizure disorders. Its abuse was also started along with its medical use.

14Aggrawal Anil; op.cit.................P-53
There are many amphetamine derivatives currently known in the illicit drug market. In the illicit drug market amphetamines are sold in the form of powders, liquids, crystals, tablets and capsules. Tablets are the common form designated as “Ecstasy”\(^\text{15}\).

**HISTORY OF DRUG ABUSE IN INDIA**

The antiquity of drug use in India is very old. Its use is mentioned in the Vedas. The use of opium and cannabis finds mention during the Mughal period also. According to historical records, opium was first introduced in India by the Arab traders during 980-1037 BC. After Mughals the Britishers, the ruler of the country, encouraged the cultivation and consumption of opium. Since then the people of our country became well acquainted with the use of opium or “affim”. Consumption of opium has become a custom in certain parts of our country. For example, in some parts of Rajasthan every morning people use to congregate for a ceremony of opium taking, known as “Rayon”. In Rajasthan licensed opium cultivation is done in large areas under the supervision and control of the central government. In Rajasthan, holding of licence for opium cultivation is a key to social respectability. Besides, opium cultivators are looked upon with reverence by the village folk of Rajasthan.

Apart from Rajasthan, licensed cultivation of opium-poppy is done in the states of Madhya Pradesh and Uttar Pradesh under the supervision of central government. The Central Bureau of Narcotics (CBN) is responsible for all facets of the opium industry. In addition to monitoring the industry to prevent diversion of opium by the cultivators for the purpose of selling in the illicit market, the CBN each year determines the number of licenced growers and areas of cultivation. In spite of this, a part of the produce from these

\(^{15}\text{www.interpol.com/\text{op.cit. P-2}}\)
areas reaches the illicit market. Besides licit licensed cultivation, illicit opium cultivation also occurs in India. Reportedly, illicit cultivation of opium occurs in the state of Bihar, Uttar Pradesh, Himachal Pradesh, Arunchal Pradesh as well as in some other parts north eastern states\textsuperscript{16}. The opium produced through illicit cultivation and that diverted from licit licenced cultivation is reported to be processed into heroin in illicit laboratories located in India. These laboratories generally produce low quality brown heroin base, referred to as brown sugar, for domestic consumption. But the recent seizures and intelligence report say that heroin hydrochloride, including export quality white heroin is also produced in India. According to the recent seizure of multikilogram white heroin, it appears that Indian drug-traffickers may be producing a greater amount of white heroin than in he past\textsuperscript{17}.

Apart from domestic productions, India is both a transit country and a destination for heroin originating in the Golden Triangle and Golden Crescent. Although the borders are closely monitored, opiates continue to enter India overland from Pakistan and Myanmar. Sea and air routes are also used to bring heroin from southern Pakistan. An unknown amount of these heroin consignments remain in India for local consumption and the rest are sent to international destinations\textsuperscript{18}.

Similarly cultivation of cannabis plant and use of its products are illegal in India. Inspite of it, there are widespread cultivation of this plant. However, the exact estimate as to the size of this cultivation is not available. Reportedly illicit cannabis cultivation occurs in the state of Bihar, Uttar Pradesh, West Bengal, Kerala, Tamiinadu, Jammu and Kashmir, Assam, Meghalaya, Manipur, Tripura and Arunachal Pradesh. The Kullu valley in Himachal Pradesh is famous for production of ganja (marijuana) with a hight

\textsuperscript{16} WWW.DEA.GOV. Drug intelligence brief, May, 2002.

\textsuperscript{17} Ibid.

\textsuperscript{18} Ibid.
THC content which makes it attractive to foreign buyers. The majority of the India produced marijuana and hashish are likely for domestic use, although a percentage is destined for international market. Apart from domestic production, marijuana and hashish continue to enter India from neighbouring Nepal and Pakistan to be transited to different international destinations. Hashish produced in India is also smuggled to North America although the destination is generally reported as Canada not USA\(^\text{19}\). In the year 2000, a consignment of about 2 metric tons of hashish from Nepal was seized in India and it was reportedly destined for USA. These seizures proved that India serves as a transit country for heroin and hashish originating in the neighbouring Pakistan, Afghanistan and Nepal.

A wide range of pharmaceutical drugs are also produced in India including phensidyle, tossex, correx, proxyvon, buprenorphine, diazepam etc. There has been reports of widespread abuse of phensidyl, tossex and correx throughout the country. There are also reports of phensidyle being smuggled to neighbouring countries like Myanmar and Bangladesh. Spasmopyrexvon is a preparation of dextropropoxyphene-- a drug notified as a manufactured drug under the NDPS Act, 1985. It has become a drug of concern in the north east India region. The high market value and supply disruption of drugs like heroin in the region have led to the abuse of synthetic pharmaceutical addictive drug like proxyvon, Apart from proxyvon, diazepam group of sedatives are also widely abused in this region.

Indian chemical industry produces a wide variety of precursor and essential chemicals such as acetic anhydride (AA), potassium permanganate (PP), ephedrine, pseudo-ephedrine, phenyl acetone and other chemicals used to produce amphetamine type of stimulants. Both ephedrine and pseudo-ephedrine produced in India is legally exported to many countries. Ephedrine

\(^\text{19}\) WWW.DEA.GOV. op.cit.
and pseudoephedrine can also be used for illicit production of methamphetamine type of stimulants. Similarly acetic anhydride, AA, produced in India can be used for illicit conversion of morphine-base into heroin. In spite of Government of India's control, the acetic anhydride, AA, produced in India continues to be seized both enroute to Afghanistan's heroin laboratories and to Myanmar's methamphetamine and heroin laboratories. Recently, the Narcotics Control Bureau (NCB) has asked the pharmaceutical companies to evolve a voluntary code of conduct based on a "know your client principle" to prevent illicit traffic of licit medicines under the NDPS Act to neighbouring countries. Based on complaints from neighboring countries like Pakistan, Nepal and Bangladesh about trafficking of certain cough syrups and pain killers from India, NCB and other law enforcement agencies have been regularly effecting seizures of psychotropic pharmaceutical substances.

**DRUG ABUSE IN THE NORTH EAST REGION**

The drug abuse situation in the north east region of India is no way better than the other parts of the country. The situation is even worse due to the close proximity of this region to the infamous Golden Triangle, a drug producing region spreading over Myanmar, Thailand and Laos. The states of Assam, Arunachal Pradesh, Meghalya, Manipur, Mizoram, Nagaland and Tripura are all increasingly became vulnerable to drug-trafficking as well as drug abuse. Though addiction to narcotic drugs is increasing day by day, not all the narcotics smuggled into this region are locally consumed. A major part of the drug consignments are transited through this region to other destinations.

20. WWW.DEA.GOV. op.cit.
India's long international border with Myanmar runs through the states of Arunachal Pradesh, Nagaland and Mizoram. There are only two authorized border crossings on India's border with Myanmar. Apart from this the region is also a home to a number of tribes and it is reported that while these groups are not directly involved in the production or drug trafficking, yet they may profit from some aspect of drug trade. Reportedly, these groups impose tax and extortion on drug traffickers in return for protection or the right to conduct traffic.

In the Himalayan foothills, India has a long international border with Nepal, a region where cannabis cultivation is done abundantly. This has become an important source country for smuggling of marijuana to the north eastern region. The rail and road connections between Nepal and Assam via Siliguri in North Bengal, is being utilized by smugglers and smuggling activities. Besides this, the geographic and ethnic proximity of the northeastern tribal population with northern Myanmar has made the situation worse. Trafficking of injectable heroin (No 4) from Myanmar to India through the porous and less-manned border and inter-state movements of the addict population from both the sides has added another dimension to an already aggravated situation. The main threat to public health and national stability comes from opiate addiction, more particularly from the injection of heroin through intervenous injection. Studies have suggested that heroin injectors are mainly male of age between 15 to 35 and injecting females are mostly commercial sex-workers (CSW). The sharing of needles by such addicts has been found to be the main reason for the rapid spread of AIDS (HIV) in the addict population and the society at large.

Besides injectable heroin, raw opium, ganja, hashish, pharmaceutical drugs including spasmo-proxyvon, reper...
phensidyle, tossex, correx etc. are widely abused drugs in this region. Cannabis is illegally grown in vast areas in almost all the states of this region. Similarly, large-scale illegal opium poppy cultivation is done in four eastern-most districts of Arunachal Pradesh. A sizeable number of ethnic people in these districts cultivate opium for addiction and for money. Smoking of opium is an age-old habit of the tribal population of this region. And the saddest aspect of this habit or tradition is the increase in opium-smoking by lower-aged people. In a like manner, smoking of ganja has also become a fashion for some of the youngsters of this region. Once they got introduced with drugs, their interest seems to shift towards harder and more refined drugs.

Despite the growing enormity and magnitude of the problem of drug abuse, not much awareness of its ill effects had been noticed in the region. It is only in the last two decades that some attention begun to be focused on the seriousness of the problem. Now it has become apparent that the problem of drug-addiction has taken deep-roots in our social fabric and if timely measures for its control and prevention are not taken, it may go out of the hand.

**SOCIAL IMPLICATIONS OF DRUG ABUSE**

Drugs that produce pleasure, relieve pain and anxiety, induce sleep or combat fatigue, can also profoundly affect the human mind, conduct and behaviour. Drugs can reduce moral restrictions and inhibitions, increase capacity for violence and induce defiance to legal, moral and social barriers. Drugs that effect the central nervous system, remove the sense of shame and encourage anti-social activities. Even those who have a pre-disposition for making a crime are often nervous and have to fortify and strengthen their nerves with the help of drugs before embarking upon the forbidden act.

Drug addiction is also closely interconnected with crime. Compulsion to take narcotics makes every addict a law violator and a criminal. Mere possession of narcotic is also an offence punishable under law and therefore, drug addiction by itself adds to the crime statistics. Researches conducted on the relationship between drug-addiction and crime have shown that narcotic addicts commit predatory crimes like theft, shop-lifting, stealing burglary, robbery etc. The drug addict generally lead a criminal life. It is often noticed that addicts of narcotic drugs mostly resort to theft to obtain money for procuring drugs. Most of the adolescents become delinquent after they have started consuming narcotic drugs and psychotropic substances. Drugs and crimes, thus, appear to be inextricably interwoven. Crimes are often planned or committed in or about places where drugs were sold or consumed. The tavern or drug-peddler's den is a place where the criminals seek their accomplices.

Drug dependence or addiction changes the character and personality traits of a person giving rise to chronic rage, anxiety, or depressive stages or acute panic reactions leading to suicidal or homicidal tendencies, particularly during the withdrawal phases or when the drugs are in short supply. Compulsive dependence or over powering need for drug or pre occupation to procure drugs, invariably lead to self neglect, loss of employment etc. It has also been found in several studies that quite a large number of road and industrial accidents occur under the influence of drugs.

The most unfortunate aspect of the problem of drug abuse is the involvement of younger people in the drug related crimes. Studies have shown that incidence of drug abuse, drug trafficking and drug-sub-culture has polluted the entire social environment required for healthy physical and intellectual development of a child. The unfavourable social environment unable to provide security and care needed by him make him go astray to
be labelled as a truant or a delinquent. Adolescence is a period of considerable intellectual development. If this period is passed without much disturbances or turmoil he can settle down as a well rounded individual. On the contrary, if he comes in contact with drugs, a society full of addicts and criminals, he is bound to become an anti-social, an offender, or a mal-adjusted child. Both his physical and intellectual development is retarded and he becomes a mal-adjusted child or a delinquent.

**AIM OF THE PRESENT STUDY**

The aim of the present study is to identify the nature and types of drugs that are commonly abused, their ill effects on the victim and the society, causes of such widespread abuse of drugs among vulnerable sections of the society, particularly the younger generation and to suggest measures, both legal and extra-legal, to curb the menace. Attempt has also been made to assess the magnitude and dimension of the problem at national level with special emphasis on North East (India) Region.

An Assessment of drug addiction among the young men and young women of the north east region and its consequent ill effects on the individual abuser and the society as a whole is attempted to be shown in the present study. In the present study north east region of India is chosen because of its close proximity to the infamous “Golden Triangle” which is the main supply point of narcotic drugs and psychotropic substances to this region. Reportedly many routes within this region have been established and are being effectively used for trafficking of narcotics and psychotropic substances from “Golden Triangle”.

**METHODOLOGY**

The methodology adopted for this work with the above aim in view is the review of the existing available literature on the subject and to make field study/survey in this region. On the basis of such review and field study/survey, a critical study would be attempted to ascertain the socio-legal impact of this menace on the society and to suggest measures to combat them.
SAMPLE STUDY & DATA BASE

Drug abusers do not constitute any particular class or community and they have no distinct identity to classify them as a group. Even they themselves are not organized to be a group for any common action or cause. Because of this negative trait, the survey or assessment would be based on the assumption that drug-abusers which include addicts as well as traffickers, would be identifiable only from the records of various establishments such as government agencies responsible for enforcement of drug-laws, de-addiction and counseling centres concerned with de-addiction, after care and rehabilitation of addicts etc. As such, the survey establishments may be divided into two broad categories:

(a) Establishments for de-addiction, counselling, aftercare and rehabilitation, 
(b) Establishments empowered with legal provisions to deal with drug-traffickers, peddlers and addicts, etc.

The first category of establishments include hospitals, clinics, de-addiction and counseling centres; and the second category comprises of customs, excise, police, social welfare department and jails etc.

The sample for the present study would have to be taken from addicts undergoing treatment/de-toxification in different de-addiction and counseling centres presently working in this region. Study sample should also have to be taken from the ex-addicts working in the de-addiction and counseling centres of this region. The study data collected by way of interviews (question-answer) with the addicts and ex-addicts from the aforesaid centre as well as from outside, would provide a set of primary data for the present study. In addition to this, another set of secondary data would have to be collected from the relevant and authentic informations of Informed Persons which include doctors, social workers, government officials, judicial officers, NGO workers, dignitaries from churches and religious organizations, educators, community leaders, parents, elders, etc, by way of interviews and discussions.